Bundle Public Board Meeting 31 March 2023

Agenda

Final Agenda Public_Board_Meeting_31 March_2023x.docx

Patient's Story - Jacek's story - video to be viewed at the end of the meeting

132 09:00 - Welcome, introductions and apologies:

133 Declarations of interest

134 Questions from members of the public

Minutes adoption for approval

135 09:10 - Minutes of previous meeting and matters arising:

135.a Minutes of the meetings held on 3 February 2023

Item 135a draft Public Board minutes 3 February 2023.docx

135.b Actions' log

Item 135b Public Board Actions log 31 March 2023.doc

136 09:15 - Hyper local recruitment

137 09:35 - Chief Executive's report

Item 137 CEO report March 2023.docx

Item 137(i) CEO report Appendix B Media Report -March.pdf

138 09:45 - Resilience and system flow

Item 138 Resilience and System Flow.docx

139 09:50 - Committee Chairs' Assurance Reports:

139.a Quality Committee: 20 February 2023 and 27 March 2023

Item 139a QC Chairs assurance report Feb 2023.docx

139.b Business Committee: 22 February 2023 and 29 March 2023

Item 139b Chairs assurance report Business Committee February 2023 Public.docx

139.c Audit Committee: 10 March 2023

Item 139c AC Chairs assurance report Mar 2023.docx

139.d Charitable Funds Committee: 13 March 2023

Item 139d Charitable funds Committee Chair Assurance Report March 2023.docx

139.e Nominations and Remuneration Committee: 14 March 2023

Item 139e Nom and Rem Committee March 2023 - Chair Assurance report.docx

140 10:20 - Performance brief: February 2023

Item 140 Performance Brief - February 2023.docx

141 10:30 - Significant Risks and Board Assurance Framework (BAF) Summary Report

Item 141 Significant risks and Board Assurance Framework (BAF) SMT Board March 2023.docx

142 10:45 - Guardian of Safe Working Hours Report

item 142 GoSWH Quaterly report March 2023.docx

143 10:55 - Health Equity Strategy update

Item 143 Health Equity Board update Mar 2023 v2.docx

144 11:00 - Patient Safety Strategy Implementation Update

Item 144 Patient Safety Strategy Update Mar 2023 Board(002).docx

145 11:05 - Staff Survey 2022

Item 145 Staff Survey Results 2022 Public Board 310323 Final.docx

146 11:15 - Annual Plan 2023-23

146.a Operational plan (priorities) 2023/24

Item 146a 2023-24 Operational Plan_March Board.docx

146.b Revenue and capital budgets 2023/24

Item 146bi Financial Plan 2023~24 cover paper.docx

Item 146bii 2023-24 Financial Plan March 2023 BMi.pdf

146.c Draft Key Performance Indicators for Performance Brief 2023/24

Item 146ci Performance brief KPIs cover paper.docx

Item 146cii Performance Brief Key Performance Indicators.docx

147 11:30 - Corporate Governance

147.a Going concern statement – to approve

Item 147a Going Concern Consideration.docx

147.b Declarations of interest and compliance with fit and proper person requirements made by directors for 2022/23

Item 147b Directors declarations of interest (draft).docx

147.c Risk appetite statement

Item 147c Risk appetite statement review March 2023 (Board).docx

148 11:40 - Engagement Strategy

Item 148 Engagement Final March 2023 update.docx

149 11:45 - Register of sealings December 2022 to March 2023

Item 149 Use of Seal Dec 2022 - Mar2023.docx

150 11:50 - Leeds Health and Wellbeing Strategy Refresh – for endorsement

Item 150i 230322 LCH report - Report Leeds Health and Wellbeing Strategy refresh update. LCH Board docx.docx

Item 150ii Appendix 230123 Working Draft The Leeds Health and Wellbeing Strategy 2023-2030 v6.pdf

151 12:05 - Any other business and questions on Blue Box items

152 Close of the public section of the Board

153 Learning and Development Strategy update -reviewed by Quality Committee February 2023

Item 153 LD Rpt Feb 23 20 03.docx

154 Patient Safety and Serious Incidents Report -reviewed by Quality Committee March 2023

Item 154 Safety and SI Combined Report Final- For Board.docx

155 Workforce Strategy update and report– reviewed by Business Committee February 2023

Item 155 Workforce Report for Board V1.0.docx

156 Blue box item: Approved minutes and briefing notes for noting:

156.a Audit Committee: December 2022

Item 156a Audit Committee minutes 16 December 2022 Public.docx

156.b Quality Committee: January 2023

Item 156b Quality Committee minutes January 23.docx

156.c Business Committee: January 2023

Item 156c Business Committee Minutes January 23.doc

156.d Scrutiny Board (Adults, Health and Active Lifestyles): January and February 2023

Item 156di Scrutiny Board minutes 17 January 2023.pdf

Item 156dii Scrutiny Board minutes February 2023.pdf

156.e West Yorkshire Mental Health Services Collaborative Committees in Common (WYMHSC C-In-C) Escalation and Assurance Report – January 2023

Item 156e WYMHSC Committees in Common_AAA Report_25.01.2023.pdf

157 Board workplan

Item 157 Public Board workplan 2022-23 v11 20 03 23.pdf

Leeds Community Healthcare NHS Trust

Agenda Trust Board Meeting Held In Public

Venue: New Wortley Community Centre 40 Tong Road Armley Leeds LS12 1LZ

Date Friday 31 March 2023
Time 9:00 – 12.05
Chair Brodie Clark CBE, Trust Chair

AGENDA			Paper
2022-23 132	9.00	**Welcome, introductions and apologies** *(Trust Chair)*	
2022-23 133		**Declarations of interest** *(Trust Chair)*	**N**
2022-23 134		**Questions from members of the public**	**N**
2022-23 135	9.10	**Minutes of previous meeting and matters arising** *(Trust Chair)* *For approval*	
135.a		Minutes of the meetings held on 3 February 2023	**Y**
135.b		Actions' log	**Y**
2022-23 136	9.15	**Hyper local recruitment** *(Director of Workforce)*	**N**
QUALITY AND DELIVERY			
2022-23 137	9.35	**Chief Executive's Report** *(Thea Stein)*	**Y**
2022-23 138	9.45	**Resilience and system flow** *(Sam Prince)*	**Y**
2022-23 139	09:50	**Committee Chairs' Assurance Reports:**	
139a		Quality Committee: 20 February 2023 and 27 March 2023 (Verbal update) *(Helen Thomson)*	**Y**
139b		Business Committee: 23 February 2023 and 29 March 2023 (verbal update) *(Richard Gladman)*	**Y**
139c		Audit Committee: 10 March 2023 *(Khalil Rehman)*	**Y**
139d		Charitable Funds Committee: 13 March 2023 *(Alison Lowe)*	**Y**
139e		Nominations and Remuneration Committee: 14 March 2023 *(Brodie Clark)*	**Y**
2022-23 140	10.20	**Performance Brief: February 2023** *(Bryan Machin)*	**Y**
2022-23 141	10.30	**Significant risks and Board Assurance Framework (BAF) Report** *(Thea Stein)*	**Y**
BREAK			
2022-23 142	10.45	**Guardian of safe working hours - quarterly report** *(Dr Nagashree Nallapeta presenting)*	**Y**
2022-23 143	10.55	**Health Equity Strategy update**	**Y**

		(Ruth Burnett)	
2022-23 144	11.00	**Patient Safety Strategy Implementation Update** *(Steph Lawrence)*	**Y**
2022-23 145	11.05	**Staff Survey 2022** *(Jenny Allen/Laura Smith)*	**Y**
		APPROVAL/SIGN OFF	
2022-23 146	11.15	**Annual Plan 2023/24:** a. Operational plan (priorities) 2023/24 (BM) b. Revenue and capital budgets 2023/24 (BM) c. Draft Key Performance Indicators for Performance Brief 2023/24 (BM)	**Y** **Y** **Y**
2022-23 147	11.30	**Corporate governance:** a. Going concern statement – to approve (BM) b. Declarations of interest and compliance with fit and proper person requirements made by directors for 2022/23 (DA) c. Risk appetite statement (DA)	**Y** **Y** **Y**
2022-23 148	11.40	**Engagement Strategy** – reviewed by Quality Committee March 2023 *(Steph Lawrence)*	**Y**
2022-23 149	11.45	**Register of sealings December 2022 to March 2023** (Ratify) *(Thea Stein)*	**Y**
2022-23 150	11.50	**Leeds Health and Wellbeing Strategy Refresh** – for endorsement *(Thea Stein)*	**Y**
		CLOSE	
2022-23 151	12:05	**Any other business and questions on Blue Box items** (Trust Chair)	**N**
2022-23 152	12:05	**Close of the public section of the Board** *(Trust Chair)*	**N**
		Patient Story: Jacek's story (video) *(Steph Lawrence)*	**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)		
2022-23 153	**Learning and Development Strategy *update*** *-reviewed by Quality Committee February 2023*	**Y**
2022-23 154	**Patient Safety and Serious Incidents Report** *-reviewed by Quality Committee March 2023*	**Y**
2022-23 155	**Workforce Strategy update and report**– reviewed by Business Committee February 2023	**Y**
2022-23 156	**Committee minutes/reports – for noting** a) Audit Committee – December 2022 b) Quality Committee – January 2023 c) Business Committee –January 2023 d) Scrutiny Board (Adults,Health & Active Lifestyles) – January and February 2023 e) West Yorkshire Mental Health Services Collaborative Committees in Common (WYMHSC C-In-C) Escalation and Assurance Report – January 2023	**Y**
2022-23 157	**Board Workplan**	**Y**

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 31 March 2023

Agenda item number: 2022-23 (135a)

Title: Draft Trust Board meeting minutes 3 February 2023

Category of paper: for approval
History: N/A

Responsible director: Chief Executive
Report author: N/A

Attendance

Present:	Brodie Clark CBE	Trust Chair
	Thea Stein	Chief Executive
	Professor Ian Lewis (IL)	Non-Executive Director
	Helen Thomson DL (HT)	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
	Laura Smith	Director of Workforce, Organisational Development and System Development (LS)
Apologies:	Alison Lowe OBE (AL)	Non-Executive Director
	Richard Gladman	Non-Executive Director
	Jenny Allen	Director of Workforce, Organisational Development and System Development (JA)
In attendance:	Rachel Booth (RB)	Associate Non-Executive Director
	Diane Allison	Company Secretary
	James Kelman	Clinical Fellow, Shadowing the Executive Director of Nursing and Allied Health Professionals (AHPs)
	Isabelle Charles	Speech and Language Therapist (For Item 112)
	Dorothy Wilson	Speech and Language Therapist (For Item 112)
	John Walsh	Freedom to Speak Up Guardian (For Item 119)
	Debra Gill	Head of Healthy Child Pathway (For Item 118)
	Hannah Beal	Clinical Lead, Children and Families Service (For Item 118)
Minutes:	Liz Thornton	Board Administrator
Observers:	Ioney Chattoo	Clinical Audit and Effectiveness Manager (Acting)
Members of the public:	None present	

Item 2022-23 (108)

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 Alison Lowe, OBE, Non-Executive Director, Richard Gladman, Non-Executive Director and Jenny Allen, Director of Workforce, Organisational Development and System Development.

Item 2022-23 (109)

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.

Challenges and pressure on the Trust remain relentless and had been intensified by:

- The complex politics associated with the updated set of NHS priorities; with a backcloth of strike action and with increasingly mixed public perceptions.
- The intermediate care and keep people out of hospital challenge – not at the top in the priorities list but sufficiently significant to attract a Prime Ministerial visit.
- The move to activating the new organisational structure at Place and in the Integrated Care System (ICS) – no longer designing them but with a focus now on giving them a body and a soul as they start to manage their governance remit.
- The uncertainties on money – recurrent and non-recurrent and longer term financial plans and challenges.

Of more certainty is that:

- Leeds Place is committed and determined to deliver its intermediate care strategy.
- The ICS is exercising its place in the governance arrangements, making decisions, and pressing on priorities. The West Yorkshire Community Collaborative is now in place and will become, in time, an important vehicle for best practice sharing and for influencing the way ahead.

The Trust's contribution towards change is significant and the work that the Board have delivered to date in response to all of this has been outstanding. The Executive Team have demonstrated creativity, initiative, determination and foresight in delivering new ways of working and continuing to develop and design a new length and breadth of safe and effective community care. There is much more to be done, but the work which the Executive Director of Operations will be describing to the Board today is an impressive set of developments and is the right early recipe for the intermediate care programme.

The conversation should be ambitious, and delivery should continue to be of the highest safety and quality but should directly support the growth of a strongly developing community healthcare commitment.

Today's agenda would have an update on progress to date and it will also reflect the Trust priorities going forward along with a range of topics to provide the Board with levels of assurance on ongoing business.

Item 2022-23 (109)

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 (110)

Discussion points:

Questions from members of the public.

No questions were raised.

Item 2022-23 (111)

Discussion points:

a) Minutes of the last meeting: 2 December 2022

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

b) Actions' log 2 December 2022

2022-23 (96): Equality and Diversity Annual Report. Outcomes from the success against recruitment targets and the impact of change to allyship programmes would be discussed by the Equality, Diversity, and Inclusion Forum and reported via the Business Committee to the Board. **Action closed.**

Item 2022-23 (112)

Patient story: Jamie

The story was delivered by video recorded in Jamie's home. Members of the Speech and Swallowing Team attended the Board meeting in person to take any questions.

Jamie is a 40 year-old gentleman who was referred to the service in August 2022 by his Neurology consultant with concerns around his swallowing and ability to communicate due to dysarthria (slurred speech). He had been diagnosed with a rare condition called Wilson's Disease which causes copper to accumulate in the liver, brain and other vital organs which subsequently affects the central nervous system.

When he was initially assessed, Jamie presented with a significant dysarthria characterised by poor articulation, low volume and rapid pace of talking. Jamie, was previously a tennis coach, is a sociable, chatty individual but his speech difficulties impacted his confidence resulting in conversations breaking down regularly. He felt that friends could not understand him and sometimes pretended to understand him to save face, but this often resulted in conversations ending abruptly. He reported times of embarrassment and frustration when being asked to leave a shop due to being "drunk" and feeling that people made presumptions about his intellect due to how he sounded. He also avoided telephone calls due to the non-face to face nature and even doctor's consultations felt pressurised and difficult for him to articulate himself.

He identified the difficulty with accessing the Trust's services being a primary telephone-based service when it comes to referrals/booking appointments and suggested this is something to consider in the future as an inclusive factor for people accessing the service e.g. emails/texting

Jamie is keen to work on his speech intelligibility and although aware that his baseline voice may not fully return, he wished to have a conversation without having to repeat himself constantly and be confident to make telephone calls. He engaged in an eight-week block of speech therapy where he practised different exercises for his speech. He showed a significant improvement in his speech, 100% intelligibility across conversations, made phone calls to different service users with success, had feedback from friends that his speech has improved and overall, his confidence significantly improved. He stated, "I had a problem with my brain, so I didn't know what a speech therapist could do to help, but it has been so helpful and I feel so much more confident now".

The Trust Chair expressed his thanks to Jamie for sharing his story with the Board and asked representatives of the Speech and Swallowing Team to pass these on to him on behalf of the Board.

The Board agreed that to increase the visibility of the Service and possibly attract more funding the Trust should look for opportunities to share Jamie's video story more widely with other groups in the City including commissioners and the Quality and Peoples ICB experience committee.

Action: Discuss the case with commissioners and share the story with the Quality and Peoples ICB experience committee.

Responsible officers: Executive Director of Operations and Executive Director of Nursing and AHPs.

The Board heard about the challenges in recruiting and retaining newly qualified speech and language therapists (SLTs) with many choosing to leave the Trust to develop their careers further elsewhere.

The Board heard about the challenges in recruiting and retaining newly qualified speech and language therapists (SLTs) as they do not currently have the skills required around dysphagia on qualification. This is now included in pre-registration training going forwards. The Trust has provided training for its new Band 5's which has been welcomed but now needs to work on a career pathway to ensure there is progression for these staff to ensure they remain in the Trust.

The Executive Director of Nursing acknowledged that retaining SLTs was a local and national problem and their career pathway required review to try and address the issues and improve their opportunities for career development.

Associate Non-Executive Director (RB) asked if it was normal for patients to be seen in their own home rather than at a clinic.

There was a role for some clinical based sessions but seeing the patient in their home environment initially meant they were more relaxed and comfortable.

Non-Executive Director (KR) asked about the interaction with other services patients might need to support their health and wellbeing, for example mental health services.

The Team said that this varied and sometimes staff were unsure how to make referrals to other specialist areas outside the Trust. The relationship with Leeds Teaching Hospitals NHS Trust worked well and there were clear pathway routes for referrals to their services.

The Trust Chair thanked member of the Speech and Swallowing Team for attending to support the presentation of such an interesting and helpful story to the Board.

Item 2022-23 (112)

Discussion points:

Chief Executive's report

The Chief Executive presented her report which focussed on:

- Seacroft Clinic re-opening
- Prime Ministers visit to Rutland Lodge
- Flu/Covid staff vaccination programme update
- Project to evaluate long COVID service.

The Chief Executive referred to the Prime Minister's announcement that the Leeds Health and Care Partnership would be one of six national 'Discharge Frontrunners.' She reported that the Partnership was chosen as a pilot site to test out some early thinking about what intermediate care could look like in the future. Representatives from the Partnership would be invited to a meeting in due course.

Non-Executive Director (IL) noted the appointment to the new post of Chief Clinical Information Officer for the Trust and asked when he would be making a report to the Board.

The Chief Executive said that the appointee would be spending time with services over the next three months and then would be in a better position to make a report to the relevant committees.

Outcome: the Board

- received and noted the Chief Executive's report.

Item 2022-23 Item (114)

Discussion points:

Resilience and System Flow

The Executive Director of Operations introduced the report which provided an update on the Trust's involvement in initiatives to support system flow for the Leeds health and social care system.

The Recovery Hub at Wharfedale was working well and 27 beds had been opened. The contract value provided for 30 beds and when safe staffing levels could be assured, the remaining three beds would be opened. Flow in and out of the beds was good and turnover between 2-3 patients each day. The Steering Group continues to meet on a weekly basis and the work was tightly managed through a mobilisation plan with regular highlight reports.

Non-Executive Director (HT) asked where referrals to the Hub came from and whether the use of different documentation systems (Electronic Patient Record, paper and SystmOne) was affecting flow.

The Executive Director of Operations said that referrals came from Leeds Teaching Hospitals NHS Trust (LTHT). She felt that staff were working well using both systems to manage safe recording and reporting but ideally the preference would be to have one system in place.

The Board discussed the data relating to 2-hour Crises Response.

Non-Executive Director (IL) noted the significant increase in 2-hour referrals in November and December 2022 and the deterioration in response times. He queried whether this had resulted in an increase in emergency re-admissions.

The Executive Director of Operations said that there had been no significant increase but data on re-admissions could be included in future reports to the Board.

The Chair noted the significant amount of work the Trust was leading on the Enhanced Community Response programme.

The Executive Director of Operations said that offering patients appropriate alternatives to attending an emergency department or being admitted to hospital was proving to be worthwhile.

Outcome: the Board

- noted the pressure in the system and the priority to improve system flow
- took assurance that the Trust is playing a full role in the System Flow plan
- noted the numerous developments in place to increase community capacity including self-management and Enhance
- noted the expansion of the urgent community response and the introduction of the permanent Level 2 Fall service
- noted the early work on the development of a care coordination hub.

Item 2022-23 (115)

Discussion points:

Assurance reports from sub-committees

a) – Audit Committee: 16 December 2022

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

- **External audit:** the Committee members acting in their capacity as the Board's Auditor Appointment Panel reviewed the proposal to extend Mazars contract to provide External Audit services by a further two years and recommend that the Board approve the contract extension.
  Outcome: the Board
  - approved the contract extension for a further two years.
- **Losses and Special Payments:** the Committee had discussed a payment of £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 was required to ratify this payment and the Audit Committee recommended that it did so.
Outcome: the Board
- ratified the payment.

- **EDS: 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 Board noted that in relation to the strategic risk allocated to the Committee, the December 2022 agenda had not included sources of assurance for this risk and therefore a level of assurance could not be determined on this occasion.

b) - Charitable Funds Committee 7 December 2022
The report was presented by the Trust Chair, and the key issues discussed were highlighted, namely:

- **Charitable development updates:** a meeting with Leeds Cares was due to take place in February 2023.
- **NHS Charities Together:** a specific donation had been received to support ongoing psychological support.

c) – Nominations and Remuneration Committee 13 December 2022 and 17 January 2023
The report was presented by the Trust Chair, and the key issues discussed were highlighted, namely:

- **Review of recognition and reward**
  The Committee received a report commissioned to review the Trust's Reward offer and agreed that a longer-term piece of work on stakeholder engagement should take place to consider the LCH reward offer in light of the review's recommendations. This would be taken forward by the Business Committee.

- **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 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.

d) - Quality Committee – 23 January 2023
The reports were presented by the Chair of the Committee, Non-Executive Director (HT), the key issues discussed were highlighted, namely:

- **Leeds Sexual Health Service:** the Committee received an update report on the service and noted that a quality walk would take place in the next few months with a non-executive director in attendance.
- **Cancelled and rescheduled visits update:** the Committee noted and acknowledged progress towards an improving position with evidence of fewer visits being cancelled / rescheduled.
- **Mortality report (Quarter 3):** the Committee noted and supported the ongoing work to streamline the mortality review process and this would be progressed as a pilot to ensure the Trust continue to receive required assurance.

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

e) – Business Committee – 25 January 2023
The reports were presented by Non-Executive Director (KR), and the key issues discussed were highlighted, namely:

- **White Rose Staff Hub:** the 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.
- **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, reasons were identified and mitigation was being put in place.
- **Internal audit reports:** the Committee had reviewed three reports: 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. The 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.

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

f) – Committee membership proposed amendment

- The Chair proposed that Associate Non-Executive Director (RB) should transfer from the Quality Committee to the Business Committee.

Outcome: the Board

- agreed that Associate Non-Executive Director (RB) will become a member of the Business Committee.

Outcome: the Board

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

Item 2022-23 (116)

Discussion points:
Performance Brief: December 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. The Pack had been reviewed by the Quality and Business Committees in January 2023.

Caring
Associate Non-Executive Director (RB) noted that seventeen complaint responses had exceeded the Trust's internal target of 40 working days, and she asked about the reasons for this.

The Executive Director of Nursing and AHPs this was due to a combination of delays in complaint investigation due to reduced capacity in the Patient Experience Team and the complexity of the cases. A review of processes was currently being completed.

Non-Executive Director (HT) sought assurance that complainants were contacted where there had been delays in responding.

The Executive Director of Nursing and AHPs said that for all these complaints apologies were given and deadlines were renegotiated with the complainants agreement. She added that lesson learnt would be included in future reports to the Board.

Effective

Non-Executive Director (IL) asked for an update on Clinical Audits.

The Executive Director of Nursing and AHPs explained that there had 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) had 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 continued to work alongside services to ensure services were supported to complete priority audits.

Progress would be monitored by the Quality Committee.

James Kelman was leading this work and offered to discuss this further with Non-Executive Director (IL) outside the meeting.

Finance

The Executive Director of Finance and Resources provided a verbal update.

For 2022/23 the Trust Board had approved a breakeven draft financial plan for 2022/23. 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.

He said that the position for next year remained uncertain. An operational report would be made to the Business Committee in February 2023.

There were no further questions related to the performance pack.

Outcome: the Board:

- noted the levels of performance in December 2022.

Item 2022-23 (117)

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+ (extreme) had been added to the register.
- There are a total of 13 risks coring 12 (very high), one of which had been added to the register since the last report:
  - Reduced staffing levels in the Health Care Provision Service – Police Custody

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

Outcome: the Board

- noted the report

- received assurance that for new and escalated risks, planned mitigating actions would reduce the risk.

Item 2022-23 (118)

Discussion points:

Children, Young People and Families Strategy Update

The Executive Director of Operations introduced the paper which provided an update on the progress made on the Children, Young People and Families Strategy 2022-25 objectives. The Strategy had been approved by the Trust Board and formally launched in December 2022.

She invited the Head of Service of Operations and Strategy for the Children's Business Unit, Debra Gill, and the Clinical Lead, Hannah Beal to present progress on the objectives, development of the service offer, the introduction of the parents' forum to complement the work of the Youth Board and the progress with the 'Fair day's work' so that staff could manage the work expected of them, and the successes so far.

The Board heard about the challenges faced by the Team in terms of the volume of work for practitioners and other colleagues around managing the development of the strategy alongside other routine work and the steps taken to mitigate the pressure where possible.

Associate Non-Executive Director (RB) asked how the Trust could ensure that membership of the Youth Board was diverse and inclusive and was advised that every effort was being made to extend links and engage with the wider community including youth groups across the City and Special Inclusive Learning Centres.

A Non-Executive Director (KR) said that in future reports he would be interested to see examples of how the views and aspirations of the Youth Board fed into the strategy development and how their views on service design and treatment pathways aligned with the Trust's priorities.

The Trust Chair was pleased to see the positive progress made to take the strategy forward and thanked colleagues from the Children's Business Unit for sharing their plans and updating the Board on progress.

Outcome: the Board

- noted the update report.

Item 2022-23 (119)

Discussion points:

Freedom to Speak Up Guardian Report

The Freedom to Speak Up Guardian (FTSUG) presented his report which covered the period of 5 August 2022 to 3 February 2023. It detailed the work of speaking up at Leeds Community Healthcare (LCH) NHS Trust and wider work across the health and care system.

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

He said that the speaking up work was continuing and developing well at the trust including:

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

Non-Executive Director (HT) asked if clinical concerns were raised with the FTSUG.

The Chief Executive said that there had been a cluster of clinical concerns raised in one service and a report had been requested from the Business Unit concerned.

Outcome: the Board

- noted the report and continuing work to enable the embedding of this work across the Trust.

Item 2022-23 (120)

Discussion points:

Safe Staffing Report

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

The report set out progress in relation to maintaining safe staffing over the last six months. It covered the range of services provided in the Trust.

Since the last report the Trust had acquired a further inpatient unit and safe staffing had been maintained across both inpatient units that the Trust runs for the time period. The paper set out the mitigation in place and triangulated elements of patient safety data to the staffing numbers where possible.

There continued to be an impact from the pandemic on staffing and recruitment and retention were both priorities for all areas of the Trust.

The paper had been reviewed by the Quality and Business Committees and members had asked that more information be included in future reports about the effectiveness of care and how this might be impacted by various shortfalls in staffing.

The Executive Director of Nursing and AHPS said that she would endeavour to include this. The Board agreed that it might be sensible for the focus to be on one business unit in the next report.

Outcome: the Board

- received and noted the report.

Item 2022-23 (121)

Discussion points:

Patient Experience Six Monthly Report

The Executive Director of Nursing and AHPs presented the report which provided the Board with the six-monthly update of Patient Experience within the Trust. The report incorporated 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).

It provided:

- a review of complaints and concerns
- feedback via surveys, engagement activity, and wider feedback for the six-month period 1 July 2022 to 31 December 2022; providing an overview of themes, learning and action.
- compares the data and qualitative information with previous years
- information from the Friends and Family Test (FFT).

Outcome: the Board

- received the report and noted the updated information.

Item 2022-23 (122)

Discussion points:

Trust Priorities 2022/23 – Q3 Exception Report

The Executive Director of Finance and Resources presented the report which highlighted a limited range of notable progress against the priorities or where progress has not been as planned. The Board noted that the report was not intended to report all the good work the Trust had done or to be a performance report against key Performance Indicators (KPIs). These would be addressed as part of a suite of year end reports.

Outcome: the Board

- noted the updates and exceptions to progress against the Trust priorities for the year.

Item 2022-23 (123)

Discussion points:

3rd Sector Strategy Progress update

The Executive Director of Operations presented the report which provided an overview of the context for the third sector and partnership working with the sector and an update on progress in implementing the Trust's 3rd Sector Strategy. The report highlighted notable developments and key focuses for 2023-24.

Non-Executive Director (IL) noted the planned work on enabling 3rd sector access to patient care records and asked how this workstream would be progressed.

The Chief Executive said that a more focussed discussion to explore the issues and risks associated with sharing information would take place at the Board workshop on 15 March 2023.

Outcome: the Board

- received the report and noted the progress in implementing the 3rd Sector Strategy.

Item 2022-23 (124)

Discussion points:

Health and Safety Policy (PL2820)

The Executive Director of Finance and Resources presented the policy which required review every three years for approval.

The Board was advised that the main changes to the policy were to provide clarity on the health and safety responsibilities of managers across the trust, in order to improve the safety culture

Outcome: the Board

- approved the revised Health and Safety Policy.

Item 2022-23 (125)

Discussion points:

Gender Pay Gap Report 2022-23

The Director of Workforce, Organisational Development and System Development (JA) presented the report which informed the Board of the Gender Pay Gap (GPG) and Gender Bonus Pay Gap (GBPG) in the Trust on 31 March 2022. The report had been reviewed by the Senior Management Team and the Nominations and Remuneration Committee.

Outcome: the Board

- approved the publication of the Trust's Gender Pay calculations (Section1.7 of the report refers) to the Gov.UK GPG portal and the publication of the Assurance and supporting statement (Appendices A) on the Trust's website.

Item 2022-23 (126)

Discussion points:

Any other business and close

The Trust Chair referred Board members to the additional Blue Box items (128 – 131) 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.

Non-Executive Director (KR) referred to the Mortality Report (Blue Box Item 128) and asked if the data could be benchmarked against other community trusts.

The Executive Medical Director said that as every trust reported the data differently the closest comparator would be public health data.

Item 2022-23 (127)	
The Trust Chair closed the meeting at 12.00noon	
Date and time of next meeting **Friday 31 March 2023 9.00am-12.00 noon**	
Additional items (Blue Box)	
2022-23 128	**Mortality Report – Quarter 3 2022-23 – reviewed by Quality Committee January 2023** *(Ruth Burnett)*
2022-23 129	**Research and Development Strategy update - reviewed by Quality Committee January 2023** *(Ruth Burnett)*
2022-23 130	**Approved minutes and briefing notes for noting – all approved by the respective committees:** *(Brodie Clark)*
130a	Quality Committee: November 2022
130b	Business Committee: November 2022
130c	Scrutiny Board (Adults, Health, and Active Lifestyles) November 2022
2022-23 131	Board Workplan – to note

AGENDA ITEM 2022-23 (135b)

Leeds Community Healthcare NHS Trust
Trust Board meeting (held in public) actions' log: 31 March 2023

Agenda Item Number	Action Agreed	Lead	Timescale	Status
3 February 2023				
2022-23 (112)	**Patient Story Jamie's Story:** Discuss the case with commissioners and share the story with the Quality and Peoples ICB experience committee.	Executive Director of Operations/ Executive Director of Nursing and AHPS	Post meeting	Verbal update 31 March 2023

Actions on log completed since last Board meeting on 3 February 2023	
Actions not due for completion before 31 March 2023: progressing to timescale	
Actions not due for completion before 31 March 2023: agreed timescales and/or requirements are at risk or have been delayed	
Actions outstanding at 31 March 2023: not having met agreed timescales and/or requirements	

Leeds Community Healthcare NHS Trust

Trust Board meeting held in Public: 31 March 2023

Agenda item number: 2022-23 (137)

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:

- Junior Doctors Industrial Action
- Collaborating in partnership
- Enhance conference
- Leeds Primary Care Student Leadership Placement
- LCH Equality, Diversity & Inclusion (ED&I) Forum
- Rainbow ambassadors meeting
- Awards and recognition

Appendix A: West Yorkshire Health and Care Partnership agenda 7 March 2023

Appendix B: Media report (March 2023)

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. Junior Doctors Industrial Action

Junior doctors in England who are members of the British Medical Association (BMA) voted to undertake industrial action in February, which took place for a 72hour period strike between 7am on Monday 13th and 6.59am on Thursday 16th March 2023. The Trust had three doctors in training due to be providing care within CAMHS and Community Paediatrics who exercised their right to strike during this time (employed by LYPFT and LTHT). No care was required to be cancelled or rescheduled, with cover provided by consultant colleagues.

2. Listening to staff

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

The Senior Management Team have recently joined the following teams, events or meetings to listen and learn:

- Seacroft Clinic
- Rutland Lodge
- ICAN South
- Yeadon NT and Middleton Wound Care Clinic
- Wharfedale wards
- CAMHS Crisis Team

3. Collaborating in partnership

Members of the Board have attended the following City-wide and West Yorkshire-wide meetings:

Meeting	**Attendee**	**Date**
Leeds Committee of the West Yorkshire Integrated Care Board (WY ICB) – development session	Thea Stein	24 January
West Yorkshire Mental Health Collaborative Committees in Common	Thea Stein & Brodie Clark	25 January
WY ICS Finance Forum	Bryan Machin	27 January 7 February 24 February 17 March 24 March
City Digital Board	Bryan Machin	30 January
WY Health and Care Partnership monthly meeting *(NB: Local Authority Leaders, Health and Wellbeing Board Chairs, NHS Trust Chairs)*	Brodie Clark	30 January

WY Community Collaborative	Thea Stein, Brodie Clark & Steph Lawrence	31 January
WY System Leadership Executive Group	Thea Stein	7 February
WY Safeguarding Oversight & Assurance Group	Steph Lawrence	14 February
Leeds Citywide Clinical and Professional Forum	Ruth Burnett	22 February
Leeds Finance & Best Value sub committee	Bryan Machin	2 March
WY Partnership Board	Helen Thomson	7 March
Leeds Committee of WY ICB Public Business meeting	Thea Stein & Ruth Burnett	14 March
Frailty Population Board	Sam Prince	24 March

Board members who attended these meetings can provide further information at the Board meeting.

For information, at appendix A is the agenda from the recent West Yorkshire Health and Care Partnership Board meeting 7 March 2023.

4. Board workshop

The Board workshop held on 15 March 2023 explored two topics:

- A review of the Board Assurance Framework strategic risks to update them in the context that the Trust and the wider system is now working within.

- A discussion on the different types of involvement the Trust has with the third sector to understand the common issues and challenges, and to clarify the Trust's ambition in terms of future arrangements.

5. Enhance Conference

The first annual Enhance conference took place on 23 February 2023. Enhance is a partnership between Leeds Community Healthcare NHS Trust (LCH), Leeds Older People's Forum (LOPF), Leeds City Council (LCC) and 14 local charities (delivery partners). The conference was a half day event to bring together partners to share the successes of year one, look at the issues that were faced due to cross-sector working, discuss lessons learnt and how year two can be even better.

There was a great turn out at the conference with representation from all organisations involved. Sam Prince, Executive Director of Operations spoke about how the idea of Enhance has come to life over the last 18 months and shared some real case studies of Enhance clients so far, which highlighted the positive impact on their lives. Enhance was created to utilise partnership working with the third sector to ease pressure from Neighbourhood Teams to:

- Support safe and sustainable discharge from hospital
- Prevent immediate re-admission to hospital
- Provide tailored in-home and community services to meet a person's own health goals
- Reduce pressure in the Neighbourhood Teams

LOPF shared statistics to reflect the impact of Enhance on service users. Delivery partners Cross Gates & District Good Neighbours' Scheme and Leeds Irish Health & Homes shared their experiences alongside some representatives from NTs about how working collaboratively has enabled service users to remain independent and tackle more than just their clinical health needs. Over 50% of referrals into Enhance were from Neighbourhood Teams, which we aim to increase in Year 2 now that the programme is being embedded across the system.

6. Queens Nursing Institute Community Innovation Programme 2022-2023

Hayley Ingleson Leeds Community Healthcare NHS Trust and Leeds Primary Care Practice Learning Facilitator developed a new and innovative 10-week practice learning opportunity as part of the Queens Nursing Institute Community Innovation Programme 2022-2023. This endeavoured to provide new and innovative practice placements which facilitated high quality, safe and effective learning to occur in the general practice setting, whilst adding meaning to the student journey and demonstrating the value of the student contribution to service improvement and delivery. The main aims were to expand student knowledge and enable them to develop and demonstrate leadership skills through three fundamental aspects of community healthcare: Public Health/health needs/health inequalities, Preventative healthcare and Digital health.

7. Leeds Primary Care Student Leadership Placement

The Leeds Primary Care Student Leadership Placement Pilot finished on 27 January 2023 and there are plans for the project to be fully evaluated and written up for the Queens Nursing Institute and the British Journal of Community Nursing/General Practice Nursing. Following on from the success of this pilot plans are underway, working with other primary care networks and community teams, to roll this programme out further.

The Leeds Primary Care Student Leadership Placement is a finalist in this year's Student Nursing Times awards in the 'Community Placement of the Year' category, with one of the four students due to attend the judging panel alongside the PLF in March and plans underway to attend the awards ceremony at the end of April in London. Whatever the outcome we are so proud of this placement and the incredible achievements of the four students, and it is helping support expansion in student placements in community settings.

8. Rainbow Ambassadors

On the 15th February 2023, after 30 months of virtual Rainbow Ambassadors meetings, the LCH Rainbow Ambassadors met face to face at the Old Fire Station in the heart of the Gipton community.
Reflection of progress of LGBTQ+ inclusion LCH, peoples lived experience and aspirations for the future were the mainstay of meeting.

Karen Lai, from the LCH Race Equity Network gave a passionate and well received #ActiveBystander presentation, followed by an update on the LCH NHS Rainbow Badge Phase II submission. Finally, an update of the Office for National Statistics 2021 sexual orientation and gender reassignment data was provided which stimulated debate on how it impacts on LCH aspirations of being truly a truly inclusive employer.

9. LCH Equality, Diversity & Inclusion (ED&I) Forum

The ED&I Forum has been meeting for over a year. It is chaired by Chair Brodie Clark CBE, and brings together a range of employee engagement representatives, Board members and senior leaders to discuss, scrutinise and inform ED&I programmes of work within the Trust.

At its most recent meeting held on 14 February 2023, the Forum considered a range of research on the benefits of diverse organisations; heard from the Rainbow Ambassadors about the achievements and aspirations of LCH's LGBTQ+ agenda; and discussed the progress of the No Bystanders project, which aims to tackle unacceptable behaviours experienced in the workplace as well as better support those who experience them.

The ED&I Forum also provides a strong platform for established and emerging LCH Staff Networks to share their priorities and to seek support and feedback. The ED&I Form's next meeting, in May 2023, will consider how the Forum can maximise its impact during 2023/24.

10. Executive Director of Nursing, Steph Lawrence received her MBE for services to District Nursing

On Wednesday 8 March 2023, Executive Director of Nursing, Steph Lawrence attended the investiture for the presentation of her Member of the Order of the British Empire (MBE), which was announced in the Queen's Platinum Jubilee Honours in June 2022. We are very proud of Steph, who received her MBE for services to District Nursing.

11. Tissue viability award

The Tissue Viability Team have been presented the Journal of Wound Care award - Antimicrobial Stewardship Category. This is an international award including nominees from Switzerland and Canada. The team has been recognised for the impact of the wound infection framework on antimicrobial stewardship across Leeds.

Implementation of the framework resulted in a 47.67% (£124,895) decreased in the use of silver dressings in 12 months, and a gradual but sustained reduction in the prescribing of antibiotics related to wound and soft tissue infection. The sustained progress was reversed during the Covid-19 pandemic with a sudden increased in antibiotic prescribing across all sectors, including wounds. Silver dressing use however remained static. The Tissue Viability Team is due to launch version 2 of the infection framework, the impact of which will be monitored using the same data collection processes.

Appendix A

West Yorkshire Health and Care Partnership

West Yorkshire Health and Care Partnership Board

Tuesday 7 March 2023

3:30pm – 5:00pm

The Council Chamber, Leeds Civic Hall, Calverley Street, Leeds, LS1 1UR

AGENDA

No.	Item	Lead	Paper	Time
01	**Welcome**	Chair	N	3:30 – 3:35
02	**Questions and public deputations** *Opportunity to hear questions or deputations from members of the public about items on today's agenda.*	Chair	N	3:35 – 3:40
03	**Declarations of Interest** *To declare any interests relevant to items on today's agenda.*	Chair	N	3:40 – 3:45
04	**Minutes from the last meeting (6 December 2022) and Action Log** *To agree the draft minutes of the last meeting and note any updates on the actions agreed.*	Chair	Y	3:45 – 3:50
05	**Current context** *To note the current context*	Rob Webster	N	3:50 – 4:00
06	**Tackling health inequalities for Black, Asian and minority ethnic communities and colleagues** *To receive an update on progress against the Partnership's action plan in relation to Theme 1 and Theme 2.*	Fatima Khan-Shah, Jo Farn and Kaneez Khan	Y	4:00 – 4:15
07	**Partnership's Five Year Strategy – Final Draft** *To approve the final draft of the strategy and note the ongoing development of the ICB Joint Forward Plan to deliver the strategy.*	Ian Holmes and Esther Ashman	Y	4:15 – 4:35
08	**Partnership's Climate Change Strategy** *To comment on the strategy and proposed menu of actions.*	Frank Swinton and Shannon Kennedy	Y	4:35 – 4:55
09	**AOB and Close**	Chair	N	4:55 – 5:00
Items for information / to note:				
Next meeting: Tuesday 6 June 2023				

LCH Trust Communications Report

Social and Online Media

Facebook

Insights

	This month	Last Month
Page likes	4.9k	4.9k
Followers	5,392	5,383
New likes	8	16
Page reach	5,456	9,750
Number of posts	35	46
Post Engagement	664	764
Post reach	8,175	9,314

Top Facebook posts

1. People in the community need your help 24/7 and that's why we have a dedicated team who work during the night to look after those people who need it most. Maybe you can't work during the day so this would be a great opportunity to do a rewarding job and make that difference.

   Join some of our staff at Leeds Park Place Jobcentre (21-22 Park Place, Leeds, LS1 2SL) tomorrow from 10:00am - 12:00pm to discuss opportunities further for both day and night roles.

   Contact debbie.murphy11@nhs.net for more information. Thank you to those who have applied for a role with us, we are still looking so please get in touch - We would love to hear from you!

Post reach: 2,211 **Reactions, comments and shares:** 57

2. Community Healthcare Support Workers are out and about looking after people who need our help and support! We have some fantastic opportunities for you here at Leeds Community Healthcare NHS Trust.

   Some of our staff will be holding events and drop in sessions at different locations around Leeds throughout March to discuss opportunities further.

   To find out dates and locations of events, please email debbie.murphy11@nhs.net

   Post reach: 1,643 **Reactions, comments and shares:** 42

3. People in the community need your help 24/7 and that's why we have a dedicated team who work during the night to look after those people who need it most.

   Maybe you can't work during the day so this would be a great opportunity to do a rewarding job and make that difference.

   Some of our staff will be at Crossgates Shopping Centre, (LS15 8ET) this Friday, 3 March from 9:00am - 3:00pm to discuss opportunities further.

   Contact debbie.murphy11@nhs.net for more information.

   Post reach: 538 **Reactions, comments and shares**: 7

Twitter - @LCHNHSTrust

Analytics

	This month	Last month
Followers	10,196	10,177
Profile visits	1,930	1,920
Mentions	209	212
Impressions	24,264	25k
Tweets	22	44

Top Tweets

1. The most popular tweet from our account which had **2,686 impressions and 23 total engagements** was…
   - "Please help look out for others who may be vulnerable to colder temperatures, ice and snow whilst the wintery weather is here. If you are worried about your health or that of somebody you know, ring NHS 111. pic.twitter.com/8u0Hglyuqn

2. The top media tweet below **had 1,636 impressions and 5 total engagements.**

- “Cold weather can have serious consequences for health, and older people and those with heart and lung conditions can be particularly at risk. Find out more information here: nhs.uk/live-well/seas… pic.twitter.com/ur57sDJifA

3. The most popular tweet which we were mentioned in below was tweeted by @stephlawrence5_and had **773 engagements**

   “What an amazing honour and a brilliant day. I am so very proud **#districtnursing** **@LCHNHSTrust** **@LeedsGp** **@Thea_Stein** **@TheQNI** **@CrystalOldman** pic.twitter.com/bBMO861BhD

LCH Website

Analytics

	This month	Last month
Users	6,348	32,474
Average visit length	1m 45s	1m 43s
Sessions	8,111	46,634
Page views	16,235	94,488
New users	4,787	27,810

Most viewed webpages

1. Leeds Mental Wellbeing Service (Home): **1,409**
2. Home: 1,357
3. Leeds Mental Wellbeing Service- Refer Yourself: **1,096**
4. Child Speech and Language Therapy Toolkit: **581**
5. Our Services: **532**
6. Neighbourhood Teams: **473**
7. Leeds Mental Wellbeing Service (What We Offer): **357**
8. Contact us: **353**
9. Contact us – our locations: **330**
10. Join our team – vacancies: **310**

Media Summary

N/A for March as it stands.

N/A for February.

Graphic Design

Examples of graphic design work that have been created in March 2023

List of graphic design jobs completed this month

1. Wound care guidance booklet
2. The Leeds Programme leaflet
3. reception registration form
4. Leeds Programme A4 folders
5. E.coli leaflet
6. UTI leaflet
7. Liaison and Diversion leaflet
8. LSH triage_Saturday form
9. Senior nurse development workbook
10. LSH FFT poster
11. MindMate Support Team launch_pens, leaflets
12. Think 8 hydrate poster
13. Think 8 hydrate pull up banner
14. MMST cotton shoppers
15. Wound cleaning poster
16. Safeguarding S1 Sig Events Node poster
17. Admin celebration event 2023
18. Stoma troubleshooting sheet
19. Hand contractures_spasticity management leaflet
20. Staff survey results 2022 infographic
21. MMST learning disability service leaflet
22. Wharfedale Recovery Hub patient info leaflet
23. REN pull up banners_REN&HWB fb group bus card
24. Recruitment banners

Trust Board Meeting held in public: 31 March 2023

Agenda item number: 2022-23 (138)

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.

The system is working with Newton Europe to redesign intermediate care in the city with the key aims of:

- Achieving more independent and safe outcomes for patients, improved clinical quality and a reduction in harm across the system.
- Enabling more people to stay at home and out of hospital and community beds
- Improving the experience for the person, carers, and staff.
- Reducing delays through the urgent and emergency care system.
- Ensuring the intermediate care offer provides best value for the system.

This paper provides an update on the Intermediate Care Redesign Programmme

Recommendations

The Board is recommended to:

- Note the move from the diagnostic to implementation phase of the Intermediate Care Redesign Programme
- Note the benefits of the programme to the system and LCH
- Note the governance arrangements and the involvement of LCH

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 Intermediate Care Redesign Programmme

2 CONTEXT

As previously reported Newton Europe worked with the Leeds Health and Social Care Partnership (LHSP) as improvement partners to look at the system and make recommendations on how intermediate care services could be redesigned to meet the needs of the people of Leeds. The diagnostic phase is now complete, and the team reported their initial findings regarding the opportunities to improve the system:

3 NEXT PHASE

The LHSP continues to work with Newton on the implementation of an intermediate care redesign programme. The vision is to implement a person-centred, home-first model of intermediate care across Leeds that is joined up and promotes independence.

The scope of the programme includes all short-term, rehabilitation-focused services at home and bed-based, both ‘step-up’ and ‘step-down.’ To achieve the benefits identified, the scope of the programme not only includes the

intermediate care service delivery, but the interfaces with, and processes in, the rest of the system that influence the referrals to intermediate care, and the out-flow and outcomes from intermediate care.

The programme will achieve the following objectives:

- Achieve more independent and safe outcomes, improved clinical quality and a reduction in harm across the system.
- Enable more to people stay at home and out of hospital and community beds.
- Improve the experience for the person, carers, and staff.
- Reduce delays through the urgent and emergency care system.
- Ensure the intermediate care offer provides best value for the system.

The delivery plan consists of five core projects over 18 months of delivery:

- **Early intervention** – decision making culture, awareness, and access to intermediate care services.
- **Support at Home** – design and implement a new reablement and recovery offer and ensure urgent community response has the required capacity and outcomes.
- **Rehab & Recovery Beds** – redesign bed-based intermediate care to prioritise Home-First and independent outcomes.
- **Transfer of Care** – redesign end-to-end transfer of care for simple, quick, and effective pathways, improved planning and discharge from hospital, and timely transfer to long-term care.
- **System Visibility and Active System Leadership** – embed a culture of data-driven decision making as a system.

This will be a very ambitious programme with potential benefits of

- 1,700 more avoided admissions to hospital each year.
- 400 more people going home from hospital rather than to a bed each year.
- Released acute hospital capacity equivalent to 44 - 64 beds.
- 3,200 fewer hours per week of long-term domiciliary care provided through more independent packages.
- 360 fewer starts in a community bed per year, releasing 80-100 short term community beds in the system.
- 100 fewer long term residential starts per year.
- Significant financial savings/productivity gains

Specific benefits for Leeds Community Healthcare include:

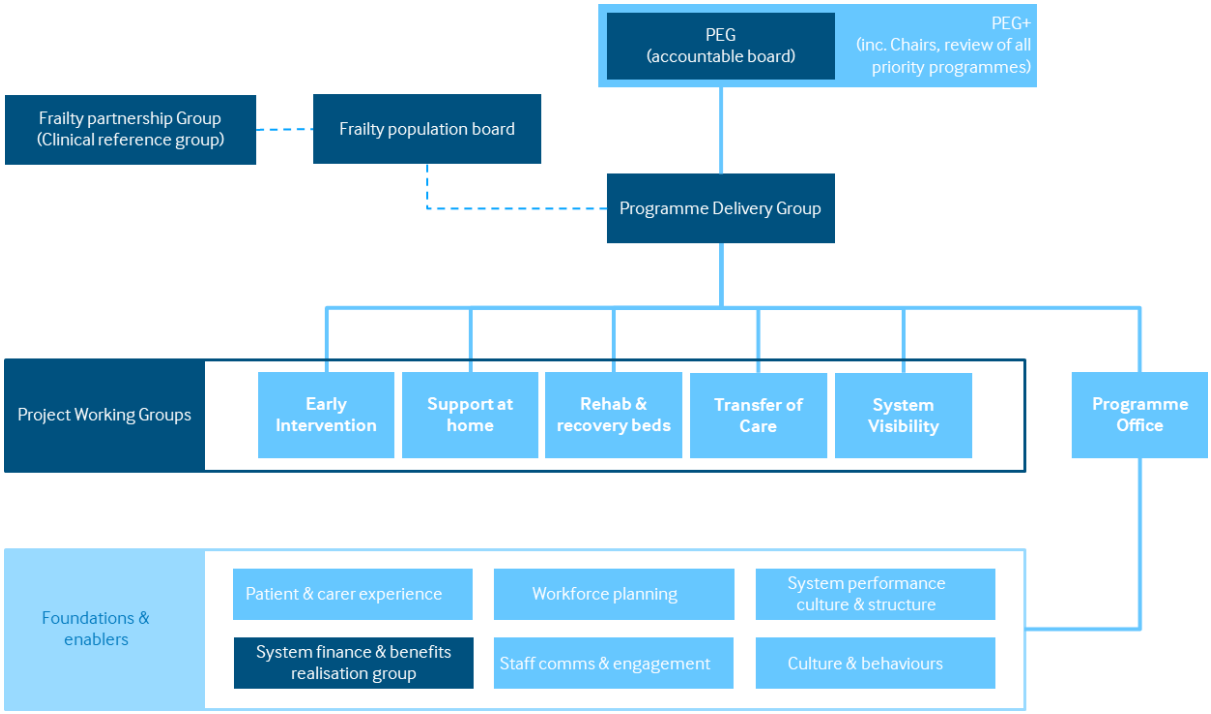
- Improved culture of home-first decision making across the system to ensure the right demand for enhanced community response services.
- Increased utilisation of virtual frailty wards and urgent community response services.
- The right demand referred to CCBs, with redesigned ways of working for improved length of stay and outcomes. (80-100 fewer short-term beds in the system)

- Redesigned integrated reablement/recovery offer, improved productivity and outcomes.
- Redesigned end-to-end transfer of care process.

The indicative timeframe for the programme completes by December 2024. A detailed breakdown of activity is attached at Appendix I.

4 GOVERNANCE

The Programme will report to the Partnership Executive Group with membership extended every other month to include Chairs/NEDs from the affected organisation. A full programme governance structure is detailed here:



LCH is represented at all the levels of the programme.

5 RECOMMENDATIONS

The Board is recommended to:

- Note the move from the diagnostic to implementation phase of the Intermediate Care Redesign Programme
- Note the benefits of the programme to the system and LCH
- Note the governance arrangements and the involvement of LCH

APPENDIX I - Timeline & Sequencing

This is an indicative timeline for delivery of the programme. Elements shown in green are already in progress as part of phase 3a. The delivery plan for each project follows a design, test, rollout, sustain approach, alongside quick wins and activity for early impact where possible. It is expected that the core implementation will be completed by mid-2024, with sustainability activities continuing

Trust Board Meeting held in public: 31 March 2023

Agenda item number: 2022-23 (139a)

Title: Quality Committee Chair's Assurance Report 20 February 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 20 February 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 were informed of next week's 48-hour continuous RCN strike (1st-3rd March) and ongoing national meetings regarding derogations. Work is underway to understand the numbers of LCH staff who intend to take industrial action and planning is underway for the worst-case scenario. Plans include closure of virtual wards to admissions from Friday 24th February until Fri 3rd March to maintain safety over industrial action dates. Awaiting information regarding picket lines.

Public Health believe Covid-19 infection rates increasing and expecting a peak in March. It is not possible to monitor this since the ceasing of population testing. The autumn vaccination campaign has now ended with a small provision for people requiring a first vaccination.

Wharfedale Quality update
Lots of work has taken place and lots of further improvements underway. This is reflected on the risk register, with a score of 16 at present. This is primarily related to documentation and expected to reduce in the coming weeks.
Committee heard of ongoing conversations and plans to increase unit capacity to 30 patients by 1 April 2023 and a full complement of 48 by 1 October 2023, with the expectation that the finance for safe staffing is supported.

Draft Internal audit plan
Presented by the Deputy Head of internal audit, Committee heard the risk assessment for the 2023-24 audit plan is underway. Committee reviewed and supported the plan for approval at Audit Committee and were pleased to note that there is scope for adjustment to the plan in year, if required.

Service Spotlight: Integration
The Committee heard from three specific integrated workstreams taking place across Leeds, the integrated clinics currently across the Leeds footprint and the frailty and Care Home projects in West Leeds.

Integrated clinics
Integration work was commenced in 2019 around an electronic patient record template to improve consistent evidence-based care for people requiring wound care. Work is now underway with the LCH data quality team regarding patient outcome measures and plans to ensure sustainability and ensuring the data will support further improvements, inclusive of equity data.

Committee heard that there are currently 18 clinics running across the city who have seen 2428 patients. Work is progressing with third sector integration and alignment with other public health campaigns to improve health equity for marginalised groups.

Creative approaches to recruitment and retention were shared and noted to have benefited the integrated clinics as well as wider sharing. This has included 3rd year student nurse led clinics in primary care to encourage newly qualified nurses into community nursing.

The clinic principles have now extended to include seeing people with catheter care and line care needs as these were identified to be a cohort of ambulatory patients.

Integrated Care Home innovation (Morley)
Committee heard of the work in developing the Integrated Care Home Team in Morley as an integrated LCH / Primary Care Network (PCN) approach. The team, consisting of 2 Community Matrons, 1 senior Practice Nurse, 2 Pharmacists and 1 Advanced Care Practitioner cover 10 care homes and approx. 275 residents.
The aim of the team is to improve care for all residents and reduce variation and duplication across organisations. This integrated approach provides each home with a named contact in addition to a pro-active weekly face to face ward round and review of patients following hospital discharge. Evaluation has taken place at 6 and 12 months and work is underway to share this across other PCNs to consider further application.

Integrated Frailty Scheme in West Leeds
Presented by Alison Stewart, Committee heard of the project which intended to improve the quality of care and health outcomes for the frail elderly including reducing unnecessary GP and Neighbourhood call outs as well as reducing hospital admissions and reducing hospital length of stays where admission is required.
The integrated model is providing a weekly MDT and includes resource from LCH and GPs including the ARRS staff to offer both pro-active and reactive responses to peoples needs. The team are also supporting nursing and medical learners with placements.

Conversations were held regarding the formal and informal feedback reflecting positive outcomes for patients and staff satisfaction within these projects. The essential requirement for robust data, inclusive of demographic and equity data to ensure accessibility and equity for all was raised with further conversations to take place with Business Intelligence.

Schedule of KPIs
Committee were presented with the paper by the Interim Head of Business Intelligence. This paper recommends that the Board receive assurance on operational performance through 3 primary mechanisms, to align with the direction of the Business Intelligence strategy – specific KPIs; narrative included within the Performance Brief and a quarterly report listing all the measures currently available for monitoring and management within the organisation.
Committee felt the proposed list required further refining and agreed for further consideration by SMT.

Risk Register
The risk related to MIND Mate SPA risk was noted to have increased from 6 to 9 with new mitigation in place, and the risk being held as a system and not just within LCH. The Executive Director of Operations confirmed this risk has been presented at various system-wide meetings including Partnership Executive Group (PEG). There is an increasing demand, particularly in neurodevelopmental assessments, and a need to focus on children and family needs and not just about a diagnosis. A transformation programme is required to consider how the city supports this need differently, in addition to the work underway to address the current backlog. It was requested that the risk needs contextualising as a system issue given this needs a system response to resolve.

Safeguarding Strategy update
Presented by the Executive Director of Nursing the update highlighted the exponential rise in various areas including SUDIC and domestic homicide reviews, with an impact on the team. Committee have already heard about the Children Looked After (CLA) resource and impact on timeliness of Integrated Health Needs Assessments as an escalation from Safeguarding committee. Committee were updated that city-wide conversations have taken place regarding the resource required which has now been escalated to ICB.
The update also celebrated the awarding of the Leeds Domestic Quality Mark to LCH despite the pressures the team have faced over the last 12 months.

Learning and Development strategy update
The existing strategy 2020-2023 commenced at the same time as Covid-19 therefore some progress has been delayed due to that. The strategy is now being reviewed for the forthcoming 3 years, 2023-2026, and will include some further progression of existing aims. Committee requested that equality, diversity and inclusion (EDI) data be included both in terms of training requirements and parity for all staff having equal access regardless of protected characteristics.

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**	• Risk register report • Internal audit plan (draft) • Schedule of KPIs • Wharfedale Quality Update	Reasonable assurance	
Risk 1.2 The risk that there are insufficient **clinical governance arrangements in place for new care models**	**9 High**	• Service spotlight - integration	Reasonable assurance	
RISK 1.3 The risk that the Trust does not maintain **and continue to improve service quality**	**8 High**	• System pressures update • Risk register report • Learning and Development Strategy update	Reasonable assurance	
RISK 1.4 The risk that the Trust does not **engage with patients and the public effectively**	**12 V High**	• Service spotlight – integration	Reasonable assurance	
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 • Risk register report	Reasonable assurance	

Public Board Meeting held in public: 31 March 2023

Agenda item number: 2022-23 (139b)

Title: Business Committee Chair's assurance report 22 February 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 22 February 2023 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.

Internal audit draft plan 2023/23 (draft)
The draft internal audit plan 2023/24 was presented by Audit Yorkshire and the Committee was asked to review and comment for approval at the next Audit Committee meeting. The audit engagement process had included a review of the Board Assurance Framework (BAF) and conversations with the Senior Management Team, the Committee Chairs, the Trust Chair and the Chief Executive around the priorities for 2023/24. The Committee was content with the format of the draft internal audit plan for 2023/24 and was supportive of the priority areas identified.

Digital strategy
The Assistant Director of Business Intelligence introduced the new draft digital strategy said that this was a new approach to engage staff in the digital strategy in a way that they have not engaged before. The plan was to make the strategy relevant to staff, aligned to the Trust goals and make it easy to understand and quick to read. The new draft strategy was designed to be more visual and bringing together the key themes and key points. The major component of the strategy was building from foundations upwards and getting the infrastructure right.

The Committee suggested that the draft strategy should include recognition of the cultural and skills shift required to deliver this for the workforce, that the infrastructure needed to be right to ensure efficiency and better use of clinical time. It was also agreed that as the Trust was becoming more and more reliant on other solutions being developed across the City for support, there was a need for explicitly setting out what was expected of others.

Workforce strategy update
The Director of Workforce (LS) provided a combined update report for the Committee comprising the Workforce Quarterly Report and progress on the 2021-25 Workforce Strategy. The update described the overall increase in workforce numbers, and with successful resourcing initiatives. There was a reduction in turnover and this was now within the tolerance zone and there had been some reduction in sickness absence. The top 3 reasons for turnover in the organisation was mainly due to promotion, work/life balance followed by relocation. Work was continuing with emerging talent work, appraisal projects and flexible working to encourage staff to stay.

Draft financial plan 2023/24
The Executive Director of Finance and Resources gave a presentation on the draft financial plan for 2023/ 24. He outlined the national revenue allocations and the assumptions contained within them. He explained how those resources had been allocated to the West Yorkshire ICS and the implications of the assumptions and allocations for Leeds Community Healthcare.

Change programme management report
The Change Programme Management report noted there had been good progress on most schemes, with the following exceptions: ICE Pathology – work delayed due to resourcing gaps in Leeds Teaching Hospitals Trust, and Community Dental Transformation – this work was now less urgent due to extension of current the contract. Commissioner-led review recommendations were being implemented.

The Committee acknowledged that the Wharfedale development that had not been anticipated at the beginning of the year and the CareNotes system outage had also impacted on other change management schemes.

Health and safety
The Committee was provided with an update on progress with fire risk assessments. The position with Trust owned premises was that only Woodsley Health Centre was outstanding and Seacroft Clinic's would be reassessed when the refurbishment was complete. This meant the fire risk assessment backlog programme was well on track to complete by June 2023.

Recommendation:

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

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

The Business Committee provides the following levels of assurance to the Board on these strategic risks	Risk score (current)	Agenda items reviewed	Overall level of assurance provided that the strategic risk is being managed (or not)	Additional comments
Risk 2.1 The risk that the Trust does not deliver on its **major change programmes**	**9 High**	• Digital strategy (draft) • Change Programme Management Report • EPR Re-Procurement Business Case	Reasonable	Good progress on most schemes
RISK 2.2 The risk that the Trust does not deliver its **contractual requirements**	**6 Moderate**	• Operational and non-clinical risks register	Reasonable	
RISK 2.3 The risk that the Trust is not **improving productivity, efficiency and value for money**	**9 High**	• Digital Strategy (draft) • Change Programme Management Report	Reasonable	Improved digital infrastructure will improve efficiencies.
RISK 2.5 The risk that the Trust does not deliver on its agreed **income and expenditure** position	**6 Moderate**	• Annual Financial Plan	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**	• Digital Strategy (draft) • EPR Re-Procurement Business Case (private)	Reasonable	
RISK 2.8 The risk that **waiting times** for appointments are not reduced	**12 V High**	• System pressures update • Workforce strategy update (including quarterly report)	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**	• System pressures update • Risk register • Workforce strategy update (including quarterly report)	Reasonable	Reduction in turnover and sickness absence.
RISK 3.3 The risk that the Trust is not investing in developing **managerial and leadership capability**	**9 High**	• Workforce strategy update (including quarterly report)	Reasonable	
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 Group update	Reasonable	Fire risk assessment backlog has improved
RISK 3.5 The risk that the Trust is not maintaining **business continuity** in the event of significant disruption	**12 V High**	• Risk register • Workforce strategy update (including quarterly report)	Reasonable	
RISK 4.2 The risk that the Trust does not have robust agreements and clear **governance arrangements for complex partnership** arrangements	**9 High**	*No obvious items on the agenda relating to this strategic risk*		

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 31 March 2023

Agenda item number: 2022-23 (139c)

Title: Audit Committee Chair's Assurance 10 March 2023

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 Committee noted progress with the 2022/23 internal audit programme and was advised by the auditors that they anticipated sufficient progress would be made against the programme to provide an audit opinion at year end.

The Committee discussed the executive summary and strategic findings for the four audits completed since the last Committee meeting: Infection Prevention and Control (Significant Assurance), Learning from Adverse Incidents (Limited Assurance), ESR Payroll Interface (Significant Assurance), Risk Management (Significant Assurance). The Committee discussed the limited assurance provided by the Learning from Adverse Incidents audit and requested that SMT should discuss this in more detail. The audit report is also to be reviewed by Quality Committee in March 2023.

Internal Audit draft strategic plan 2022/23

The Committee reviewed and approved the internal audit strategic plan 2022/23 which had been drafted by Audit Yorkshire. The Committee also approved the internal audit charter.

External Auditor's

The External Auditor (Mazars) confirmed that they had commenced their planning work for the 2022/23 audit year. From the work that had already begun, the external auditors confirmed that there were no matters that it wished to bring to the Committee's attention.

Annual report and accounts 2022/23

The Committee were advised of the Trust's progress with the Trust's annual report, accounts and associated activities. All activities were proceeding to schedule.

Going Concern statement

The Director of Finance and Resources presented the going concern paper for consideration by the Committee. The Committee considered the matters in the paper and with an awareness of all relevant information it concluded that there were no material uncertainties related to events or conditions that may cast significant doubt about the ability of the Trust to continue as a going concern. The Committee will recommend to the Board that when approving the annual accounts, it does so in agreement that the Trust is a going concern.

Financial sustainability assessment action plan

In order to help organisations, assess their financial sustainability, the Healthcare Financial Management Association (HFMA) published a comprehensive assessment. Our Trust completed the assessment and Audit Yorkshire conducted the NHS England specified review, with the report being presented at the Audit Committee meeting in December 2022. At the March 2023 meeting, the Committee received and reviewed the action plan which described the planned improvements.

Data Security Update

The Committee noted the progress being made on the Data Security and Protection Toolkit (DSPT). Leeds Community Healthcare has undertaken a baseline assessment of the DSPT will be submitting compliance with 31 assertions on 28 February 2023 and is working towards compliance with the remaining 5 by the 30 June 2023.

Audit Committee was provided with the latest results of the independent Penetration Test which was conducted during October 2022. The tester noted in their findings that they did not identify any vulnerabilities that, in their opinion, would provide a threat actor with easy and reliable unauthorised access to systems. The Committee asked for further information about the Trust's cybersecurity architecture to be provided for a future meeting and agreed that for the moment, the Committee only had limited assurance that the strategic risk was being managed (see appendix A)

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'. Having reviewed all the information presented, the Committee agreed that it provided reasonable assurance that the risk was being managed adequately.

Appendix A

The Audit Committee provides the following levels of assurance to the Board on these strategic risks	Risk score (current)	Agenda items reviewed	Overall level of assurance provided	Additional comments
(2.4) If the Trust does not maintain the security of its IT infrastructure and increase staffs' knowledge and awareness of cyber-security, then there is a risk of being increasingly vulnerable to cyber-attacks causing disruption to services, patient safety risks, information breaches, financial loss and reputational damage.	**12 V High**	• Results from penetration test • Data Security and Protection Toolkit – Baseline Assessment • Data Protection & Cyber Security Panel (was IG Group) 24 January 2023 meeting Minutes	Limited	The Committee has requested more information about the cyber security protections the Trust has in place.

Trust Board meeting held in Public: 31 March 2023

Agenda item number: 2022-23 (139d)

Title: Charitable Funds Committee March 2023: 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 13th March 2023.

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

The Executive Director of Nursing and Committee Chair met with the Chair and Chief Executive of Leeds Cares Charity in January 2023. The Executive Director of Nursing had subsequently sent the annual accounts to the Charity for them to undertake due diligence checks. There had been no further update at this stage.

The committee discussed what we would need to know before it could recommend something to the Trust Board and there were a number of factors to this:

- Would the Trust retain independence of their funds. The Committee Chair said that Leeds Cares Charity had confirmed the Hannah House Fund would be ringfenced. The Committee Chair and Executive Director of Nursing had indicated that the Trust would like to continue to apply for money for staff wellbeing in the current way.
- Clarity around accessing funds from the Leeds Cares Charity if they did decide to collaborate would be required. The Committee Chair said they had raised questions around accessing money and the Leeds Cares Charity confirmed the Trust could access its own money with no limitations, if the Trust chose to access additional money there would be an expectation for LCH staff to engage in fundraising activities. The administration and governance would be provided by Leeds Cares Charity.
- With regard NHS Charities Together, it was felt to be unlikely the Trust's Charity would be seen as a separate entity in relation to future bids if it merged with Leeds Cares Charity.
- Branding was important and the Executive Director of Finance informed the Committee that Leeds Cares Charity had changed its name to Leeds Hospitals Charity, their vision was 'for Leeds Teaching Hospitals to be the best hospital, in the healthiest city in the UK', this raised some concerns with Committee members, particularly around the Trust's Charity being subsumed into another charitable organisation and a potential lack of engagement from LCH staff to take part in fundraising activities because the Trust was not part of Leeds Teaching Hospitals.
- The exploratory conversations were in the early stages and further conversations around access to funds and branding would be facilitated if their Board agreed to next steps.

The Executive Director of Finances shared a paper outlining the recent bid for £30,000 to NHS Charities Together. The application stated that the Trusts aim was to have a significantly increased and self-sustaining income, a new and exciting

strategy and refreshed branding for a relaunch, either in partnership or continue as an independent NHS Charity with specific and unique objectives in Leeds.

The Executive Director of Finances explained that the money would be targeted at areas that would specifically develop the Charity; this included the recruitment of a fundraiser for a twelve-month period, a refresh to the Charity branding and legal costs which might be incurred if the Charity merged with Leeds Hospitals Charity. The Executive Director of Finance confirmed the grant would need to be spent in twelve months and if the money was not used to develop the Charity it could be returned to NHS Charities Together. The Committee agreed to the outlined proposal.

The Executive Director of Nursing agreed to proceed with the recruitment to the Charity Fundraiser post. The Executive Director of Nursing and Executive Director of Finance agreed to have a discussion outside of this meeting to agree the operational elements.

The Committee received a paper on the quality/impact of the psychological support service offered to staff and agreed to continue to fund this from Charitable funds with the expectation that this would be picked up by the centre once funds are exhausted.

Finance Report
The Executive Director of Finance shared the Finance Report with Committee members and explained that he felt the report, although correct, had been somewhat confusing, he said he would ensure better clarity of presentation for future reports.

Committee's Annual Report and Terms of Reference
The Committee accepted the proposed suggestions and approved the Annual Report prior to submission to Audit Committee.

The Committee approved the Terms of Reference prior to submission to Trust Board.

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: 31 March 2023
Agenda item number: 2022-23 (139e)

Title: Nominations and Remuneration Committee – 14 March 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 14 March 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 December 2022, with an extraordinary meeting held in January 2023.

Items discussed:

Committee Annual Report and Terms of Reference

The Committee considered a comprehensive Annual Report outlining the breadth of issues covered and decisions reached in 2022/23. The importance of the work carried out in relation to Reward was noted for inclusion; and the Annual Report was approved prior to its submission to the Audit Committee.

The Terms of Reference were endorsed prior to Board approval, with minor updates made to clarify the Committee's virtual decision-making capabilities and the determinants of "high risk" matters.

Critical Shift Incentives

The Committee received a verbal update from the Director of Workforce regarding the current Critical Shift Incentive Scheme, which is due to expire on 31 March 2023.

The Committee agreed that virtual consideration could be considered to an extension to the current scheme if required following the 15 March 2023 Senior Management Team meeting, linked to the scheme paperwork and considerations previously discussed by the Committee.

Recommendations

The Board is recommended to note this information.

Performance Brief – February 2023

Agenda item
2022-23
(140)

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.

Committee Dates

- Quality Committee – 27 March 2023
- Business Committee – 29 March 2023
- Trust Board – 31 March 2023

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

- There were 361 Patient Safety Incidents reported with Harm
- There were eight serious incidents logged on the Strategic Executive Information System (StEIS)
- There were 12 incidents which met the requirement for Legal Duty of Candour, 11 of these were dealt with appropriately and one is in the process of completion to meet the 10-day deadline.
- There were three Central Alert System (CAS) notifications in the period, all were actioned before the deadline. There are two historical alerts open under review as part of NHS England's Enduring Standards.

Caring

- There were 22 complaints received in January and February 2023.
- Within the Friends and Family Test, 89% of feedback in the quarter-to-date was good or very good.

Effective

- Data and narrative on the Effective Domain are reported quarterly and are therefore not due for inclusion in this report.

Responsive

- RTT Consultant-led performance declined further to 64.2%
- There has been one 52-week breach within a consultant-led pathway
- Non-consultant waiting times have held steady at 86.2%
- DM01 performance has improved to 52.5%
- LMWS waiting list performance has declined further, and is now below the target, falling to 71.7%

Well-led

Some good news within many areas which include: -

- Staff turnover, and staff leaving the organisation within 12 months, has continued to improve and stabilise during this financial year and both remain below target
- Overall Statutory and Mandatory training continues to perform well at just under the 90% KPI (see note below)
- The latest overall sickness absence rate of 6.3% is just below the target of 6.5%, which is the lowest it has been since August 2021
- The short-term absence rate has been below the 3% organisational target for over 12 months
- Whilst the long-term sickness absence remains above the 3.5% target, there has been a slow decrease in the absence levels over the last three months, and since November 2022, has continued to track below the same period for 2022

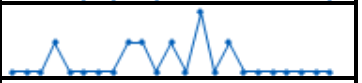
Areas performing less well: -

- Overall Appraisal compliance has continued to deteriorate since April and hovers around mid-70%, against a 90% target. Of significant concern, is the Adult Business Unit, which for the last 4 months has been below 60%, with the latest month dropping to just over 52%, nearly 40% below the target
- Statutory and Mandatory training - Of specific concern, is the Adult Business Unit, which consistently hovers around mid-70% and has done so since May 2022

Safe – February 2023

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

Leeds Community Healthcare NHS Trust

Safe - people are protected from abuse and avoidable harm	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Jan	Feb	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	2.16	1.82	1.70	1.91	2.03	
			2021/22	1.88	1.97	1.84	1.99	1.81	1.90	
Serious Incidents (per 1K contacts)	SL	0 to 0.1	2022/23	0.01	0.02	0*	0*	0*	0*	
			2021/22	0.04	0.01	0.02	0.02	0.00	0.02	
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	8 per year	2022/23	2	1	0*	0*	0*	3*	
			2021/22	0	1	1	1	0	3	
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	SL	0	2022/23	0	0	0*	0*	0*	0*	
			2021/22	0	0	0	0	0	0	
Validated number of Patients with Avoidable Unstageable Pressure Ulcers	SL	10 per year	2022/23	2	2	1*	0*	0*	5*	
			2021/22	4	1	1	0	0	6	
Number of Falls Causing Harm	SL	No Target	2022/23	147	127	84	31	37	426	
			2021/22	138	132	136	39	42	487	
Number of Medication Errors Causing Harm	SL	No Target	2022/23	16	13	20	3	4	56	
			2021/22	15	8	12	9	6	50	

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

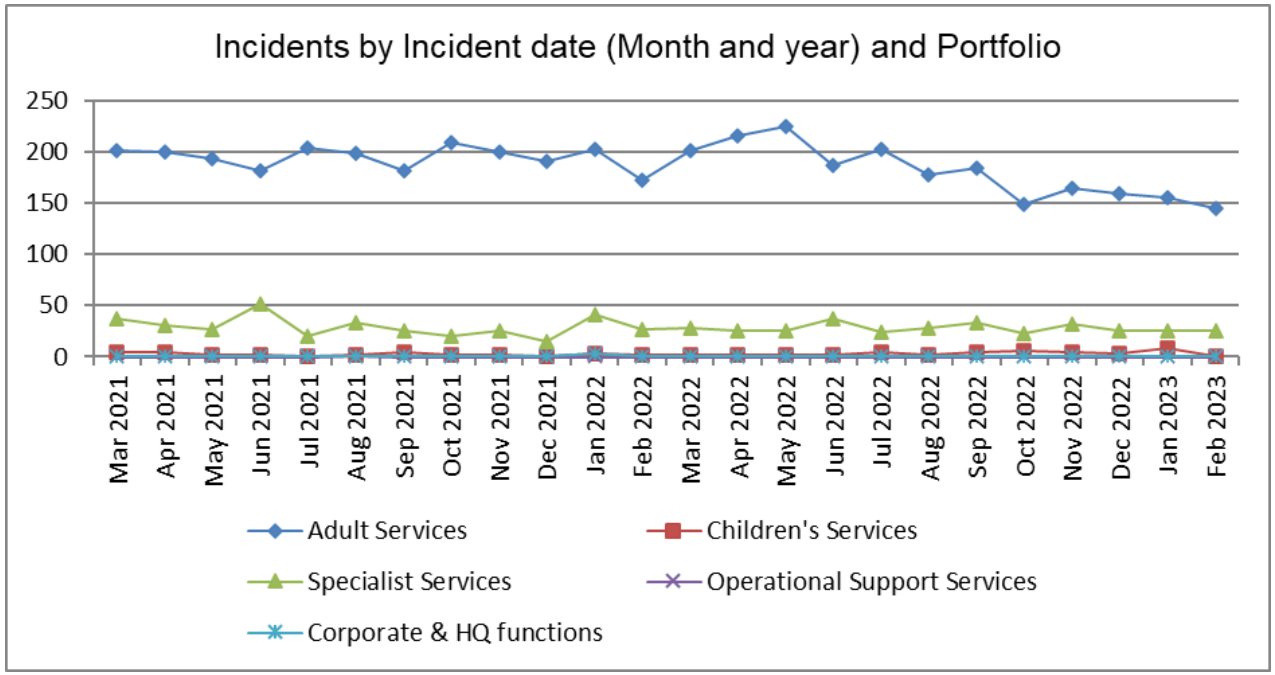
Patient Safety Incidents reported as Harmful

There were 361 Patient Safety Incidents reported as harmful within January and February 2023. 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 01/03/2023.

The numbers reported remain consistent for the Specialist Business Unit when compared to the last reporting period. The Adult Business Unit when compared with the last two reporting periods identifies a downward reporting trend, a review will be completed for the next report to understand the rationale for this.

The Children's Business Unit (CBU) reported nine incidents in January 2023 which is a significant increase when compared to three reported in December 2022. Only one incident was reported in February 2023 which is a major harm accident for a child attending ICAN Audiology. On review this incident is a Health and Safety Incident not a Patient Safety Incident, a Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Report has been completed.

***Chart 1* - Patient Safety Incidents reported as harmful over two years by Business Unit**



Of the nine incidents reported in January, seven were minimal harm and two were major harm. Both major harm incidents have been reviewed at Rapid Review meeting. One has progressed to a Serious Incident Investigation and the other was concluded as no lapses in care. Two of the minimal harm incidents were for ICAN South for urgent appointments not being available when required due to challenges in staffing the child protection rota, this is recorded on the Risk Register.

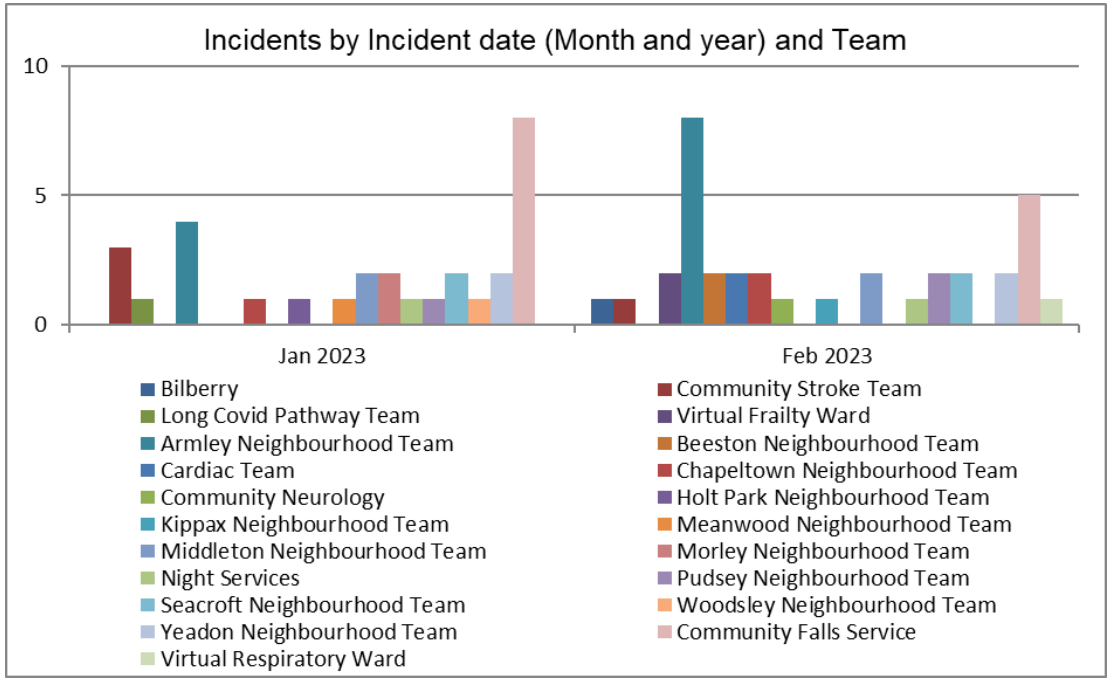
Number of Falls causing Harm

There were 65 falls incidents reported as causing harm in January and February 2023, compared to 59 in the last reporting period. The two highest reporting teams for falls with harm are the Community Falls Service and Armley Neighbourhood Team, the Incidents have been reviewed in further detail.

Community Falls Service

The Community Falls Service reported eight incidents in January and four in February 2023. All incidents reported were minimal harm except one moderate harm reported in February, a Rapid Review report has been completed and will be scheduled for Rapid Review Meeting. An update will be provided in the next report.

Chart 2 - Falls with harm by month and team



Armley Neighbourhood Team

There were four falls with harm reported for Armley Neighbourhood Team in January, two minimal harm and two moderate harm. There were eight falls reported in February, four minimal harm, one moderate harm and three major harm.

One of the six moderate/ major harm incidents has been discussed at Virtual Rapid Review Meeting with an outcome of lapses in care, however further investigation is not indicated as the learning has been established following the rapid review and there is work ongoing to now embed the learning. The remaining five are awaiting Virtual Review meeting dates. The outcomes will be included in the next report and escalated in the interim if a theme is identified. Four of the five incidents were patients living in Residential Care Homes, two incidents were for patients in the same Residential Care Home, safeguarding concerns have been identified and appropriately escalated by the team in relation to the care home.

There are also three previous falls incidents for Armley Neighbourhood Team which have been StEIS reported, and a Thematic Review is in the process of completion for these. The high number of falls incidents have been escalated to the Quality Lead for the Adult Business Unit.

Number of Medication Errors Causing Harm

There were seven medication errors causing harm reported, these were all recorded as minimal harm incidents. There were four incidents reported involving insulin and one each for warfarin, anticipatory medication, and a controlled drug pain patch. Five of the incidents were administration errors and two were monitoring or follow up of medication whereby the team had not been made aware that doses of medication had been altered by the prescribing clinician. On review there were no identified trends by team.

Validated number of patients with avoidable Category 3 Pressure Ulcers

There were no avoidable, category three pressure ulcers reported.

Validated number of patients with avoidable Category 4 Pressure Ulcers

There has been one category four pressure ulcer in the reporting period. This is a Children's Business Unit incident in the Inclusion Nursing Team which concluded an avoidable outcome at Rapid Review Meeting.

This has similar themes to another Serious Incident category four pressure ulcer in CBU relating to a lack of case coordination, holistic care, and pressure ulcer risk management.

A clinical audit linked to the learning has been requested to ensure patients on the current caseload who are at risk of pressure damage have been assessed and have an appropriate plan in place to manage the risk. This is to mitigate any risk prior to the learning and actions plans from the reviews being actioned and embedded. A further audit will be completed for the specific identified actions.

This incident has been StEIS reported, and a Serious Incident Investigation is underway.

Validated number of Patients with Avoidable Unstageable Pressure Ulcers

There were three unstageable pressure ulcers reported which were discussed at Rapid Review Meeting and concluded as avoidable.

Two of these incidents met the criteria for further investigation and a Serious Incident is being completed. The remaining incident identified that appropriate education, advice, and a pressure relieving cushion had been provided to the patient however there was a delay in providing a pressure relieving mattress which may have reduced the risk of pressure damage occurring so Legal Duty of Candour was required.

Serious Incidents

There were eight moderate/major harm/unexpected death incidents discussed at Rapid Review Meeting in the reporting period which met the criteria for Serious Incident Investigation (in line with the Serious Incident Framework 2015), all were reported via the Strategic Executive Information System (StEIS) within the 48-hour timeframe.

Table 1 - Incidents reviewed at Rapid Review Meetings

ID	Incident date	Category	Rapid Review	Date added to STEIS	Team
87150	22/11/2022	Fall -Major	23/01/2023	24/01/2023	Armley NT
87075	20/12/2022	Fall -Major	23/01/2023	24/01/2023	Armley NT
86763	07/12/2023	Fall -Major	23/01/2023	24/01/2023	Armley NT
87302	03/01/2023	Pressure Ulcer Unstageable	01/02/2023	01/02/2023	Seacroft NT
84226	03/08/2022	Unexpected Death	08/02/2023	08/02/2023	Beeston NT
87738	20/01/2023	Pressure Ulcer Category Four	20/02/2023	20/02/2023	Inclusion Nursing
86427	22/11/2022	Fall with Unstageable Pressure Ulcer	30/01/2023	31/01/2023	Holt Park N
86207	12/11/2022	Pressure Ulcer Unstageable	20/01/2023	20/01/2023	Kippax NT

Three of the Serious Incidents were major harm falls reported for Armley Neighbourhood Team, a Thematic Review is underway. The early identified themes of learning have been discussed in a local falls investigation meeting and shared with the team. The themes have also been shared with the Clinical Effectiveness Workstream for the next planned Quality Walk with the service as an area of focus to explore with the team to identify the impact of the falls investigation meetings and to review the ongoing work in the team in relation to falls management.

Duty of Candour

There were 12 incidents in the reporting period which met the requirement for Legal Duty of Candour.

Eleven had been completed appropriately at the time of writing the report and of those, 10 had been sent letters within 10 working days. There was no next of kin for one of the patients and duty of candour could not be completed.

The remaining Duty of Candour is in the process of being actioned to meet the 10- day deadline of 03/03/2023, this will be reported in the next performance brief narrative.

Central Alert System (CAS) alerts outstanding

There were three Central Alert System (CAS) notifications during this period which required a response on the CAS website. All three of these alerts were acknowledged, assessed, and actioned within the allocated timeframe.

There are two alerts which had historically been closed which are now reopened as part of NHS England's Enduring Standards, where Trusts are asked to ensure they remain concordant with historical alerts. One is in the process of being reviewed to ensure compliance and provide assurance that appropriate actions have been taken. One is pending closure and will be assessed for closure at the next CAS meeting in March 2023.

One relates to Nasogastric tube misplacement which is pending assessment for closure and the other relates to the risk of harm from inappropriate placement of pulse oximeter probes where inappropriate placement of ear and finger probes is being assessed.

Alerts will be closed at a planned monthly meeting between the Head of Clinical Governance, Quality Leads, and the Patient Safety Manager, as part of the collective approval process prior to closure.

Caring – February 2023

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

Leeds Community Healthcare NHS Trust

Caring - staff involve and treat people with compassion, kindness, dignity and respect	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Jan	Feb	March	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%	92.7%	91.6%	87.4%		91.9%	
			2021/22	95.7%	92.1%	91.3%	90.0%	93.2%	93.5%	92.9%	
Total Number of Formal Complaints Received	SL	No Target	2022/23	29	43	33	15	7		127	
			2021/22	18	26	22	8	7	10	81	

Complaints

Complaints this month are assessed to be within normal variation.

Table 2 - Complaints for the period over the preceding three years

Total number of formal complaints received	Jan-Feb 2023
Jan-Feb 2020	24
Jan-Feb 2021	12
Jan-Feb 2022	14
Jan-Feb 2023	22

There were 22 complaints received in the period. There has been variation in the numbers of complaints received over the last six months, with 17 reported in November and December 2022 and 32 in September and October 2022. Table 2 highlights a comparison of complaints received during the period in previous years. Regional feedback reports similar recent trends and may signify a return to pre COVID complaint levels.

Chart 3 - Complaints received in Jan-Feb 2023 by Team

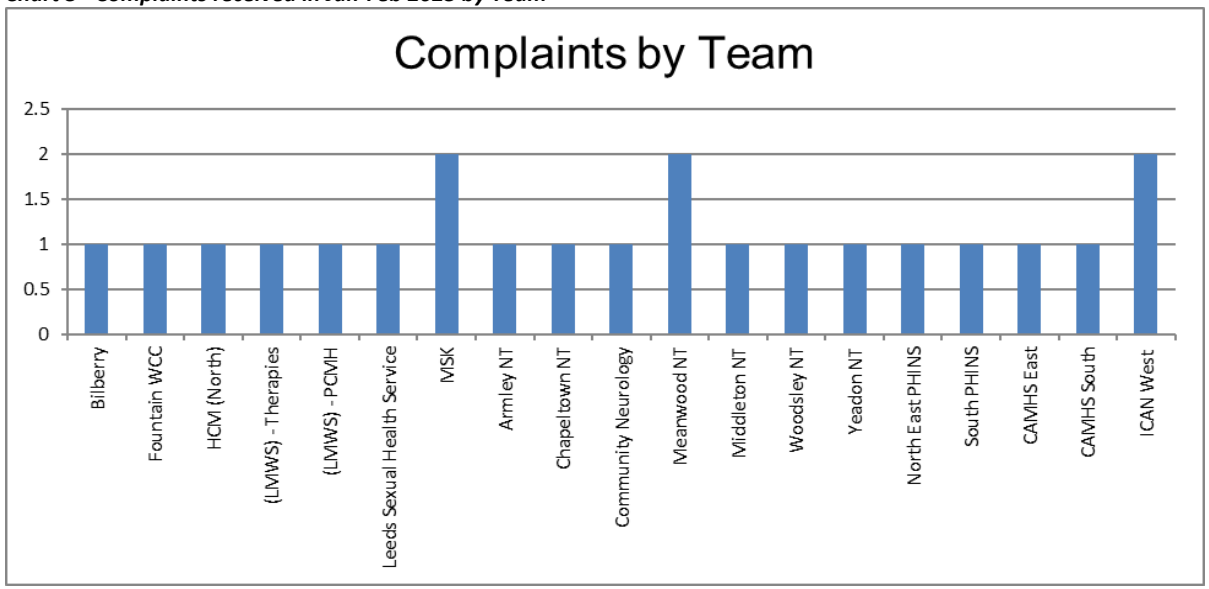


Chart 3 highlights there were no significant themes in where complaints were received in the period. It should be noted that there have been two complaints for Meanwood Neighbourhood team who are currently developing an improvement plan with associated Senior Leadership oversight due to feedback and learning from serious incident investigations, one of the complaints has a related theme.

Friends and Family Feedback

Performance has declined in February, due to numerous poor and very poor responses (24/239) from Wetherby YOI. These have been shared with the service for information, although there are no obvious themes or areas for improvement, and the comments on the surveys do not relate to the care provided. These FFT cards included a backlog of cards that were inputted during this reporting period but were not necessarily completed within it. This will be monitored by the Patient Engagement Officer.

Effective – February 2023

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 and narrative on the Effective Domain are reported quarterly and are therefore not due for inclusion in this report.

Responsive – February 2023

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

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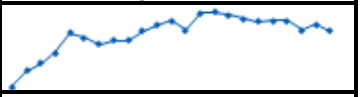
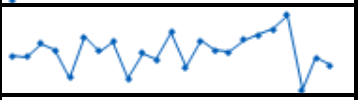
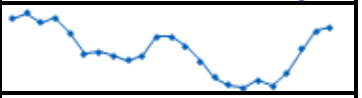
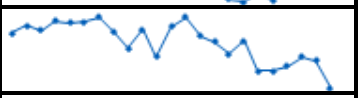
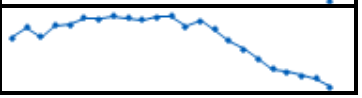
Data

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	Q3	Jan	Feb	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%	95.9%	95.4%	95.2%	95.8%	
			2021/22	95.8%	96.0%	96.0%	96.0%	95.7%	95.9%	
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	>=92%	2022/23	83.4%	75.2%	64.4%	66.0%	64.2%	64.2%	
			2021/22	87.3%	83.6%	87.2%	82.0%	82.5%	82.5%	
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	2022/23	0	2	0	0	1	1	
			2021/22	0	0	0	0	2	2	
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	SP	>=99%	2022/23	46.9%	44.3%	47.0%	45.5%	52.5%	52.5%	
			2021/22	43.7%	38.8%	44.7%	30.6%	38.4%	38.4%	
% Patients waiting under 18 weeks (non reportable)	SP	>=95%	2022/23	90.6%	88.4%	86.5%	87.7%	86.2%	86.2%	
			2021/22	79.0%	84.7%	84.1%	86.2%	87.6%	87.6%	
LMWS – Access Target; Local Measure (including PCMH)	SP	24,456 by year end	2022/23	7,581	8,033	7,936	2,458	2,345	28,353	
			2021/22	7,611	7,472	7,385	2,520	2,419	27,407	
IAPT - Percentage of people receiving first screening appointment within 2 weeks of referral	SP	No Target	2022/23	51.6%	40.9%	46.9%	67.5%	69.3%	49.9%	
			2021/22	73.8%	65.3%	55.2%	55.0%	64.6%	64.1%	
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	SP	>=95%	2022/23	99.6%	98.8%	98.6%	98.7%	97.9%	98.8%	
			2021/22	99.6%	99.8%	99.6%	99.6%	98.8%	99.6%	
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	>=75%	2022/23	92.5%	84.3%	76.7%	74.4%	71.7%	81.9%	
			2021/22	89.6%	93.5%	95.2%	94.5%	95.3%	92.9%	

Narrative

Consultant-led RTT Pathways

Performance against the 18-week Referral to Treat (RTT) standard remains below expectations, with 64.2% of patients waiting less than 18 weeks at the end of February (target 92%). 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 has been one breach of the 52-week standard during February in the Gynaecology Service. The patient was referred via the LTHT shared pathway having already waited more than 52 weeks. The patient has now been seen.

Non-Consultant led Pathways

Waiting times for non-Consultant pathways have held steady during January and February with 86.2% of patients waiting less than 18 weeks at the end of February 2023. This is consistent with the waiting times during Q3. Performance remains below the local target of 95%. There are no emergent themes from specific services.

Diagnostic Pathways (DM01)

Performance against the DM01 6-week standard for diagnostics continues to improve slowly, with a fluctuating pattern of improvement. These fluctuations are driven by activity levels within the service. A significantly low number of face-to-face contacts were recorded in December 2022, which has slowed the improvement against this standard during January and February. Activity levels have increased during the reporting period but are not back up to the levels recorded during the rest of the financial year due to substantially higher levels of short-term sickness than usual. Sickness levels have returned to normal levels during February 2023, and performance improvements are expected to continue.

Improving Access to Psychological Therapies

Following the long-term trend for declining performance in the 6-week access standard, the service has not been able to achieve the target of 75% in both January and February. However, screening performance within 2 weeks has continued to improve, following focussed efforts from the service.

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 partnership has successfully recruited to 5 CBT posts recently, 2 of whom will be employed by LCH. 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 and external CBT providers. Regular Waiting list/recovery 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

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	Q3	Jan	Feb	YTD	Time Series (from Apr-21)
Neighbourhood Team Face to Face Contacts	SP	No Target	2022/23	154,093	151,225	145,548	48,368	42,475	541,709	
			2021/22	171,906	165,458	163,254	53,279	48,102	601,999	
Neighbourhood Team Referrals (SystmOne only)	SP	No Target	2022/23	7,326	7,660	7,686	2,795	2,499	27,966	
			2021/22	6,650	6,424	6,384	2,196	2,165	23,819	
Neighbourhood Team Productivity (Contacts per Utilised WTE)	SP	No Target	2022/23	102.2	102.9	104.9	102.7	91.1	91.1	
			2021/22	107.4	105.3	108.7	112.3			

Neighbourhood Teams have continued to experience higher than usual levels of referrals, with a particularly high spike in demand in January 2023. The declines in face-to-face contacts in February 2023 can, in part be attributed to the fewer number of days within the month but also a shift to virtual/telephone consultation and joint work with self-management/third sector partners. The teams have a high level of vacancies and reported increased short-term sickness during December, but this has improved during the reporting period. This trend will be monitored by the Business Unit Leadership Team.

Whilst service pressures continue due to fluctuations in patient flow and system wide pressure, the Neighbourhood Teams have de-escalated to Opel 3 and occasional escalation reporting by Neighbourhood Nights at Opel 3E. Due to this de-escalation, bronze and silver command meetings have ceased as of January 2023. This, however, is by no means an indication that demand and capacity pressures have resolved fully.

Well-Led – February 2023

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.

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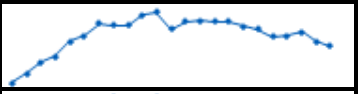
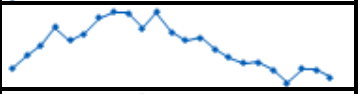
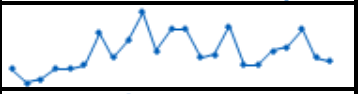
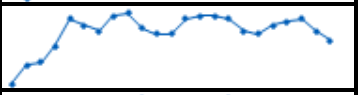
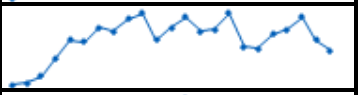
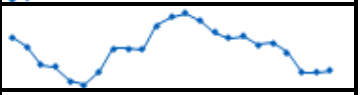
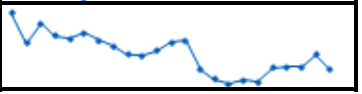
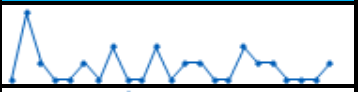
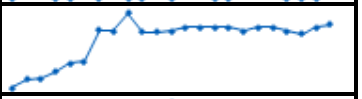
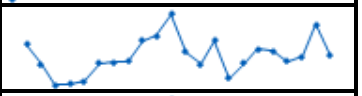
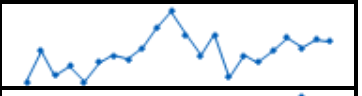
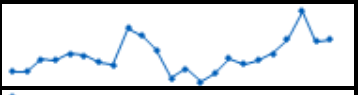
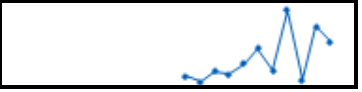
Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Jan	Feb	YTD	Time Series (from Apr-21)
Staff Turnover	LS/JA	<=14.5%	2022/23	14.4%	13.9%	13.7%	13.1%	12.8%	12.8%	
			2021/22	11.7%	13.5%	14.2%	14.9%	15.1%	15.1%	
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%	2022/23	18.4%	17.2%	16.5%	16.4%	15.7%	15.7%	
			2021/22	18.8%	19.9%	21.9%	20.4%	22.0%	22.0%	
Short term sickness absence rate (%)	LS/JA	<=3.0%	2022/23	2.1%	1.8%	2.8%	2.0%	1.9%	1.9%	
			2021/22	1.4%	1.8%	2.5%	3.3%	2.2%	2.2%	
Long term sickness absence rate (%)	LS/JA	<=3.5%	2022/23	5.2%	4.6%	5.1%	4.7%	4.4%	4.4%	
			2021/22	3.7%	4.9%	5.3%	4.8%	4.6%	4.6%	
Total sickness absence rate (Monthly) (%)	LS/JA	<=6.5%	2022/23	7.3%	6.4%	7.9%	6.8%	6.3%	6.3%	
			2021/22	5.1%	6.7%	7.8%	8.1%	6.8%	6.8%	
AfC Staff Appraisal Rate	LS/JA	>=90%	2022/23	76.7%	75.3%	72.0%	72.0%	72.3%	72.3%	
			2021/22	72.9%	70.6%	74.8%	74.7%	77.5%	77.5%	
Statutory and Mandatory Training Compliance	LS/JA	>=90%	2022/23	85.6%	85.4%	86.4%	87.2%	86.2%	86.2%	
			2021/22	89.2%	88.6%	87.2%	87.1%	87.4%	87.4%	

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	Q3	Jan	Feb	YTD	Time Series (from Apr-21)
'RIDDOR' incidents reported to Health and Safety Executive	BM	No Target	2022/23	2	3	1	0	1	7	
			2021/22	5	1	2	0	2	10	
WRES indicator 1 - Percentage of BME staff in Bands 8-9, VSM	LS/JA	No Target	2022/23	7.8%	7.8%	7.5%	7.8%	7.9%	7.9%	
			2021/22	5.5%	6.3%	8.4%	7.6%	7.6%	7.6%	
Total agency cap (£k)	BM	No Target	2022/23	1053	928	1007	453	337	3778	
			2021/22	690	705	938	396	412	3141	
Percentage Spend on Temporary Staff	BM	No Target	2022/23	6.3%	5.1%	5.7%	6.1%	6.0%	6.0%	
			2021/22	5.6%	4.2%	5.2%	5.7%	6.6%	6.6%	
Neighbourhood Team Vacancies, Sickness & Maternity WTE	SP	No Target	2022/23	106	117	156	132	133	133	
			2021/22	117	121	142	136	125	125	
Neighbourhood Team Percentage of Funded Posts Utilised	SP	No Target	2022/23	88.0%	86.0%	79.2%	83.6%	83.2%	83.2%	
			2021/22	85.0%	83.0%	82.9%	81.0%	86.7%	86.7%	
Starters / leavers net movement	SP	>=0 in favour of starters	2022/23	-8	34	58	45	31	160	
			2021/22							

Turnover

Staff turnover continues within tolerance at 12.8% and has continued to improve and stabilise during this financial year. This indicates a positive trend and work continues on a range of resourcing initiatives to increase supply and enhance capacity as the labour market remains 'tight' due to a national shortage of skills and registered professionals.

Turnover and vacancy rates are highest for the nursing and midwifery staff group, so we are responding to this through further international recruitment, incentive payments and development of career pathways using apprenticeships which support unregistered workers to progress to registered roles. Work to further inform retention initiatives needs scoping but the data collected so far suggests a focus on flexible working.

Traditional recruitment methods are being supplemented by hyper local recruitment which reaches our local communities, supports the narrowing inequalities agenda and has facilitated recruitment to some of our difficult to recruit to posts. We are working closely with the Adult Business Unit to recruit to unregistered clinical support roles and have been holding events out in local communities in collaboration with the Job Centre. This work commenced in late February and has resulted in 50 expressions of interest and 14 interviews planned for March 23.

The main reasons for leaving are recorded as promotion, work life balance and other reasons, 'not known'. 21.4% of leavers this year left for promotion followed by 19.5% of leavers, resigning due to work life balance so the importance of good leadership and appraisals are key to supporting staff and managers to respond to issues which can be addressed. Work is ongoing on identifying areas of good retention practice, ED & I, Health and Wellbeing, onboarding and induction and using the Staff Survey results to target ODI support to those teams with the greatest needs.

Staff leaving the organisation within 12 months

Staff turnover of leavers with less than 12 months service continues within tolerance at 15.7% and has continued to improve and stabilise during the past 11 months, as well as being consistently lower from June onwards in comparison to the same period the previous year.

In addition to the above retention initiatives, work to improve recruitment processes has been a focus of our work as we know poor practices and experience can impact on retention in the first few months of employment. This has been further supported by the continuation of the New Starters Forum which is hosted by the Chief Executive with the Director of Workforce and Chair of the Race Equality Network (REN). Time to recruit remains a priority and work is in progress to source an applicant tracking system which will further improve the recruitment experience and aid retention.

Appraisal

Overall Appraisal compliance has continued to deteriorate since April and hovers around mid-70%, against a 90% target. Of significant concern, is the Adult Business Unit, which for the last 4 months has been below 60%, with the latest month dropping to just over 52%, nearly 40% below the target. It is hoped that together with the new appraisal approach outlined below, and the pilot of an appraisal season within the North Neighbourhood Teams within ABU that this will start to increase compliance rates.

Following a review of the Trust's appraisal process, a new appraisal approach will be launched in April, which includes new paperwork, training for appraisers and an updated 'Appraisal Hub' on My LCH. The hub includes resources for appraisers and appraisees, new paperwork, FAQs, and a link to further information for medical and dental staff who undertake a different appraisal process. The refreshed approach has been co-designed to be more engaging, with some aspects having been employee-led, providing more focus on the individual, and includes elements of the NHS People Plan such as flexible working, health and wellbeing and equality, diversity, and inclusion. It is hoped that this new approach will drive compliance by re-energising staff, supported by clear communication plan and training.

Statutory and Mandatory Training (MaST)

Whilst the good news is that the overall Statutory and Mandatory training continues to perform just under the 90% KPI, of specific concern, is the Adult Business Unit, which consistently hovers around mid-70% and has done so since May 2022. Whilst recognising service pressures within the ABU, more focus needs to be given to prioritising statutory and mandatory training.

There has been some delay in implementing the new statutory requirement for all staff around Learning Disabilities and Autism training, which has been outside of our control. It is expected that two separate eLearning modules will be live in ESR (Electronic Staff Record) by end of May 2023.

WRES (Workforce Race Equality Standard)

Overall BME representation in the workforce continues to trend well, with small incremental increases in Bands 8-9. It is anticipated that the trend will continue as we continue to 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.

Sickness Absence

The overall sickness absence rate at 6.3%, is just below the target of 6.5%, which is the lowest it has been since August 2021. We are still seeing high levels of Covid, flu and respiratory illnesses, however levels of anxiety, stress, depression, and other psychiatric illnesses are also high. The vaccination programme had been widely promoted and encouraged throughout the organisation however the uptake his not been as high as had been predicted.

Long-term Sickness Absence

Whilst the Long-term sickness absence remains above the 3.5% target, the good news is there has been a slow decrease in the absence levels over the last three months, and since November 2022, has continued to track below the same period for 2021. Anxiety/stress/depression/other psychiatric illnesses remain the highest reason for long term absence. Each Business Units are working with their HR Business Partners to focus on all long-term absence and have undertaken case reviews to ensure appropriate support is in place. The Occupational health service are working to give managers a better understanding of what support they can provide to help in these often complex cases, and how best to engage with them at the earliest opportunity.

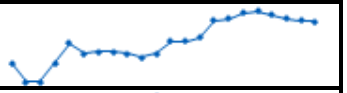
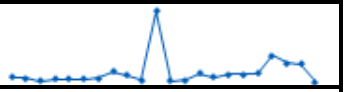
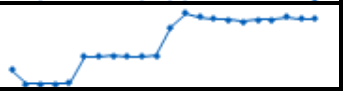
Short-term Sickness Absence

The overall short term absence rate has been below the organisational target of 3%. The highest numbers are for Covid, flu and respiratory illnesses, which is causing significant pressure across all business areas. There are several wellbeing initiatives that have been regularly communicated to all staff. Campaigns like “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.

Finance – February 2023

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

Leeds Community Healthcare NHS Trust

Finance	Responsible Director	Year End Target	Financial Year	Q1	Q2	Q3	Jan	Feb	YTD	Time Series (from Apr-21)
Net surplus (+)/Deficit (-) (£m) - YTD	BM	1.0	2022/23	0.3	1.6	1.3	1.2	1.1	1.1	
Capital Expenditure	BM	4149	2022/23	261	534	1647	556	-54	2944	
CIP delivery (£k)	BM	3.03	2022/23	762	753	765	255	254	2789	

Income & Expenditure (I&E) Summary

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 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 has been, and remains, to deliver a surplus of £1.04m.

At the end of February, the Trust is reporting an overall surplus of £1.1m, favourable to plan by £0.2m. 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 for winter incentives.

Writing this report mid-way through March, it is fully expected that the Trust will meet its planned surplus. It is assumed that there will be national direction that the impact of the additional pay award for 2022/23 will be neutral although the Trust does have risk from the significant income from contracts with Leeds City Council which may not be uplifted.

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.

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.

Income

NHS contract income positions were updated earlier in the year to include 2.4% tariff uplift on NHS contracts. In October the income reduced to include the removal of the 1.25% employers' national insurance increase; this took effect from 6 November and forecast income and expenditure reflect this change. In addition to the tariff uplifts the Trust 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 original 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.

Contract income is averse to plan mainly due to contract penalties for the 0-19 children's service (£0.5m YTD £0.5m Forecast), Police Custody service (£0.3m YTD £0.3m Forecast) and underachievement against plan of the covid vaccination variable income (£0.3m YTD £0.3m Forecast).

Non-clinical income is averse to plan year to date by £4.3m and the year-end forecast is adverse by £4.8m. 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 £129.2m, £8.2m less than had been planned and is driven by the number of vacancies. Pay costs have increased in month by £1m mainly due to a reclassification from reserves.

There are 271 **vacancies** as at the end of February 2023 (292 January 2023).

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 agency expenditure is £4.3m; the Trust continues to prioritise 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 £3.8m underspent at the end of February 2023. 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 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.

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 February these are being delivered in full.

Capital Expenditure

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

At the end of February 2023, the Trust has spent £2.9m and is forecasting to spend £4.3m by the end of March 2023.

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 £63m of Right of Use leased assets are included following the adoption of IFRS 16.

The Trust's cash position remains very strong with £45.7m in the bank at the end of February 2023.

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 February 2023. In December 2022, January 2023 and February 2023 performance was 94%, 94.1% and 91.4% respectively, which is below the 95% target on invoice count. The invoice value target was exceeded in December 2022 and January 2023, however it was £94.2% in February 2023. There continues to be issues with the service provided by partners providing the Trust with financial services and procurement services, which have led to delays in the processing of invoices, orders and receipting. The finance team continue to take measures to ensure compliance is improved.

Appendix 1 – Detailed finance tables

Table 1 Income & Expenditure Summary	February Plan WTE	February Actual Contract WTE	February Variance WTE	YTD Plan £k	YTD Actual £k	YTD Variance £k	Annual Plan £k	Forecast Outturn £k	Forecast Variance £k	Forecast Variance Last Month £k
Income										
Contract Income				(175,638)	(174,577)	1,061	(191,703)	(190,584)	1,119	1,153
Other Income				(17,713)	(13,369)	4,344	(19,346)	(14,561)	4,785	4,813
Total Income				**(193,351)**	**(187,946)**	**5,405**	**(211,049)**	**(205,144)**	**5,904**	**5,967**
Expenditure										
Pay	3,250	2,979	271	137,368	129,179	(8,188)	149,943	141,527	(8,415)	(7,984)
Non pay				45,872	49,644	3,772	50,077	53,918	3,842	3,184
Total Expenditure	**3,250**	**2,979**	**271**	**183,240**	**178,823**	(4,416)	**200,019**	**195,445**	**(4,574)**	**(4,800)**
EBITDA	**3,250**	**2,979**	**271**	**(10,112)**	**(9,123)**	**989**	**(11,030)**	**(9,699)**	**1,331**	**1,166**
Depreciation				7,983	7,855	(128)	8,709	8,577	(132)	(132)
Public Dividend Capital				770	399	(371)	840	419	(421)	(407)
Interest Payable				514	518	4	561	563	2	2
Interest Received				(110)	(783)	(673)	(120)	(900)	(780)	(631)
Retained Net Surplus	**3,250**	**2,979**	**271**	**(954)**	**(1,134)**	**(180)**	**(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	January £k	February £k	Actuals £k
Directly employed staff	10,167	10,302	10,104	10,230	10,153	13,276	10,789	10,640	10,755	11,731	10,574	118,721
Seconded staff costs	271	276	273	301	291	313	305	293	293	228	278	3,121
Bank staff	355	291	301	254	258	417	300	372	332	325	354	3,560
Agency staff	352	307	394	255	311	362	357	317	334	453	337	3,778
Total Pay Costs	**11,145**	**11,176**	**11,071**	**11,039**	**11,013**	**14,368**	**11,751**	**11,622**	**11,715**	**12,736**	**11,543**	**129,179**

Table 3 Non Pay Costs	YTD Plan £k	YTD Actual £k	YTD Variance £k	Annual Plan £k	Forecast Outturn £k	Forecast Variance £k
Drugs	792	916	124	864	999	135
Clinical Supplies & Services	23,439	25,621	2,182	25,582	27,529	1,948
General Supplies & Services	6,501	6,334	(167)	7,034	6,849	(184)
Establishment Expenses	6,669	6,322	(348)	7,350	7,050	(300)
Premises	8,248	7,488	(761)	8,974	8,187	(787)
Other Non Pay	222	2,963	2,741	274	3,304	3,030
Total Non Pay Costs	**45,872**	**49,644**	**3,772**	**50,077**	**53,918**	**3,842**

Table 4 Savings Scheme	YTD Plan £k	YTD Actual £k	YTD Variance £k	Annual Plan £k	Forecast Outturn £k	Forecast Variance £k	Forecast Variance %
Estates Savings	387	387	0	500	500	0	0%
Covid Cover	275	275	0	300	300	0	0%
Travel	458	458	0	500	500	0	0%
Vacancy Factor	622	622	0	500	500	0	0%
Non Pay Inflation	514	514	0	600	600	0	0%
IT Kit	264	264	0	300	300	0	0%
Un-identified CIP agreed by SMT	269	269	0	330	330	0	0%
Total Efficiency Savings Delivery	**2,789**	**2,789**	**0**	**3,030**	**3,030**	**0**	**0%**

Table 5	YTD Plan £k	YTD Actual £k	YTD Variance £k	Annual Plan £k	Forecast Outturn £k	Forecast Variance £k
Estate Maintenance	200	87	(113)	328	328	0
Seacroft Estate	1,725	1,642	(83)	1,949	1,949	0
Clinical Equipment	350	63	(287)	299	299	0
IT Equipment	606	758	152	1,146	1,146	0
National Cyber Security	0	0	0	0	0	0
e Rostering & e Jobs	56	56	0	56	56	0
Disposals	0	0	0	0	0	0
Sub-Total Capital Expenditure	***2,937***	***2,606***	***(331)***	***3,778***	***3,778***	***0***
Lease Cars IFRS 16	196	162	(34)	205	180	25
Property Leases IFRS 16	0	176	176	166	330	(164)
Sub-Total Finance Lease Expenditure	***196***	***338***	***142***	***371***	***510***	***(139)***
Total Capital Expenditure	**3,133**	**2,944**	**(189)**	**4,149**	**4,288**	**(139)**

Table 6 Statement of Financial Position	Plan 28/02/2023 £m	Actual 28/02/2023 £m	Variance 28/02/2023 £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	33.8	33.1	(0.7)	*32.2*	34.5	34.3	(0.1)
Intangible Assets	0.1	0.1	0.0	*0.2*	0.1	0.1	0.0
Right of Use Assets	60.3	57.0	(3.3)	*66.5*	60.9	56.6	(4.3)
Trade and Other Receivables	0.0	0.0	0.0	*0.0*	0.0	0.0	0.0
Total Non Current Assets	**94.2**	**90.2**	**(4.0)**	***98.9***	**95.5**	**91.1**	**(4.4)**
Current Assets							
Trade and Other Receivables	7.6	9.1	1.5	*6.6*	7.4	7.4	(0.0)
Cash and Cash Equivalents	36.3	45.7	9.5	*39.5*	36.2	48.1	11.9
Total Current Assets	**43.9**	**54.8**	**10.9**	***46.1***	**43.7**	**55.5**	**11.8**
TOTAL ASSETS	**138.1**	**145.0**	**6.9**	***145.0***	**139.2**	**146.6**	**7.4**
Current Liabilities							
Trade and Other Payables	(16.5)	(26.2)	(9.7)	*(18.2)*	(16.7)	(28.2)	(11.5)
Borrowings	(6.6)	(6.4)	0.2	*(6.5)*	(6.8)	(6.3)	0.5
Provisions	(0.2)	(0.6)	(0.4)	*(0.4)*	(0.2)	(0.6)	(0.4)
Total Current Liabilities	**(23.3)**	**(33.2)**	**(9.9)**	***(25.2)***	**(23.8)**	**(35.1)**	**(11.4)**
Net Current Assets/(Liabilities)	**20.6**	**21.6**	**1.0**	***20.9***	**19.9**	**20.4**	**0.5**
TOTAL ASSETS LESS CURRENT LIABILITIES	**114.9**	**111.8**	**(3.0)**	***119.9***	**115.4**	**111.4**	**(4.0)**
Non Current Borrowings	(53.8)	(50.6)	3.2	*(59.8)*	(54.3)	(50.3)	4.0
Non Current Provisions	0.0	(0.0)	(0.0)	*(0.0)*	0.0	(0.0)	(0.0)
Total Non Current Liabilities	**(53.8)**	**(50.6)**	**3.2**	***(59.8)***	**(54.3)**	**(50.3)**	**3.9**
TOTAL ASSETS LESS LIABILITIES	**61.0**	**61.2**	**0.2**	**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	27.6	27.7	0.2	*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	**61.0**	**61.2**	**0.2**	**60.1**	**61.1**	**61.1**	**(0.0)**

Appendix 2 – Backlogs and Waiting Lists

Service	Waiting List Size - Feb 2023	Waiting List Size - Jun 22	Change	Current Performance	Plan
Child Development Centres (CDC)	564	531	+33	40%	The Integrated Children Additional Needs (ICAN) service is currently facing challenges with Paediatrician medical staffing capacity due to increase in referrals for the Paediatric Neuro Disability (PND) service. Whilst referrals total c42 per month the service is funded and has capacity for approximately 22. This has resulted in 534 children waiting over 18 weeks as at March 2023 (compared to 50 in March 2021 and 201 in March 2022). It is estimated that additional locum support over a period of 21 months would reduce the *existing* backlog to 18 weeks. This has been discussed with commissioners but at this time a funding stream to support waiting list reduction has not been identified
Children's Audiology	784	953	-169	52.5%	Significantly high levels of sickness in December (13%) and January (15%) have led to some activity reductions but staff have now returned, and activity levels are increasing, although not yet back to usual levels.
Children's Speech & Language Therapy	1189	1377	-188	92%	No Plan required - but requires monitoring
Paediatric Neuro Disability Clinics	929	736	+193	21%	The Integrated Children Additional Needs (ICAN) service is currently facing challenges with Paediatrician medical staffing capacity due to increase in referrals for the Paediatric Neuro Disability (PND) service. Whilst referrals total c42 per month the service is funded and has capacity for approximately 22. This has resulted in 534 children waiting over 18 weeks as at March 2023 (compared to 50 in March 2021 and 201 in March 2022). It is estimated that additional locum support over a period of 21 months would reduce the *existing* backlog to 18 weeks. This has been discussed with commissioners but at this time a funding stream to support waiting list reduction has not been identified
Community Gynaecology	213	557	-344	3%	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 and into Q4. However ongoing issues remain with timely transfers from LTHT.
Community SLT (Speech & Swallowing)	709	544	+165	44%	The service continues to prioritise the most urgent patients. All Category 1 & 2 patients have been seen within required time frames. With SMT agreement the service has over-established by 6WTE. This has been escalated to commissioners and is currently subject to contract negotiation 2023/24.
Community Stroke Team	361	324	+37	67%	No Plan required - but requires monitoring. It should be noted that that patients showing as waiting more than 18 weeks are in fact awaiting 6-month reviews. Work is underway to exclude them from the waiting list and this amendment will be reflected in in future versions of the report

Covid-19 Rehabilitation	185	336	-151	90%	The service continues to make excellent improvements, driven by high levels of activity. Specifically, the service have been switched many of their follow up appointments to be via video call. The service has also seen a very slow, but steady decline in referrals over the last 12 months. This trend should be monitored, but there are no further concerns with waiting list performance
MSK	6215	7909	-1694	95%	No Plan required - but requires monitoring
Podiatry	2605	4054	-1449	90%	The total waiting list has marginally increased this month, but the number of patients waiting more than 18 weeks has more than doubled, from between 80-90 since April 2022, and has now climbed to 265 in Feb. There have also been consistent increases in the number of patients waiting 12-18 weeks since April 2022. The number of clock starts has outpaced the number of stops since April 2022, but recent reductions in referrals have adjusted this balance slightly. The service has responded by reducing the level of follow up activity slightly, and the First:Follow ratio has shifted from last financial year from 1:7-9 to 1:3-5 in recent months. There have been no concurrent increases in Complaints or Safety Incidents. The patients waiting over the standard have been risk assessed as low priority. Discussion is ongoing with commissioners to determine if this element of work will continue to be included in future service specifications

Appendix 3 – Measures with Financial Sanctions

Measures with Financial incentives/Sanctions	Responsible Director	Threshold	Financial Year	Q1	Q2	Q3	Jan	Feb	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%			1405.0%	
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%			30.5%	
LMWS - % of older people (65+) entering IAPT treatment (access)	SP	TBC	2022/23	2.3%	2.2%	1.9%			1.9%	
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%			50.8%	
T3WM - Percentage of patients currently waiting under 18 weeks	SP	>=92%	2022/23	99.1%	94.2%	95.7%	95.5%	93.5%	93.5%	
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%	90%	88%	
0-19 - % of 6-8 week reviews completed within 12 weeks of birth.	SP	>=83%	2022/23	91%	90%	89%	88%	91%	90%	
0-19 - % of 12 month reviews completed within 12 months.	SP	>=80%	2022/23	82%	79%	84%	87%	88%	83%	
0-19 - Number of PBB Programmes commenced	SP	0	2022/23	21	23	24			68	0.25% of contract value (annual)
0-19 - Number of HENRY Programmes commenced	SP	0	2022/23	21	19	14			54	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%			89.0%	
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%	85.2%	84.0%	85.9%	0.50% deduction from monthly invoice
PolCust - Provision of a full rota	SP	>=90%	2022/23	95.7%	89.3%	92.7%	98.0%	98.7%	93.5%	£350 deduction per missed shift

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 31 March 2023
Agenda item number: 2022-23 (141)

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

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Category of paper: For assurance
History: Senior Management Team 22 March 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.

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

The report provides the Board with information about risks currently scoring 15 or above, after the application of controls and mitigation measures. It also provides a description of any movement of risks scoring 12 (high risks) since the last report was received in February 2023.

Risk register recent changes:

One extreme risk (scoring 15 of above) has been added to the risk register

- **Risk 1140:** Wharfedale Recovery Hub Documentation (extreme risk)

Board assurance framework (BAF)

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

Risk 2.4 The risk that the Trust does not maintain the security of its IT infrastructure and increase staffs' knowledge and awareness of cyber-security. The Committee has requested more information about the cyber security protections the Trust has in place. Limited assurance: March 2023 Audit Committee.

Risk 3.4 The risk that the Trust does not develop and embed a suitable health and safety management system. 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. Limited assurance: January 2023 Business Committee, however reasonable assurance was provided at February 2023 Business Committee.

Recommendations

The Board is recommended to**:**

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

1. Introduction

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

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

The report provides a description of risk movement since the last register report was received by the Board (February 2023), including any new risks, risks with increased or decreased scores and newly closed risks.

2. Background

This paper has previously been considered by the Senior Management Team (SMT) at its meeting on 22 March 2023.

3. Risk register movement

There is one risk scoring 15+ on the risk register:

Risk 1140 Wharfedale Recovery Hub Documentation

Initial Score: 20
Current Score: 16
Target Score: 3

Description: A review of electronic and paper records at Wharfdale Hospital, has identified that many documents currently in use do not meet with LCH requirements. There is a risk that the current document control processes are not in place for governance and record keeping. This could result in delays, inaccuracies and potential reputational damage if LCH are required to produce documentation for any legal requirement.

Controls in Place:

- Reviewed all documentation S1 and paper

Actions Planned:

- Plan to implement paper versions of care plans that meet internal standards
- Complete amends on S1 of some templates to make safe
- Plan to provide documentation training to all staff to improve documentation to LCH standards
- Comms to staff advising of changes and updates
- To process map the discharge process and develop new process
- To carry out a cleanse of the S1 unit discharging all patients no longer on the unit

Date to reach target: 29/12/2023

Risk Owner: Clinical Head of Neighbourhood Services
Lead Director: Executive Director of Nursing

3.1 New or escalated risks (scoring 15+)

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

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

No risks scoring 15 or above have been de-escalated**.**

3.3 Risks scoring 12 (high)

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

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

ID	Description	Rating (current)
874	Sickness levels – Neighbourhood Teams	12
877	Risk of reduced quality of patient care in neighbourhood teams due to an imbalance of capacity and demand	12
913	Increasing numbers of referrals for complex communication assessments in Integrated Children's Additional Needs Service (ICAN)	12
957	Increased demand for the Adult Speech and Language Therapy service	12
981	Application of constant supervision at WYOI	12
1047	Increased volume of callers into the Leeds Sexual Health appointment line due to no walk-in service	12
1057	Inability to deliver service at WYOI due to reduced staffing levels	12
1067	Introduction of female children into the Secure Estate	12
1070	Capacity pressures in Neighbourhood Teams impacting ability to deliver full range of clinical supervision and annual appraisals	12
1096	High vacancy rate within the Community Care Beds	12
1112	Looked After Children health offer	12
1118	Industrial Action	12

ID	Description	Rating (current)
1128	Reduced staffing levels in the HCP service – Police Custody	12

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

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

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

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

No risks have de-escalated from a score of 12

4. Board Assurance Framework Summary

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

Definitions:

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

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

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

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

Levels of assurance have been provided for sixteen out of the 21 strategic (BAF) risks in January and February 2023, with reasonable assurance given to the majority. Limited assurance was provided on two occasions as follows:

- Risk 2.4 The risk that the Trust does not maintain the security of its IT infrastructure and increase staffs' knowledge and awareness of cyber-security. The Committee has requested more information about the cyber

security protections the Trust has in place. Limited assurance: March 2023 Audit Committee.

- Risk 3.4 The risk that the Trust does not develop and embed a suitable health and safety management system. 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. Limited assurance: January 2023 Business Committee, however reasonable assurance was provided at February 2023 Business Committee, as the Fire Risk Assessment backlog has been significantly reduced.

5. Recommendations

The Board is recommended to**:**

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

Appendix A. Board Assurance Framework levels of assurance

Details of strategic risks (description, ownership, scores)								Level of Assurance				
Risk		Risk ownership		Current risk score								
Strategic Goal	Risk	Responsible Director	Responsible Committee	Likelihood	Consequence	Risk Score	Risk score movement	Committee agreed level of assurance				Additional Information
								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**			✓	✓		Limited January 2023, Reasonable February 2023.
	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 Bard meeting held in public: 31 March 2023

Agenda item number: 2022-23 (142)

Title: Quarter 3 Report 22.23 of the Guardian of Safe Working Hours

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Category of paper: For assurance

History: Nil

Responsible director: Executive Medical Director

Report author: Guardian of Safe Working Hours

Executive summary (Purpose and main points)

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

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

Main issues for consideration

- Work in progress with regards to CAMHS ST historic rota compliance and payment issues.
- Need for junior doctor trainee representative on the LNC.
- New complaint work schedule in place for CAMHS non resident on-call rota.

Recommendations

Board is recommended to:

- Support GSWH with the on-going work related to CAMHS ST historical rota compliance and payment issues.
- To note the Progress made with new complaint work schedule for CAMHS non resident on-call rota.
- To note that there is a risk a fine is levied (by GSWH in conjunction with the BMA) in response to compliance of CAMHS ST on call historic rota and financial impact on the trust if any underpayments identified

1.0 Purpose of this report

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

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

2.0 Background

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

3.0 Quarterly report of guardian of safe working hours

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

Department	No.	Grade	Status
Adults	0		LCH contract
CAMHS	3	ST	LCH contract
	2	ST	Honorary contract
	3	CT	Honorary contract
Community Paediatrics	2	ST Level 1	Honorary contract
	6	ST Level 2/ Grid trainee	LCH contract
Sexual Health	1	ST	LCH contract
GP	2	GPSTR	LCH contract
Community Gyane	1	ST	Honorary contract
Dental Services	0		Honorary contract

3.1 **Rota gaps and CAMHS ST rota**

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

Progress has been made with regards to long term plan for non resident on-call rota for the junior doctors currently in the post and for the new junior doctors joining the trust. Rota monitoring exercise was conducted to guide the proposed rota based on the 2016 junior doctors terms and conditions. CAMHS medical lead, Deputy medical director, HRBP for CBU, GSWH and BMA IRO have worked together for the proposed rota. There are two areas that have been approved that are exceptions to the usual rota rules. These include the frequency of weekend working pattern and number of days worked without day off.

These changes can be allowed with appropriate safeguards with approval from junior doctors working the rota and formal approval through JDF as per the JD terms and conditions. HRBP and CAMHS medical lead have been made aware of these exceptions and GSWH has requested the rota to be shared with all junior doctors on the rota and will request Junior doctors for approval at next JDF. GSWH has requested HRBS the need for a robust monitoring system with every cohort of junior doctors who join the trust.

Rota Gaps (number of night shifts needing cover)		Dec 2022		Jan 2023		Feb 2023	
		CT	ST	CT	ST	CT	ST
	Gaps	n/a	14	n/a	11	n/a	18
	Internal Cover	n/a	1	n/a	1	n/a	7
	External cover	n/a	13	n/a	10	n/a	11
	Unfilled	n/a	0	n/a	0	n/a	0

3.2 **Exception reports**
No exception reports filed during this quarter.

3.3 **Fines**
No fines levied by the GSWH during this quarter.

3.4 **LNC Junior doctor representative**
There continue to be a vacancy in LNC junior doctors representative post. GSWH and BMA IRO will work with junior doctors and will discuss the barriers to explore this post at next junior doctors forum.

3.5 **Feedback from trainees**

Junior Doctors Forum (JDF) was held on 06/01/2023. LCH Trust chair attended the meeting. Junior doctors in attendance had very positive feedback. They felt listened to and part of the LCH team. Junior doctors voiced their satisfaction and felt that Chair's enthusiasm to involve JDs in management discussion was motivating. Chair's offer for staff well being support was greatly appreciated by JDs.

Junior doctors were updated with the work in progress for CAMHS rota and future for Rota generation and HR support. GSWH and BMA IRO updated junior doctors about the ongoing work related to CAMHS ST rota.

Information around JDF dates is published on the Health toolbox app. Next JDF is on 20/04/23. Formal approval with regards to new CAMHS rota will be discussed with CAMHS JDs at this JDF.

4.0 Impact

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

4.1 **CAMHS Historic ST rota issue**

Issues related to possible underpayment and previous CAMHS ST rota being non-compliant remains as mentioned in previous GSWH reports. There has been further progress and BMA IRO is now working on one individual JD's work schedule and pay. Information obtained has identified potential issue with work schedule that was not compliant with Junior doctor's T&C's. Further work to gather all relevant information is ongoing between BMA IRO, HRBP for CAMHS and GSWH. GSWH is hopeful that in the coming few months, there will be clarity as to if the JD had indeed worked on a work schedule that was non-complaint with the Junior doctor's T&C's.

4.2 **Community Paediatric Training**

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

GSWH will continue to support Community paediatric trainees if issues continue in the future. GSWH has met with new college tutor for community paediatrics to offer support with ensuring community paediatric training is not affected by on-call cover.

4.3 **Junior doctors' Industrial action**

Junior doctors across the country took part in Industrial action for 72 hours from 13/03/23 to 15/03/23 to achieve full pay restoration. GSWH and BMA IRO extended support for all junior doctors if they needed local guidance and support. Support was also offered through LNC co-chairs and BMA IRO to all

medical staff across LCH to advice regarding supporting junior doctors during industrial action.

HRBP for CAMHS and Community paediatrics and medical directorate had measures and plan in place to cover the JD on-call shifts affected due to industrial action.

5.0 Recommendations

Board is recommended to:

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

- To note the Progress made with new complaint work schedule for CAMHS non resident on-call rota.

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

Trust Board meeting held in public: 31 March 2023
Agenda item number: 2022-23 (143)

Title: Update on the delivery of LCH Health Equity Strategy

Category of paper: For approval
History: none

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

Executive summary (Purpose and main points)

Our Health Equity Strategy is LCH's response to how we address unfair and avoidable differences in the health of different groups and communities, by working with communities and partners to create equitable care and pathways. In developing the strategy, it was recognised that this work is a long-term commitment. This first three-year strategy is focussed on understanding our current position and moving from intent to action (years 1-2), followed by a focus on spread and adoption (year 3). This paper marks the end of year 2 of our Health Equity Strategy and provides the context for the continued focus on identifying and addressing inequity, the systems and processes required to undertake this work, the impact of it and how this informs plans for year 3, learning from what we now know to increase spread and adoption of equitable approaches across LCH care and pathways.

Key Findings

- Progress continues to be made on each of LCH's Health Equity strategic objectives. Each of these are working to identify and/or address inequity and benefitting groups/communities who experience inequity. Of particular note are:
  - Communication QI projects culminating in a celebration and learning event on 29 March 2023 and the creation of an illustrated book to share progress and impact
  - Use of equity data, including delivery of 4 data discovery sessions and the development of an 'actionable insight' template and tracker
  - 4 LCH staff have been accepted onto the ICB Health Equity Fellowship programme for 2023-4
  - Raising the profile and understanding of Health Equity, with MyLCH intranet pages now being live
- National mandates and drivers in addressing inequity continue, with expectations that we "hardwire health inequalities improvement into everything we do" (Bola Owolabi). This can be seen in the NHS Planning Guidance 2023 (strengthening the duty of addressing health inequalities on NHS bodies), EDS22 and Patient Safety Incident Response Framework
- Cultural competence of the workforce underpins further progress. A new approach has been developed to build on existing provision and embed cultures within teams of discovery and reflection around the experience of diverse communities as colleagues and patients/carers.
- Shared agreement and expectations for the inclusion of equity data now in place with LCH Board, Quality Committee and Business Committee

Recommendations

Board is recommended to:

- Receive and note the update on strategy delivery and action plans for the next reporting period
- Receive and note the development of a new cultural competence programme, jointly across workforce and health equity

Health Equity Board update, December 2022

1. Background

Our Health Equity Strategy is LCH's response to how we address unfair and avoidable differences in the health of different groups and communities, by working with communities and partners to create equitable care and pathways. In developing the strategy, it was recognised that this work is a long-term commitment. This first three-year strategy is focussed on understanding our current position and moving from intent to action (years 1-2), followed by a focus on spread and adoption (year 3).

The strategy is delivered through seven objectives with associated workstreams that support the trust to embed action to address inequity across care delivery and supporting functions:

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

This paper marks the end of year 2 of our Health Equity Strategy and provides the context for the continued focus on identifying and addressing inequity, the systems and processes required to undertake this work and the impact of it and how this informs plans for year 3 - learning from what we now know to increase spread and adoption of equitable approaches across LCH care and pathways.

2. National and system contexts

2.1 National mandates and drivers in addressing inequity continue to be strong, with expectations that we "hardwire health inequalities improvement into everything we do" (Bola Owolabi) NHSE Director for Health Inequalities). As previously reported to Board, the Core20PLUS5 and Core20PLUS5 for Children and Young People will be the framework for delivery nationally, and from April 2023 the EDS22 will be the new framework for how we assess our progress in addressing inequity. Other examples of where addressing inequity is embedded into national requirements includes the Patient Safety Incident Response Framework, which now has an additional objective for how delivery of the Patient Safety Incident Response Plan contributes to reducing inequity.

2.2 The **NHS Planning Guidance 2023**, identifies that "in 2023/24 we have three key tasks. Our immediate priority is to recover our core services and productivity. Second, as we recover, we need to make progress in delivering the key ambitions in the NHS Long Term Plan. Third, we need to continue transforming the NHS for the future." All these tasks incorporate action to address inequity. Some of the planning guidance also specifically directs action to:

2.2.1 Prioritise recovering core services and productivity - implement local equity action plans that every local maternity and neonatal system/ICB has in place to reduce inequalities in access and outcomes for the groups that experience the greatest inequalities (Black, Asian and Mixed ethnic groups and those living in the most deprived areas)

2.2.2 Return to delivering key ambitions in the NHS Long Term Plan and continue transforming the NHS for the future - embed measures to improve health and reduce inequalities; deliver the five strategic priorities for tackling health inequalities; take a quality improvement approach to addressing health inequalities and reflect the Core20PLUS5 approach in plans; consider the specific needs of children and young people

2.2.3 Prevention and health inequalities - Prevention and the effective management of long-term conditions are key to improving population health and curbing the ever-increasing demand for healthcare services

These are the areas where health inequalities are specifically mentioned in the guidance. In line with our Equity and Quality Impact Assessments (EQIA), we should also ensure we consider the impact on groups affected by health inequity in other areas included in the planning guidance, specifically:

2.2.4 Expanding self-referral routes to falls response, musculo-skeletal physiotherapy, audiology- including hearing aid provision, weight management, community podiatry, and wheelchair and community equipment services
2.2.5 Reducing the number of medically-fit-to-discharge patients, addressing NHS causes as well as working in partnership with local authorities
2.2.6 Increase referrals into urgent community response, with a focus on maximising referrals from 111 and 999; and creating a single point of access where not already in place
2.2.7 Test and implement improvement in autism diagnostic assessment pathways, including actions to reduce waiting times
2.2.8 Put digital tools in place so patients can be supported with high-quality information that equips them to take greater control over their health and care

2.3 At place-level, Leeds has been agreed as a new **Marmot City**, to be launched in May 2023. The focus will be on housing and 'best start'. The focus is on wider social determinants and so at this stage it is not expected that health will be central to this, but rather our focus continues on what we can do as part of the interconnected system.

3. QI approaches to health equity

'Quality Improvement is a systematic approach to improving health services and the quality of care and outcomes for patients based on iterative change, continuous testing and measurement, and empowerment of frontline teams.' (King's Fund, 2017, Embedding a Culture of Quality improvement). In LCH our approach to quality improvement is 'Making Stuff Better' - ensuring it feels relatable and achievable for all, and highlighting that it includes all improvement work whether small or large scale. The 23/24 NHSE Planning guidance duty to improve quality of services specifically references the need to ensure health inequalities are considered.

Delivery of the Health Equity strategy shares much with the 'Making Stuff Better' agenda, namely how we:

- Are data-informed
- Move from intent to action, avoiding 'paralysis by analysis'
- Understand whether a change is an improvement

There are 4 areas where this connection is particularly apparent, and help embed quality improvement approaches in the way we address inequity:

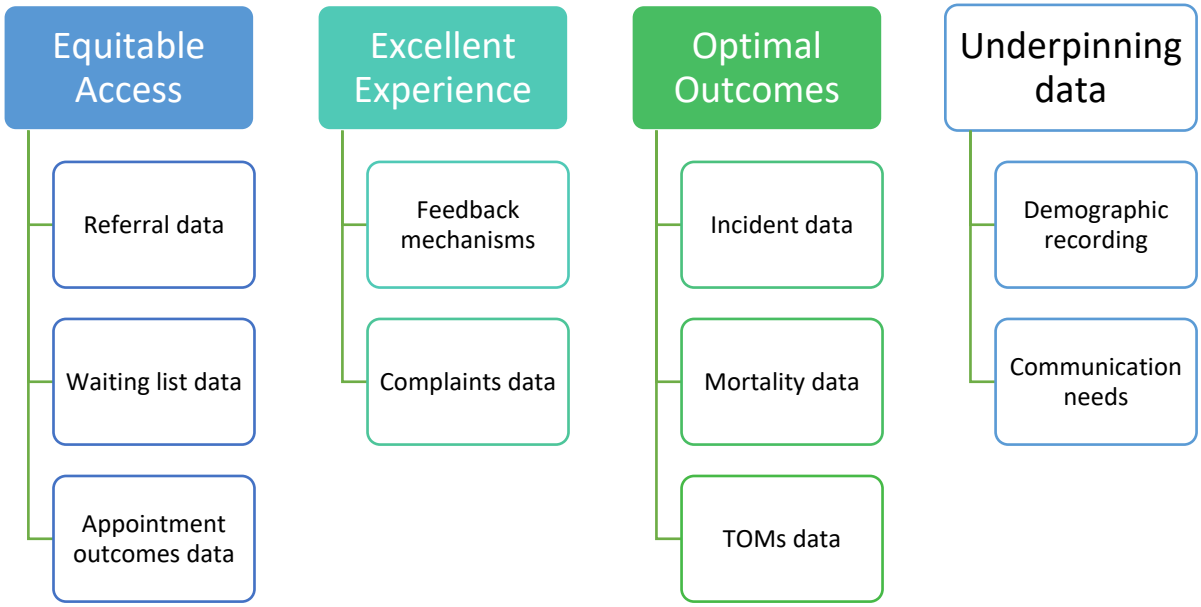
3.1 Equity QI communication projects

Over the last 6 months, 14 equity QI projects have been taking place across LCH, focussed on improving communication for groups experiencing inequity. Individually the projects have been taking a quality improvement approach, and are enabling us to test out this new way of identifying and addressing inequity by understanding the cumulative impact of all services making improvements on the same theme.

Testing out this approach culminates in a celebration and learning event on 29 March 2023 with poster-presentations for each project, and thematic analysis of learning which will then inform learning and decision-making, including opportunities for spread and adoption. This process will also inform decisions about whether/how to continue the QI programme in 2023/4 through a step-change in same project, choosing a different project from what has been done in another service, choosing a new project or

choosing a new theme. The evaluation will also identify what additional support or amendments to this year's process are required to increase activity/impact in future equity QI schemes.

3.2 From data to actionable insights



Our equity data is divided into four areas: access; experience; outcomes and; underpinning data. Data discovery sessions have been developed as experiential training for services on using equity data. These have been delivered with SBU leadership team and Speech and Swallowing Team, focussed on access data. LCH's Health Equity Leadership Group in February focussed on equity data around patients on multiple waiting lists. Outcomes data has been explored with the LCH Falls Steering Group and planned with the Pressure Ulcer Steering Group in April 2023 . Initial discussions have also taken place with Leeds Sexual Health service, but due to technical differences within the data warehouse, further work is required for BI to be able to provide the full range of equity reports.

In line with our overall commitment to moving from intent to action, it is not enough to review data, this must create actionable insights. To increase assurance around this, an actionable insight template and tracker have been developed to log when and where the data has been shared, what actions have been identified and the to follow-up on progress and learning – leading to the PDSA cycle of quality improvement.

LCH have also contributed to a cross provider piece of work in Leeds considering how we analyse waiting lists from different Trusts in relation to health equity in the future to consider people's needs holistically

3.3 QI approaches within Health Equity Fellowships

West Yorkshire ICB has recently appointed to its second cohort of Health Equity Fellows. The purpose of the fellowships is to develop colleagues across West Yorkshire who understand the foundations of health inequity and have the knowledge, skills, and courage to build more equitable organisations and communities. For 2023/4, 4 LCH colleagues have been accepted onto the Health Equity Fellowship Programme:

- Nicola Worrall – Speech and Swallowing Team
- Nina Davies – Diabetes Pathway
- Temba Ndirigu – Covid Vaccination Programme / ABU
- Dawn Benge – Homeless Health Inclusion Team

In addition to population health and health equity training, each fellow undertakes an improvement project. These use equity data to increase knowledge and test out improvements. By taking a more coordinated approach across the organisation and then place, there are further opportunities for learning, spread and adoption.

3.4 Evaluation

In line with our partnership approach, we have been working with the Leeds ICB Health and Care Evaluation Service and other Leeds NHS provider trusts to understand the challenges of evaluating health equity strategies (particularly where population-level impact will not be seen for a number of years) and how a citywide approach can help provide learning from the different approaches taken to identifying and addressing inequity. Similar concerns were evident when evaluating the ICB health inequalities funded projects and so the same framework was used as a basis for the trust strategy evaluations:

- Delivery: have they been delivered as was intended? If projects did need to change, why was this, what changes were made. Key learning about how you approached this?
- Output: what activities have you undertaken/delivered within your project?
- Reach: has your project benefitted your intended beneficiaries
- Experience: what has been the experience of this project by beneficiaries and by staff? What has been valued or not?
- Impact – what has changed (data and feedback) in intended project outcomes and any unintended outcomes

Each provider is testing out completion of the evaluation framework, including stakeholder engagement. In LCH, the draft evaluation is being further developed at the equity QI event on 29 March and is attached at Appendix 1.

4. Cultural competency development

Cultural competence of our workforce underpins our ability to deliver the best possible care to every community and how we work with and provide a positive employment experience for our diverse staff. A small task and finish group of clinical, operational and corporate colleagues met to develop a new approach to cultural competency development. This builds on existing provision and embeds cultures within teams of discovery and reflection around the experience of diverse communities as colleagues and patients/carers. It improves existing provision by increasing focus on culturally competent care as well as culturally competent management or working with colleagues. Current opportunities are self-identified/led and the risk is therefore that take-up is based on current individual interest and awareness rather than need.

4.1 The approach is based on:

- **Minimum twice-yearly team discussions**, based on a menu of options for teams to select from. Teams would be encouraged to make their selection based on identified patient or staff needs. This may be self-identified by the team or prompted by other mechanisms (complaints, incidents, grievances, staff survey etc).
- **Menu of options** to include discussion templates/prompts alongside videos, articles and book recommendations. All these activity options would be supported by prompts to share new learning. Teams are at very different places with this work already, some are very engaged and have already developed their own activities, others are not yet engaged, or comfortable with having this sort of conversation. The benefit of a menu of options is that staff and teams can pick according to where the team is currently and the situation where staff undertake the same training repeatedly is avoided.
- **Entry-level provision** - as a basic introduction, all staff should complete Cultural Competence - elearning for healthcare (e-lfh.org.uk), available through ESR. This training could be included in

local induction checklists for all new staff. For existing staff, teams could undertake these sessions together alongside the use of a reflection discussion template.

- **Building on and connecting to existing provision**, including Unconscious Bias Awareness, Reverse Mentoring, Allyship Programme, Socrates session – know thyself before others and the new SkillsBooster learning resource, accessed via the Leeds Health and Care Academy (LHCA) learning platform https://leedshealthandcarelearningportal.org/login/index.php from April 2023

4.2 Resource to develop and deliver menu options

There is an existing menu of options which will expand as more provision becomes available, developed either internally or externally. Internally, this would be supported by the development of No Bystander materials by ODI and ongoing negotiations around access to the SkillsBooster training. Existing and new partnerships would also increase availability and options. Examples of such partnerships include: LYPFT have commissioned a 'train the trainer' approach to cultural competence training which they have offered places to LCH when it is delivered in the autumn; Touchstone are developing a suite of training including anti-discrimination, anti-hate and cultural competence training which they will share the content for when complete.

To make this achievable, the menu of options has so far focussed on free / universal access to opportunities. With access to funding, this could be expanded to deliver bespoke team sessions.

4.3 Resource for oversight

Oversight of this programme would be most effective when embedded within existing processes such as performance. It is proposed that twice a year, in performance discussions with BU leaders, services report on what cultural competence development activity they've undertaken and the impact they've seen as a result. These discussions could be replicated at every level of the performance process. A similar process would need to be identified for corporate teams.

Appraisals may also be an appropriate point to include conversations on what would help you develop in this area as part of the development conversation.

4.4 Resource to provide emotional support to teams

Identifying discrimination and gaps in cultural competency can be emotionally challenging for individuals and teams. This work must be undertaken in a model of high support – high challenge. In addition to individual support through health and wellbeing provision, support for teams is already available through the development of trauma-informed practice, psychology input and Schwartz Rounds. Some leaders may also require support to engage teams in conversations and understand the impact of this on individuals.

4.5 Next steps

The next steps in implementing this approach are to:

- Test this approach with a small number of services
- Explore with staff how best to describe these development opportunities – alternatives to language around 'cultural competency' could build on the "At LCH I can be me" branding to include 'understanding people', 'sharing lived experiences' or 'sharing human experiences'.
- Undertake a self-evaluation within services/team groups to understand what are strengths and weaknesses, level of comfort with the uncomfortable, where teams are in terms of recognising need, or being worried about having the conversation, or using the wrong terminology

- Using this as a baseline from which incremental culture change and impact can be understood, with everyone starting from a different baseline (NB this can be exposing and we may experience a period of greater discomfort before we see positive impact)

Recommendation: Board is recommended to support the delivery of this new approach to cultural competency development.

More details of the approach are in Appendix 2.

5. Risks

Risk	Impact	Mitigation
Delay in trust-wide implementation of PowerBI	Equity data is currently available through PIP and Sharepoint as separate reports rather than as a lens within each data set. This is harder for report authors to integrate into papers and for service-line analysis to be undertaken when patterns are identified in aggregated trust-wide data. Any delay would also further reduce capacity of BI to support analysis. To note power BI is the tool of choice for partners across the ICB to analyse health equity data	• Newer equity data has been developed in a spreadsheet format which is transferrable to Power BI rather than on PIP to support implementation of PowerBI when fully available. • The roll-out of PowerBI, starting with the 'safe' domain dashboard is planned for Q1 2023/4.
BI capacity, both to develop equity reporting as well as the capacity and skills to analyse data	• Capacity in the BI team to support analysis as well as data provision is limited. This affects the identification, and monitoring of the impact of, actions to address inequity as well as delivery on the commitment to use equity lenses in all patient care reporting. • Capacity limitations mean reporting development is predominantly linked to SystmOne and that services on different clinical systems do not have the same capabilities around equity reporting or analysis.	• Implementation of the BI strategy "delivering insight and intelligence" to shift from data provision to strategically aligned analytics, particularly delivery of: - The ability to assess each of the organisation-wide measures for different populations to assess health equity - Business Intelligence technologies and processes that have freed up resources to provide more in depth, specialist support - More efficient and better aligned Business Intelligence resource within the existing Business Intelligence team and wider corporate teams - Alignment of analysts to provide consistency of service and the development of the specialist knowledge and relationships required to carry out effective analysis and report production • Ongoing discussions about the role of Office of Data Analytics in supporting providers.
Action to reduce waiting lists is not equitable	Action to address waiting lists does not improve waiting times equitably across all populations, meaning that inequity can increase	• Continued focus on equity analysis of waiting lists, following up key lines of enquiry and planned activity, moving beyond data of 2 points in time to trend analysis.

	(deprivation, ethnicity and interpreter requirement) during improvement work, worsening access for some groups.	• Previous mitigation was through the Improving Patient Flow Programme. This will now be picked up through Performance Brief.
Service capacity to engage in health equity work and action to address inequity	Inequities are identified at an aggregated trust-wide level but service capacity means that service-level analysis is impacted and actions are not identified or taken forward to address inequity.	• Promote the value proposition around health inequalities, understanding and acting on opportunities to improve service efficiency and effectiveness by addressing inequity • Incorporating equity lenses into all data so that using it and identifying actions become business as usual in all reporting and assurance processes rather than 'something additional'. • Breaking action into small manageable 'chunks' such as the equity QI projects across all services, focussed on communication
Resource for the delivery of the strategy	• 0.4 PSO capacity is committed until end June 2023. • Public health consultant role funded until May 2023	• Funding is being sought from Medical Directorate vacancy until December 2023. At this stage the evaluation of LCH's first 3-year strategy will be underway and future resource requirements for delivery identified.
Health Equity is not fully embedded in the governance of the organisation.	• Health Equity reports directly to Board and so the BAF risk is currently owned by Board, risking no formal structure for providing assurance on Health Equity by Committees	• Revised BAF risks include equity in multiple risks rather than standalone. This will enable committees to report on equity in assurance to Board.

6. Next steps

The next steps around year 3 focus on spread and adoption are:

- Decision around delivery of another year of equity QI projects
- Benchmark existing service confidence and activity around cultural competence

Next steps in delivery of the overall strategy are detailed in Appendix 3, along with an update on progress in the last 4 months of delivery.

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

Appendix 1: Evaluation of strategy to date

Evaluation Capture Sheet for Organisational Health Inequalities Strategies

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Link below to the evidence and evaluation guidance sheet and explanatory video.

Evaluation Guidance Video

Evaluation Guidance Sheet

Position before strategy came into place:

Pockets of work to address inequity being undertaken in LCH but without coordination and therefore missing opportunities for spread and adoption.

1. **Delivery: Has your strategy been delivered as was intended?**

This evaluation question focusses on whether the strategy was delivered as intended when it was written. We recognise that elements of the strategy may need to shift during (or even before) implementation. We also recognise that there could be significant learning about 'why' a strategy may need to be modified. Changes may be caused by issues such as resource, capacity, stakeholder involvement, or it could be caused by population related issues such as acceptability and accessibility.

If the strategy did need to change, please tell us why, and what changes did you make. What key learning would you like to share back to the system about how you approached this?
The overall strategy and its objectives have remained the same, although modifications have been made to focus and timescales between year 1 and 2. The main changes from first year plan have been: • Testing different ways of working, moving from testing significant changes of approach in 3 service areas (LTCs, mental health and and frailty in year 1) to testing out QI projects on the theme of communication in every service. The reason for this has been external pressures on the services involved in the initial priority areas and because those services weren't as involved in the decision making about what the priority areas would be. Testing it out in specific services then risks the ongoing limitations of this work being inconsistent in approach/embedded across LCH. We have moved to testing out taking a QI approach on a theme (communication), chosen through analysis of data, patient feedback, citywide priorities and applicability to all services. • Sharing successes – has had less focus as the timescales to make a difference have been longer than can be easily reported from one quarter to the next. We still struggle to find out about all the great work going on in services to be able to share this wider. As we are still at a relatively early stage of delivering

2. **Output: How much activity has been delivered?**

As per the description from the previous section – has the strategy delivered the activity it described?
• **Data**: 19 reports available currently but does not yet include analysis as standard due to capacity in the BI team. In the first stages of development, equity data was slow to be integrated into reports and usage inconsistent. Through a programme of work with Board, Committees and the development of 'curious questions' and clear expectations for report writers and reviewers this is

now being embedded in the requirements for all quality and performance papers. External influences (eg timescales for moving to PowerBI) and strategic priorities of other areas not including HE have affected timing of developments.

- **Partnerships**: Changes in ICS structures have changed some of the partnerships and importance/impact they have. Less connection with Synergi due to LMWS capacity. Enhance not focussed on equity –ongoing delivery/funding has now been secured
- **Tools and resources**: EQIA launched but review delayed due to capacity in Clinical Governance Team. MSTeam channels ongoing but less uptake now that moving back to f-f. MyLCH and website pages to be supported by new project support.
- **Quality and safety**: Data available for 3 types of incidents, but still questions on how to use and further develop while PowerBI pending. Next 3 areas identified (MASD, medicines and complaints / concerns). Always Event projects paused. NICE guidance paused due to capacity in Clinical Governance Team.
- **Person-centred care**: Focus on AIS through communication QI projects. LCH person-centred care group paused pending results of citywide work and PM bid.
- **Testing different ways of working**: 14 communication projects underway, 2 across whole Business Units, others in small groups / individual services. Some gaps remain in service engagement (LMWS). Communication template being updated as a result of feedback and reports available on completion.
- **Share success and progress**: Successes have been shared through Quality Account, Board papers, internal award nominations, Business Unit celebration events and are now available on our new intranet pages. Making Stuff Better share and learn sessions often involve equity lenses and have been a good place to find out about individual projects / workstreams and also to prompt others to share what they're doing. Our celebration and learning event in March will share successes and progress of our communication QI projects and inform delivery in the next year of the strategy. Staff awards have moved to June 2023.
- **Understand the difference we're making**: development of citywide evaluation model for provider strategies. This has also been used to inform the evaluation of the QI projects and approach to improving communication.

3. Reach: Did the strategy and its associated initiatives support those that it was designed to?

This evaluation question focusses on whether the strategy and the initiatives connected to it were able reach their intended population as described. Naturally there is overlap with the 'output' domain. However, output refers to volume of activity, whereas reach is looking at the specificity of what population or cohort that activity was delivered with. A key concept when we consider health inequalities. There is likely to be significant learning into why some people engage with an intiative, and way others don't. This 'why' is the bit that can inform future iterations of the strategy for the purposes of quality improvement and contribute to wider system learning. We are interested to know:

This evaluation question focusses on whether the strategy and its associated initiatives was able reach its intended population as described in your initial bid document…

- Increased awareness of communication needs, reasonable adjustments – anecdotal evidence of changes in some services but no data to demonstrate impact on population (eg fewer DNAs, reduction in concerns/complaints)
- Impact of EQIAs – focus on wider population needs, brought in earlier to planning and decision-making. Some impact on particular needs eg availability of interpreters in partner organisations
- Identifying and reducing inequity – some data has not identified inequity when it was anticipated there may be some. Other data has identified inequity but few clear plans on how to address that. Some examples:
  - Communication improvements
  - Community Cancer Support rolled out in areas of greater prevalence/deprivation rather than 1 per area
- Building trust with communities – engagement with 3rd sector, action to improve communication

- Internal populations – overall increasing engagement, particularly through QI projects and by including analysis in quality and performance processes, but not consistent across all areas of the trust

4. Experience: What did people think about the strategy and its associated initiatives?

We are interested in understanding the subjective experience of people who are in contact with the initiatives delivered as part of the strategy. The previous section provides insight on Reach – this section will progress our knowledge the persons subjective experience of the initiatives and services. These findings may be expanded on to understand what was valued by people, and what perhaps wasn't valued by people.

Please use the space below to capture your understanding of the subjective experience for people who are in contact with your initiatives and the strategy.

- Community and partner feedback on strategy and development of associated tools has been positive
- Strategy is huge and overarching so seemed daunting for services to know where to start. Focus on one theme (communication) has improved this.

5. What is the impact of the strategy?

Leeds as a health and care system is increasingly working through a 'population outcomes' approach driven by through population health management methods. Features of this include considering populations of people with shared health and care characteristics as the basis for appropriate commissioning and delivery of care with the aim of improved outcomes and value.

Please use the space below to indicate the intended outcomes of the strategy, and evidence of how you are getting on in achieving these.

- Communication changes – achievement of AIS

Appendix 2: A new programme to develop cultural competence in LCH

1. Background

Starting from a working definition that cultural competence is when we ***recognise that differences exist, welcome more knowledge about these differences, and seek to treat each person as an individual*** *(person-centred care), meeting their social, cultural and linguistic needs. Cultural competence is much more than learning a technical skill or reciting facts about various cultural groups.* CQC, Public Health England/University of Cambridge, Harrison & Williamson , Jenks *and many others have written about definitions of cultural competency and how it applies in healthcare.*

Cultural competence of our workforce underpins our ability to deliver the best possible care to every community and how we work with, and provide a positive employment experience, for our diverse staff. A small task and finish group of Business Unit clinical and operational, workforce and equity leaders therefore came together to develop a new approach to increase the cultural competency of staff.

The approach is based on principles that:

- We need to try something different - despite what has been tried so far, we still have the same issues coming up from [REN] members and beyond
- This is not an 'opt-in' approach – we need to engage all staff but in a way that goes beyond performance management of statutory and mandatory training so that we avoid a focus on targets rather than impact
- It is not enough to watch or read something in isolation – change will come from reflection and discussion in teams, using high challenge-high support models
- While cultural competence is "everybody's business", there is a risk that it then becomes nobody's priority or work, and we need a programme that connects different pieces of work and is embedded in existing practice
- We recognise 'fight or flight' responses can come into play when discrimination or negative cultures are brought to our attention and, as leaders, we must be willing to reflect, to be vulnerable and to learn, and to make this the norm for our teams
- Different teams are at very different levels of awareness and activity in this area, so flexibility within a framework will be required for a programme to be effective
- A shift in focus to cultural competence is new language for many staff, but this is not new work. Cultural competence is both a cause and effect of How We Work and an important part of delivering our workforce, equity and third sector strategies
- Taking a QI approach to a cultural competence programme will enable us to test out new ways of working and evaluate the impact of the programme rather than focussing on outputs/deliverables

2. Testing out an approach

We propose an approach that builds on existing provision and embeds cultures within teams of discovery and reflection around the experience of diverse communities as colleagues and patients/carers.

Rather than relying solely on existing provision, a new approach is also required:

- to increase focus on culturally competent care as well as culturally competent management or working with colleagues
- because current opportunities are self-identified/led and the risk is therefore that take-up is based on current individual interest and awareness rather than need

2.1 Twice-yearly team discussions based on a menu of cultural competency development options

Delivery of the cultural competence programme would be through minimum twice-yearly team discussions, based on a menu of options for teams to select from. Teams would be encouraged to make their selection

based on identified patient or staff needs. This may be self-identified by the team or prompted by other mechanisms (complaints, incidents, grievances, staff survey etc). The menu of options would develop over time, and could include:

- Discussion templates/prompts alongside videos, articles and book recommendations. For example:
    - Confident with difference (skillsforcare.org.uk), which shares a series of films that are three to four minutes long and are accompanied by a series of questions about workers' own practices and the practices of their organisation. Facilitator guidance is provided to generate discussions to consider how well diversity is embraced within your organisation and how you could improve.
    - Roads Bridges and Tunnel — Leeds Gypsy and Traveller Exchange, Leeds GATE is a 6-minute animated video to help practitioners and others examine and understand ways in which people, especially but not only marginalised people, access public services, using an asset-based approach
    - How Does It Feel for Me short films from Healthwatch of people's experience of the health and care system in Leeds eg
- Condition- or pathway-specific reports and evidence relating to cultural competence
- Visits to local communities and faith buildings/resources
- Similar to the alignment of Health and Wellbeing Board members with particular community organisations, services could make a connection with different communities. Through the Third Sector Strategy, this could link to Communities of Interest network members.

All these activity options would be supported by prompts to share new things you've learned - "what's made you think? What's made you uncomfortable?"

Teams are at very different places with this work already, some are very engaged and have already developed their own activities, others are not yet engaged, or comfortable with having this sort of conversation. The benefit of a menu of options is that staff and teams can pick according to where there team is currently and the situation where staff undertake the same training repeatedly is avoided.

2.2 Entry-level provision

As a basic introduction, all staff should complete Cultural Competence - elearning for healthcare (e-lfh.org.uk), available through ESR. This is delivered in 2 x 20-minute online sessions. Session 1 describes what is meant by culture and why it is important for health professionals to be aware of how this can impact health. Session 2 describes cultural competence and its importance for health professionals working across cross-cultural situations. This training could be included in local induction checklists for all new staff. For existing staff, teams could undertake these sessions together alongside the use of a reflection discussion template.

2.3 Building on and connecting to existing provision

This approach builds on existing provision, namely:

- Unconscious Bias Awareness, delivered quarterly
- Reverse Mentoring
- Allyship Programme
- Socrates session – know thyself before others

From April 2023, LCH will also have access to the SkillsBooster learning resource, accessed via the Leeds Health and Care Academy (LHCA) learning platform https://leedshealthandcarelearningportal.org/login/index.php and will be available for all those who work in the Leeds Health & Care sector, including students. The first year's licence has been funded by the LHCA,

it is anticipated that year 2 licence and beyond will be funded by individual organisations. LCC have had a subscription to Skills Booster for 3 years.

The Skills Booster material is available in three formats for individual learning and group/team facilitated learning through Trust supplied IT:

- **Short films** - short films provide a 10-minute overview of the key learning points for a particular topic. They are a great resource for kicking off training workshops or as a quick online skills refresher.
- **Micro-courses** - 4 easily digestible sections with video lessons, learner notes and a short 5 question quiz. Great as refresher courses or where the learner is restricted by time.
- **Courses** - A 30 to 60-minute video-based online training course with additional film, learner notes and 10 question assessment quiz. Provide a deeper dive into a topic and are used where more detailed understanding is required

These opportunities could be used to build on the team cultural competence programme as additional individual development opportunities or undertaken as a team. Experience of, and learning from, these can also be used for team reflection.

3. Resourcing

3.1 Resource to develop and deliver menu options

The menu of options would develop as more provision becomes available, developed either internally or externally. Internally, this would be supported by the development of No Bystander materials by ODI and ongoing negotiations around access to the SkillsBooster training. Existing and new partnerships would also increase availability and options. Examples of such partnerships include: LYPFT have commissioned a 'train the trainer' approach to cultural competence training which they have offered places to LCH when it is delivered in the autumn; Touchstone are developing a suite of training including anti-discrimination, anti-hate and cultural competence training which they will share the content for when complete.

To make this achievable more quickly, the menu of options has so far focussed on free / universal access to opportunities. With access to funding, this could be expanded to deliver bespoke team sessions. Examples of this from other NHS providers includes:

- Achieving Cultural Competence - The Diversity Trust
- Psychological Safety - Training (thebehaviourgarage.co.uk)

3.2 Resource for oversight

Oversight of this programme would be most effective when embedded within existing processes such as performance. It is proposed that twice a year, in performance discussions with BU leaders, services report on what cultural competence development activity they've undertaken and the impact they've seen as a result. These discussions could be replicated at every level of the performance process. A similar process would need to be identified for corporate teams.

Appraisals may also be an appropriate point to include conversations on what would help you develop in this area as part of the development conversation.

3.3 Resource to provide emotional support to teams

Identifying discrimination and gaps in cultural competency can be emotionally challenging for individuals and teams. This work must be undertaken in a model of high support – high challenge. In addition to individual support through health and wellbeing provision, support for teams is already available through

the development of trauma-informed practice, psychology input and Schwartz Rounds. Some leaders may also require support to engage teams in conversations and understand the impact of this on individuals.

4. Next steps

The next steps in implementing this approach would be to:

- Test this approach with a small number of services – for example, those who are already delivering on the minimum requirements of appraisals, those whose populations indicate specific learning requirements
- Explore with staff how best to describe these development opportunities – alternatives to language around ‘cultural competency’ could build on the established “At LCH I can be me” branding to include ‘understanding people’, ‘sharing lived experiences’ or ‘sharing human experiences’.
- Undertake a self-evaluation within services/team groups to understand what are strengths and weaknesses, level of comfort with the uncomfortable, where teams are in terms of recognising need, or being worried about having the conversation, or using the wrong terminology
- Using this as a baseline from which incremental culture change and impact can be understood, with everyone starting from a different baseline (NB this can be exposing and we may experience a period of greater discomfort before we see positive impact)

Appendix 3: strategy update

		Year 2 focus	Update (Mar 2023)	Planned work to August 2023
	Increase understanding of health equity in our services	We will improve the recording of diversity and inclusion data, embedding agreed approaches to equity analysis across datasets. We will review data that tells us about access, experience and outcomes of Communities of Interest. We will increase access to equity data and the skills to analyse and use this intelligence in addressing inequity. We will increase the meetings and reports where equity lenses on data are used.	• 19 reports equity reports now available, with lenses for deprivation, ethnicity, age interpreter requirements, LD and autism • Commitments agreed for using available data in all quality and business reports • Analysis of multiple waiting lists and incident data with actionable insights be developed • Delivery of 3 data discovery sessions	• Alignment of data development with implementation of BI strategy and new PowerBI dashboard developments • Updates to reports on communication template completion, and appointment outcomes by language and interpreter requirement to support evaluation of equity QI projects • Continued delivery of data discovery sessions
	Work in partnerships	Delivering our 3rd sector strategy, including health equity priorities. Supporting delivery of LCPs health equity projects and Synergi mental health projects. Engagement with THIG and WYH health equity programmes and communities of practice. Taking part in the EDS2 partner review and achievement of Sanctuary Health award with provider partners.	Continuation of 3rd sector funded projects with: • BID • Enhance (Basis funding has since ended) Integrated care (primary care) projects: • Care homes • Woundcare hubs • Acute home visiting THIG Population Health Boards ICB health inequalities and communities of practice Synergi Migrant Health Board Palliative Care and End of Life EDI group	• Continue testing opportunities for coproduction with 3rd sector in NICE guidance assessments and engagement in EQIA review • Ongoing engagement with 3rd sector partners supporting - People with low levels of literacy - People whose main language isn't English - People with sensory impairments - People with cognitive impairments - People who are neurodiverse Embed connections with: • Enhance • Active waiting

	Develop tools and resources	We will develop and embed use of tools and resources to support leaders, staff, partners and communities to work together to identify and address inequity. This will include: Equity and Quality Impact Assessment process, Review Panel and EIA information sessions; Health Equity MS Team channel and intranet pages; Communities of Interest insight resources.	MyLCH Health Equity pages now live. Delivery of online workshop by 3rd sector partner, BID, on communication needs of people with sensory impairments 2 LCH staff attended Health Literacy Awareness sessions this quarter, taking total to 36	• Changes to incorporate EIA into QIA main documents following EQIA review • Ongoing work on No Bystanders • Promote Health Literacy Awareness 1 hour sessions delivered Library Services • Delivery of rescheduled workshops with 3rd sector on communication needs of people with low levels of literacy and people whose main language isn't English
	Focus on equity in quality and safety	Analysis by ethnicity and deprivation to understand and act on inequity in mortality, pressure ulcers and other incidents, complaints and concerns. Consider equity in our proactive approaches to quality, including research, evidence-based guidance and outcomes. Develop an equity assessment process in the development of clinical policies and protocols.	• EQIA • Patient Engagement Champions focussed on communication • Actionable insights around pressure ulcer and falls incidents • Equitable approaches in PSIRF, including engagement with seldom-heard groups, particularly those where we see inequity in incident data	• Development of actionable insights around medication and MASD incidents • EIA in policies and SOPs • Implementation of NICE guidance • Delivery of ICB funded health inequalities projects
	Address inequity through person-centred care	Support 100% Digital inclusion projects and share learning within LCH service delivery Support delivery of self-management activity that improves health equity Develop awareness and identify actions to address inequity through shared decision-making, health literacy and personalised care planning and support.	• LCH person-centred care group established • Accessible Information Standards • Easy-read and reading ease guidance • Better Conversations training • Digital inclusion resources	• Citywide focus on communication, coordination and compassion • Self-management - Active waiting - Patient Initiated Follow Up • Person-centred care priorities (shared decision making, What Matters to Me template) • SBU work on risk-taking in person-centred care with vulnerable populations

	Test different ways of working	Continue change work to address inequity in long-term conditions, mental health and frailty. Test having a consistent area of focus (communication) in QI projects across all services. Review learning from delivery to plan for year 3.	• 14 equity QI projects across individual services, groups of services and whole BU focussed on addressing inequity that arises through communication • Progress updates shared and feeding into celebration and learning event at end March	• Decision on QI programme next year, including theme, projects and support requirements
	Share successes and progress	Using change stories to share successes and learning and prompt further engagement with services and partners. Seeking out internal and external opportunities to share good practice and progress.	• Quality Account • Making Stuff Better share and learn sessions with focus on addressing inequity • Poster display from QI projects	• Learning and impact of equity QI projects • EDS22 – Outcome 1 delivery in Q2 • Making Stuff Better share and learn sessions with focus on addressing inequity
	Understand the difference we are making	Support citywide exploration of ways of measuring impact and progress on health equity, such as social value or social return on investment and population health. Use this knowledge to develop an evaluation framework which helps us to understand the impact we are having and make changes or take additional action where required.	• Development of citywide model for evaluating provider health equity strategies, linked to evaluation of ICB HI funded projects.	• Engagement end March to complete evaluation for year 2 and to inform decision-making for year 3

Trust Board Meeting held in public: 31 March 2023

Agenda item number: 2022-23 (144)

Title: Patient Safety Strategy Implementation Update Report

Category of paper: for assurance
History: N/A

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

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

Executive summary

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

The Strategy was published in 2019 and tested in early adopter sites. The learning from the early adopters has been used to inform the implementation of the various elements of the Strategy. This includes the Patient Safety Incident Response Framework (PSIRF) that was published in August 2022 and replaces the 2015 Serious Incident Framework.

There is a nationally guided 18-month delivery programme, the final implementation of Autumn 2023 can be negotiated with individual Integrated Care Boards (ICB) due to the national recognition of the pressure on services.

Leeds Community Healthcare NHS Trust (LCH) is following the national timetable for the implementation of the Strategy and associated PSIRF and has established the project and implementation group to support assessment and implementation.

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

Recommendations

The Board is recommended to:

read the paper

discuss the content

agree the level of assurance provided

1 Introduction

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

2 Background

The Strategy set out workstreams to support the key focuses and to achieve overall concordance with the Strategy. These include:

- The **Patient Safety Incident Response Framework (PSIRF)** which was published in August 2022, which will replace the current Serious Incident Framework (2015) with a new approach to how NHS organisations respond to patient safety incidents for the purpose of learning and improvement.

- A Preparation Guide and Implementation Schedule were released with the PSIRF to support organisations to assess their current position across the three key principles of the Patient Safety Strategy of **Insight, Involvement** and **Improvement**. The guide provides an opportunity to benchmark an organisations current practice to that recommended by the Strategy to achieve an effective Patient Safety Incident Response Plan (PSIRP) and implement the PSIRF.

- Appointing **Patient Safety Specialists** as leaders within organisations to implement the Strategy and keep a focus on safety.

- The **Learning From Patient Safety Events service (LFPSE)** is currently being tested nationally and some early adopters have transitioned. LFPSE will replace the existing National Reporting and Learning System (NRLS) and the Strategic Executive Information System (StEIS), creating a single national NHS system for recording patient safety events.

- The **Framework for Involving Patients** in patient safety that focuses on how the NHS can involve patients, families and carers in their own safety; as well as being partners, alongside staff, in improving patient safety.

- The **Patient Safety Syllabus** which is being developed by Health Education England in collaboration with Academy of Medical Royal Colleges (AoMRC) and NHS England. There are five levels, two have been released.

- Review of the **National Patient Safety Alerts** system. All national bodies that issue alerts are going through a process of accreditation to issue National Patient Safety Alerts to ensure they meet a set criteria to improve their effectiveness and support providers to better implement the required actions. In March 2020 the MHRA became the second national body to be accredited

3 Current Position

LCH continues to co-lead the citywide Patient Safety Specialist Network with the ICB where partner organisations across Leeds meet to discuss implementation of the Strategy. Leeds Teaching Hospitals Trust, as an early adopter, share significant learning and advice on the implementation. Organisations are at different stages of assessment and implementation and the group is a valuable resource for each partner.

There is ongoing discussion regarding the appropriateness of standardised processes across Leeds to support our shared communities versus the need for organisations to have individualise pathways that meet the needs of their staff and internal processes. For example, ensuring organisations effectively involve partners whilst as a city we do not create feedback/involvement fatigue through all organisations approaching the same groups of people.

Patient Safety Incident Response Framework (PSIRF): LCH established an implementation group during 2021/22. A project team has been established since the PSIRF was published and a project plan developed from the national Preparation Guide and the two are now working together. Four dedicated workstreams have been created of Governance, Involvement, Workforce and Strategy to create a baseline of LCH's current position in achieving the requirements of the Strategy and developing an action plan where required. The group are currently working within the Diagnostic and Discovery phase detailed below in the suggested timetable to implementation:

1. PSIRF orientation (months 1–3)
2. Diagnostic and discovery (months 4–7)
3. Governance and quality monitoring (months 6–9)
4. Patient safety incident response planning (months 7–10)
5. Curation and agreement of policy and plan (months 9–12).

The workstreams have been meeting weekly since week commencing 6 March 2023 to complete the baseline assessment and will feedback to the wider Implementation Group four weekly. Additional meetings are being added to diaries to complete the work identified in the baseline exercise.

Due to the time dedicated to the initial project planning, the group are currently behind the nationally suggested schedule by 2 – 3 months. The national team have clearly stated the timetable is negotiable in recognition of the pressures organisations are currently facing. A decision has been made by the Strategy workstream (Project Manager, Project Support Officer, Senior Responsible Officer and Deputy Senior Responsible Officer) to ensure the preparatory work is robust. This will ensure the implementation of the Strategy is completed in a meaningful way that ensures the changes are sustained long term. Should the implementation remain behind schedule, the implementation date will be negotiated with the ICB.

Patient Safety Specialists: Specialists are in place and are updated when required as Specialists substantive posts change. LCH currently have 8 patient safety specialists. They are the:

- Three Business Unit Quality Leads,
- Assistant Director of Nursing and Clinical Governance,

- Head of Clinical Governance,
- Medicines Safety Officer,
- Medical Device Safety Officer
- Patient Safety Manager.

Learning From Patient Safety Events service (LFPSE): LFPSE is being assessed with RLDatix and the Governance Systems Manager. An update of Datix was initiated week commencing 13 March 2023 and the LCH test site updated successfully. The update will be completed in the live system shortly.

Framework for Involving Patients: a patient advocate has joined the Implementation Group to support our benchmarking and subsequent implementation of the Strategy. The Involvement workstream is assessing the Framework and LCH is preparing to recruit two Patient Safety Partners, initially advertising through non traditional routes to support a recruitment that focuses on equity, diversity and inclusion, representative of all the communities we serve

Patient Safety Syllabus: Ilevel one is in place as a mandatory e-learning course. Level two is available to all, and assessment is being completed to understand which colleagues must complete level two. Levels three – five are not yet released nationally and will be scoped in relation to LCH requirements when these are available.

National Patient Safety Alerts: alerts continue to be managed in line with national guidance.

4 Conclusion

There remains significant work to complete on the planning and implementation required to establish the Patient Safety Incident Response Framework and Response Plan in LCH.

LCH have established a project team, project plan and implementation group and are currently benchmarking the requirements of the PSIRF. Although this is currently behind the national timetable, there is national understanding that slippage may occur and implementation dates can be negotiated with individual ICB's.

5 Recommendations

The Board is recommended to:

read the paper

discuss the content

agree the level of assurance provided

Trust Board meeting held in public: 31 March 2022

Agenda item number: 2022-23 (145)

Title: 2022 Staff Survey Results

Category of paper: For information

History:

- **Initial Headlines shared at SMT (11 January 2023)**
- **Initial Headlines shared at Private Board (3 February 2023)**
- **This paper shared at SMT (22 March 2023)**

Responsible director: Director of Workforce

Report authors:

- **Senior ODI and Learning Lead**
- **Head of Organisational Development & Improvement**

Executive summary (Purpose and main points)

This report provides the Trust Board with an update on the 2022 Staff Survey organisational results. This includes a comparison of 2022 Staff Survey results compared to our 2021 results, how we benchmark internally and with comparative community trusts nationwide. The report also outlines the approach for the dissemination of the information to our key stakeholders.

Finally, the report sets out how the organisation proposes to use the intelligence from the Staff Survey results to strengthen our ongoing and encompassing approach to staff engagement and provide further focussed areas for continuing improvement.

An overview of LCH staff survey results, comparing 2022 with 2021 shows 25 questions recorded a significant improved score, with just 1 significant decline (satisfaction with levels of pay), leaving the remaining 78 questions as no change. The significant improvement/decline questions can be seen in Appendix 1 and infographic in Appendix 3. Our overall results are good and promising. Against the backdrop of a difficult 12 months, we have held our position from 2021 and made some improvements, this is encouraging. We are above average when compared with all Trusts nationally across all of the People Promise themes, staff engagement and morale. Regionally we are in the top 5 Trusts in the North East and Yorkshire in terms of staff recommending LCH as a place to work. However, several questions do fall below the Community Trust sector average- a sector which usually reports higher than average results.

Areas to celebrate include all important scores around violence at work, harassment and bullying and discrimination. There have also been significant improvements in scores around staff development and we have made improvements from 2021 across all the burnout questions. In addition, we have a positive speaking up culture, one of the highest in our comparator group. We clearly aspire to do more but in such a challenging 12 months we believe this is a positive result.

The report includes:

- 2022 organisation wide results.
- Benchmark comparisons with Community Trusts nationwide
- Comparison with Trusts locally and Nationally following lifting of the embargo on 9th March 2023
- Proposed next steps in terms of both dissemination of these results and plans to work with them at a local Business Unit and service level.

Recommendations

- Note the release of 2022 Staff Survey results and findings to date; and endorse the proposed approach to the dissemination and use of the above.

Background:

We have now received all our survey reports and data from both IQVIA and the National Survey Coordination Centre. This includes:

- Organisation level reports (full and summary) and NHS People Promise themes from IQVIA.
- Heatmaps broken down by Business Unit, Service and Teams.
- National benchmarking report from Survey Coordination Centre which compares us to other comparable community trusts (group data only, not by individual named Trust).
- Access to all-Trust results nationally following lifting of embargo 9th March
- Access to an online portal where we can extract data to produce reports with a breakdown by business unit, service and teams.

We are waiting for our Workforce Equality and Disability Standard reporting from IQVIA, this is additional (non-standard reporting) the Trust pays for, this report is due by the 17 March 2023.

In 2021 the questions were aligned with the NHS People Promise to track progress against its ambition to make the NHS the workplace we all want it to be by 2024. The survey tracks progress towards the seven elements of the People Promise. Over future years this will continue to provide trend data, which will year helps us understand both the areas we are improving in and sustaining, and our areas for focus.

The NHS People Promise sets out, in the words of staff, the things that would most improve their working experience and is made up of 7 elements:

1. We are compassionate and inclusive.
2. We are recognised and rewarded.
3. We each have a voice that counts.
4. We are safe and healthy.
5. We are always learning.
6. We work flexibly.
7. We are a team.

Each grouping of questions in the survey aligns to one of the promises. The results are now measured against each of the elements and against two of the themes reported in previous years, Staff Engagement and Morale

LCH Response rate and Measures of Engagement

The overall response rate for the 2022 survey was 58.3% (1847 responses) which was 6.3% higher than 2021 and 13.3% higher than 2020. Our response rate for 2022 is the highest response rate the trust has ever received. This has been achieved through a combination of an incentive scheme ran by IQVIA, an innovative, and varied engagement plan, and encouraging services and teams to find protected time to allow colleagues to complete the survey.

We will reflect on the response rates in our discussions with the business units and identify the key actions we can take to boost the response rate for the 2023 survey.

The levels of staff engagement and morale are:
(NB breakdown by Business Unit for Morale was only made available from 2021)

	Engagement 2020	Engagement 2021	**Engagement 2022**	Morale 2020	Morale 2021	**Morale 2022**
LCH	7.2	6.9	**7.1**	6.0	5.8	**5.9**
ABU	7.0	6.8	**6.8**		5.4	**5.5**
CBU	6.9	6.8	**6.9**		5.6	**5.7**
SBU	7.4	7.0	**7.1**		5.8	**6.0**

We have maintained or slightly improved both our engagement and morale scores. The engagement score is significant as there are correlations between staff engagement, patient experience and patient outcomes. For this reason it is used to compare each NHS Trust with others and is used by the CQC in their Well Led assessments. Our scores for engagement and morale are in line with the sector benchmarks and are stable year on year. In terms of morale our Nursing and Allied Health Professional groups continue to be the most impacted with scores of 5.5 (2021 - 5.5) and 5.7 (2021 – 5.6) respectively.

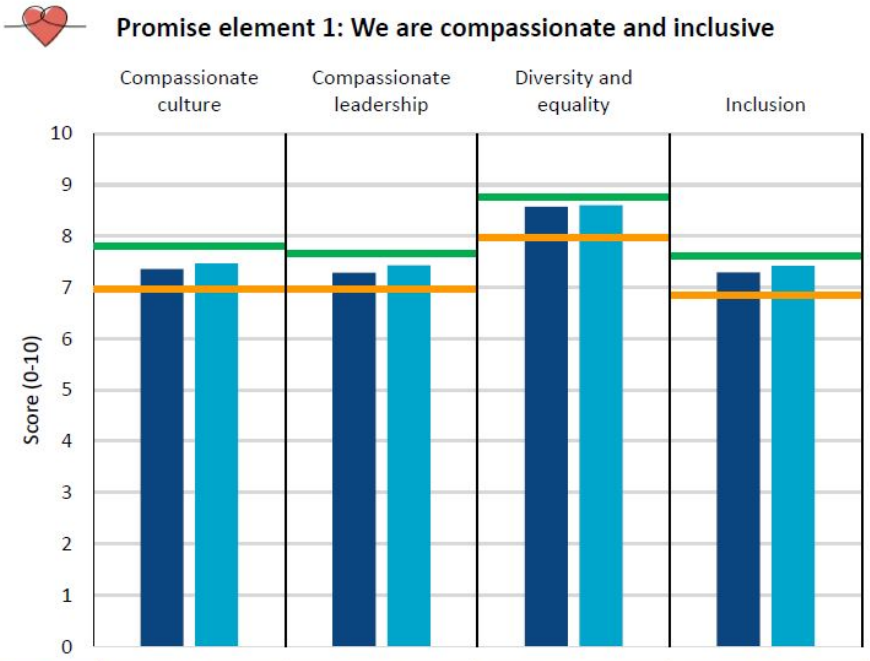
Additional, quarterly, engagement scores are now available via the Quarterly Staff Survey (QSS), which replaced the previous staff-focused Family and Friends Test (FFT) with effect from July 2021. For quarters 2 (July-2022) and 4 (January-2023) our Engagement score was 6.8 and 7.1 respectively. It is normal for the quarterly survey to have fewer respondents compared to the annual survey which took place in Q3. Our response rate for Q2 was 941 in Q2 and 852 in Q4.

2022 Staff Survey Analysis

This section of the report provides analysis of the results by People Promise elements. We are above average in all People Promise themes compared with Trusts nationally (appendix 2)

1.We are Compassionate and Inclusive

This group of questions relate to the importance of, and difference that, roles and the organisation make to patients, the recommendation of LCH as a place to work and to provide care, compassionate leadership/culture and diversity and inclusion. As you can



	Compassionate culture	Compassionate leadership	Diversity and equality	Inclusion
Your org	7.4	7.3	8.6	7.3
Best	7.8	7.7	8.8	7.6
Average	7.5	7.4	8.6	7.4
Worst	7.0	7.0	8.0	6.8
Responses	1842	1843	1847	1837

see from the image our scores are broadly 'average' compared to the Community Trust sector but significantly higher than the national average which is 7.2 (appendix 2)

Analysing individual questions LCH scored higher than the sector average for *'I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc'* (79.3% compared to the sector average of 77.5%).

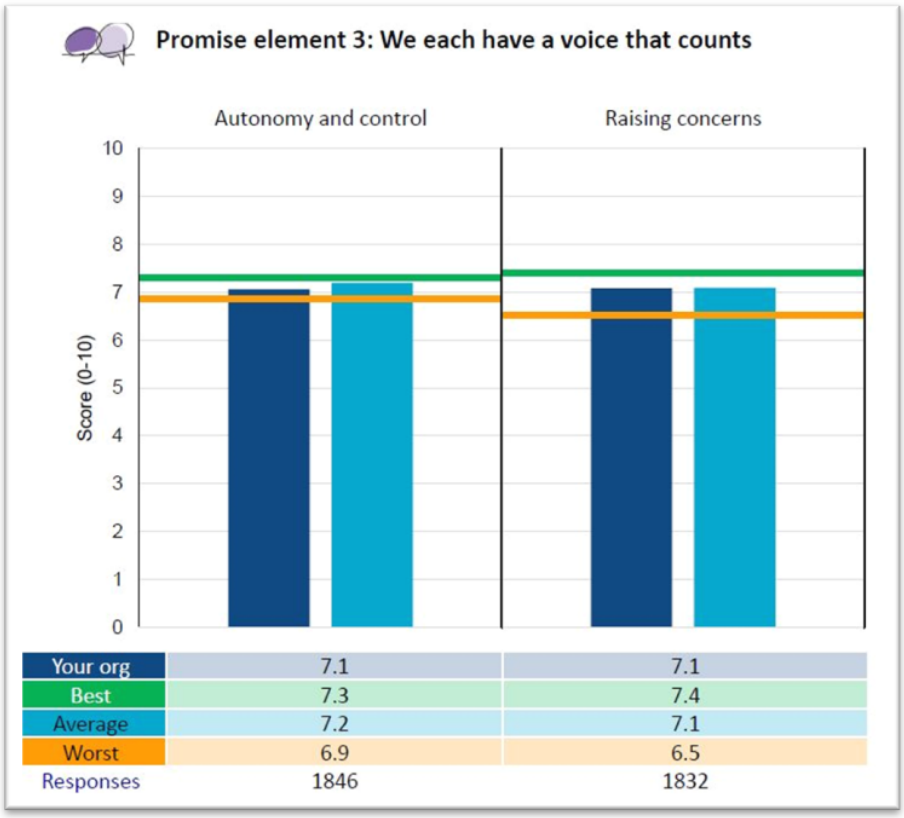
However, we scored significantly lower for the question *'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation'* (71.1% compared to the sector average of 76.5%). This question possibly reflects the pressure in the organisation at the time of the survey. On a more pleasing note, the question *'I would recommend my organisation as a place to work'* increased by +4.9% compared to 2021. We are in the top 5 Trusts in North East and Yorkshire in terms of response to this question.

2. We are recognised and rewarded

This grouping includes the questions on the recognition and value the organisation gives and pay, alongside people showing appreciation to one another and the value shown by immediate managers. The majority of questions in this section are trending upwards compared to 2021 except for *'How satisfied are you with your level of pay',* however even here LCH is above the sector average (32.6% compared to a sector average of 28%). The only other areas we may want to focus on is *'My immediate manager values my work'*. Here LCH scored 74% compared to the sector average of 77.9% and a national average of 71.5% This mirrors some of the other manager focused questions 'We are a Team' section.

3. We each have a voice that counts

This section of the People Promise includes questions on making improvements, autonomy, and control, as well as raising, and acting on concerns.



	Autonomy and control	Raising concerns
Your org	7.1	7.1
Best	7.3	7.4
Average	7.2	7.1
Worst	6.9	6.5
Responses	1846	1832

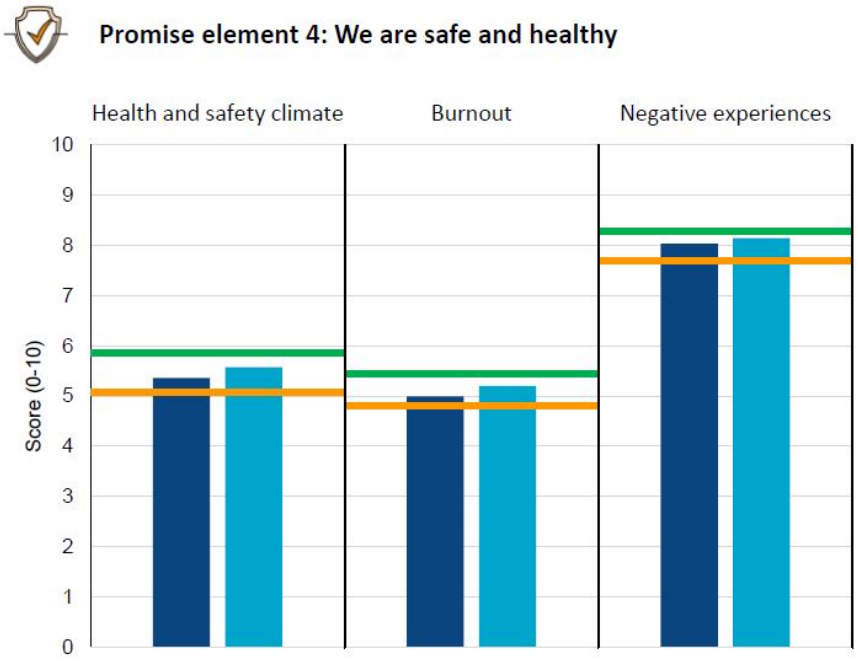
Overall, we are broadly in line with the sector average. Focusing on specific questions we have made great improvements with '*I am able to make suggestions to improve the work of my team / department'* which has increased +3% compared to 2021 (up to 73.7% from 70.7%). However, we still lag behind the sector average of 77.5%. Linked to this is the question '*I am able to make improvements happen in my area of work',* here we scored 56.2% against an average of 59.5% and 'worst' score of 54.2%. This is something we need to further focus on and understand what the barriers are. For example, is this due to lack of resources, human capital, autonomy, or something else. It is clear from the

results in this section that LCH has a positive 'raising concerns' culture. We scored above the national and sector average for all questions in this area of focus, they include:

- I would feel secure raising concerns about unsafe clinical practice (83.1%, compared to the sector average of 82.1% and worst of 77.4%)
- I am confident that my organisation would address my concern (71.2%, compared to the sector average of 70% and worst of 59.3%)
- I feel safe to speak up about anything that concerns me in this organisation (72.6%, compared to the sector average of 71.3% and worst of 61.8%)
- If I spoke up about something that concerned me, I am confident my organisation would address my concern (61.8%, compared to the sector average of 61% and worst of 49.2%)

4. We are safe and healthy

This category covers health and safety climate, burnout, and negative experiences such as work-related stress, bullying and harassment.



	Health and safety climate	Burnout	Negative experiences
Your org	5.4	5.0	8.0
Best	5.9	5.4	8.3
Average	5.6	5.2	8.1
Worst	5.1	4.8	7.7
Responses	1846	1845	1844

Seven new questions were introduced in 2021 to attempt to capture how burnt-out staff were feeling. Our results last year were concerning as we scored the lowest in six out of the seven burnout questions across the Community Trust sector. Our 2022 results are much more positive and show all questions trending upwards, we are no longer the worst scoring trust for any of the seven burnout questions. Furthermore, we significantly improved our score against six of the seven questions compared to 2021.

However, we are still below the average for the sector for burnout and these scores vary significantly between services and teams. It is clear burnout is not directly linked to health

and wellbeing initiatives as we recorded an average response in the sector to the question *'My organisation takes positive action on health and well-being'* with our result increasing by +4% compared to 2021 (66.9% compared to 62.9%), although the national result is 56.5% so we are 10% higher than the national average. It is more likely linked to staffing levels and workload. This is highlighted by the answer to a non-burnout question *'In the last three months have you ever come to work despite not feeling well enough to perform your duties'.* Here we scored a sobering 58% close to the worst in community sector of 59.8% and a national result of 56.6% which gives cause for concern in terms of our staff feeling too pressured to take time off when they are unwell, undoubtedly because they don't wish to let their colleagues down and create more pressure.

Some of the work we did to support staff who were feeling burnt out following our 2021 results, was to look at how this linked to other factors such as caseloads and staffing levels and to identify the teams most at risk of burnout. Here we had particular focus on workforce plans to support recruitment and retention of staff, using initiatives such as hyper local recruitment and 'stay' conversations. We also worked with teams to reinstate 1;1s, appraisals and team meetings which had been suspended during Covid escalations, as we know risk of burnout is reduced when staff feel supported and connected by their colleagues in teams.

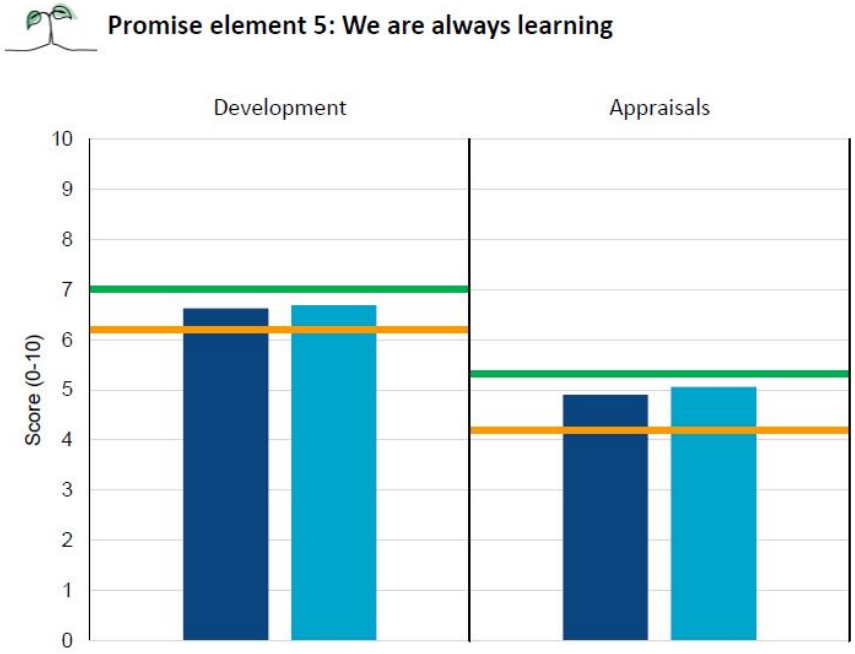
In the health and safety climate section the question '*there are enough staff at this organisation to do my job properly'* continues to decline only 23.7% of staff 'agree', down from 25% in 2021 and 34.3% in 2020. However, this is a sector wide trend and is more likely to reflect the wider NHS pressures given the context of staffing shortages and industrial action, that said we're below the national average score of 26.4%.

We have been working to improve our reporting of incidents of violence and aggression and earlier in 2022 launched our 'No Bystanders' approach encouraging staff to recognise and report incidents of violence, bullying or abuse which has helped LCH to improve significantly in responses to the questions '*The last time you experienced physical violence at work, did you or a colleague report it?'* (+9% from 2021) and *'The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?'* (+6.8% from 2021). We now have some of the best scores across the sector for ensuring these incidents are properly reported.

Under negative experiences we scored average for the sector across all questions but do have the lowest and 'best' scores for the sector for the questions '*In the last 12 months how many times you have personally experienced harassment, bullying or abuse at work from managers'* and '*In the last 12 months how many times you have personally experienced harassment, bullying or abuse at work from other colleagues.*

5. We are always learning

This section of the People Promise covers questions on development and appraisals.



	Development	Appraisals
Your org	6.6	4.9
Best	7.0	5.3
Average	6.7	5.1
Worst	6.2	4.2
Responses	1842	1777

Appraisal rates have been trending downward since 2018. This year we scored 84.1% to the question '*In the last 12 months, 'have you had an appraisal, annual review, development review'*, compared to a sector average of 88.4% and a national average of 81.3%.

What we do know from the survey results is that staff who have had an appraisal do value them as we sit well above the sector average for *'It helped me to improve how I do my job'* and *'It left me feeling that my work is valued by my organisation'*. We have already started some work in 2023 to revamp and relaunch our appraisal process ensuring staff have the opportunity to discuss what matters to them and adding new elements on health and wellbeing as well as encouraging all staff to own their appraisal and personal development. This will be supported with a diverse communication plan, training for all appraisers and a new Appraisal Hub on My LCH. We expect to see positive results across the next 12 months and strive to be the best across the Community Sector group. Aside from appraisals we have improved on our 2021 scores for all other development questions which is very encouraging, these include:

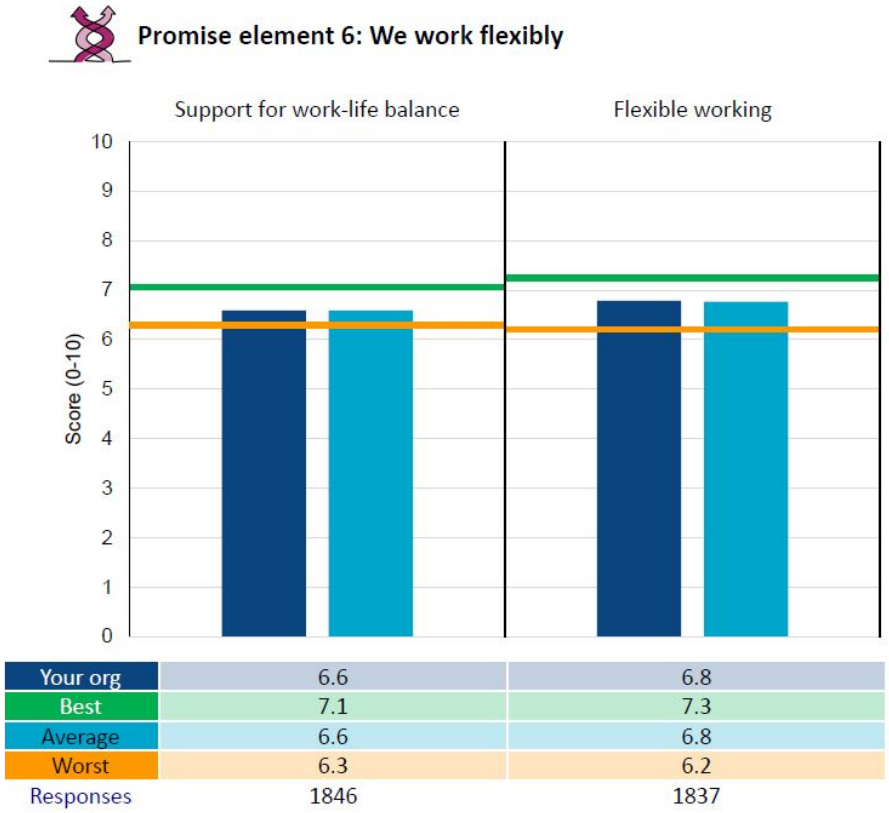
- I feel supported to develop my potential (up 4.5%)

- I am able to access the right learning and development opportunities when I need to (up 4.1%)
- I have opportunities to improve my knowledge and skills (up 3.9%)
- There are opportunities for me to develop my career in this organisation (up 2.1%)

This is an area we will continue to focus on in 2023 with the development of a new Learning and Development strategy for all staff. This work is already underway and has been co-developed and co-produced by teams across LCH who have responsibilities for various aspects of learning and development.

6. We work flexibly

These were a set of new questions introduced in 2021 focusing on work-life balance and flexible working. As you can see from the graphic below, we scored firmly within the 'average' across the Community Trust sector.



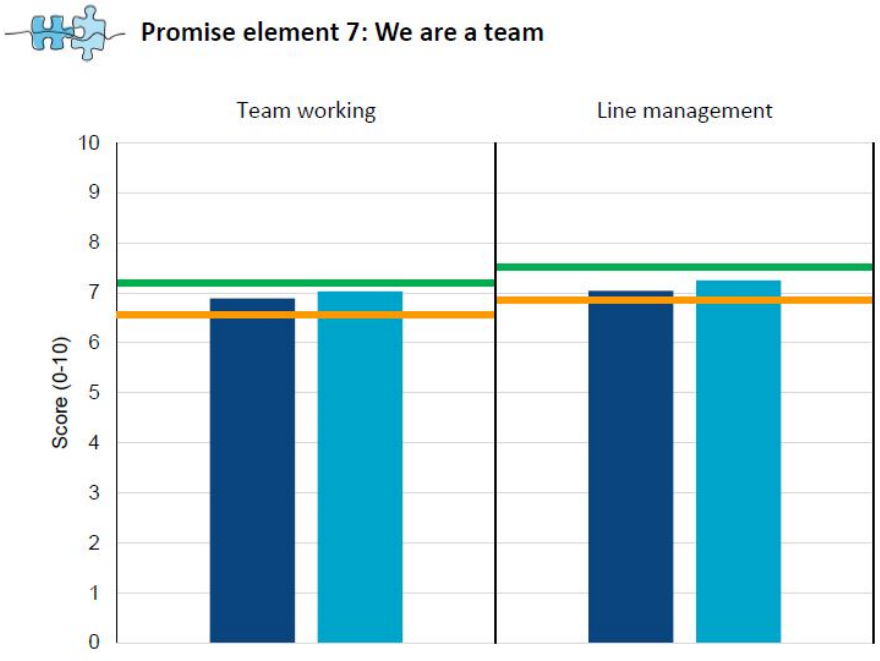
	Support for work-life balance	Flexible working
Your org	6.6	6.8
Best	7.1	7.3
Average	6.6	6.8
Worst	6.3	6.2
Responses	1846	1837

We have maintained or improved our scores across all questions in the 'we work flexibly' set of questions. This reflects the work we have done to encourage flexible working opportunities in LCH. This is best reflected in the question '*I achieve a good balance between my work life and my home life',* which has improved +4.9% compared to 2021. However, one area which is well below the sector average is the question '*I can approach my immediate manager to talk openly about flexible working'*. This scored 74.6% against a sector average of 77.2% and a national average of 68.5% which suggests there is some nervousness around discussing flexible working openly. Further work with line managers here is needed with a clear link to the retention of staff. Where there has been a focus on flexible working in the organisation, for example in Children's Business Unit, there has been success in terms of retaining staff, this approach and the offer of stay

conversations is being replicated in Adult and Specialist Business Units. Further work is required to understand our data on flexible working as currently this is agreed locally and not reported.

7. We are a team

This section covers team working and line management. Answers within it may be seen to correlate with the overall culture and behaviours within the organisation; deriving from the colleague behaviours that individual employees experience every day in their working environment.



	Team working	Line management
Your org	6.9	7.0
Best	7.2	7.5
Average	7.0	7.2
Worst	6.5	6.9
Responses	1845	1841

Our results from this section reflect a mixed picture. Starting with the positive we have significantly improved across two questions when contrasting with 2021 results. The question '*My team has enough freedom in how to do its work'* has increased by +4.1% along with the question *'The team I work in has a set of shared objectives'*, +3.2%. We are also well above the sector average for the question *'I receive the respect I deserve from my colleagues at work.'* However, we score poorly and close to the sector worst for '*The team I work in often meets to discuss the team's effectiveness'* and *'Team members understand each other's roles'.* This paints a picture of teams feeling they don't have time to discuss team effectiveness with an impact of not understanding each other's roles within a team. Although we have made some improvements compared to 2021, we also scored below the sector average for all the line manager questions, although above average on all questions when compared nationally, these include:

- My immediate manager encourages me at work.
- My immediate manager gives me clear feedback on my work.

- My immediate manager asks for my opinion before making decisions that affect my work.
- My immediate manager takes a positive interest in my health and well-being.

We want to improve and there is currently work underway to develop a leadership strategy in terms of learning and development for our managers and leaders, building on the successful internal development training sessions, coaching and mentorship scheme. There is work underway to identify where teams are reporting lower scores in terms of these responses on leadership to provide direct support to those leaders and managers.

Equality Diversity and Inclusion

The Workforce Race Equality Standard data

This year there is another significant reduction in Black and Minority Ethnic (BME) staff experiencing bullying harassment or abuse from colleagues, 13% say they have experienced this as opposed to 19% in 2021, this has decreased from 25% in 2020.

There has been an 8% decrease in staff from a BME background experiencing bullying and harassment or abuse from patients/service users/members of the public since last year (24%- 16%), action on this links well to the 'No Bystanders' work being embedded in the organisation and improving reporting.

Additionally, there is a 3% increase in the number of BME colleagues who report believing the organisation provides equal opportunities for career progression and promotion 50% and this is the highest figure since pre-2017. This question was answered positively by 63% of white colleagues, so whilst the improvement in BME experience is positive there remains clear disparity in experience here, which we continue to address through our range of Equality, Diversity & Inclusion work.

The Workforce Disability Equality Standard data

Staff experiencing bullying, harassment from patients/service users has decreased by 4% over the last 12 months to 30% (staff without a Long-Term Condition or illness is 21%), and staff experiencing the same from managers has reduced from 12% in 2021 to 9% this year.

Staff who experience bullying or harassment from their colleagues has decreased by 6% from last year to 14% this year. Staff who experience and report bullying and harassment has increased 9% to 58% this year which is our highest figure since 2017,

Feeling pressure to come to work from managers has decreased from 29% last year to 24% this year. Feeling that the organisation values respondents' work has stayed at 44% again this year and is down from 50% in 2020. A new question on the organisation providing support with reasonable adjustments for those with a long term condition or illness is 78% which is the same as our comparator group average.

Next Steps:

Information from the National Survey was released on 09/03/2023, at the time of writing the report which includes some comparisons with other trusts and offers the potential to share learning. Now this information is available in the public domain there will be potentially further analysis and where necessary an update available for the May board.

At organisational level we have already identified the following themes:

- Staff retention
- Capacity
- Health and wellbeing
- Correlation of h&wb with culture in teams
- Leadership support and behaviours
- Pay and conditions (although it's noted pay is out of our direct control)

An approach was agreed with SMT that we will work with them to communicate what action is being taken to address these organisational themes, this will then be cascaded to allow managers to concentrate on their service and team level results.

We also agreed with SMT to ringfence Organisational Development and Improvement (OD&I) support to services and teams within each business unit that have the greatest need. OD&I business partners will also work with business units to as identify these services and teams. They will also support with identifying and celebrating the 'most improved' services/teams along with the 'top performing' services/teams, with the aim of harnessing shared learning.

To support this work analysis of service and team level survey results has been completed and compiled into reports and heatmaps for all business units, services and teams within which there have been 11 or more respondents. We will recommend the business units to hold events to enable the opportunity to share and learn, and also to discuss the offer of support to those teams in need of intervention and in respect of staff engagement. This includes triangulation of other cultural intelligence information to fully understand the overall situation, as well as the potential to 'buddy up' with services performing really well on engagement. As described above the services and team with the greatest need will also be supported by the Organisational Developmental and Improvement team.

In terms of cascading results, these have already started to be shared with SMT, General Managers, Business Units. We also plan to share focused and themed results with Equality, Diversity and Inclusion Forum, Race Equality Network, Health and Wellbeing Group and Senior Operational strategy Group. Meetings have also been organised with staff-side colleagues through both the JNC and JNCF and an update will be provided at the Leaders Network Live event on the 30 March 2023 along with a best practice workshop for managers.

Conclusion:

This report pulls together the vast data from the 2022 Staff Survey into helpful categories in the People Promise and includes comparator information from our Community Sector and Trusts nationally following the lift of embargo on 9th March 2023.

The analysis provides the trust with the themes described above to consider for further interrogation into the data, areas for 'deep dive' and targeted support. The analysis also provides us with a positive, promising outlook, we are average in most areas when compared with our sector of community trusts, and above average across all People Promise themes, staff engagement and morale nationally. LCH has significantly improved its scores from 2021 in a quarter of the questions asked in the survey, and maintained its position in the rest. Only one question shows a significant decline- satisfaction with level of pay- where we have no control.
Knowing we are a Top 5 recommended employer amongst Trusts in the North East and Yorkshire region is also heartening and something we can be proud of and promote to encourage attraction.

Finally, we have set out in this report, our approach to disseminating understanding and acting on our data at all levels in the organisation from team to Board.

Recommendations:

- Note the release of 2022 Staff Survey results and findings to date; and endorse the proposed approach to the dissemination and use of the above.

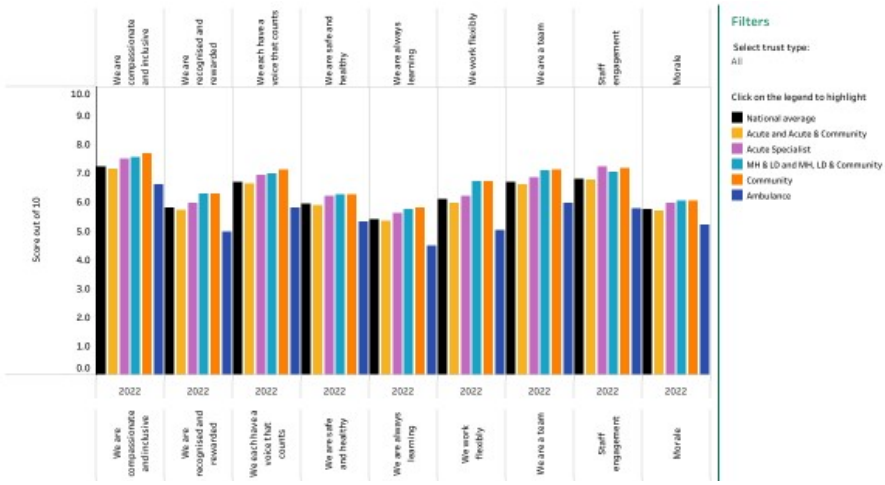
Appendix 1 – Significant Increases/Decreases, 2022-2021 Comparison:

Question	2021 score	2022 score	Significance
I would recommend my organisation as a place to work. (Agree/Strongly agree)	59.7	64.6	4.9
I feel a strong personal attachment to my team. (Agree/Strongly agree)	62.9	66.2	3.3
I am able to make suggestions to improve the work of my team / department. (Agree/Strongly agree)	70.9	73.9	3.0
My organisation takes positive action on health and well-being. (Agree/Strongly agree)	63.2	67	3.8
The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it. (Yes)	50.6	57.1	6.5
How often, if at all, do you find your work emotionally exhausting. (Sometimes/Always)	43.2	37.9	-5.3
How often, if at all, do you feel burnt out because of your work. (Sometimes/Always)	36.8	29.9	-6.9
How often, if at all, are you exhausted at the thought of another day/shift at work. (Sometimes/Always)	32.1	27.1	-5
How often, if at all, do you feel worn out at the end of your working day/shift. (Sometimes/Always)	47.7	42.7	-5
How often, if at all, do you feel that every working hour is tiring for you. (Sometimes/Always)	22.7	17.7	-5
How often, if at all, do you not have enough energy for family and friends during leisure time. (Sometimes/Always)	33.2	27.6	-5.6

During the last 12 months have you felt unwell as a result of work-related stress. (Yes)	48.6	43.2	-5.4
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients/ service users, their relatives or other members of the public.	26.2	22.9	-3.3
In the last 12 months how, many times have you personally experienced harassment, bullying or abuse at work from managers.	8.2	5.9	-2.3
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues.	12.8	10.1	-2.7
I have opportunities to improve my knowledge and skills. (Agree/Strongly agree)	68.7	72.6	3.9
I feel supported to develop my potential. (Agree/Strongly agree)	55.8	60.3	4.5
I am able to access the right learning and development opportunities when I need to. (Agree/Strongly agree)	54.4	58.5	4.1
Appraisals…it helped me to improve how I do my job. (Yes, definitely)	20.3	24	3.7
I achieve a good balance between my work life and my home life. (Agree/Strongly agree)	53.4	58.3	4.9
The team I work in has a set of shared objectives. (Agree/Strongly agree)	70.8	74	3.2
My team has enough freedom in how to do its work. (Agree/Strongly agree)	56.3	60.3	4
I look forward to going to work. (Often/Always)	51.1	54.7	3.6
I am enthusiastic about my job. (Often/Always)	67.5	70.6	3.1

Relationships at work are strained. (Never/Rarely)	48.7	53.7	5
My level of pay. (Satisfied/Very satisfied)	39.7	32.9	-6.8

Appendix 2



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Morale
LCH	7.6	6.3	7.1	6.1	5.8	6.7	7.0	7.1	5.9
National average	7.2	5.8	6.7	5.9	5.4	6.1	6.7	6.8	5.7
Acute and Acute &..	7.2	5.7	6.6	5.9	5.3	6.0	6.6	6.8	5.7
Acute Specialist	7.5	5.9	6.9	6.2	5.6	6.2	6.8	7.2	6.0
MH & LD and MH, ..	7.5	6.3	7.0	6.2	5.7	6.7	7.1	7.0	6.0
Community	7.7	6.3	7.1	6.3	5.8	6.7	7.1	7.2	6.0
Ambulance	6.6	5.0	5.8	5.3	4.5	5.0	5.9	5.8	5.2

Staff survey results 2022

Leeds Community Healthcare NHS Trust

Thank you to everyone who responded to the Staff Survey 2022 – it's been a record year in terms of response rate. We are listening to what you have said and will be working alongside services and teams in sharing results as well as looking at what we can learn from your feedback.

58% of staff completed the survey, ↑ **6%** on 2021.

65% of staff would recommend LCH as a place to work, ↑ **5%** on 2021.

My job

91% of staff felt trusted to do their job.

87% of staff feel that their role makes a difference to patients/service users.

87% of staff enjoy working with their colleagues.

My personal development

87% of staff have had an appraisal or performance review. ↑ **1%**

60% of staff feel supported to develop their potential. ↑ **4%**

73% of staff feel they have opportunities to improve their knowledge and skills. ↑ **4%**

Speaking up

73% of staff feel safe to speak up about anything that concerns them at LCH. ↑ **1%**

61% of staff are confident LCH would address their concern. ↑ **1%**

Equality

Positive responses from staff who have **NOT** experienced discrimination in the following areas:

Gender	Age	Ethnicity
78% ↑ 5%	82% ↑ 3%	69% ↑ 1%
Religion	**Disability**	**Sexual orientation**
95% ↓ 3%	90% ↓ 2%	94% ↑ 2%

Health and Wellbeing

67% of staff say LCH takes positive action on health and wellbeing. ↑ **4%**

83% of staff don't feel under pressure from their manager to come into work. ↑ **2%**

58% of staff feel they achieve a good balance between work and home life. ↑ **5%**

Next steps

- Work with Senior Management Team to understand the key organisational themes and what we can do to make LCH an even better place to work.
- Work with business units, services and teams to understand their results, celebrate successes and focus on their unique areas for development.
- Create a page on MyLCH where we can share local and national staff survey results; update on any progress and actions; and keep you in the loop.

Trust Board meeting held in public: 31 March 2023

Agenda item number: 2022-23 (146a)

Title: Operational Plan 2023/24

Category of paper: For Information
History: SMT, Committees and Board January 2023, Committees March 2023

Responsible director: Executive Director of Finance and Resources

Report author: Business & Planning Manager and Head of Clinical Governance

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Executive summary

The purpose of this report is to present the 2023/24 operational plan which outlines the strategic framework for 2023/24. This includes the Trust vision, strategic goals and priorities for 2023/24.

The Trust priorities for 2023/24 have been developed within the context of what will be another challenging year for the NHS against a national and local backdrop of high levels of sickness, staff resourcing challenges resulting in a high number of vacancies, significant waiting list backlogs and efficiency targets.

Consideration has been given to the 2023/24 priorities and operational planning guidance that NHS England published on 23rd December 2022. *The guidance sets out three key tasks for the next financial year, the most immediate being to recover core services and improve productivity. As recovery continues, systems should renew focus on delivering the key ambitions set out in the NHS Long Term Plan and transforming the NHS for the future. (NHS Providers On the Day Briefing Summary: 2023/24 Priorities and Operational Planning Guidance).*

However, within the guidance there is little focus on community services. Having reviewed the document, the key points for LCH are:

- Recover core services and improve productivity: although the focus is predominantly on the acute trusts and namely A&E, elective backlog recovery and cancer pathways, we need to continue to address our waiting list backlogs to support the system and improve patient flow.
- Urgent Community Response: increase capacity and improve patient flow to ease Urgent and Emergency Care pressures by consistently meeting or exceeding the 70% 2-hour urgent community response standard.
- As well as maximising the number of referrals into Urgent Community Response (UCR), the guidance sets out the need to expand direct access and self-referrals to ease the pressure on primary care. By September 2023, systems should implement direct referral pathways for a range of self-referral routes, including falls prevention and management, and weight management services.
- Delivering the key NHS Long Term Plan ambitions around Mental health, Learning Disability and Autism.

Our Trust vision is that '**we provide the best possible care in every community'**. Our four Strategic Goals with the underpinning 2023/24 Trust Priorities are:

Strategic Goal - To deliver outstanding care. *Trust Priority: We will be responsive to the needs of our populations as we deliver safe and effective care on our journey to outstanding care.*

Strategic Goal - Use our resources wisely and efficiently. *Trust Priority: We will aim to deliver our CIP target, and contribute to Leeds Health and Care Partnership's CIP, while ensuring we maintain a focus on quality and safety*

Strategic Goal - Ensure our workforce 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*

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 the system with all the communities we serve to improve health outcomes, improve patient flow and continue to drive integration.*

Recommendations

The Board is recommended to receive the report and note its content.

2023/24 Operational Plan

1 Introduction

The purpose of this report is to present the 2023/24 operational plan which outlines the strategic framework for 2023/24. This includes the Trust vision, strategic goals and priorities for 2023/24.

The Trust priorities for 2023/24 have been developed within the context of what will be another challenging year for the NHS against a national and local backdrop of high levels of sickness, staff resourcing challenges resulting in a high number of vacancies, significant waiting list backlogs and efficiency targets.

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- Delivering the key NHS Long Term Plan ambitions around Mental health, Learning Disability and Autism.

2 2023/24 Operational Plan

Our Trust vision is that '**we provide the best possible care in every community'** and is underpinned by our four Strategic Goals. The Trust priorities once again 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, Trust priorities and underpinning objectives are detailed below.

Strategic Goal - To deliver outstanding care

Trust Priority: We will be responsive to the needs of our populations as we deliver safe and effective care on our journey to outstanding care.

- How we engage with our patients, carers, families and communities, is fundamental to the achievement of this and other priorities: our Engagement principles will be developed and ratified this year by LCH Board.
- We will 'make stuff better' by embedding learning from incidents, complaints and general feedback from the communities we serve, and drawing on best practice/clinical evidence through our development of the LCH Patient Safety Incident Response Plan, over the next 12 – 18 months. The LCH 2023/24 Change Programme projects will drive continuous improvement. For example, the review of planned and unplanned care in the Neighbourhood Teams, the Community Gynaecology Service Review and the CAMHS EPR transition.
- We will work with system partners to increase capacity and improve patient flow to enable us to maximise the number of referrals into urgent community response and strive to consistently meet or exceed the 70% 2 hour urgent community response standard.

Strategic Goal - Use our resources wisely and efficiently

Trust Priority: We will aim to use our resources wisely, delivering efficiencies required to meet our financial targets or to reinvest in our services, while ensuring we maintain a focus on quality and safety

- Work with services, patients, and partners to identify changes to service provision and/or pathways (both within LCH, across Leeds and across the ICB) to more effectively manage patients and therefore help to reduce waits. This will be achieved through the LCH Change Programme, Third Sector Partnerships and Primary Care Integration.
- We will adopt a standardised approach to waiting list management through the Improving Patient Flow and Prioritisation Programme
- Establish and deliver an efficiency programme that contributes to Trust, place and system financial sustainability whilst maintaining safe and effective care and, through Equality Impact Assessments, ensures no detriment to health inequalities.

Strategic Goal - Ensure our workforce 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

- We will focus on the retention of our existing talent

- We will carry out locally targeted recruitment and reduce barriers to entry to widen our talent pool and diversify our workforce
- We will induct our second cohort of international community nurses
- We will continue to use our workforce data and planning methodology to both understand our longer-term workforce gaps and develop interventions to address our future needs.

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 the system with all the communities we serve to improve health outcomes, improve patient flow and continue to drive integration.

- Continue to work with communities and partners to create equitable care and pathways in line with LCH's Health Equity Strategy, identifying and addressing inequity in access, experience and outcomes.
- Continue to engage with and support the intermediate care redesign.
- Continue to work with partners to drive integration. A key focus here being CAMHS and working with primary care and schools in line with the ambitions set out in the NHS Long term plan.

3 Recommendations

The Board is recommended to receive the report and note its content.

Trust Board Meeting held in public: 31 March 2023

Agenda item number: 2022-23 (146bi)

Title: 2023/24 Financial Plan

Category of paper: For approval
History: Business Committee 29 March 2023

Responsible director: Executive Director of Finance and Resources
Report author: Deputy Director of Finance and Resources

Executive summary (Purpose and main points)
The attached slides present the revenue and capital plan for 2023/24.

The financial planning process across the NHS has been extremely challenging for all organisations. It has been difficult to clarify funding flows to the West Yorkshire ICB, then to the West Yorkshire places and finally to providers. Given continuing changes to financial assumptions and contract sum agreements, which continue at the time of writing on 24 March 2023, it has not proved possible to construct a comprehensive written explanatory narrative for all the financial information.

It is proposed that the Executive Director of Finance and Resources will provide a full explanation of the information in the attached slides to the Business Committee on 29 March. He will provide the Committee with his rationale for recommending approval of a balanced revenue and financial plan.

The Executive Director of Finance and Resources will provide an overview of the revenue and capital financial plans at the Board meeting held in public on 31 March. Board members may wish to receive assurances about some aspects of the financial plan, and this can be discussed in private session.

Key issues addressed:

1. With the exception of an agreed non-recurrent reduction of £1.5m, recognising slippage in recruitment to additional community capacity, and a £300k shortfall in Leeds' allocation for long covid compared to the current cost base, the ICB in Leeds has met all prior commissioning commitments.
2. The ICB in Leeds has currently been unable to fund some significant demand pressures in LCH services.
3. The efficiency requirement is challenging but deliverable in year. The Trust has an underlying recurrent deficit of £4.1m which will need to be addressed during the year.
4. The capital plan is deliverable and includes a significant one off commitment to the new Staff Hub. Board members are aware that this is unavoidable as a result of the landlord of Stockdale House not renewing the current lease. This single year capital cost can be addressed within the Trust's operational capital allocation by a one year reduction in backlog maintenance spend; this being made possible by low levels or backlog maintenance resulting from focused spend over previous years on the maintenance and safety of the estate.

The Executive Director of Finance has concluded that, whilst mindful of the risks, the Trust can deliver its financial targets based on the plans outlined in this report.

Recommendations
The Board is asked to approve the 2023/24 revenue and capital plans.

NHS
Leeds Community Healthcare
NHS Trust

2023-24 Financial Plan

Bryan Machin,

Executive Director of Finance and Resources

National Context

Leeds Community Healthcare NHS Trust

The Autumn Statement 2022 announced an extra £3.3 bn in both 2023/24 and 2024/25 for the NHS to respond to the significant pressures facing the NHS.

- NHS England issued two-year revenue allocations for 2023/24 and 2024/25. At national level, total ICB allocations [including COVID-19 and Elective Recovery Funding (ERF)] are flat in real terms with additional funding available to expand capacity.
- Core ICB capital allocations for 2022/23 to 2024/25 have already been published and remain the foundation of capital planning for future years.
- Capital allocations will be topped-up by £300 million nationally, with this funding prioritised for systems that deliver agreed budgets in 2022/23.
- The contract default between ICBs and providers for most planned elective care (ordinary, day and outpatient procedures and first appointments but not follow-ups) will be to pay unit prices for activity delivered. In West Yorkshire our partner acute Trust's have proposed an alternative contract arrangement to NHS England which remains under discussion. LCH has some risk on "elective recovery" but are currently seeking to have any activity which may have fallen under these arrangements reclassified to be excluded.

National Allocations (1)

Leeds Community Healthcare NHS Trust

The total NHS budget for the years 2022/23 to 2023/24 was set in the Spending Review (SR) in October 2021 (SR21) and was updated at the Autumn Statement (AS) 2022.

Autumn statement (AS22) settlement, £m	2021/22	2022/23	2023/24	2024/25
Original NHS Long Term Plan mandate	133,283	139,990	148,467	151,629
2021/22 Covid funding	16,295			
SR21 settlement		8,989	6,085	8,161
AS22 settlement			3,020	3,210
Other adjustments (including £2.85bn for pensions)	1,476	4,292	3,606	3,727
Total mandate (nominal)	**151,054**	**153,271**	**161,178**	**166,727**

National Allocations (2)

Leeds Community Healthcare NHS Trust

Allocations for each commissioning stream have been set taking into account expected price inflation, activity growth, NHS Long Term Plan required levels of efficiency and the impact of the SR21 settlement regarding Covid costs and elective recovery funding.

Core ICB funding grows by 4.62% against 2022/23 baselines. This is based on the following assumptions:

- The 2022/23 baselines now take account of in-year funding for pay and inflation,make additional health inequalities and maternity funding recurrent, and are adjusted to reflect the outcome of the baseline reset exercise to correct baseline contract funding between commissioners following the end of the Covid financial regime.
- Covid allocation. This is transferred into core allocations reflecting that Covid is now an ongoing pressure on NHS services. The quantum of funding reduces compared to 2022/23 in line with the shape of the SR settlement.
- Growth funding is provided for inflation (updated for inflation forecasts), efficiency,and activity. This includes funding to deliver the Mental Health Investment Standard and increase investment in community services.
- An additional reduction is applied to remove part of the excess indirect impacts of Covid, consistent with the SR21 settlement.
- Further resources are added to provide resources to maintain and expand capacity funding allocated for 2022/23 and distribute additional funding to support discharge which flows through the Better Care Fund.

West Yorkshire ICB (1)

Leeds Community Healthcare NHS Trust

Total allocations	22/23	23/24	Change
	£m	£m	£m
Adjusted recurrent baseline *	3,880	4,094	214
Growth	147	209	62
Convergence Adjustment	(24)	(31)	(7)
Health inequalities Funding	11	11	0
Maternity transfer	4	4	0
Recurrent allocation	**4,018**	**4,288**	**269**
ERF	80	106	26
Covid Allocation	98	18	(80)
Discharge Allocation	0	14	14
Capacity Funding	0	17	17
Combined allocation	**4,196**	**4,443**	**246**
Running Costs	46	46	0
Delegated Primary Care	0	266	266
Primary Medical Care	424	462	38
Total (before SDF and other allocations TBC)	**4,666**	**5,217**	**550**

- Convergence - NHS England, with the expert advice from the Advisory Committee on Resource Allocations, have established a target allocation for the West Yorkshire population of £4,029m which compares to the opening recurrent allocation of £4,110.8m This creates a distance from target of £71.8m or 1.75%. An adjustment to baseline allocations is applied to both reduce overall resource consumption to funded levels and move ICBs towards a fair share funding distribution.

West Yorkshire ICB (2)

Leeds Community Healthcare NHS Trust

Allocation	Basis
£4,094m core	22/23 planning submission with in year recurrent adjustments, allow for FYE and baseline adjustments
£209m growth	5.08%
(£30m) national convergence	0.71%
£11m Health Inequalities	Held at WY system pending distribution
£4m maternity	Held at WY system pending distribution
£106m ERF	Increase of £10m from 22/23, Capitation place allocated
£18m Covid	Reduction of £80m from 22/23, Capitation place allocate
£14m Discharge Funding	Capitation place allocated
£17m Capacity Funding	Capitation place allocated
£46m running costs	Allocated to place, alternate approach is under review
£266m Delegated primary care	Held at WY system - to be allocated to place based on contract values
£462m Primary care medical	Allocated to place based on 22/23
£5,217m Total (before SDF and other allocations TBC)	

Current LCH position:

Discussions with Leeds ICB colleagues have been mutually supportive. Most allocations that should have flowed to LCH have and contributed to the ICB meeting its prior commissioning commitments. Slippage of £1.5m has been agreed and non-recurrently not allocated. LCH has not argued for any Covid allocation in favour of LTHT. 23/24 growth of 0.9% allocated with effect from 24/25. No Mental Health Investment Fund allocated to LCH; the consequences of that still being discussed within the Place.

LCH Key Assumptions

Leeds Community Healthcare NHS Trust

CIP/Efficiency
- 4% required for balanced budget. Within national Finance Director's range expectations

Clinical Income
- Tariff inflation – 2.9%
- Tariff efficiency – (1.1%)
- Convergence – (0.71%)
- NET – 1.09% uplift

Other Income
- Education & Training funding based on HEE

Pay
- Assumes 2.1% inflation as per national guidance. Additional pay award anticipated to be fully funded to providers but LCH traditionally underfunded by allocation methodology and no clarity re 23/24 costs of staff employed in local authority commissioned services
- An agency cost ceiling will be based on a maximum expected agency spend of 3.7% of the total pay bill. The current estimate for the LCH cost ceiling is £5m; in 2022/23 we expect full year agency costs to be circa £4.6m

Non Pay
- National Inflation assumptions, 5.5% Non-Pay, 1.3% drugs
- Additional inflationary pressures - £1.8m
- CNST premium inflation as per schedule advised from NHSLA

LCH Cost Pressures
- See following slide

Leeds Community Healthcare NHS Trust

LCH Cost Pressures

Business Unit	Recurrent	Non Recurrent	Total
	£'000	£'000	£'000
Childrens	482	161	**643**
Adults	235	0	**235**
Specialist	56	8	**64**
Estates & Ops	828	160	**988**
Corporate	903	211	**1,114**
Totals	**2,504**	**540**	**3,044**

Essential cost pressures only supported by Senior Management Team included. Estates & Ops includes Facilities and Safety structure, shift from capital funding of EPR support team and unavoidable increased lease costs of new Staff Hub. Corporate includes increased costs of EPR, embedding of e-rostering and resourcing support

Slippage on some of these costs will contribute to the vacancy factor necessary to deliver efficiency requirement to achieve balanced position. The slippage may need to be actively managed to deliver higher savings.

Leeds Community Healthcare NHS Trust

Efficiency Summary

Scheme	£'000	Recurrent / Non Recurrent	Category	Status	Risk Status
Vacancy factor - Establishment Reviews	2,200	Non Recurrent	Pay	Plans in Progress	Low
Incremental Drift	1,389	Recurrent	Pay	Fully developed	Low
Vacancy factor - Establishment Reviews	2,200	Non Recurrent	Pay	Plans in Progress	Medium
Total Pay Efficiency	**5,789**				
Interest receivable	600	Non Recurrent	Non pay	Fully developed	Low
Contribution from developments	848	Recurrent	Non pay	Fully developed	Low
Procurement - Management of price increases	1,015	Recurrent	Non pay	Plans in Progress	Medium
Total Non Pay Efficiency	**2,463**				
Total Efficiency	**8,252**				

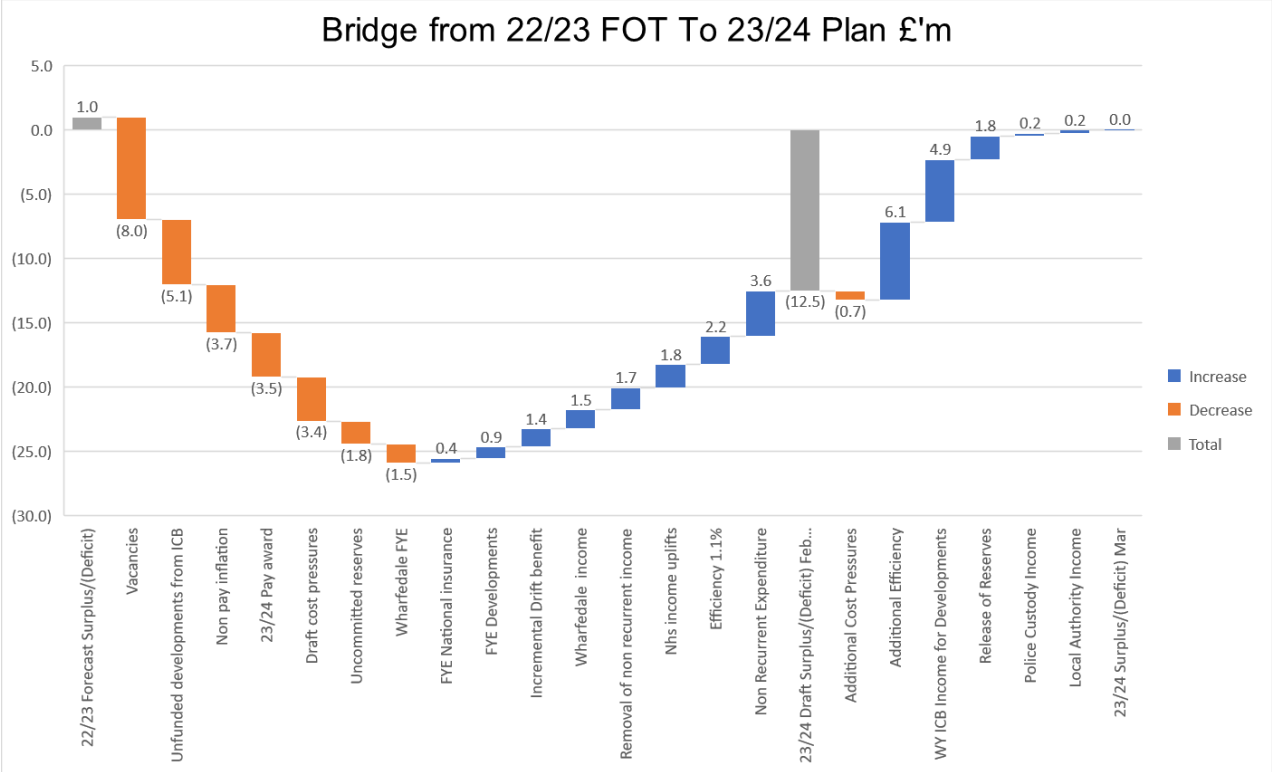
Recurrent Efficiency	**3,252**
Non Recurrent Efficiency	**5,000** *

Income	**207,126**
% Efficiency	**4.0%**

- Method of allocation of vacancy factor to be determined
- Formal infrastructure required to identify Recurrent Plans and closely monitor the delivery of the 23/24 Efficiency Plan
- * Underlying £5m deficit resulting from £5m non-recurrent efficiencies reduced to £4.1m by additional £0.9m deferred recurrent contract increase noted in slide WY ICB (2)
- Further detail to be provided in private Board meeting

Bridge – 22/23 FOT to 23/24

Leeds Community Healthcare NHS Trust



	£m
22/23 Forecast Surplus/(Deficit)	**1.0**
Vacancies	(8.0)
Unfunded developments from ICB	(5.1)
Non pay inflation	(3.7)
23/24 Pay award	(3.5)
Draft cost pressures	(3.4)
Uncommitted reserves	(1.8)
Wharfedale FYE	(1.5)
FYE National insurance	0.4
FYE Developments	0.9
Incremental Drift benefit	1.4
Wharfedale income	1.5
Removal of non recurrent income	1.7
Nhs income uplifts	1.8
Efficiency 1.1%	2.2
Non Recurrent Expenditure	3.6
23/24 Draft Surplus/(Deficit) Feb Plan	**(12.5)**
Additional Cost Pressures	(0.7)
Additional Efficiency	6.1
WY ICB Income for Developments	4.9
Release of Reserves	1.8
Police Custody Income	0.2
Local Authority Income	0.2
23/24 Surplus/(Deficit) Mar	**0.0**

Leeds Community Healthcare NHS Trust

Summary Income & Expenditure

Income & Expenditure	2022/23 £'000	2023/24 £'000
Income		
Contract Income	192,956	196,784
Other Income	12,160	10,342
Total Income	**205,116**	**207,126**
Expenditure		
Pay	(142,086)	(146,026)
Operating expenditure	(61,759)	(60,702)
Total Expenditure	(203,845)	(206,728)
OPERATING SURPLUS/(DEFICIT)	**1,271**	**398**
Net Finance Costs	(246)	(413)
SURPLUS/(DEFICIT)	**1,025**	**(15)**
Remove capital donations I&E impact	15	15
Adjusted financial performance surplus/(deficit)	**1,040**	**0**

- Break Even Plan.
- This includes a 4% efficiency assumption of £8.2m of which £5m is non recurrent
- Underlying position - £4.1m deficit

Leeds Community Healthcare NHS Trust

Scenarios - Income & Expenditure

Income & Expenditure	Most Likely	Best Case	Worse Case
	£'000	£'000	£'000
March submission	0	0	0
Additional Inflation Funding Received	0	1,760	0
Efficiency Not Delivered	0	0	(3,215)
Inflation Pressures	0	0	(750)
HQ costs	0	0	(250)
23/24 Surplus/(Deficit)	**0**	**1,760**	**(4,215)**

Capital Expenditure

Leeds Community Healthcare NHS Trust

Scheme Description	Scheme Category	2023/24	2024/25	2025/26	Total
		£'000	£'000	£'000	£'000
Estates maintenance	Routine maintenance (non-backlog) - Land, Buildings and dwellings	443	1,347	950	**2,740**
Estates maintenance	Refurbishment/set up new HQ	1,433			**1,433**
IT - Other	IT - Cybersecurity, Infrastructure/Networking	400	400	400	**1,200**
IT - Hardware	Hardware - rolling replacement programme	200	500	500	**1,200**
Clinical Equipment	Equipment - clinical other	350	350	350	**1,050**
Total Charge against Capital Allocation		**2,826**	**2,597**	**2,200**	**7,623**
IFRS16	St Georges Centre renewed lease	1,591			**1,591**
IFRS16	Lease Cars	300	300	300	**900**
IFRS16	New HQ lease	3,733			**3,733**
IFRS16	Sexual Health Service renewed lease clinical and admin		1,190		**1,190**
IFRS16	Killingbeck Court	1,200			**1,200**
IFRS16	Thornton		1,292		**1,292**
IFRS16	Kippax			1,724	**1,724**
IFRS16	CHP remeasurement	6,128	6,128	6,128	**18,384**
Total IFRS 16 Leases		**12,952**	**8,910**	**8,152**	**30,014**
IT - Other	Frontline digitisation PDC	1,194	1,306		**2,500**
Total CDEL		**16,972**	**12,813**	**10,352**	**40,137**

- Business cases being developed for the new Staff Hub and Frontline Digitisation
- Staff Hub costs subject to receipt of tender. Some costs removed during pre-tender review. Afforded by one year reduction in backlog maintenance which is very low as a result of Trust's investment in the maintenance and safety of its estate in recent years
- Lack of clarity of financial arrangements for new lease costs which would previously have been a revenue cost but are now capitalised as a result of new accounting standards

Balance Sheet

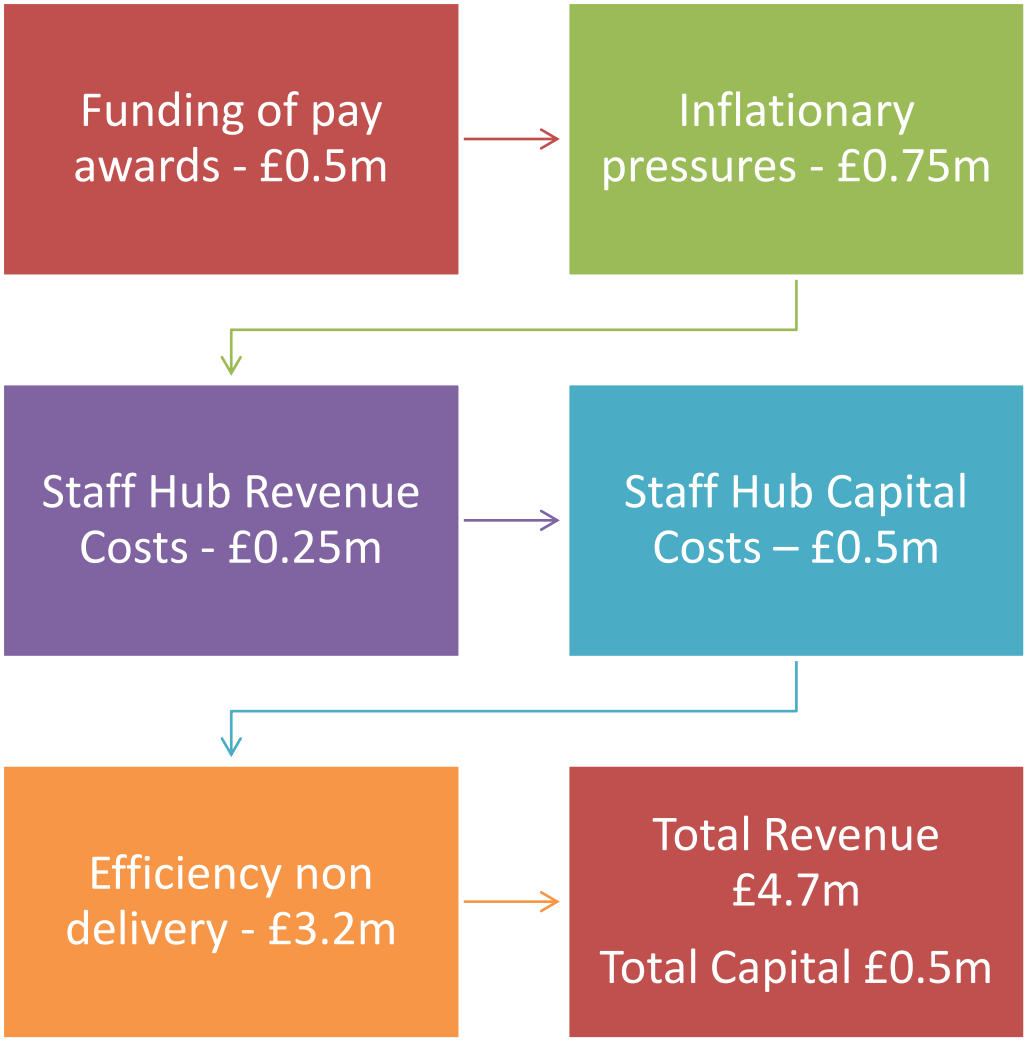
Leeds Community Healthcare NHS Trust

Statement of Financial Position	Plan 31/03/2024 £m
Property, Plant and Equipment	36.0
Intangible Assets	0.1
Right of Use Assets	58.2
Trade and Other Receivables	0.0
Total Non Current Assets	**94.2**
Current Assets	
Trade and Other Receivables	10.1
Cash and Cash Equivalents	45.9
Sub-Total Current Assets	**56.0**
Non-Current Assets held for sale	0.0
Total Current Assets	**56.0**
TOTAL ASSETS	**150.3**
Current Liabilities	
Trade and Other Payables	(29.4)
Borrowings	(6.9)
Provisions	(0.6)
Total Current Liabilities	**(36.9)**
Net Current Assets/(Liabilities)	**19.1**
TOTAL ASSETS LESS CURRENT LIABILITIES	**113.4**
Non Current Borrowings	(51.0)
Non Current Provisions	(0.0)
Total Non Current Liabilities	**(51.1)**
TOTAL ASSETS LESS LIABILITIES	**62.3**
TAXPAYERS EQUITY	
Public Dividend Capital	2.0
Retained Earnings Reserve	27.6
General Fund	18.5
Revaluation Reserve	14.2
TOTAL EQUITY	**62.3**

- Capital expenditure included of £17m
- Healthy cash balance of £45.9m which generates material income at current interest rates

Risks

Leeds Community Healthcare NHS Trust



Mitigations:

Pay award shortfall
- Further efficiencies
- Put case for redistribution of ICB pay award funds
- Negotiate with LA

Inflationary Pressures
- Further efficiencies
- Cut non pay spend

Staff hub
- Reduce all revenue and capital costs to minimum acceptable specification

Efficiency non-delivery
- Increased vacancy control

Next Steps

Leeds Community Healthcare NHS Trust

- Formal submission to NHSE 29th March 2023: some uncertainty as to whether draft or final plans
- Signed contracts by 31st March
- Allocation of efficiency targets to Business Units and Corporate departments
- Development of efficiency implementation plans for 2023/24 and approach to underlying efficiency requirement
- Distribute budgets, including capital budgets, to budget holders and obtain approval

Conclusion and Recommendations

Leeds Community Healthcare NHS Trust

The Executive Director of Finance and Resources has concluded that, whilst mindful of the risks, the Trust can deliver its financial targets based on the plans outlined in this presentation.

Therefore,

The Business Committee is asked to recommend approval of the 2023/24 revenue and capital plans to the Trust Board

Following which,

The Trust Board is asked to approve the 2023/24 Financial Plan if so advised by the Business Committee.

Trust Board Meeting held in public: 31 March 2023

Agenda item number: 2022-23 (146cii)

Title: Performance Brief Key Performance Indicators 2023/24

Category of paper: for decision
History: SMT – 15 March 2023
Quality Committee – 27 March 2023
Business Committee – 29 March 2023

Responsible director: **Executive Director of Finance and Resources**
Report author: **Head of Business Intelligence**

Executive summary (Purpose and main points)
This report provides recommendations to the Board for the Key Performance Indicators (KPIs) to be monitored by the Board and its committees during the 2023/24 Financial Year

Main Issues for Consideration
The LCH Business Intelligence Strategy, approved in 2022, lays out a new direction for the availability of information, and requires that relevant and meaningful insights are provided for monitoring at every level of the organisation. As new reporting and information tools are developed at a range of levels within the Trust, this has implications for the indicators selected to be monitored at Board Level.

The recommendations in this paper have been made in recognition of the plans to increase data and insight provided to corporate and clinical teams.

Recommendations
The Board is recommended to review and approve the recommended KPIs and assurance mechanisms presented in this paper, and give and further assurance requirements for the upcoming year.

Leeds Community Healthcare NHS Trust

Performance Brief Key Performance Indicators

2023/24

AGENDA ITEM 2022/23 (146cii)

1 Introduction

The LCH Business Intelligence Strategy, approved in 2022, lays out a new direction for the availability of information, and requires that relevant and meaningful insights are provided for monitoring at every level of the organisation. In particular, the strategy is based on 5 core fundamentals:

- One source of standard information
- Support and upskill colleagues
- Deliver strategically aligned analytics
- Work in partnership
- Exploit and explore new opportunities

2 Assurance Mechanisms for Operational Performance

This paper recommends that the Board receive assurance on operational performance through 3 primary mechanisms:

- The KPIs selected for inclusion in the Performance Brief
- The Narrative included within the Performance Brief
- A quarterly report listing all the measures currently available for monitoring and management within the organisation

The first two mechanisms are well established, however, to support the implementation of the BI strategy, the third mechanism is recommended. In the absence of an LCH Performance Management Framework, the organisation currently has no centralised approach to designing, recording, and developing KPIs. This has led to significant variation regarding what is measured at all levels in the organisation, but also perpetuates a reactive and constantly changing approach to the management of performance information. The Business Intelligence strategy sets out a vision to move towards centralised and standardised lists of measures.

The move to reduce the number of KPIs available to Board would be balanced by a move to increase the availability of information and reporting to executive directors, assistant directors and department heads, and their teams. This approach would allow for clear line of sight between what is measured at all levels, establishing a “golden thread” of measures that runs from “ward to board”. In preparation for this approach, this paper is recommending that some indicators that are currently monitored by the Board be moved to be monitored to other areas in the organisation, and any relevant escalations

included in narrative reporting. These reductions have focused only on measures that provide additional granularity to the Board, that would be monitored on through new dashboards, and reported via the narrative in the Performance Brief.

However, the board can still request to see what measures are live and in play across the organisation if it wishes to seek assurance on the completeness and adequacy of performance monitoring processes.

The following pages set out the proposed amendments to KPIs. Indicators are still aligned to CQC Domains, with the additional of Finance, and the proposed introduction of a System Overview section.

3 Recommended Performance Brief KPIs

3.1 Overarching and System Overview

Overarching	Resp. Dir.	Target - Annual	Frequency	Notes	Action
Overall CQC rating (provision of high-quality care)	TS	N/A	As updated		Under Development
Quality of leadership (CQC KLOE W1)	TS	N/A	As updated		Under Development
Leeds System Performance Overview (for context)	**Resp. Dir.**	**Target - Annual**	**Frequency**	**Notes**	**Action**
Percentage of A&E attendances in month seen within 4 hrs	Provider Collaborative	For Context	M	Current data flows are limited and exceedingly manual. Data flows to be explored during 2023/24, and established where possible. Some metrics may be included within 2023/24 depending on data flows	New Indicator
Percentage of Ambulance handovers in month within 15mins	Provider Collaborative	For Context	M		New Indicator
Percentage of admissions from A&E in month completed within 12 hrs	Provider Collaborative	For Context	M		New Indicator
A&E attendances	Provider Collaborative	For Context	M		New Indicator
Ambulance Attendances	Provider Collaborative	For Context	M		New Indicator
Total number of admissions in month	Provider Collaborative	For Context	M		New Indicator
Total emergency admissions via A&E in month	Provider Collaborative	For Context	M		New Indicator

Bed Utilisation in month (%)	Provider Collaborative	For Context	M		New Indicator
Total available G&A beds days in month	Provider Collaborative	For Context	M		New Indicator
Number of Acute Readmissions within 30 days	Provider Collaborative	For Context	M		New Indicator
%age of Primary Care Appointments arranged same day	Provider Collaborative	For Context	M		New Indicator
Number of Mental Health Out-of-Area Placements	Provider Collaborative	For Context	M		New Indicator
Delayed Discharges	Provider Collaborative	For Context	M		New Indicator
Virtual Ward Bed Utilisation	Provider Collaborative	For Context	M		New Indicator

3.2 Safe

Safe - people are protected from abuse and avoidable harm	Resp. Dir.	Target - Annual	Frequency	Notes	Action
Safer Staffing – Community Services	SL	TBC	TBC	Measure to be developed during 2023/24 for inclusion in 2023/24 performance brief. Twice yearly safer staffing reports will continue to be provided	Under Development
Number of Harmful Patient Safety Incidents occuring in month	SL	Value between UCL and LCL Variation outside that investigated and explained	M	Harmful is defined as moderate harm or above - other reporting is under development within the trust allow monitoring of all harm categories, and all backlogs and delays in reporting and investigation. These will be monitored by managers and any trends reported within narrative	Amended

Serious Incident Rate	SL	Value between UCL and LCL Variation outside that investigated and explained	M		Remains the same
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	TBC	M		Remains the same
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	SL	0	M		Remains the same
Validated number of Patients with Avoidable Unstageable Pressure Ulcers	SL	TBC	M		Remains the same
Number of Falls Causing Harm	SL	TBC	M		Remains the same
Number of Medication Errors Causing Harm	RB	TBC	M		Remains the same
Number of teams who have completed Medicines Code Assurance Check 1st April 2020 versus total number of expected returns	RB	100%	Q		Remains the same
Percentage of Incidents Applicable for DoC Dealt with Appropriately	*SL*	*100%*	*RbE*		Remains the same
Attributed MRSA Bacteraemia - infection rate	*SL*	*0*	*RbE*		Remains the same
Clostridium Difficule - infection rate	*SL*	*3*	*RbE*		Remains the same
Never Event Incidence	*SL*	*0*	*RbE*		Remains the same
CAS Alerts Outstanding	*SL*	*0*	*RbE*		Remains the same
Data Quality Maturity Index (DQMI) - CSDS dataset score	*BM*	*TBC*	*RbE*		Remains the same
Data Quality Maturity Index (DQMI) - IAPT dataset score	*BM*	*>=95%*	*RbE*		Remains the same
Data Quality Maturity Index (DQMI) - MHMDS dataset score	*BM*	*>=95%*	*RbE*		Remains the same

3.3 Caring

Caring - staff involve and treat people with compassion, kindness, dignity and respect	Resp. Dir.	Target - Annual	Frequency	Notes	Action
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Community Care (FFT)	SL	>=95%	M		Remains the same

Total Number of Formal Complaints Received	SL	No Target	M	Health equity analysis of complaints to be carried out every 6 months and reported separately	Remains the same
Patient engagement, satisfaction and experience	SL	TBC	TBC		Under Development
Mixed Sex Accommodation Breaches	SL	0	RbE	New inpatient services now provided	Reinstated

3.4 Effective

Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence	**Resp. Dir.**	**Target - YTD**	**Frequency**	**Notes**	**Action**
Number of NICE guidelines with full compliance versus number of guidelines published in 2020/21 applicable to LCH	RB	100% by year end	Q		Remains the same
Number of NICE guidelines with full compliance versus number of guidelines published in 2021/22 applicable to LCH	RB	No Target	Q		Remains the same
Clinical Outcome Measures – Number of patients with a clinical outcome measure in use as part of their care package	RB	TBC	Q		Under review
Clinical Outcome Measures – Number of services with a COMS project registered	RB	TBC	Q		Under review
Number of Unexpected Deaths in Bed Bases	*RB*	*No Target*	*RbE / Monthly*	This metric is already included within Mortality papers	Remove
Number of Sudden Unexpected Deaths in Infants and Children on the "Active" LCH Caseload	*RB*	*No Target*	*RbE / Monthly*	This metric is already included within Mortality papers	Remove
NCAPOP audits: number started year to date versus number applicable to LCH	RB	100% by year end	Q		Remains the same
Priority 1&2 audits: number completed year to date versus number expected to be completed in 2020/21	RB	100% by year end	Q		Remains the same
Total number of audits completed in quarter	RB	No Target	Q		Remains the same
R&D - Number of patients recruited to portfolio and non-portfolio studies	RB	500 by year end	Q		Under Development
R&D - Number of research studies open in LCH	RB	No Target	Q		Under Development

Unplanned hospitalisation of patients under our care/Re-admission within 30 days of patients under our care.	RB	TBC	TBC		Under Development
Improving recovery in the community - Stroke at 30 days and 6 months (numbers and degree of recovery)	RB	TBC	TBC		Under Development
Improving recovery in the community - Fragility fractures degree of recovery and rehabilitation at 30 and 120 days.	RB	TBC	TBC		Under Development

3.5 Responsive

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	Resp. Dir.	Target - YTD	Frequency	Notes	Action
Proportions of patient activities with an ethnicity code	SP	TBC	TBC		Remains the same
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	>=92%	M		Remains the same
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	M		Remains the same
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	SP	>=99%	M		Remains the same
% Patients waiting under 18 weeks (non reportable)	SP	>=95%	M		Remains the same
Number of children and young people accessing NHS funded mental health services	SP	TBC	M		Under Development
CAMHS – Assessment and Consultation Waits	SP	TBC	M	Visibility of all backlogs to be included via Appendix rather than main report	Remove
CAMHS – Neurodevelopmental initial Waits	SP	TBC	M	Visibility of all backlogs to be included via Appendix rather than main report	Remove
CAMHS – Routine referral to treatment waiting times for children and young people with an eating disorder	SP	TBC	M		Under Development
CAMHS – Urgent referral to treatment waiting times for children and young people with an eating disorder	SP	TBC	M		Under Development
LMWS – Access Target; Local Measure (including PCMH)	SP	25%	M		Remains the same
IAPT - Number of patients starting screening within two weeks of referral	SP	TBC	M		Remains the same

IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	>=75%	M		Remains the same
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	SP	>=95%	M		Remains the same
Percentage of 2-hour Urgent Community Response referrals seen within target	SP	>=70%	M	Amended to reflect national indicator wording and target	Amended
Dental Waiting List Size	SP	TBC	M		Under Development

3.6 Well-led

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	**Resp. Dir.**	**Target - YTD**	**Frequency**	**Notes**	**Action**
Staff Turnover	LS/JA	<=14.5%	M		Remains the same
Percentage of jobs advertised as flexible	LS/JA	100%	M		Under Development
Time to hire – working days from advert to start date	LS/JA	TBC	M		Under Development
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%	M		Remains the same
Starters / leavers net movement (with overall look on a monthly basis)	LS/JA	TBC	M		Remains the same
Short term sickness absence rate (%)	LS/JA	<=3.0%	M		Remains the same
Long term sickness absence rate (%)	LS/JA	<=3.5%	M		Remains the same
Total sickness absence rate (Monthly) (%)	LS/JA	<=5.8% to 6.5%	M		Remains the same
Sickness absence (working days lost to sickness)	LS/JA	TBC	A		Under Development
AfC Staff Appraisal Rate	LS/JA	>=90%	M		Remains the same
Statutory and Mandatory Training Compliance	LS/JA	>=90%	M		Remains the same
Staff survey results measured for the first time, in terms of People promise index.	LS/JA	TBC	TBC		Under Development
Percentage of Staff that would recommend LCH as a place of work (Staff FFT)	LS/JA	>=60.0%	Q		Remains the same

Staff engagement score (Quarterly Pulse Survey)	LS/JA	Current engagement score (Q4) is 6.5	Q		Under Development
'RIDDOR' incidents reported to Health and Safety Executive	BM	No Target	M		Remains the same
Percentage of minority ethnic staff in each of the AfC bands 1-9 and VSM (including exec. board members)	LS/JA	14% by 2023/24 and 18% by 2028/29	M		Remains the same
Proportion of staff in senior leadership roles (8b and above) who are (a) from a BME background	LS/JA	TBC	TBC		Under Development
Proportion of staff in senior leadership roles (8b and above) who are (b) women	LS/JA	TBC	TBC		Under Development
Total agency cap (£k)	BM	TBC	M		Remains the same
Percentage Spend on Temporary Staff	BM	No Target	M		Remains the same

3.7 Finance

Finance	Resp. Dir.	Target - YTD	Frequency	Notes	Action
Net surplus (-)/Deficit (+) (£m) - YTD	BM	TBC	M		Remains the same
Performance against financial plan	BM	TBC	M		Under Development
Capital expenditure in comparison to plan (£k)	BM	TBC	M		Remains the same
CIP delivery (£k)	BM	TBC	M		Remains the same
Underlying financial position	BM	TBC	TBC		Under Development
Run rate expenditure	BM	TBC	TBC		Under Development
Overall trend in reported financial position	BM	TBC	TBC		Under Development

3.8 Measures with Financial Sanctions

Measures with Financial Sanctions	Resp. Dir.	Threshold - YTD	Frequency	Notes	Action

LMWS - Number of people from Black, Asian and Minority Ethnic (BAME) groups entering IAPT treatment (access)	SP	TBC	M		Remains the same
LMWS - Number and % of people from BAME groups who have accessed IAPT treatment moving to recovery	SP	TBC	M		Remains the same
LMWS - % of older people (65+) entering IAPT treatment (access)	SP	TBC	M		Remains the same
LMWS - Number and % of older people (65+) who have accessed IAPT treatment moving to recovery	SP	TBC	M		Remains the same
T3WM - Percentage of patients currently waiting under 18 weeks	SP	>=92%	M		Remains the same
LCPS - Number of Serious Incidents and Never Events not reported by email within 2 working days	SP	0	M		Remove
LCPS - Number of Serious Incidents and Never Events where final investigation wasn't completed within 60 working days	SP	0	M		Remove
LCPS - Annual audit report of referrer satisfaction with the service to be received by the CCG within 1 month of the date it is due	SP	0	M		Remove
LCPS - Any patient listed for a category 2 procedure listed in the NHSE EBI guidance should has within the record agreed documentation that the patient meets the required inclusion criteria	SP	0	M		Remove
0-19 - % of infants who had a face to face newborn visit within 14 days of birth.	SP	0	Q		Remains the same
0-19 - % of 6-8 week reviews completed within 12 weeks of birth.	SP	0	Q		Remains the same
0-19 - % of 12 month reviews completed within 12 months.	SP	>=87%	Q		Remains the same
0-19 - Number of PBB Programmes commenced	SP	>=83%	Q		Remains the same
0-19 - Number of HENRY Programmes commenced	SP	>=80%	Q		Remains the same
0-19 - Percentage of actual staff in post against funded establishment	SP	95%	M		Remains the same
0-19 - % of 0-19 staff (excluding SPA) co-located in Children's Centres	SP	42.5	Q		Remains the same
0-19 - Roll Out of Chat Health to secondary schools	SP	>=95%	Q		Remains the same
PolCust - % of calls attended within 60 minutes	SP	2225.25	M		Remains the same

PolCust - Provision of a full rota	SP	>=90%	M		Remains the same

4 Other proposed changes

The other changes are also proposed to this year's Performance Brief.

4.1 Removal of Quarterly Figures

The current format of the tables and infographics in the Performance Brief is based on aiming to present both Monthly and Quarterly information within one visual design. In some cases, for example where indicators are only reported quarterly, this is a necessary. However, in many cases where indicators are reported monthly, this creates a significant amount of inconsistency, and incorrect reporting.

Quarterly indicators are currently calculated using one of three methods:

- The sum of monthly values
- A snapshot at the end of the quarter
- A quarterly percentage/quotient (with the numerator and denominator calculated for the entire quarter)

However, there is limited consistency with which of the above method is selected for each indicator. For example, the 52-week quarterly indicator is shown as a snapshot at the end of the quarter, rather than a sum of breaches within the quarter, whilst the number of falls with harm is shown as a sum of incidents across the quarter.

In some cases, there is a potential for false assurance being provided through the report. This is most visible within the well-lead domain. Indicators such as appraisals, training, and sickness are shown simply as a snapshot at the end of each quarter, instead of as a true quarterly percentage. This can lead to a mis-leading sense of trends over time, especially as the usual format of the tables in the Performance Report is to only show the quarterly numbers for previous quarters. This approach is used only as a design choice, to ensure that the information can fit on a page.

But, perhaps most importantly, by presenting a mixture of quarterly and monthly figures, this presentation limits the ability of the Board or committees in seeing real trends, based on a consistent time series. The Board has expressed a desire to oversee the performance of the organisation based on trends, but the visual presentation of information in the report gives primacy to the latest number, and only a limited representation of the trend.

Going forward, and particularly as the Business Intelligence Department adapts to using Power BI as it main reporting tool, the design of the report will need to change. In preparation for this, this paper recommends that all indicators only be presented using one consistent time series, within monthly indicators being presented monthly, without an additional quarterly aggregation. Quarterly indicators will continue to be presented quarterly.

5 Recommendations

The Board is recommended to review and approve the recommended KPIs and assurance mechanisms presented in this paper, and stipulate any further assurance requirements for operational performance for the upcoming year. The board is also asked to comment on the other recommendations given in section 4 to give instruction regarding recommendations.

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 31 March 2023

Agenda item number: 2022-23 (147a)

Title: Going Concern Consideration

Category of paper: for approval
History: Audit Committee 10 March 2023

Responsible director: Executive Director of Finance and Resources
Report author: Deputy Director of Finance and Resources

Executive summary (Purpose and main points)
In preparing the annual accounts those charged with governance are specifically required to consider whether the Trust is a going concern so that financial statements are prepared on that basis. This report has been prepared to assist the Board with this consideration.

Main issues for consideration
Considering the matters in this paper and an awareness of all relevant information it is concluded that there are no material uncertainties related to events or conditions that may cast significant doubt about the ability of the Trust to continue as a going concern.

NHS bodies are considered to be going concerns unless there are plans to dissolve them.

The continuation of the provision of services is considered sufficient evidence to produce accounts on a going concern basis in the public sector.

Consideration of risks to the financial sustainability of the organisation is a separate matter to the application of the going concern concept however these risks have been considered here to provide additional information and assurance to the Committee.

The Trust is in the process of agreeing the income allocation for 2023/24 with partners from the West Yorkshire Integrated Care Board (ICB). This work is expected to conclude to enable the ICB and provider organisations to submit the final plan to NHS England by noon on 23rd March 2023. The plan will include both revenue and capital plans. These plans will need to affordable within the ICB financial envelopes; this is a joint responsibility for all organisations within the Integrated Care Board (ICB).

If any material matters come to light between now and the approval of the accounts they will be drawn to the Board's attention.

Recommendations

The Board is recommended to:

- approve the preparation of the 2022/23 annual accounts on a going concern basis.

Going Concern Consideration

1.0 PURPOSE OF THIS REPORT

1.1 This report provides information to the Board upon which the assessment of the concept of going concern can be made. The accounts to be approved by the Board will be prepared on a going concern basis subject to the Audit Committee's assessment.

2.0 BACKGROUND

2.1 The going concern concept forms part of the completion of the Trust's accounts. It enables the external auditors to properly assess the Trust's accounts to ensure they are a "true and fair" reflection of the financial position at the end of the reporting period.

2.2 NHS trusts are considered to be going concerns unless there are plans to dissolve them. There are no plans to dissolve Leeds Community Healthcare and therefore the 2022/23 accounts should be on the basis of a going concern.

2.3 Accounting standard IAS 1, Presentation of Financial Statements, requires management to make an assessment of the Trust's ability to continue as a going concern and this paper considers the risks to the Trust's financial stability. The Treasury's Financial Reporting Manual (FReM) interprets IAS 1 in such a way that the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents is normally sufficient evidence of going concern.

2.4 In the UK, the period used by those charged with governance in making their assessment is usually at least one year from the date of approval of the financial statements.

2.5 The financial statements should be prepared on a going concern basis unless management either intends to apply to the Secretary of State for the dissolution of the Trust without the transfer of the services to another entity, or has no realistic alternative but to do so.

2.6 Where management are aware of material uncertainties in respect of events or conditions that cast significant doubt upon the going concern ability of the Trust, these should be disclosed.

3.0 CONTENT

3.1 There are several areas of risk to be considered when assessing an organisation's financial standing and sustainability separate to the going concern consideration. Those applicable to a NHS Trust are considered below.

3.2 The Trust's financial monitoring throughout 2022/23 provides evidence that financial duties and targets will be met. The Trust is forecasting to meet its planned surplus by the end of March. Historically, the Trust has achieved all its regulatory financial duties.

3.2 The Trust's financial performance is monitored externally by NHS England through monthly reporting. The West Yorkshire ICB receives monthly high-level updates on the financial position, revenue and capital, and there are monthly Director led meetings to discuss the West Yorkshire ICB overall position. Internally, the Trust's financial performance has been monitored monthly by the Senior Management Team and by the Business Committee and the Board at each of their meetings.

3.3 The Trust expects to have a detailed income and expenditure revenue budget for the year approved by the Board by 31st March 2023. A source an application capital plan will also be presented to the board for approval.

3.4 The Trust's liquidity remains very strong with circa £41m forecast to be in the bank at year-end; £45.5m was held at the end of January 2023. The Trust is confident it has sufficient cash resources to meet all its liabilities in 2023/24.

3.5 The Board of Directors is an experienced team; there has been no turnover within the Executive or Non-Executive members of the Board during the financial year. This ensures continuity of governance arrangements.

3.6 The Board has inherently considered the matter of the Trust as a going concern, through its ongoing assessment of sustainability and the resources needed to ensure it continues in operational existence for the foreseeable future.

3.7 The management team has no intention of applying to the Secretary of State for dissolution of the Trust.

3.8 The NHS has resumed its planning and contracting processes for 2023/24. These are being led by West Yorkshire ICB and the Trust is participating fully in the revenue and capital planning for 2023/24. NHS contracts are due to be signed with Commissioners by the end of March 2023.

3.9 A four year extension has been agreed with the Local Authority for the Children's 0-19 service until the end of March 2027.

3.10 The contract with the Local Authority for Sexual Health services ends in March 2024. The service is currently out for tender and the Trust is in the process of responding to the Invitation to Tender. The Trust assumption if unsuccessful is

that the staff would TUPE transfer to the preferred bidder thereby mitigating financial risk.

3.11 The contract with the Police Commissioners was extended in 2022/23 for three years until the end of March 2025.

3.12 The contract with NHS England for public health school immunisations ends in August 2023. The Trust has submitted a bid for this service and is awaiting the outcome. The Trust assumption if unsuccessful is that the staff would TUPE transfer to the preferred bidder thereby mitigating financial risk.

3.13 The contract for dental services with NHS England has been extended in 2022/23 ending in September 2025.

3.14 Other contracts for public health and health and justice services are under negotiation with NHS England.

3.15 The most recent CQC assessment of the Trust's service delivery rated services to be Good overall.

3.16 The management team is not aware of any operating or other issues that would prevent the annual accounts being prepared on a going concern basis.

3.17 It is expected that by the time the accounts are prepared NHS contracts will be signed and there will be no material uncertainty to be declared.

4 CONCLUSION

4.1 Considering the matters in this paper and an awareness of all relevant information it is concluded that there are no material uncertainties related to events or conditions that may cast significant doubt about the ability of the Trust to continue as a going concern.

4.2 The final version of management's assessment of going concern will be presented to the Board at the meeting at which the accounts and annual report are approved.

4.3 If any material matters come to light between now and the approval of the accounts they will be drawn to the Board's attention.

5 RECOMMENDATIONS

5.1 The Board to approve the preparation of the 2022/23 annual accounts on a going concern basis reviewed and recommended by the Audit Committee on 10 March 2023.

Leeds Community Healthcare NHS Trust

Trust Board meeting held in public: 31 March 2023

Agenda item number: 2022-23 (147b)

Title: Declarations of interest and compliance with fit and proper person requirements made by directors for 2022/23

Category of paper: for information
History: Not applicable

Responsible director: Chief Executive
Report author: Board Administrator

Executive summary (Purpose and main points)

Board members: declarations of interest

As part of the actions to prepare the Trust's annual report and accounts, the Trust is also required to collate the data on any declarations of interest disclosed by directors during the course of the year. The full schedule of disclosures is then included as part of the annual report.

The Trust's policy on declarations of interest requires directors to declare any significant financial or personal interests that each member, or a close relative or associate (such as partner, child, or sibling) has in any business or other activity or pursuit which may compete (or intends to compete) for any contract or agreement to supply goods or services to the Trust. In addition, directors are asked to declare: any other substantial connection or position of trust with related organisations; any other commercial interest; any area of potential conflict and details of hospitality or gifts in excess of £35.

In February 2023, all directors were asked to review and update their declarations of interest and a schedule of disclosures for 2022/23 is appendix 1 to this report.

Board members: fit and proper persons requirements

The Health and Social Care Act 2008 (regulated activities) Regulations 2014 set out requirements by which all directors should be, and continue to be, fit and proper persons by nature of the fact they hold positions of significant responsibility and can maintain the confidence of public, patients and staff.

The regulations require directors to: be of good character, have the necessary qualifications, competence, skills and experience, be able by reason of their health (subject to reasonable adjustments) to properly perform tasks intrinsic to the position and not to be unfit to hold office on a range of grounds (eg undischarged bankruptcy, criminal convictions, inclusion on barred lists, serious misconduct in the course of carrying out a regulated activity etc).

NHS bodies are required to apply these requirements in two ways: pre-appointment checks and ongoing assurance (as an annual exercise). In February 2022, directors were asked to make a statement in relation to their compliance with the requirements. All directors have made a declaration that they comply with the 'fit and proper person test'. In addition, annual checks have been conducted to confirm former satisfactory background checks are still current, these include Google search, health and social care regulators' checks, disqualified directors, insolvency and bankruptcy registers.

Recommendations

Note the declarations made by directors for 2022/23 (in draft).

Leeds Community Healthcare NHS Trust
Director's declarations of interests for disclosure 2022/23
TRUST BOARD

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest Impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: in excess of £35 in connection with the Trust
Brodie Clark CBE (Trust Chair)	None	None	None	None	None	None	None	None
Thea Stein (CEO)	None	None	None	Trustee of Nuffield Trust CQC Executive reviewer	None	None	None	None
Helen Thomson DL	Helen Thomson Ltd	Director Helen Thomson Ltd	None	Trustee: Sue Ryder	Trustee: Sue Ryder	None	None	None
Alison Lowe OBE	Blue Light Commercial from 1 May 2022	None	None	Trustee, Together Women Trustee Citizens Advice Leeds	Trustee Citizens Advice Leeds Trustee, Together Women	None	Deputy Mayor for Policing and Crime in West Yorkshire from 9 August 2021	None
Richard Gladman	Director of Verbena Digital Ltd	Verbena Digital Ltd - 50% ownership	Verbena Digital Ltd	None	Client Service Partner for Nordic Global	None	None	None

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest Impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: in excess of £35 in connection with the Trust
Professor Ian Lewis	None	None	None	Trustee: Rossett School, Harrogate	None	None	None	None
Khalil Rehman	NED @ Salix Homes Ltd	None	None	Director @Medisina Foundation Ltd Non-Executive Director East Lancashire Hospitals NHS Trust	Consultancy/ Advisory work for Touchstone Support Ltd	None	None	None
Rachel Booth (Associate Member)*	None	None	None	None	Full time employee of BUPA which contracts with NHS through its Cromwell Hospital, Dental and Care Homes business areas.	None	None	None
Bryan Machin	None	None	None	Trustee and Vice-chair of St Anne's Community Services. (Registered Charity, Housing	None	None	None	None

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest Impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: in excess of £35 in connection with the Trust
				Association and Company Limited by Guarantee)				
Dr Ruth Burnett	None	None	None	Medical Director Leeds GP Confederation Performs GP work at Crossley Street Surgery, Wetherby on an unpaid basis as part of Continuing Professional Development and maintaining registration.	None	None	None	None
Sam Prince	None	None	None	None	None	None	None	None
Steph Lawrence MBE	None	None	None	Executive Director of Nursing and AHP's for Leeds GP Confederation. National Professional	None	None	None	Invitation to the Nuffield Summit 1 and 2 March 2023 with an overnight stay and meals provided. Approx value £300.

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest Impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: in excess of £35 in connection with the Trust
				Advisor for Community Services for CQC since April 2021. Fellow of Queen's Nursing Institute.				
Laura Smith*	None	Associate of Prospect Business Consulting and WellNorth Enterprises	None	Director of Workforce Leeds GP Confederation Leeds	None	None	None	None
Jenny Allen*	None	None	None	Director of Workforce Leeds GP Confederation Leeds Volunteering for Zarach, a Leeds based charity (February 2022) Trustee for Hollybank Trust. Indirect interest – husband is a	Volunteering for Zarach, a Leeds based charity (February 2022)	None	None	None

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest Impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: in excess of £35 in connection with the Trust
				partner at KPMG. KPMG bid and contract for contracts with NHS Providers Husband is a Trustee for Age UK Leeds.				

***** Non-voting Board member
Board approved –
Audit Committee approved -

Public Board Meeting: 31 March 2023

Agenda item number: 2022-23 (147c)

Title: Risk Appetite Statement Annual Review

Category of paper: for approval
History: SMT 8 March 2023

Responsible director: Chief Executive
Report author: Risk and Safety Manager

Executive summary (Purpose and main points)

The risk appetite assists decision-makers in understanding the degree of risk to which they are permitted to expose the Trust. It is good practice to review the risk appetite on a regular basis, as the environment in which the Trust and the wider NHS operates is a changing and challenging one.

It is often not possible to manage all risks at any point in time to the most desirable level, but the Trust should manage risks to a reasonable level.

The Trust's Risk Management Policy and Procedure stipulates that the risk appetite statement will be reviewed annually by the Senior Management Team and any proposed changes are to be approved by the Board.

The details of the Trust's current risk appetite statement are set out in this document.

SMT was asked to review the current statement (attached) and indicate any changes, paying particular attention to:

- the risk appetite categories (these are aligned to the Trust's strategic goals, with the addition of reputation).
- the levels of appetite contained in each category (as highlighted in bold): if the levels are still current and should any level be raised or lowered

SMT discussed the risk levels set out in the risk appetite statement. SMT concluded that the risk levels remained appropriate and it is proposed that the risk appetite statement remains unchanged.

Recommendations

The Board is recommended to:

- Review and approve the risk appetite statement

Trust Risk Appetite Statement

1. Introduction

Risk appetite is defined as the amount of risk, on a broad level, that an organisation is willing to accept in the pursuit of its strategic objectives. The Trust has developed and documented its risk appetite statement in order to assist decision-makers in understanding the degree of risk to which they are permitted to expose the Trust to, whilst encouraging enterprise and innovation.

The Trust's risk appetite statement has been defined in relation to its four strategic goals. The Trust's risk appetite for reputational risk is also defined.

The statement of risk appetite is dynamic, and its drafting is an iterative process that reflects the challenging environment facing the Trust and the wider NHS. The Trust will review its risk appetite at least annually.

2. Use of the Trust risk appetite

It should be acknowledged that the statement of risk appetite is a broad one, which enables better internal control and does not offer definitive answers to any specific risk management issue. When assessing and managing risks, managers should review the risk appetite statement to assist them in determining an acceptable risk target score (see section 4. risk appetite target scores) and set out the mitigating action required to achieve this.

No statement of risk appetite can encompass every eventuality and there may be exceptions, which mean that the Trust has valid reasons for setting a level of tolerance outside of the scope of the statement of risk appetite. In this case, the rationale will be formally documented, and consideration will be given to incorporating changes as necessary in any future revision of the risk appetite statement.

3. Risk appetite statement

The Trust recognises that it is operating in a competitive healthcare market where safety, quality and viability are paramount and are of mutual benefit to stakeholders and the organisation alike. The Trust also recognises the importance of other health providers in the system and their impact on the organisation. The Trust stakeholders extend not only to other healthcare providers, but also to the public, suppliers of services to the Trust, the government and government bodies including regulators.

The organisation will manage clinical, financial and business risks in order to deliver its objectives in a controlled manner. The Trust's current risk appetite is set out overleaf:

RISK APPETITE STATEMENT

Quality

Delivering high quality services is at the heart of the Trust's way of working. The Trust is committed to the provision of consistent, personalised, safe and effective services. It has a ***minimal* (low) appetite** to risk that could compromise the delivery of high quality, safe services.

Integrated working and operational performance

The Trust is committed to developing partnerships with statutory, voluntary and private organisations that will bring value and opportunity to the Trust's current and future services. Working collaboratively requires a degree of risk to be accepted as the Trust develops joint strategic plans to deliver a stronger and more resilient local health service. The Trust has an ***open* (high) risk appetite** for developing partnerships with organisations that are responsible and have the right set of values, maintaining the required level of compliance with its statutory duties.

The Trust is supportive of innovation and has an ***open* (high) risk appetite** in pursuing innovation and challenging current working practices without compromising the quality of patient care. In the implementation of changes, the Trust has a *cautious* (moderate) risk appetite.

Priority will be given to improvements that protect current operations and the Trust has a ***cautious* (moderate) risk appetite** for risk that may compromise the delivery of outcomes but that does not comprise the quality of patient care.

Workforce

The Trust is committed to recruiting and retaining the best staff. It has a ***minimal* (low) appetite** to risks concerning staff safety. It has a ***minimal* (low) risk appetite** for non-compliance with statutory and mandatory training requirements.

The Trust will ***avoid* (zero risk appetite)** noncompliance with NHS Employers Standards, employment fraud or lapses in professional qualifications. The Trust has an ***open* (high) risk appetite** to for learning and development opportunities which allows it scope to implement initiatives and procedures that seek to inspire staff and support transformational change whilst ensuring it remains a safe place to work.

Finance

The Trust has a ***minimal* (low) appetite** to financial risk in respect of meeting its statutory duties of maintaining expenditure within the limits agreed by the Board in recognition of regulatory requirements.

The Board has an ***open* (high) appetite** to the financial risk associated with new expenditure plans for existing services as the benefits for patient care may justify the investment. For investment in new services, the Trust's risk appetite is ***cautious* (moderate)** if the benefits to existing patients cannot convincingly be demonstrated.

In terms of financial controls, the Trust's appetite is to ***avoid* risk *(*zero appetite*)*** of financial loss and it will put in place financial governance controls to avoid loss of cash or any other asset with significant financial value.

Reputation

The Trust has a ***cautious* (moderate) appetite** for risks relating to its reputation. Any actions or decisions that have a chance of significant repercussions on the reputation of the Trust and its employees will be subject to a rigorous risk assessment and will be signed off by a member of the Senior Management Team.

4. Risk appetite target scores

The risk appetite is defined by the 'Good Governance Institute risk appetite for NHS organisations' matrix, which Leeds Community Healthcare Trust has adopted. This has been aligned to the Trust's own risk assessment matrix as shown in the table below.

Good Governance Institute matrix	Risk appetite level	Risk target score (range)
Avoid: Avoidance of risk and uncertainty is a key organisational objective	**Zero**	**Nil**
Minimal: (As little as reasonably possible) Preference for ultra-safe delivery options with low inherent risk and only for limited reward potential	**Low**	**1-3**
Cautious: Preference for safe delivery options that have a low degree of inherent risk and may only have a limited potential for reward	**Moderate**	**4-6**
Open: Willing to consider all potential delivery options and choose, whilst also providing an acceptable level of reward (and VFM)	**High**	**8-12**
Seek: Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk)	**Extreme**	**15-20**
Mature: Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.	**Extreme**	**25**

Trust Board meeting held in public: 31 March 2023
Agenda item number: 2022-23 (148)

Title: Leeds Community Healthcare Engagement Principles

Category of paper: For approval
History: Quality Committee 27 March 2023

Responsible director: Executive Director of Nursing and AHP
Report author: Assistant Director of AHP
Patient Engagement and Experience Lead

Executive summary (Purpose and main points)

This paper proposes Engagement principles to be embedded across the organisation. The principles have been developed following a review of the evidence base and the stakeholder engagement event in 2022. The principles describe what we expect to see in each service, in each interaction with patients, carers, communities and citizens. The principles reflect the City's aspirations around patient experience in relation to co-ordination, communication, and compassion. It is intended that the Engagement principles will provide a more responsive, sophisticated, and useful approach to patient engagement.

The next steps in the development and implementation of the engagement principles will include:

- Work with patients and carers to make the principles real
- Work with services to identify what the principles look like for their services and how they will measure impact.
- Alignment between this work and the third sector strategy, equity work stream and communications.

An updated timeline and engagement plan is included to provide a clear timeframe for the ongoing work.

The Board is recommended to:

- Approve the proposed engagement principles to be taken forward by services.
- Agree the updated timeline as set out in the paper.

1. Introduction

1.1 This paper proposes Engagement principles to be embedded across the organisation in every interaction with every patient and carer. The paper provides a robust evidence base for the proposed principles following stakeholder engagement in 2022, review of local and national evidence and discussion with the engagement champions. An updated timetable is included to give a robust plan for further patient, carer and community engagement, (co dependant on work with health equity, communications and the 3rd sector strategy). It is hoped that the Engagement principles will provide a more responsive, sophisticated, and useful approach to patient engagement.

2 Background

2.1 In November 2022 the Quality Committee agreed that LCH would develop Engagement Principles rather than a revised strategy with the aim being to focus on actions that would achieve true and meaningful engagement. The timeline included in that paper proposed that between December 2022 and March 2023, LCH would engage further on defining the principles that were coproduced during a summer workshop in 2022.

2.2 Initial engagement has taken place with key stakeholders, staff and patients. This has included conversations with Healthwatch Leeds and Forum Central partners, and the LCH engagement staff champion network. We have reviewed on an ongoing basis feedback received through complaints, accessibility, service specific surveys and friends and family. We have reviewed city wide reports and best practice evidence (appendix 1). This has led to the development of draft principles, as detailed below.

2.3 It was proposed that we would have consulted with all services on how they could implement and measure impact by March 2023. Due to significant pressures within the Patient experience team and the wider system this was not achieved. This work is picked up in the action plan and timeline below.

3. LCH Engagement principles

3.1 Our principles set out what good engagement looks like in LCH; they are designed to put people at the centre of our engagement work, improve how we deliver our care and services, and create an organisation wide culture of engagement. The principles will outline how we work WITH people, how we ensure that we are LISTENING to all voices in particular community groups experiencing inequalities, and that we ACT on feedback we receive. These principles will underpin everything we do and support LCH in being good partners in the City's ambition to deliver care that is co-ordinated, well communicated and compassionate.

3.2 Person centred

Our engagement work will be individualised and will focus on the strengths that each individual and community brings. We will be open and honest about what is possible and will be led by people rather than strategy and plans. We will put patients and carers at the centre. We will keep it simple; we will listen to what people say, act and feedback outcomes.

3.3 During consultation with the LCH engagement staff champions it was reflected that if our engagement work is person centred then we would naturally be addressing the other principal areas; ensuring it is accessible and equitable. This suggests that person-centred will be our headline principle, putting people right at the forefront of what we do.

3.4 Accessible

We will make sure that our services, clinical and corporate, are easily accessible to everyone that needs them. We will use plain English principles and produce information that is clear, simple and appropriate for communities including in different languages/easy read etc. as required. We will work to understand what people need to be able to engage meaningfully; and will meet the requirements of the accessible information standards. We will work hard to provide opportunities to engage across all our communities. It will need to be on a service-by-service basis based on their individual equity data, where they have gaps and the offer they are making. This will be in a number of different formats and media, meetings and events relevant to the community we are engaging with at the time.

3.5 Inclusive

We recognise inequality and will work to help to address this. We will not be afraid to ask culturally sensitive questions to be able to fully understand the needs of the communities we serve. Working closely alongside the LCH health equity work, we will listen and act on the experiences of those at highest risk of health inequalities and build positive relationships with all groups of people.

3.6 Following consultation at the engagement staff champion meeting, it was agreed to change the title of the draft principle ‘representative and equitable’ to “inclusive” as this is a much more meaningful title. The word inclusive was felt to carry the intention of our engagement work being representative of the communities we serve and driven towards increasing equity.

3.7 Active

As an organisation we will proactively support patients to share their experiences, give feedback and be involved. We will act on what we hear and share learning. We will continuously and meaningfully engage, consult, and involve. It is vital that we communicate our actions and report outcomes. We will remain up to date on local and national engagement work; to greater understand insights and inform decision making. We will actively seek opportunities to engage and capture experience across priority workstreams within the organisation.

3.8 Facilitative

We are committed to breaking down barriers to engagement. Engagement must be built into every contact; this can be formal or informal, and we are flexible in our approach. Our engagement work will lead to a greater understanding of a wider range of experiences to inform and improve the service we delivery. We will enable an engagement culture that offers as many opportunities as possible to be involved and has impact. We will begin this by taking our principles out to communities and make them real.

3.9 Outcomes

We will be clear on how we measure the impact of our engagement work and what this will mean for people and communities. The insights that we gather will be used to make a positive difference, and all engagement activity will have measured outcomes.

3.10 There must be clear reason for someone to engage, this must be evidenced by outcomes. Transparency is key to building positive and trusting relationships with our patients, communities, and partners, and will support the delivery of clear impact and outcomes. To develop clear measures for our engagement principles and future engagement work, we must develop these with people based on what matters to them.

4. Next Steps

4.1 The next steps in the development and implementation of the engagement principles will include:

- Work with patients and carers to make the principles real
- Work with services to identify what the principles look like for their services and how they will measure they have successfully embedded them.
- Alignment between this work and the third sector strategy, equity work stream and communications.

4.2 **Work to make the principles real**

- Publicising our principles with patients, carers and communities to raise awareness about what they can expect.
- Making sure the principles are accessible for all communities, developing “I” statements.
- Working with patients and carers to help them hold services to account in delivering the principles.

4.3 **Work to embed in services**

- Make the principles real for staff – connecting the principles with what staff do and developing ownership of how people experience our services.
- Build the capacity to support good engagement through training, champion networks, resources and alignment with organisational and professional values and behaviours.
- Supporting services to develop data and evidence based engagement plans.

4.4 To ensure that people have the best experience we need to ensure as an organisation our strategies and programmes talk to each other and patients feel we can see the whole picture. This is in line with the city patient experience principles of co-ordination. We need to make sure that service engagement work is in line with organisational workstreams and that organisational workstreams support individual services.

4.5 Each service will need to identify their own measures. By their nature they will be experiential and qualitative rather than numerical. Success will be visible in experiences that are bought to committee and board. Data that

these principles should influence include complaints, concerns and staff survey. We expect an increase in concerns as people feel more confident to share experience; a reduction in the number of complaints about communication, co-ordination and compassion as we have heard people first time and responded; and improved satisfaction in the staff survey as staff feel more empowered.

5. Recommendations

5.1 The Board is recommended to:

- Recommend the approval of the proposed engagement principles to be taken forward by services to the Trust Board for ratification.
- Agree the updated timeline as set out in the paper.

Appendix 1
Please copy and paste the following links into your browser to access this information

Relevant Sources:

https://www.invo.org.uk/wp-content/uploads/2013/12/INVOLVE-Principles-and-standards-for-public-involvement-1-November-2013.pdf

https://www.nationalvoices.org.uk/publications/our-publications/six-principles-engaging-people-and-communities

https://healthwatchleeds.co.uk/about-us/

https://www.jla.nihr.ac.uk/jla-guidebook/chapter-2/why-the-jla-method.htm

https://www.nihr.ac.uk/news/nihr-announces-new-standards-for-public-involvement-in-research/23830

https://www.wypartnership.co.uk/engagement-and-consultation/working-in-partnership

Appendix 2

Date	Action	Progress
Dec 2022 to March 2023	Principles developed with stakeholders and service user groups through the engagement champions and 3rd sector taking account of inequality and diversity. Draft engagement plan presented to Quality Committee- see appendix 1.	Completed Completed
April to June 2023	We will consult with all services on implementing the principles across the Organisation. Engagement plan finalised; to include development of “how will I know” and “I” statements as a means of measuring success agreed with Quality Committee. Begin enabling teams to embed: engagement with services on how they are going to implement and what measures of success we will collect.	

July to Sept 2023	Further roll out of principles in all interventions. First collection and reporting of examples, outcomes and progress to Quality Committee. Continued embedding of principles and further development of how to deliver and measure. Ongoing data collection and analysis.	
Oct to Dec 2023	First 6 months reporting to Quality committee and Board ready for inclusion in the quality account. Review and further coproduction of how we engage with users on lessons from the first 6 months. Q3 reporting and analysis of findings.	
Jan to March 2024	Q4 reporting and yearly review of data and findings. Improvement in engagement measures. Inclusion of review and actions in quality account.	

Leeds Community Healthcare NHS Trust

Trust Board meeting held in public: 31 March 2023

Agenda item number: 2022-23 (149)

Title: Register of sealings December 2022 to March 2023

Category of paper: for information
History: N/A

Responsible director: Chief Executive
Report author: Company Secretary

Executive summary (Purpose and main points)

In line with the Trust's standing orders, the Chief Executive is required to maintain a register recording the use of the Trust's corporate seal.

The details of its recent use are contained within the attached copy of a section of the register**.**

In accordance with the Trust's standing orders, the seal has in each case been affixed in the presence of two senior officers duly authorised by the Chief Executive, and not also from the originating department, and has been attested by them.

Recommendations

The Board is to note the use of the corporate seal.

Register of affixing of corporate seal and signatories to legal documents

OCCASION	PARTIES INVOLVED	DOCUMENT APPROVED & SEAL ATTESTED BY	DATE
Lease (engrossment): Heather Ward, Wharfedale Hospital	Leeds Community Healthcare Leeds Teaching Hospitals Trust	Executive Director of Nursing and AHPs Director of Workforce (JA)	01.03.2023
Lease (engrossment): Bilberry Ward, Wharfedale Hospital	Leeds Community Healthcare Leeds Teaching Hospitals Trust	Executive Director of Nursing and AHPs Director of Workforce (JA)	01.03.2023

Leeds Health & Care Partnership

Report author: *Wasim Feroze, Leeds Health Partnership Team*

Subject: Leeds Health and Wellbeing Strategy refresh update- A strategy to 2030

Summary

Since 2012 it has been a statutory requirement to have a Health and Wellbeing Strategy. The current Leeds Health Wellbeing Strategy (HWS) covers the period of 2016-21 providing a framework for improving health and for making Leeds the best city for health and wellbeing. This paper provides an update on the refreshed strategy, the challenges for the city and the priorities that have emerged from conversations with Health and Wellbeing Board and key stakeholders.

The strategy notes the importance of further strengthening the #TeamLeeds approach and how all services, and strategy and delivery, are connected. A strong community offer with effective primary and social care is dependent on a responsive acute service and vice-versa. Leeds is lucky enough to have excellent provision rooted in partnership working that acknowledges that whilst we have significant challenges it is only integration that will solve them.

The current working draft of the Leeds Health and Wellbeing Strategy refresh is attached to this report.

1. Context for Leeds

1.1 It is particularly important that the refresh of the Leeds Health and Wellbeing Strategy has a strong focus on tackling inequality and improving both the quality and peoples experience of health and care. This is because a number of long-term challenges have been exacerbated post-Covid.

1.2 This also means being clear about the extent of challenges such as waiting times for primary and secondary care, access to NHS dentistry, healthy life expectancy, workforce and recruitment concerns and the impact of challenging financial settlements on all services. The strategy should emphasize how this has impacted on real people and their lives through clear person-based narratives.

1.3 This narrative also needs to be aspirational further supported through innovation and change, but must also have a balance and be realistic of the levers available and what the optimum service level can be given resource constraints and what is achievable.

1.4 The financial pressure on households has also intensified with the impact of the cost-of-living crisis, seeing rising inflation and prices of food, fuel and energy, all of which

disproportionately impact low-income households. In many cases these households were already struggling with poverty and low wages. Linked to this is the impact of winter on people's health with potential impacts of winter illnesses including flu and Covid. The impact of financial hardship and fuel poverty further presents risks to people's health – both physical and mental. The refreshed HWS must consider the impact of the cost-of-living crisis and how this will affect people's health, building on the breadth of work underway across the city from a range of partners.

1.5 The HWS refresh also provides an opportunity to both outline the principles by which the Leeds health and care system operates as well as showing how we build on the strong partnerships in the city. A partnership also made up of a dedicated workforce such as nurses, doctors, therapists, pharmacists, clinical staff and health support workers. Aligning closely to key strategic ambitions and plans including the Best City Ambition and two other key city pillars in Inclusive Growth and Zero Carbon, as well as the West Yorkshire Partnership Strategy and Healthy Leeds Plan, the strategy will reset our continued relentless focus on improving the health of the poorest the fastest. It will be by a renewed commitment from a cross section of partners in health and care and beyond to tackle health inequalities and the impacts of poverty.

2. The West Yorkshire Partnership Strategy and Healthy Leeds Plan

2.1 Improving health and wellbeing outcomes for people and communities across the city will also be supported and delivered together with a range of connecting strategies, plans and commitments. Therefore, it is key that the Leeds HWS refresh also aligns to established and developing strategies such as the Healthy Leeds Plan and West Yorkshire Partnership Strategy. Whilst these plans are distinct in focus, they will all contribute to tackling health inequalities in Leeds following a life course approach, including giving people the best start in life, living well, ageing well and dying well.

2.2 In line with our ethos of subsidiarity, the West Yorkshire Partnership Strategy has been built from neighbourhoods and places to ensure that work is locally led. The place strategies including the Leeds Health and Wellbeing Strategy forms the foundation of the overall Integrated Care Strategy and the refreshed approach will continue to be key in influencing at the regional level. All partners will work together so that people can thrive in a trauma informed, healthy, equitable, safe and sustainable society. This plan is overseen and owned by the NHS West Yorkshire Integrated Care Board closely aligned to the Leeds Health and Wellbeing Strategy.

2.3 Local places including the Leeds Health and Care Partnership are delivering the Health and Wellbeing Strategy together, overseen by the Health and Wellbeing Board and the Leeds Committee of the NHS West Yorkshire Integrated Care Board.

2.4 The approach to the refreshes of both the place and West Yorkshire strategies has been inclusive. There has been the opportunity for all members of the Partnership and the wider system to be involved through a networked approach to engagement. Teams

developing these strategies continue to work closely and updates of the development of the refreshes and working drafts of the HWS refresh and West Yorkshire Partnership Strategy have been presented together at the Leeds Health and Wellbeing Board. The HWB connection with the Leeds Committee of the West Yorkshire Integrated Care Board is further strengthened by the link representation of members on both committees including the Independent Chair of the Leeds Committee of the WY ICB and the ICB Accountable Officer (Leeds Place).

2.5 The Healthy Leeds Plan sets out how the Leeds Health and Care Partnership will work together to improve outcomes for everyone in our city. This Plan will be delivered by bringing together key partners in Population Boards focused on a range of priorities such as supporting access to key cancer services. The overarching system goals will directly support the Health and Wellbeing Strategy priorities such as 'the best care in the right place at the right time' and key outcomes such as 'people living longer and having happier healthy lives'.

2.6 The relationship of these strategies will remain key as we move from development to delivery and in the next phase of the development of a five-year Joint Forward Plan building on existing local strategies and plans.

3. Background

3.1 Since 2012 it has been a statutory requirement to have a Health and Wellbeing Strategy. The Health and Care Act 2012 added new sections into the 2007 Act highlighting that a "Joint Health and Wellbeing Strategy" is a strategy for meeting the needs identified in Joint Strategic Needs Assessment. In setting priorities for partners to address locally determined needs, making best use of local assets and tackling wider determinants of health, health and wellbeing strategies outline key priority areas for improving people's health and reducing health inequalities.

3.2 The current Leeds Health Wellbeing Strategy (HWS) covers the period of 2016-21 providing a framework for improving health and for making Leeds the best city for health and wellbeing. The current strategy highlights that wellbeing starts with people and everything is connected. As we grow up and as we grow old, the people around us, the places we live in, the work we do, the way we move and the type of support we receive, will keep us healthier for longer. Focusing on twelve priorities, the HWS articulates the aspiration of how Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest. This vision aims to support people to build resilience, live happier, healthier lives, do the best for one another and to have access to the best care possible.

3.3 Progress has been measured against the 21 indicators and updates provided to the Health and Wellbeing Board throughout this period including as part of yearly reviews.

3.4 The HWS in Leeds has widely been recognised as an example of good practice (including by the Kings Fund and Health Foundation) and was one of the first to integrate economic development priorities into the health system. The same approach has been applied by other areas across England. The levels of leadership and strong buy-in and ownership of the strategy has also been noted by key bodies such as the Care Quality Commission (CQC).

3.5 Though Leeds had made some good progress on improving the health and wellbeing of the people of Leeds progress made against some of the indicators has been impacted by the growing health inequalities exacerbated by the pandemic.

3.6 Responding to the individual and system impact of the cost-of-living crisis means that a refreshed focus on tackling health inequalities is even more important now than it has been in the past.

3.7 Work was initiated in early 2020 to review and refresh the Strategy but this was put on hold due to the Covid-19 pandemic. At the HWB development session in February 2020, the Board considered proposals and agreed an approach for extending the HWS to 2023. Work was undertaken including starting the process in drafting a refreshed strategy with further engagement with the HWB in a session in June 2020. This report provides an update on the refreshed HWS as we progress the development of city's strategic framework to address health inequalities.

3.8 **Further key developments since 2016**

3.9 There have been a number of further key developments since the current HWS was agreed. The following is not an exhaustive list but highlights some of the key changes which will inform the HWS refresh and the city's health and care partnership in tackling health inequalities:

- **Living with Covid – the impact of the pandemic:** The impact of the Covid-19 pandemic has been felt by all communities in Leeds, but for some the impact has been greater. During 2020, clear trends and evidence emerged nationally showing that Covid-19 mortality and morbidity impacted more severely on certain groups in our population with disproportionate impacts dependent upon age, gender, pre-existing conditions, ethnicity and deprivation. The pandemic has also intensified and exacerbated existing mental health inequalities and groups who were already at risk of poor mental health are more likely to have struggled during the pandemic. Long Covid and other potential long term impacts of the pandemic on health inequalities will be a key focus of health and care partners in Leeds over coming years.

- **Health and care integration– building on the strengths of health and care partnerships:** The response to the pandemic highlighted the strength of partnerships in Leeds. This partnership is made up of organisations including Leeds City Council, NHS, the Integrated Care Board, Voluntary, Community and Social Enterprise (VCSE) and Healthwatch Leeds and it has grown from the strength to strength. The Leaving No one Behind Health inequalities Covid Vaccination

programme is one of many examples where partners have worked tirelessly to ensure that every part of the city has had access to the vaccine. Moreover, the work to improve health and care delivery for local people has not stopped and the Local Care Partnerships (LCPs) across the city further developing innovative partnership working at community level to support local health needs, for example by integrating employment support into pilot GP practices. As the health and care system navigates these challenges, it has also gone through further transformation with the Health and Care Act 2022 establishing Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) across England in July 2022. Along with all partners, the ICBs and ICPs are central to the new architecture for health and care integration and maintain a responsibility for bringing together key health and care partners to jointly assess population health needs and agreeing a health and wellbeing strategy.

- **Best City Ambition:** With the increasing focus on population health needs and the determinants of good health and wellbeing, it is vital that the HWS refresh firmly connects to key strategic ambitions at a local level which influence directly or indirectly people's health needs and outcomes. The Best City Ambition (BCA) sets out an overall vision for the future of Leeds, shared amongst partners and communities in the city. At its heart is the mission to tackle poverty and inequality and improve quality of life for everyone who calls Leeds home. The Ambition champions a Team Leeds approach and describes how stakeholders in the city have committed to work together. The goals and priorities it includes are structured around the three pillars of Health and Wellbeing, Inclusive Growth and Zero Carbon – all key strategic ambitions going through a process of refresh too. The Ambition was produced in response to the findings of the 2021 Leeds Joint Strategic Assessment and, through the approaches, policy goals and breakthrough priorities it establishes, seeks to drive improvement over the next decade.

- **Enabling local strategies, plans and ambition:** As mentioned earlier in this report, alongside the BCA there are the Three Pillar strategies (Inclusive Growth, Net Zero and Health and Wellbeing), wider key health and care connecting plans such as the West Yorkshire Partnership Strategy, Healthy Leeds Plan and Children and Young People Plan (currently also undergoing a refresh) and a cross section of strategic ambitions (some under development) for example the Age Friendly, Better Lives Strategy, Mental Health strategy, Food Strategy, Culture Strategy, Digital, Physical Activity Ambition, with organisational priorities across the system. It is vital all are working in alignment with the HWS refresh given their key influence in tackling health inequalities. Moreover, connecting the strategy to key vision and work already underway across partners e.g. Anchor networks will be important too. Rooted in the priorities of the HWS will be a firm commitment to fairness and a key part of achieving this will be our focus in becoming a Marmot City by taking action to reduce health inequalities and looking at this with a social determinants of health lens. Work is underway to agree a plan to reduce inequalities with an initial focus on Best Start in Life and Health and Housing.

- **Interface with national strategies, approaches and relationships:** It is important that the local HWS refresh also balances the national approaches and strategies

whilst also focusing on local priorities. These include NHS priorities linked to tackling health inequalities outline in legislation and in key plans such as the NHS Long Term Plan and Core20PLUS5.Leeds has also launched the Health and Social Care Hub bringing together the Department of Health and Social Care (DHSC) and various local partners to improve health outcomes across the region. Utilising key partnership working at all levels to improve health outcomes locally will be key to driving improvements in people's health.

3.10 Significantly new to the Strategy refresh approach will be the degree of development the HWB has undertaken in relation to hearing and including the voice of health inequalities in its work. Since the current Strategy, and in part as a response to the pandemic, the HWB has established significant and multiple mechanisms for hearing, planning and responding to those communities most likely to experience inequalities.

3.11 The Tackling Health Inequalities Group is a subgroup of the Board is and advisory and challenge body for the Board's and partners actions and impact on inequalities. The Board's Allyship programme has paired HWB members with key third sector organisations in the city supporting direct insight into particular geographies and communities. The Board is also an active participant in a Kings Fund supported programme to bring insight from the most under served communities to the forefront of health and care decision making (Healthy communities together).

3.12 The Big Leeds Chat detailed further in this report has also taken an approach towards specific events with communities within Leeds or representative groups/organisations. The HWB has further supported the development of the Communities of Interest Network – a network of organisations which support specific communities, often underserved, to collaborate and support better health and care planning and delivery, Finally, the Board has influenced and supported the core governance of the West Yorkshire Integrated Care Board and the Leeds local team and partnership governance towards embedding tackling health inequalities as a core purpose. The mechanisms are key to the refresh, the refinement of its actions and reaffirms the Strategy's continuing ambition to reduce inequalities.

3.13 The Health and Wellbeing Board considered the broad principles and approach to the HWS refresh on the 27 September 2022, and it was highlighted that this is not complete rewrite of the current Health and Wellbeing Strategy in Leeds but builds on the strengths of the current Strategy, informed by a strong evidence base of intelligence/analysis from a variety of sources and engagement exercises to understand the health inequality challenges in the city as well as the lived experiences and health and care priorities of people and communities. The following includes examples of sources which will inform the development of the HWS refreshed priorities and outcomes:

3.14 **Joint Strategic Assessment (JSA) 2021 Findings**

3.15 The JSA is a reliable source of data about key demographic, socio-economic

and health trends in Leeds. Key findings from the JSA include:

- Stalling of improvements in life expectancy for people living in low income areas and growth in concerns about mental health across all communities. The gap in life expectancy between some of our most and least affluent areas is illustrated by a difference in life expectancy of 13 years for women and 11 years for men. In terms of wider comparisons, Leeds lags regional and national averages for female life expectancy with a recent Lancet report highlighting that one area of Leeds (Leeds Dock, Hunslet and Stourton) has the lowest female life expectancy in England).

- The population is growing and becoming more diverse, and as each year passes demographic trends are reflected in our oldest generations. Older people from diverse ethnicities, cultures and communities of interest who have a particular identity or experience can also face specific challenges as their established networks and support diminish over time. We also know that many older people are more likely to have multiple long-term conditions with socio-economic inequalities being a key influencing factor.

- The city's population has also continued to become more diverse, in terms of age, countries of origin and ethnicity. These changing demographics highlight a growing number of older people, and the profile of young people becoming more diverse and focused in communities most likely to experience poverty.

- Covid-19 has had a profound impact on children and young people with increasing mental health challenges. The importance of closing the educational attainment gap for the children and young people most likely to be experiencing poverty and disadvantage will be a priority for partners over coming years.

- Achieving net zero carbon ambitions by 2030 will be challenging and efforts should focus on four fundamental issues for health: minimising air pollution, improving energy efficiency to reduce fuel poverty, promoting healthy and sustainable diets, and prioritising active travel and public transport.

- As we focus on longer term recovery and growth - a focus on skills and life-long learning will be a central element, for young people and those people who will need to renew their skills.

3.16 **Big Leeds Chat 2021- priorities from people and communities**

3.17 The Health and Wellbeing Board (HWB) has made a firm commitment to being led by the people of Leeds, acknowledging that people should be at the centre of health and care decision making. Under the leadership of the HWB, the People's Voices Partnership (PVP) was established to bring together listening teams across the Leeds health and care partnership, so they could better collaborate on improving the engagement 'experience' of local people, work together to improve insight, to champion the voices of local people in decision making, and to ensure that the voices of those living with inequalities are better heard.

3.18 The Big Leeds Chat is a key element of this engagement and is a series of

innovative, citywide conversations with senior leaders from across the health and care system together with the public to listen to people's experiences around health and wellbeing and find out what matters most to them. The Big Leeds Chat in 2021 involved 43 'conversations' (in-person discussion forums open to all people) taking place with both geographical communities, communities of interest and young people organisations. These took place at a number of venues between September and November, 2021. Ten key themes emerged from these conversations and formed the basis for 10 Big Leeds Chat Statements (where the HWB agreed on 28 April 2022 to support governance arrangements to progress each Statement):

1. Make Leeds a city where children and young people's lives are filled with positive things to do.
2. Make Leeds a city where there are plentiful activities in every local area to support everyone's wellbeing.
3. Make Leeds a city where people can use with services face-to-face when they need to.
4. Make Leeds a city where people feel confident they will get help from their GP without barriers getting in the way.
5. Make Leeds a city where each individual community has the local facilities, services and amenities they need.
6. Make Leeds a city where fears about crime and antisocial behaviour are no barrier to enjoying everything the community has to offer.
7. Make Leeds a city where services acknowledge the impact of the pandemic on people's mental health and where a varied range of service- and community-based mental health support is available.
8. Make Leeds a city with affordable activities that enable everyone to stay healthy.
9. Make Leeds a city where green spaces are kept tidy and welcoming, because services understand the vital role they play in keeping people well.
10. Make Leeds a city where everyone can get around easily on public transport, no matter their location or mobility needs.

3.19 **Leeds Best City Ambition– Health and Wellbeing**

3.20 As outlined earlier, Health and Wellbeing represents one of the three pillars contained in the Best City Ambition. The Ambition describes a vision that in 2030 Leeds "will be a healthy and caring city for everyone: where those who are most likely to experience poverty improve their mental and physical health the fastest, people are living healthy lives for longer, and are supported to thrive from early years to later life." A series of priorities underpin this vision, capturing issues including equal access to services, safe and welcoming communities, children having a great start in life, building connected communities which enable people to be physically active, and the imperative to improve poor quality housing to support good health and wellbeing.

3.21 The Ambition also launched five breakthrough priorities – targeted areas of work where cross-city teams will collaborate to tackle a specific and well-define challenge or opportunity. Many of the breakthroughs have a clear link to health and wellbeing, and indeed some have secured support from the Health and Wellbeing Board. The priorities are:

- Better homes for health and wellbeing
- Promoting mental health in the community
- Inclusive green jobs
- Learning outcomes for social mobility
- Responding to the cost-of-living crisis

3.22 Consultation and engagement to support development of the Best City Ambition was delivered through a mixture of face to face and online discussions, workshops and surveys. This included discussions at all ten of Leeds's community committees, in addition to engagement with equality hubs, community forums, city partners, the third sector, local community organisations and small groups of citizens directly. Some of the key headlines related to Health and Wellbeing highlighted the importance of:

- Ensuring better and more equal access to essential services in health and education and promoting care closer to home
- Ensuring children in all areas of the city have access to best start in life
- Access to green spaces, providing a place to be active and safe for play
- Improved mental health, wellbeing, and reduced loneliness
- Tackling poverty, particularly recognising the lifelong impacts of child poverty and its role in deepening inequalities

3.23 **National research and analysis**

3.24 Alongside key local and regional data and intelligence sources, there is also a rich set of analyses which continue to inform our understanding of the impact of health inequalities and links to determinants of health. Data from sources such as the Office for Health Improvement and Disparities (OHID) regional dashboards linked to areas for example like Housing and Health and Employment and Health will complement local analysis.

3.25 Additionally, the team responsible for developing the strategy will work closely with local universities and national think-tanks like the Kings Fund, Wellcome Trust and Health Foundation to ensure the strategy is informed by the latest local, national and international best practice.

3.26 **Approach to the Leeds Health and Wellbeing Strategy refresh -What will look familiar?**

3.27 The Leeds Health and Wellbeing Strategy 2016 – 2021 is embedded across the health and care partnership by all partners and is widely seen as one of the most effective nationally providing a strong strategic direction of health and care priorities. Owned by the city and overseen by an effective Leeds Health and Wellbeing Board, it has been recognised by organisations like the Local Government Association as innovative and delivery focused.

3.28 Informed by the engagement with HWB members and key stakeholders, a key approach to the HWS refresh will be maintaining elements of what works effectively with the current strategy and updating parts which will further strengthen our focus in tackling health inequalities.

3.29 Key elements of the current strategy approach which will remain in relation to how the Health and Wellbeing Board utilises the strategy:

- Working with local people and communities, 'anchor organisations' and broader partners and networks that have a significant influence on the health and wellbeing of communities (people and geographical).
- A continued focus of the united partnership as a central 'place board', responsible for aligning and driving the work of partners behind shared ambitions.
- Taking an asset-based, population health approach to tackle the wider determinants of health.
- Making further progress on health and care integration and prevention
- A continued commitment to long term financial sustainability - sharing or integrating resources, focusing on outcomes and seeking value for money.

3.30 Several strong features of the current strategy remain relevant today and key to our ambitions and priorities. These broadly include the following:

- Wellbeing starts with people: this will remain a key focus to ensure that the refreshed strategy retains the effective approach of people at the heart of everything we do to improve health outcomes. The strength in our communities is a key asset and supporting a health and care system powered by our diverse communities will be vital.
- The strategy is always informed and rooted in evidence such as the JSA and people's voices.
- Continues to follow a whole life course framework that will seek to achieve improved outcomes ensuring the best start in life and ageing well.
- A relentless focus on addressing health inequalities and improving the health of the poorest the fastest and being the best city for health and wellbeing supported by five clear outcomes.
- Everything is connected principle backed by inclusive partnership and a unifying narrative context focused on shared priorities to achieve our agreed vision.
- Setting the long term, strategic direction for a wide range of partners who directly and indirectly influence health outcomes.
- Measuring progress continuously and consistently.
- Continue to be outward facing and sharing good practice: unifying strategy that is recognisable and shared locally, nationally and internationally.

3.31 **Strengthening our ambition and priorities– a strategy to 2030**

3.32 Informed by engagement with the HWB and the refreshed work exercise which took place in 2020, several key principles will inform the approach to update the HWS refresh priorities: Updating the language of the strategy to reflect the current context; alignment with key strategies and plans; further clarity about the inter-relationships between the priorities whilst also being clearer what each pertain to; creating opportunity to emphasise key areas of work more explicitly which were

previously ‘hidden’ within other priorities; ensuring that the breadth of partners can ‘see themselves’ in the priorities and how they can contribute and going further in directly including evidence and statistics against priorities to clearly measure where we are making progress.

3.33 With these principles in mind, the HWS refresh will cover the period from 2023 to 2030 – firmly aligning with the key connected strategies such as the Best City Ambition and the other two strategic pillars in the city which are also currently undergoing reviews.

3.34 It is vital also that the refresh HWS also connects and is aligned to key delivery plans and strategies which all contribute to improving the health and wellbeing of people and communities who live, work and visit Leeds. In recognition of this it is proposed that the HWS refresh also has a strong narrative reflecting the determinants of health and health and care integration whilst retaining priorities which respond to the findings of the JSA and engagement with the public. It is proposed that within each of the refreshed priorities clear actions are developed which can be driven forward via existing partnerships groups.

3.35 **Recent developments and headline feedback from engagement**

3.36 The Leeds Health Partnerships Team has continued to engage with and update key partners and relevant forums, committees and Boards to inform the development of the refresh HWS.

3.37 A series of events including two Leeds Health and Wellbeing Board (HWB) workshops (in October 2022 and January 2023) have taken place and the development of aligned strategies (such as Inclusive Growth, Climate and the Marmot City Commitment) has also informed the refresh HWS strategy drafting. Conversations with key partners will be continuing over coming months until a final draft HWS is presented to Health and Wellbeing Board later in 2023.

3.38 Feedback from colleagues in children’s services, public health, third sector, social care and economic development has helped refine the language and achieve clearer focus on each of the twelve priorities. Further comments, particularly from people themselves in the Big Leeds Chat, from elected members, the third sector and Healthwatch Leeds has emphasised the importance of reflecting real peoples experience of accessing services and the post-pandemic challenges.

3.39 Recent engagement has also highlighted the importance of the HWS refresh having an even stronger focus on tackling inequality and the wider determinants that drive demand for healthcare whilst at the same time focusing on improving the quality of provision via the Healthy Leeds Plan and Population Boards. This also includes working to drive improvements in peoples experience of health provision and being clear about the extent of the challenges the system faces.

Issues highlighted include:

- Challenges accessing GP appointments in some areas particularly for older people who are digitally excluded
- Increasing waiting times and targets missed for elective care pathways including cancer
- Challenges meeting demand for mental health services despite effective service provision once services are accessed e.g. children's services and neurodiversity
- Access to NHS dentistry for both children and adults
- Increasing numbers of people presenting with long term conditions and disabilities and the subsequent impact on healthy life expectancy
- Inequalities evident in accessing some services and subsequent treatment/prescribing patterns showing disadvantages for some groups, for example access to vaccinations for black and minority groups and to hormone replacement therapy for women living in more deprived areas of the city
- Workforce issues such as recruitment, sickness and workplace stress post-pandemic
- Concern about the ongoing and increasing impact of challenging financial settlements on all services.
- There is a strongly expressed view that the strategy should emphasize how these factors have impacted on real people and their lives through clear person-based narratives that build on user-focused conversations at the Health and Wellbeing Board

3.40 The below points include some of the additional key headlines from recent engagement which will be further incorporated into the development of the refreshed HWS including the up to date thinking on the 12 draft proposed refreshed priorities:

- Clarity about the role of all partners in the delivery of the strategy recognising the important role of the whole ecosystem of health and care in delivering work which improves people's health and wellbeing outcomes.
- Articulating clearly how the strategy relates to tackling health inequalities in neighbourhoods and communities across Leeds recognising different parts of the city will have different needs.
- Ensuring an effective balance of data and lived experiences to track progress of strategy delivery, including utilising further key citizen engagement opportunities like the Big Leeds Chat to measure progress.
- Importance of citizen involvement in conversations about their health and care and access to services including communities of interest groups.
- Strong support for maintaining the direction of the current strategy with refinements to reflect the current context post-Covid including new NHS governance, demographic changes and the cost of living crisis
- The need to articulate a clear narrative to underpin priority areas that explains the changes the health and care system and its partners need to make over coming years whilst ensuring that a 'golden thread' of prevention, integration and reducing inequality runs through the strategy

- Ensure this narrative is rooted in a #TeamLeeds approach that places a focus on how people feel about, and engage with, the health and care system. This should also be asset based and community focused
- Keep twelve priorities but don't group into sub-headings as this adds complexity
- Clarify key indicators but work closely with partners to ensure these are meaningful and can clearly be used to explain progress and improved outcomes by 2030
- Use clear delivery plans for priority areas that don't currently have existing plans in particular the re-prioritised work on housing, employment, inequality and research
- Ensure the Health and Wellbeing Board has a balance between 'deep dives' into key priorities and understanding progress across the system as a whole
- The strategy shouldn't impose new plans where those already exist but should align to existing plans for example the Healthy Leeds Plan and Mental Health Strategy.
- Consider the addition of transport and culture as key areas influencing health.

3.41 **Developing approach to the working draft of Leeds Health and Wellbeing Strategy refresh**

3.42 The current working draft is attached at Appendix 1 of this report. This draft will be further developed over the coming months, further strengthened by continued engagement with stakeholders and groups.

3.43 In response to recent feedback, to further enhance our approach to the refresh of the HWS, we will:

- Describe a clear narrative of both the health inequality challenges and how we want the city to look like by 2030 under each priority
- Have citizen involvement and communities of interest at the heart of our approach including thinking more innovatively about how we further embed the voices of communities in how we measure progress
- Action plans for key areas with existing approaches – not creating any duplication of established plans and priorities
- A stronger alignment to existing key strategies including at the city and regional level.

3.44 The HWS refresh will be a strategy to 2030 to provide flexibility to changing national priorities and enable longer term planning. The framework of the strategy will have focused priorities with equality, diversity and inclusion at the heart supported by clearer outcomes.

3.45 Engagement with the Health and Wellbeing Board and partners has also supported the development of the 12 proposed priorities in the working draft attached to this report. These priorities are:

1) A Child Friendly and Age Friendly City where people have the best start and age well

2) Strong, engaged and well-connected communities
3) Improving housing for better health
4) Safe and sustainable places that protect and promote health and wellbeing
5) A city where everybody can be more active, more often
6) A strong economy with good local jobs for all
7) Maximise benefits of world leading research, innovation and health and care technology
8) Promoting prevention and improving health outcomes through an integrated health and care system
9) An inclusive, valued and well-trained workforce
10) Support for carers and enable people to maintain independent lives
11) The best care in the right place at the right time
12) A mentally healthy city for everyone

3.46 **Partnership principles**

3.47 The effective health and care partnerships in Leeds is one of our key strengths and the response to the Covid-19 is a recent example of what can be achieved collectively when faced with unprecedented challenges. As we enter a new part of the journey of health and care integration, the Team Leeds approach continues to be vital as we support one another to make Leeds the best it can be and the best city for health and wellbeing.

3.48 In sharing ideas and learning, working in genuine partnership and being ambitious about our collective impact the values which underpin our partnership will be clearly articulated in the HWS refresh as we navigate the challenges in the short, medium and long term.

3.49 **Indicators and measuring progress**

3.50 The current strategy has 21 indicators to measure progress against and linked to this work has been undertaken to identify outcomes, metrics and indicators for the key strategies and plans such as Healthy Leeds Plan.

3.51 Further work will be progressed to simplify and consolidate the number of different metrics and indicators within the refreshed Leeds HWS Strategy and ensure there is alignment with strategies such as the Best City Ambition performance framework (under development), Healthy Leeds Plan and connect to wider connecting strategies such as the West Yorkshire Partnership Strategy.

3.52 The final Strategy indicators should be at the population level and align to the outcomes described in the Strategy whilst also supported with gathering lived experiences to help with understanding the wider impact of our partnership work.

3.53 It is important that the progress continues to be reported to the Health and Wellbeing Board. The Board continually reviews, and challenges actions taken forward reflecting on the progress annually, commissioning a review directed by the Health and Wellbeing Board. It will continue to be guided by the Leeds Health and Wellbeing Strategy and summarises the actions and updates from those who have

brought items to the Board and an overview of progress around the priorities and indicators of the Leeds Health and Wellbeing Strategy.

3.54 In understanding lived experiences, we will explore opportunities in connecting to wider performance frameworks such as the Social Progress Index (SPI). Designed by the Social Progress Imperative, a global non-profit organisation based in Washington DC, the SPI first launched in 2014 and is now used across the world, including by the United Nations, as a comprehensive measure of real quality of life.

3.55 **Visual identity**

3.56 During the Strategy refresh work, the Health and Wellbeing Board considered using an enhanced visual identity which built on the approach utilised in the current strategy and recent developments in the communications of the Leeds Health and Care Partnership.

3.57 A refreshed approach to the look and feel of the strategic documents will be more representative of people who live and work in Leeds to better represent the diversity of the communities of Leeds. It is proposed that approach is used throughout the new Strategy.

3.58 The communications plan behind the HWS refresh is also in development. Through our communications we want to tell the story of the health and care in Leeds and the Leeds Health and Wellbeing Strategy in a clear, consistent and concise way, using content that is memorable and shareworthy. As a result of our communications, we want:

- Stakeholders who will enable the delivery of the Strategy to be enthused to act and buy-into the aims and priorities. This includes extending the call-to-act beyond the health and care system, public sector organisations, and the third sector
- All people who live and work in Leeds to see the benefits of the Strategy for them, and for all of Leeds
- To enhance Leeds' reputation, locally, nationally and internationally, as a city that is proactive in tackling health and wellbeing, through collaborative working, led by a strong Health and Wellbeing Board.

4. Timeline and Next Steps

4.1 As we make progress in the development of the HWS refresh, we are building on the review work which has already taken place before the pandemic and more recent cross partnership engagement. Moreover, as the two other pillars (Inclusive Growth and Zero Carbon) are also being reviewed the timeline below seeks to ensure as close alignment as possible in producing the HWS refresh.

4.2 There will be two phases in the development of the HWS refresh:

Phase 1: high level timeline to July 2023:

- **September 2022- December 2022:** Further development in refining strategy via HWB engagement and wider stakeholder engagement.
- **January 2023-May 2023**: Further committee engagement including Health and Wellbeing Board; Executive Board and Health and Care partnership organisational bodies engagement for endorsement and comments.
- **June 2023-July 2023:** Final design of the refreshed HWS document and associated products; Engagement across health and care partnership workforces promoting HWS refresh and formal public launch of HWS refresh

Phase 2: from July 2023:

- The second phase will be to work with the Leeds Health and Wellbeing Board and partners to agree clear plans under each of the priorities. This second phase should include capturing existing work underway which are contributing to the delivery of the HWS.

5. Recommendations

- Board members are asked to note the updates to the refresh of the Leeds Health and Wellbeing Strategy
- Note the work that has been undertaken across the Partnership as part of the refresh of the Health and Wellbeing Strategy
- To endorse the approach and provide further comments on the attached working draft of the Strategy.

6. Appendix

Appendix 1: Developing working draft of the refresh of the Leeds Health and Wellbeing Strategy.

The Leeds Health and Wellbeing Strategy 2023-2030

'Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest'

Foreword

Hello and Welcome to the Leeds Health and Wellbeing Strategy.

Our last strategy was developed in 2016 and there is so much to be proud of in our achievements since then. This has been driven by a united partnership of the council, NHS, public sector, a thriving Voluntary, Community and Social Enterprise (VCSE) network, businesses, education, academia, and organisations championing the voices of our communities, such as Healthwatch Leeds.

The most significant event since our last strategy was developed is undoubtedly the pandemic. The city's response showed how we all came together to take care of each other, supported by our resilient communities. We saw 62,000 people in health and care work together with hundreds of volunteers, to make sure people had food, medicines and wellbeing checks. We also delivered an extraordinary vaccine roll out programme embedded in our local communities with over 1.8 million doses given in Leeds.

None of this would have been possible without the strong foundation of our partnership working supported by a 'Team Leeds' ethos and approach.

Many lives were tragically lost during the pandemic and each person will never be forgotten. We now need to navigate a world which has seen health inequalities grow because of the pandemic and continuing to get worse. This is because of new challenges such as the cost-of-living crisis which will be experienced differently by different communities and across generations. The impacts of poverty are particularly felt in our most socially and economically challenged parts of the city. This highlights the importance of focusing improvements on health outcomes across the whole life course from preconception, birth and childhood, through the transition to adulthood and older age.

Breaking the cycle of poverty and poor health is more important than it has ever been. This strategy sets out the blueprint of how we plan to make a difference and improve health and wellbeing outcomes of people in Leeds, whilst learning from the experience of the past few years.

Leeds is a forward looking, great northern city and the innovation, creativity, and commitment of partners to work together to improve health and wellbeing outcomes of our people has never wavered. We recently reaffirmed our ambition to tackle poverty and inequality with our Best City Ambition. Our determination to deliver positive outcomes for people has led us to commit to becoming a Marmot City. We have a solid foundation to drive this forward with a strong economy, exceptional schools, colleges and universities, a vibrant and diverse population and growing sectors such as digital health, data and medical technology. All are key to creating a healthier, greener and inclusive place for people to live, work and visit.

It is the people of Leeds, our greatest asset, that are at the heart of driving the ambition we set in 2016 to be the best city for health and wellbeing. We know that people want to see care that is communicated well, coordinated and compassionate. We will work together to deliver this, reaffirming our vision to be a health and caring city for all ages where people who are the poorest improve their health the fastest. This will remain key to our new Health and Wellbeing Strategy to the year 2030, which sets our long-term plan to respond to the great health and care challenges we face as a city.

This strategy is launched at a time of transformation in our health and care integration journey. The creation of the Integrated Care Boards and Integrated Care Partnerships as part of wider health and care system in Leeds provides a significant opportunity to further progress our priorities

so that they are positively felt by all communities in the city. We will look to partnerships at all levels, neighbourhood, local, regional and national to deliver our vision.

The success of this strategy will continue to be determined by how people feel and the real difference we are making in improving their health and wellbeing outcomes. It is important to acknowledge that currently people are frustrated by long waits for some services including ambulance services and accident and emergency. Accessing NHS dentistry remains hard across Leeds and some GP practices are overstretched despite working valiantly to serve their communities. Social care remains chronically underfunded and workforce challenges exist in all sectors.

As a Health and Wellbeing Board, we believe we can deliver stronger services that are integrated and effective, but we acknowledge the extent of the challenge. We remain committed to our shared vision and this is a moment where we cannot afford to fail. We won't be able to do this alone and we must all play an active part, but we believe by working together, with compassion and care as one Team Leeds, we can deliver positive changes for all our communities.

Councillor Fiona Venner
Chair of the Leeds Health and Wellbeing Board

What is the Leeds Health and Wellbeing Board?

Wellbeing starts with people; our connections with family, friends and colleagues; the behaviour, care and compassion we show one another; the environment we create to live together. We all have a part to play in Leeds being a healthy city with high quality services.

The Health and Wellbeing Board (HWB) helps to achieve our ambition of Leeds being a healthy and caring city for all ages, where people who are the poorest, improve their health the fastest. The Board exists to improve the health and wellbeing of people in Leeds and to join up health and care services.

The Leeds Health and Wellbeing Board is made up of a group of senior representatives from organisations across Leeds, including Leeds City Council, the NHS, the Integrated Care Board, the voluntary and community sector and Healthwatch, which ensures the views of the public are fully represented and acted on. There is also a cross-party political representation, with meetings chaired by the Executive Member for Adult and Children's Social Care and Health Partnerships.

The Board meets regularly throughout the year, including via formal public meetings and development workshops. We get an understanding of the health and wellbeing needs and assets in Leeds by completing a Leeds Joint Strategic Assessment (JSA), which gathers information together about people and communities in our city. The latest JSA was produced in 2021.

Listening to people is central to the work of both the Health and Wellbeing Board and partners across the city, with findings feeding into strategic planning and service delivery. The Board works collectively, with the strengths and assets of Leeds people, to oversee, influence and shape action to ensure Leeds is a healthy city with high quality services.

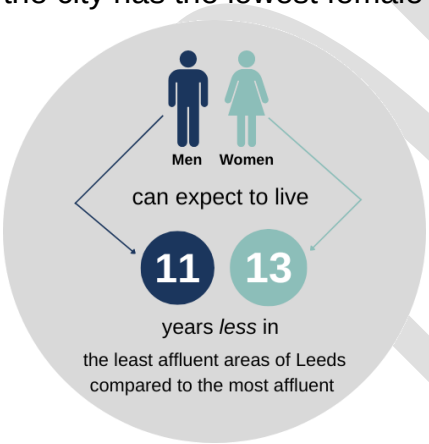
By 2030 people's health and wellbeing outcomes will be…

Section to clearly describe the clear outcomes we want to see in Leeds for people and communities over their life course. This will be illustrated with for example statistics which state the current position of a particular identified health and care challenge and what improvements we need to see by 2030 to enable people to have the best start, live well, work well and age well.

The challenges and opportunities

The diverse cultures, strong economy, vibrant partnership working, and the excellent services are just some of the many strengths which make Leeds a great place to live, learn, work and visit. However, not everyone is benefitting from what the city has to offer and there are unacceptable health inequality gaps.

Stalling improvements in life expectancy for people living in low-income parts of the city demonstrates the significant health and care challenge we face. The gap in life expectancy between some of our most and least affluent areas is 13 years for women and 11 years for men. This gap is even wider between some communities such as the Gypsies and Travellers communities in Leeds, with the average life expectancy around 50 years of age compared to the city's population of around 78 years. More widely, the Leeds Dock, Hunslet and Stourton area of the city has the lowest female life expectancy in England and over 170,000 people in the city live in areas ranked amongst the most deprived 10% nationally.



The city is also responding to the long-term developing impacts of the Covid-19 pandemic which are being felt by all communities in Leeds. The evidence however shows the risk of death and specific illnesses and conditions affect some groups disproportionately depending on their age, gender, pre-existing conditions, ethnicity and deprivation. The pandemic also worsened existing mental health inequalities amongst children and young people, who were already at high risk of poor mental health.

Moreover, nationally we are seeing an emerging picture of how the pandemic has likely contributed to worsening inequalities. This includes the link between economic inactivity due to ill health and how the cost-of-living crisis further risks increasing this inequality gap.

These great challenges will be a key focus in this long-term strategy, and we will consistently review progress to ensure we remain flexible to the changing context over the coming years.

Building thriving communities & Improving health and wellbeing

Building thriving communities where people live happier and healthier lives requires that all the right ingredients are in place. These are often referred to as the determinants of good health and wellbeing. This strategy recognises that if we are to tackle health inequalities, we must recognise

the influence of people's socio-economic conditions on their health outcomes. This means the best start to life, good education; inclusive, stable and well-paid jobs; quality homes that are affordable and safe are some of the key ingredients to improving people's health and wellbeing. Alongside this environmental sustainability and equity in decision-making across the whole system is also vital.

The growing and changing demographics in the city highlights the profile of young people becoming more diverse and focused in communities most likely to experience poverty. In 2021 almost 24% of children (under 16) were estimated to live in poverty in Leeds, compared to 19% nationally. A growing ageing population means we must continue to focus on how we further support older people, many of whom live alone, to maintain connections with other people and to access support that meets their needs.

To be the best city for health and wellbeing everyone must work together to do the best for one another and provide the best care possible when needed.

Hearing the voices of people living with inequalities

The Leeds Health and Wellbeing Board has made a firm commitment to being led by the people of Leeds, who are at the centre of health and care decision making. Under the leadership of the Board, the People's Voices Partnership (PVP) was established to bring together listening teams across the Leeds Health and Care Partnership to ensure that the voices of those living with inequalities are better heard.

The Big Leeds Chat is a key element of this engagement and is a series of innovative, citywide conversations between senior leaders from across the health and care system and the public. These conversations are focussed on listening to people's experiences around health and wellbeing and finding out what matters most to them. The Big Leeds Chat in 2021 involved 43 'conversations' taking place with local communities, communities of interest and young people's organisations. Ten key themes emerged from these conversations and formed the basis for 10 Big Leeds Chat Statements, which have informed the priorities in the Leeds Health and Wellbeing Strategy and will be progressed through the work of the Leeds Health and Wellbeing Board:

1. Make Leeds a city where children and young people's lives are filled with positive things to do.
2. Make Leeds a city where there are plentiful activities in every local area to support everyone's wellbeing.
3. Make Leeds a city where people can use services face-to-face when they need to.
4. Make Leeds a city where people feel confident they will get help from their GP without barriers getting in the way.
5. Make Leeds a city where each individual community has the local facilities, services and amenities they need.
6. Make Leeds a city where fears about crime and antisocial behaviour are no barrier to enjoying everything the community has to offer.
7. Make Leeds a city where services acknowledge the impact of the pandemic on people's mental health and where a varied range of service- and community-based mental health support is available.
8. Make Leeds a city with affordable activities that enable everyone to stay healthy.
9. Make Leeds a city where green spaces are kept tidy and welcoming, because services understand the vital role they play in keeping people well.
10. Make Leeds a city where everyone can get around easily on public transport, no matter their location or mobility needs

The Tackling Health Inequalities Group is a subgroup of the Board and will continue to act as an advisory and challenge body for the Board's and partners' actions and impact on inequalities.

Our Communities of Interest Network brings the voices of people from 24 different communities experiencing the greatest health inequalities closer to decision-making, including representing their views to the Board.

The How Does It Feel for Me project is allowing users of health and care services to share their experiences as they move through different parts of the system. The Co-Production Network further brings together health and care partners, working together to strengthen our approaches to co-production, which enables us to involve people at all stages of change. People's voices are also at the heart of our service transformation programmes, for example the ongoing work to transform community mental health services.

To get a direct insight into the needs of marginalised communities, the Leeds Health and Wellbeing Board has developed The Allyship programme which connects Board members with key third sector organisations in the city.

This will all remain a key component in ensuring the priorities of all communities guide the work of the Health and Wellbeing Board and the delivery of this strategy.

Improving access to quality health and care services

Good health is about physical, mental, and social wellbeing. As more people continue to experience multiple long-term conditions, health and care services need to adapt to these changes. People in Leeds have told us they want to feel confident they will get the help needed from services without barriers getting in the way. We will continue to focus on this as one integrated health and care system which will improve people's health. We will also be focussed on reducing health inequalities across the entire population to build and maintain the best long-term health possible for everyone.

Having access to quality health and care services remains a key priority in this strategy. It is vital that we have timely and person-centred care and whilst the cost of providing high quality care continues to rise, we must continue to work hard to deliver this for the people of Leeds. This will ensure people's health and wellbeing can be better, fairer and sustainable.

Our system will continue to promote wellbeing and prevent ill health recognising people have different needs, and what good health looks like varies between people. By looking at our population in this way we can better understand what people need, to address the challenges they face. It will also support the Health and Care Partnership to provide high-quality services, which are easier to access and navigate, effectively meeting people's needs.

We will further develop our localities and neighbourhood-based community building approach such as Asset Based Community Development and Local Care Partnerships. This is where people and organisations work together as equal partners actively involved in the design and delivery of health and care supported by their communities.

One integrated system focused on improving health and wellbeing outcomes

Improving health services needs to happen alongside maintaining financial sustainability. This remains a major challenge. Rising cost pressures and sustained and increasing demand of health and care services means making the best use of the collective resources across organisations. This will continue to help us to develop the city's health and care system which has seen its own recent transformation supported by a strengthened governance structure including at the city level

with the establishment of The Leeds Committee of the West Yorkshire Integrated Care Board (ICB). The ICB will make decisions about the best way to allocate resources across the city to have the biggest impact on improving health outcomes and people's experiences and reducing inequalities.

Our health and care workforce is also facing increasing pressures. It is vital that we continue to work together to make Leeds the best place to train and work at any age and to support our colleagues to flourish in safe and inclusive workplaces. We have a highly motivated, creative and caring workforce in our city, working hard to deliver high quality care for people in Leeds. It will remain important that we continue to build a strong workforce and support people. Many of whom live as well as work in the city and play a key role in helping to reduce inequalities and delivering care for the future.

Connecting strategies to better tackle health inequalities

This Health and Wellbeing Strategy is about how we put in place the best conditions in Leeds for people to live fulfilling lives in a healthy city with high quality services. Everyone in Leeds has a stake in creating a city which does the very best for its people. This strategy is our blueprint for how we will achieve that. It is led by the partners on the Leeds Health and Wellbeing Board and it belongs to everyone.

Improving health and wellbeing outcomes for people and communities across the city will also be supported and delivered together with a range of connecting strategies, plans and commitments. Each of these will help us to deliver our ambition to be the best city for health and wellbeing. We have taken a life course approach to tackling health inequalities. This means we will consider the biggest issues at each stage of a person's life from early years to older age. It will take a concerted effort across all levels - local, regional and national. An approach which recognises that a diverse range of factors including social, economic and environmental circumstance, influence a person's physical and mental health and wellbeing outcomes.

The following strategy and plans will be key in helping to deliver improved health and wellbeing outcomes for the people and communities in Leeds and we will ensure there is a clear and strong alignment across all to ensure the most effective delivery of the city's health and wellbeing strategic priorities:

Best City Ambition: The Best City Ambition is our overall vision for the future of Leeds to 2030. At its heart is our mission to tackle poverty and inequality and improve quality of life for everyone who calls Leeds home. The Best City Ambition aims to help partner organisations and local communities in every part of Leeds to understand and support the valuable contribution everyone can offer – no matter how big or small – to making Leeds the best city in the UK. As part of the Best City Ambition five breakthrough projects have been established specifically on promoting mental health in the community; better homes for health and wellbeing; inclusive green jobs; learning outcomes for social mobility and responding to the cost-of-living crisis. These will be driven by a diverse group of people and organisations drawn from all parts of Leeds. This group will agree a clear end goal to deliver progress on these key areas of focus.

Leeds Inclusive Growth Strategy: The Leeds Inclusive Growth Strategy sets out how we aim to make the city a healthier, greener and inclusive economy that works for everyone. The strategy details how we will harness partnerships across the city to improve the health of the poorest the fastest linking to people and communities with place and productivity. The Leeds Anchor Network will play a key role as part of our place-based approach to inclusive growth and community wealth

building. Together with organisations using their economic power and human capital in partnership with communities to mutually benefit the long-term wellbeing of both.

Net Zero ambition: Leeds has committed to be carbon neutral by 2030. Tackling climate change will mean that we focus on reducing pollution and promoting cycling, walking and the use of public transport whilst also promoting a less wasteful, low carbon economy. The Leeds Health and Care Commitment will be one of many key components of addressing poor health outcomes. This Commitment is a set of principles and actions to work towards being a resilient, sustainable health and care system that mitigates the impact of climate change.

Healthy Leeds Plan: The Healthy Leeds Plan sets out how the Leeds Health and Care Partnership will work together to improve outcomes for everyone in our city. It details the areas where we know we can make a difference to people's health in Leeds and outlines how we will know we have been successful. This Plan will be delivered by bringing together key partners in Population Boards focused on a range of priorities such as supporting access to key cancer services and people who have a learning disability or who are neurodivergent.

West Yorkshire Partnership Strategy: The West Yorkshire Partnership Five-Year strategy is the vision for the future of health, care and wellbeing in the region, where all partners are working together so people can thrive in a trauma informed, healthy, equitable, safe and sustainable society. This plan is overseen and owned by the NHS West Yorkshire Integrated Care Board. Closely aligned to the Leeds Health and Wellbeing Strategy, and developed with the Leeds Health and Wellbeing Board, the delivery of the West Yorkshire Partnership strategy ambitions is set out in a Joint Forward Plan.

Leeds Marmot City Commitment: Building on the city's long history of working to address health inequalities, Leeds has committed to become a Marmot City. This involves working in partnership with the Institute of Health Equity to take a strategic, whole-system approach to improving health equity. Working collaboratively with partners and communities, we will work together to achieve a fairer Leeds for everyone. There will be an initial focus on the Best Start and Housing priorities of this work with progress being overseen by the Leeds Health and Wellbeing Board.

Our partnership principles

We will continue to work in ways that support our Team Leeds approach. The following key principles developed by the Leeds Health and Care Partnership, will underpin how we work together to deliver on our ambition and vision set in this strategy:

We start with people: working with people instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds' citizens, carers and workforce.

We are Team Leeds: working as if we are one organisation, being kind, taking collective responsibility for and following through on what we have agreed. Difficult issues are put on the table, with a high support, high challenge attitude

We deliver: prioritising actions over words. Using intelligence, every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £.

What is the Leeds Health and Care Partnership?

We know that people's lives are better when those who deliver health and care work together.

The Leeds Health and Care Partnership (LHCP) includes health and care organisations from across Leeds: Leeds City Council, NHS partners, Voluntary, Community and Social Enterprise organisations, Healthwatch Leeds, Local Care Partnerships, Leeds GP Confederation and the Leeds Office of the NHS West Yorkshire Integrated Care Board.

We are also part of the wider West Yorkshire Health and Care Partnership which is an 'Integrated Care System' working to improve the health and wellbeing of people across West Yorkshire.

Building on what we have achieved

- *To include case studies of key achievements of the current HWS – **illustrative examples included below to provide an idea of what could be included in this section.***
- *Organisations on the HWB will be asked to provide case study examples*

Case study example: Lincoln Green employment and skills project

Through our Health and Wellbeing Strategy and our Inclusive Growth Strategy, we are committed to developing a strong local economy that everyone can benefit from. The city's biggest employers are collaborating on projects via the Anchors Institution Network which support this commitment, including supporting people from poorer communities into employment.

Lincoln Green is one of the poorest communities in Leeds and was among the 1% most deprived wards nationally. The majority of households are on a very low income (74% on less than £15k), and its residents also experience some of the greatest health inequalities in Leeds. As such, Lincoln Green has been identified as a priority neighbourhood.

As a committed member of the Anchor Institution Network, Leeds Teaching Hospital Trust (LTHT), collaborated with Leeds City Council (LCC) and local charity Learning Partnerships, to deliver a bespoke recruitment process and employment programme, supporting the residents of Lincoln Green to be better equipped to successfully gain employment at LTHT.

In total, 130 people attended an employability programme, which helped improve IT skills, confidence building, application and interview skills, among others. 59 of those were successful in achieving an offer of permanent employment with LTHT

Due to the success of this programme, other Anchor Institution Network members are developing similar projects, supporting more people from poorer communities into good quality employment.

Case study example: Utilising the benefits of technology and innovation

Leeds is a hub of digital transformation. We are home to 160 med-tech and health informatics companies and home to 22% of all digital health jobs in England. This means we are perfectly placed to benefit from the power of health and care innovation and technology.

The Leeds Academic Health Partnership has been collaborating with West Yorkshire and Harrogate Cancer Alliance, local NHS trusts, and with Leeds based company PinPoint Data Science Ltd. to develop a new blood test which will support GPs to better triage patients who are showing symptoms of cancer.

This new blood test was developed using a form of Artificial Intelligence known as 'machine learning' to analyse a broad range of signals in the blood and combines with general, anonymised patient information to produce a single number: the chance that a patient has cancer.

It has been designed as a decision support tool, providing GPs with more information and enabling them to more effectively triage patients when they first present with symptoms. This revolutionary test is currently being evaluated across West Yorkshire, and if approved for full implementation, promises to deliver shorter referral waiting times, reduced patient anxiety and improved early cancer detection.

Summary on a Page

Leeds Health and Wellbeing Strategy 2023-2030

Our ambition:
Leeds will be the best city for health and wellbeing

Our vision:
Leeds will be a healthy and caring city for all ages where people who are the poorest improve their health the fastest

5 Outcomes

1. People will live longer and have happier, healthier lives
2. People will live full, active and independent lives
3. People's quality of life will improve with access to quality services
4. People will be actively involved in their health and care, supported by their communities
5. People will live in healthy, safe and sustainable places

Indicators
TBA

We live our
Partnership Principles

We start with people
We deliver
We are Team Leeds

12 Priorities

A Child Friendly and Age Friendly City where people have the best start and age well

Why is this important?

Communities in Leeds have continued to grow, with greater diversity and a growing younger and ageing population. This developing picture is more evident in communities which face the greatest inequalities. Moreover, the legacy of Covid-19 and its impact means our commitment to be a caring city for everyone is vital. This will mean we can support people to thrive in their early years and later life.

There are now around 9,500 babies born in Leeds every year. Ensuring the best start in life provides important foundations for good health and wellbeing throughout life, enabling successful and enriching futures for our children and young people. This is also why one of the city's breakthrough projects, and the initial focus of our Marmot City commitment, is on early years.

We know the Covid-19 pandemic has further amplified the challenges facing young people. This is why targeted actions which make the most of every child's potential remains an important goal for the city as we continue to re-set and transform services. This will further affect the health of families too, recognising that our priorities can help to tackle challenges such as the disproportionate impact on women from Black ethnic backgrounds who are four times more likely to die during childbirth.

Today around 25% of people living in Leeds are 60 and above. The over 80s population is the demographic rising the fastest. The number of people in Leeds living beyond 80 is expected to rise by approximately 50% in the next 20 years. We want to be the Best City to Grow Old In. This is what underpins our Age Friendly Leeds ambition, creating a place where people age well. Where older people are valued, feel respected and appreciated and seen as the assets they are as employees, community connectors, volunteers, carers, investors and consumers.

Older people face health and care inequalities. For example, they are more likely to have multiple long-term health conditions which disproportionately affect older people living in our poorest communities. Inequalities in older age are cumulative and have a significant impact on a person's health, wellbeing and independence.

By 2030 we will…

See improved outcomes in the earliest period in a child's life, from before conception to age two. We will see parents and babies supported to create the conditions where stress is reduced, and positive bonds and attachments can form. We will work together to offer parents-to-be and new parents targeted pathways informed by women and families to improve communications, support and care before, during and after pregnancy. Care will be delivered in an integrated way such as 'Building the Leeds Way' which is a long-term vision to transform healthcare facilities across Leeds Teaching Hospitals for patients and staff.

It is also vital that we remain committed to our goal to halve stillbirths and neonatal deaths. We will deliver a strength-based localised offer where community maternity services will understand more about the locality they work in and the partners and people they work with. We will build on the outstanding social work and support journey in the city, ensuring consistent quality across all our work with vulnerable children and young people. We must remain committed to the 'Think Family, Work Family' approach, delivering solutions which are coordinated around the relationships, needs and assets in families and the wider community. This is alongside improving the mental health of

children and young people and parents and carers. We will do this by, taking a 'whole family' approach to mental health.

Making Leeds a Child-Friendly City for our children and young people must also be guided by a truly inclusive approach. Working as a partnership across health and care services, joining up practices which also deliver positive outcomes for children and young people with special educational needs and disabilities and additional needs.

Children and young people need to have a safe, healthy, and balanced diet to improve health and wellbeing outcomes. Leeds has taken a whole system strength focused approach to tackling child obesity to transform the way people's health and social care needs are supported. We must continue to focus on reducing child obesity building on the learning of pre-pandemic years. These priorities highlight the importance of wider factors such as the environment and learning influencing our health and wellbeing.

The reality of climate change also means there will be more frequent and intense weather extremes. The impact of fuel poverty also requires a continued focus on addressing the health challenges which may be affected by these circumstances such as reducing excess winter deaths. Furthermore, addressing the clear link between frailty and deprivation must remain a focus whilst delivering on the objective to ensure that people will die well and have a good death. This will need to be supported by person centred, holistic and accessible palliative and end-of-life care with personalised support for carers, families and friends.

Across all ages we must challenge the impacts of poverty, recognising the scale and effects of poverty on all communities, young and old. Working together we can mitigate these impacts on health and wellbeing outcomes and to support every child's journey into secure adulthood. This too, will ensure that the relationship between older and younger generations is defined by mutual support and compassion.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

Strong, engaged and well-connected communities

Why is this important?

Connecting to our richly diverse communities across the city is vital if we are to address their health and care needs and improve health and wellbeing outcomes. The city's response to the pandemic highlighted what can be achieved when different organisations work together through communities to achieve shared goals. Harnessing the strength of these partnerships will remain crucial as we continue to tackle health inequalities in the coming years. This includes supporting diverse communities such as vulnerable groups, people in poverty, migrants, refugees and asylum seekers, the homeless and people with disabilities.

Pride in our communities and places are vital assets in a sustainable future for the city and its local centres. We know that whilst the Covid-19 pandemic demanded the use of digital platforms and tools for people to remain connected; this equally led to a hunger for more communities to connect with their friends, neighbours and fellow Leeds residents in person. Tackling loneliness and supporting people to keep well is vital with access to activities that are affordable, easy to get to and are balanced between in-person and digital. Access is also linked to stronger connections and making Leeds a city where people can connect with services when they need to remain important.

Work on this priority will be guided by the three Cs: Communication, Compassion and Coordination

By 2030 we will…

Have improved residents' access to digital equipment and the internet through superfast broadband.

To support strong, engaged and well-connected communities, we will build on the important work and approaches which have successfully led to transforming services and support for communities across Leeds. We will further develop the strength-based model of social work driving key work such as Street Support programme. Our well-established neighbourhood networks and the Asset Based Community Development (ABCD) approach will be vital too. Moreover, supporting digital inclusion remains important, building on the development of innovative ways to use digital to better connect people, including those living with dementia in Leeds.

Develop services that support people to access the right support when they need it, and to thrive using their individual and community assets. This will remain key in helping to reduce health inequalities in Leeds whilst also considering the impacts of the wider social determinants on people within localities.

Have reduced social isolation and loneliness, particularly where it is affecting vulnerable groups and people with high levels of need. We will commit to developing communities where no one is lonely, with diverse opportunities for people to live healthy, active and happy lives.

Support key enablers which connect our communities with a sustainable, affordable, inclusive and healthy transport network, and placemaking which encourages people to be physically active. They are crucial in enabling people to get around the city easily and safely and making it easier for people to access essential services such as health and groceries. Making it easy and safe for people to walk and cycle to services, core amenities, and facilities is not just good for health but essential for sustainable and local neighbourhoods too.

The focus of the Health and Wellbeing Board and partners will be to see progress informed by what people are telling us matters to them. This includes making Leeds a city where everyone can get around easily on public transport, no matter their location or mobility needs.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

Improving housing for better health

Why is this important?

Housing plays a critical role as a wider determinant of health. Meeting the city's housing needs and providing high quality, safe, affordable homes in inclusive communities is a key priority. This will also mean we can support places where residents have close access to services and amenities. Improving housing for health is a key commitment in our plan to be a Marmot City and is a breakthrough project in our Best City Ambition. This demonstrates our strong city commitment to improve outcomes on this priority area which all partners will be key to helping deliver.

Proactive and preventative housing solutions support people to live independently and minimise preventable health and social care interventions, which need to be a key feature to improve people's health and wellbeing**.** The opportunities provided by innovative digital and technology

solutions will be increasingly significant too, not only in supporting people to be healthy and independent in their home but also in creating healthier living environments.

By 2030 we will…

Have made clear progress in ensuring that adaptations, minimising hospital admissions and streamlining hospital discharges are linked to housing needs. We will also ensure that key referral pathways for those affected by homelessness and mental health support are collaborative.

Have developed a whole system approach to supporting independence of children and young people, and adults as part of an integrated system to achieving cost-effective solutions and positive outcomes for people. Supporting diverse housing options tailored to individual needs will be a key element of this such as extra care housing. Supporting people to live in housing that can accommodate future support and care needs in an environment that promotes social inclusion and active independence will be important too.

Have made significant progress in addressing the impact of fuel poverty by improving health and wellbeing through increasing affordable warmth without increasing carbon emissions. Crisis intervention for vulnerable people in cold homes will also need to be a key part of tackling poverty and health inequalities.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

Safe and sustainable places that protect and promote health and wellbeing

Why is this important?

Health protection and promotion has always played a key part in tackling health inequalities. The response to the Covid-19 pandemic highlighted the vital role of our health protection system which responded rapidly and innovatively to an unprecedented and constantly shifting context. This also placed intense demands and disruption on key services, settings and workplaces across the city. As we continue to live with Covid, it is crucial that health protection and promotion continues to prioritise and work with communities most vulnerable to the impact of Covid-19.

By 2030 we will…

Have a Leeds health protection system which encourages people and systems to adopt safer behaviours and to build community resilience to any future pandemic. This will be by following public health advice, in common with longstanding ways of managing other infectious respiratory illnesses such as influenza or the common cold. The health protection system will also focus on wider prevention priorities such as the impact of poor air quality reducing the incidence of tuberculosis and excess winter deaths.

Enabling every community in the city to have safe, connected and sustainable spaces to access green spaces can improve mental and physical health across all ages. We must continue to provide a wide range of opportunities for people to access quality services. People being physically active in our green spaces is vital so that everyone can enjoy being active, no matter what their abilities or interests. This can also help to reduce the incidence and severity of conditions such as obesity, heart disease, diabetes, anxiety and depression in people of all ages and backgrounds.

We want Leeds to be a welcoming city, accessible to all where children and young people have safe spaces to play and have fun; and where older people feel safe too.

Achieving this priority means expanding the network of Safe Places across the city, where a person with a learning disability can go and ask for help if they are lost, frightened or in difficulty.

People with disabilities have a right to live in the community, to move around within it and to be able to access all the places available. To enable this, we must create places where people have safe and accessible facilities available which meets their needs.

We must remain committed to support victims and survivors including those who have experienced domestic violence and abuse, to have housing options where they can live safely and be supported. This will mean improving responses and increase support to victims and survivors with complex needs (especially mental health needs) in safe accommodation.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

A city where everybody can be more active, more often

Why is this important?

Embedding physical activity into everyday life provides a unique opportunity to contribute to improving the health and happiness of people, families and communities and can help to tackle deepening inequalities. We can reduce obesity, become more socially connected and recover better from health problems whilst also contributing to a healthier place, a greener city and a stronger local economy.

Physical activity levels in the city have been significantly affected by the Covid-19 pandemic. This has particularly affected specific groups disproportionally, including women, young people, disabled people, those with a long-term health conditions and ethnic minorities. 1 in 4 of all adults in Leeds are inactive, 1 in 3 older people are inactive, and only half of children have had the recommended one hour of physical activity a day. Inequalities have widened and lifestyle habits have changed – leading to less active and more sedentary hours.

By 2030 we will…

Have made significant progress in supporting the delivery of city's Physical Activity Ambition, focusing our efforts to address this challenging emerging pattern of physical inactivity and driving a radical cultural shift to increase physical activity over the long term.

It is important that people in Leeds feel they can be more active. A key element of this will be creating an environment where physical activity is the easiest choice to be active every day, working with people to understand the drivers affecting their physical activity levels.

It also means exploring and delivering innovative solutions to active travel with a whole system approach to health improvement and tackling health inequalities. Strong infrastructure, creative planning and behaviour change can help create active travel as an accessible, safer, healthier, more environmentally friendly option than driving. This crucially has the potential to address health disparities and deliver positive health and well-being outcomes for people in Leeds, including in the communities which face the most social and economic challenges.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

A strong economy with good local jobs for all

Why is this important?

Leeds has seen a significant increase in the number of people in the city who live in areas that are ranked in the most deprived 10% nationally. More than 70,000 adults are facing in-work poverty. Economic inactivity nationally is also on the rise significantly affecting people over 50 and highlighting the need to improve employment outcomes for all, including refugee and asylum seekers, people with mental health, learning disabilities and physical health problems.

A good job is really important for good health and wellbeing of working age people. Focusing on improving people's health and wellbeing is key to delivering an economy that works for everyone and where the benefits of economic growth are distributed fairly across the city, creating opportunities for all. This will include raising the bar on inclusive recruitment, better jobs, and healthy workplaces. It will mean encouraging people who have been economically inactive back into the workplace; maximising employment and skills opportunities; developing clear talent pipelines and supporting good quality careers education.

Leeds economy has many strengths including our digital health, medical technology, and health data sectors, supported by a wealth of talent and a huge concentration of innovative organisations, which means we are well placed to develop as a location of choice for health and social care businesses. Our key health and care institutions will also be vital to driving inclusive growth in the city. The Innovation Arc vision is a key example of this - a series of innovation neighbourhoods, formed around the city's natural anchors of our main universities, the proposed adult and children's hospitals, and major private sector partners.

By 2030 we will…

Have built on our thriving partnerships in the city, utilising the strong network of organisations such as our Leeds Anchor Institutions Network, where partners share a commitment to using their place-based economic, human and intellectual power to better the long-term welfare of their local communities. Specifically supporting the joined-up work with a targeted approach to economic and health interventions in the most socially and economically challenged communities will be vital.

We must also do all we can to continue to promote the health and wellbeing of the workforce and reduce social inequalities through how people are employed. We will build on successful projects, such as the Lincoln Green project which linked employment opportunities to people living in their local areas, the One Workforce programme, and the Leeds Health and Care Talent pipeline. All will be key to delivering an economy that is accessible for all.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

Maximise benefits of world leading research, innovation and health and care technology

Why is this important?

Leeds has an ambition to deliver growing cross-city research capacity and making Leeds a test bed for innovation and new technologies, including in health and care and the delivery of a just transition to net zero. New technology can give people more control of their health and care and enable more coordinated working between organisations. Advances in research, innovation and technology also enable us to better understand the causes of ill-health, strengthen diagnosis of medical conditions, and develop more effective treatments. This will further contribute to tackling

health inequalities by enabling us to focus innovation on improving the health of the poorest the fastest

By 2030 we will…

Have made further progress in delivering our place-based and person-centred approach. This will be focused on integrating healthcare and wider services in every community across the city supported by key organisations across sectors. The NHS, council, VCSE organisations and key partnerships such as the Leeds Academic Health Partnership will all be vital to achieve the best outcomes for local people.

So that we can ensure the best start in life, we will utilise modern data technologies and techniques to understand what determines a person's health, life chances from birth through to old age and improve service delivery. To support people to live and age well, we will work to deliver health and wellness services tailored for individuals and ensuring that people's information follows them through their journey regardless of the organisation they are interacting with. To have a city which works well, we must deliver 21st Century connectivity and infrastructure that provides the backbone for world-class service delivery. We will achieve this by building on existing collaborative work and improving information flow between organisations. This will create a thriving digital community, modern infrastructure and skilled workforce which will attract new and established businesses to Leeds.

We must also support and empower people to effectively manage their own conditions in ways which suit them. This means continuing to support digital inclusion and enabling people to be more confident to access their information and contribute to their records.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

Promoting prevention and improving health outcomes through an integrated health and care system

Why is this important?

In Leeds, we have focused on early intervention and have developed and sustained prevention approaches over time, which has helped to deliver improved outcomes and excellent services for people across the city. This can also support in improving healthy life expectancy and narrowing the health inequality gap.

Investing and scaling up prevention and using asset-based approaches to build community capacity, must continue to be at the centre of our approach to tackling poverty and health inequalities. This approach focuses on what people can do, not what they can't.

Our health and care needs are changing: our lifestyles are increasing our risk of preventable disease and are affecting our wellbeing. Whilst people living longer is a positive development it also brings with it specific health and care challenges, with more multiple long-term conditions like asthma, diabetes, and heart disease, and with avoidable and unfair differences in health between different groups of people increasing.

By 2030 we will…

Have further developed our whole city approach driven by all partners to promote wellbeing and preventing ill health. The refreshed Healthy Leeds Plan will be a key component in helping to deliver this.

There are some specific areas where we can make a really big difference to prevent ill-health and deliver actions to reduce the causes, leading to improvements in health lifestyles. We need to maintain a continued focus on healthy diets, stopping smoking and harmful drinking.

Building on the strong foundation of key work such as the outstanding Forward Leeds drug and alcohol treatment service in Leeds will help to drive progress on this priority. There will be further opportunities in the additional funding to the city's Drug and Alcohol partnership to support adults and young people who are struggling with drugs and alcohol issues, through dedicated prevention, early intervention, and tailored programmes.

Supporting investment in evidence-based prevention services where we know this will improve health outcomes is essential, particularly in the most socially and economically challenged parts of the city. So too is investment in areas that deliver greater prevention across disease pathways and targeted prevention programmes. These help to promote healthy ageing, supporting people known to be at high risk of developing long term physical and mental health conditions.

The way we work together as one integrated health and care system in Leeds will also be key to delivering improved health and wellbeing outcomes for everyone across the city. The recent development of our integrated care partnership in Leeds provides a great opportunity to build on the strengths of existing Team Leeds approach and partnership principles to tackle health inequalities.

How we look at people's health is also guiding how we reduce health inequalities across the entire population, over the whole life course, and also recognising the influence of the determinants of health. This approach understands people have different needs, and what good health looks like varies between people. We will look at the population of Leeds as a few defined groups of people who have similar health and care needs. By looking at our population in this way, we can better understand what people need to address the challenges they face. We can also tailor better care and support for individuals and their carers, design more joined-up and sustainable health and care services and make better use of public resources to the benefit of people and communities.

This approach will be key to helping deliver key ambitions like delivering the best in cancer care for the people of Leeds. 1 in 2 people will develop some form of cancer during their lifetime. In Leeds 4,100 people are diagnosed with cancer each year. As an integrated system we will work with all communities to ensure that everyone affected by cancer has access to the same high-quality care with more cancers being diagnosed earlier.

In key areas where we want to see better health outcomes like cancer, learning disability and neurodiversity, maternity and end-of-life care, the city's Population Boards will play a key role. These Boards will ensure key partners are involved in designing new ways of working which will improve health and wellbeing and ensure decisions are coordinated to improve every aspect of health and care. Population Boards will include doctors, public health experts, charities, the local council, and health system leaders who are responsible for improving the population segment's health and wellbeing.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

An inclusive, valued and well-trained workforce

Why is this important?

We have a highly motivated, creative and caring workforce in our city, working hard to deliver high quality care for people in Leeds. Our health and care workforce were at the frontline of our city-wide response to the Covid-19 pandemic. As we move into the next phase of integrated health and care and rebuild from the pandemic, they will remain key to help deliver change and support the best possible health and wellbeing for the people of Leeds.

We have 62,000 people who work in health and care in Leeds and we want to further progress in making Leeds the best place to train and work in at any age. The Leeds Health and Care Academy, in partnership with our local schools, colleges and universities will play a central role in developing focused interventions that promote social mobility across the life course and widen opportunities for working in health and care.

By 2030 we will…

Be progressing our work to deliver for everyone in Leeds by working with communities. We will be providing opportunities for skills, jobs and wealth creation. We will be engaging and recruiting those in our communities facing the most social and economic challenges and inspiring the next generation of the health and care workforce.

The One Workforce approach in Leeds health and care is a key element of ensuring no part of our health and care workforce is left behind and is based on common purpose and deep partnership working. Joint planning and connecting care closer to home in a stable way for the wider workforce will be key to driving this approach. So too will be addressing gaps in services through attracting, training and recruitment, and removing barriers to enable new models of service delivery. We must also remain committed to learning together to ensure our workforce is delivering 21st century care, helping to ensure we will achieve our workforce ambitions in Leeds.

This must further focus on how the type of job roles and ways of working shift in focus to prevent ill-health, narrow inequalities in the workforce and improve health and wellbeing. City-wide workforce analysis and planning will also be key to better enable us to deliver our shared workforce priorities responding effectively to the needs of the future in a changing health and care system. Better data sharing and building capability across our city must be part of this approach.

Valuing our health and care workforce also means supporting their health and wellbeing. From GPs, nurses, cleaners, receptionists, social workers, care home and home care staff, third sector workers – all must be supported to ensure we have a healthy and well-trained workforce. These workers are part of the city's health and care system and who are the first to come into contact with people accessing services. It is vital these groups are supported to work in a healthy and safe working environment and to maintain their own physical and mental health and wellbeing.

We want to see a truly inclusive workforce free from discrimination, that reflect the communities that we serve, and to benefit from the perspectives and skills that our richly diverse population brings to the workplace.

We further need to ensure that our future leaders reflect this diversity and build on pioneering work already underway in the city such as delivering the Workforce Race Equality Standard across children's and adult social care.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

Support for carers and enable people to maintain independent lives

Why is this important?

In Leeds, we know that people are ageing with multiple long-term health conditions. There is also an increase in the likelihood of having more than one long-term condition in the most socially and economically challenged parts of the city.

Cases of diabetes, respiratory disease, dementia and cardiovascular disease will continue to increase as the population of Leeds grows and ages.

Carers, including unpaid carers, continue to play a vital role in supporting people across the city. It is estimated that Leeds has 75,000 carers which is around 1 in 10 people. Carers come from all walks of life, all cultures and can be of any age. Being a young carer can affect school attendance, educational achievement and future life chances. Carers are more likely to have a long-term physical or mental health conditions and we know that unpaid carers have been particularly affected by the Covid-19 pandemic with increased time spent caring and fewer opportunities to take breaks.

By 2030 we will…

Be delivering an approach which continues to focus on the way care is provided to enable people to better manage their own health conditions. We must focus on supporting people to maintain independence and wellbeing within local communities for as long as possible. Supporting people through a crisis can also have a transformational impact, really helping them to flourish.

Care must be person-centred, coordinated around all of an individual's needs through networks of care rather than single organisations treating single conditions. To have more active involvement in health and care we all need to make the most appropriate use of services. This means having better and more coordinated and inclusive information, which will make it easier for people to access the services they need, when they need them by.

We will also need to improve the way we identify carers including unpaid carers and must recognise, value and support carers, putting them at the heart of everything we do.

This means that in order to reduce the health inequalities that carers experience due to their caring role, we must support shared aims and values. This is supported by taking a strong partnership approach to ensure that carers in Leeds stay mentally and physically healthy for longer.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

The best care in the right place at the right time

Why is this important?

The integration of care in the community is crucial. The transformative potential of organisations working together at a neighbourhood level to meet local needs has been emphasised further with the Covid-19 pandemic.

Outcomes for people can vary depending on where, when and how they are supported. We know that getting the right help and support at the right time can help people to manage their daily lives as independently as possible. Delivering the right type of care can address people spending more time in hospital than they need.

By 2030…

We will be further delivering population–based, integrated models of care with services which meet local needs. These services will be supported by multidisciplinary teams which help to achieve more independent and safe outcomes and help more people stay at home, whilst improving the experience for people, carers, and staff.

Better, integrated and co-ordinated partnerships and approaches supported with co-operation; communication and coordination can also help in getting people back home after a hospital stay. Rooted in neighbourhoods and communities, with coordination between primary, community, mental health and social care. They will need to ensure care is high quality, accessible, timely and person-centred. Providing care in the most appropriate setting will ensure our health and social care system can cope with surges in demand with effective urgent and emergency care provision.

Building on models like Local Care Partnerships (LCPs) will be vital. LCPs include a range of people working together, regardless of the employing organisation, to deliver joined-up collaborative care that meets the identified population's needs. Each partnership includes statutory organisations, third sector (community groups) and elected members, alongside local people, to develop services that support people to access the right support when they need it and thrive using their individual and community asset.

Population health management must also be key to driving proactive, data-driven approaches. This will help inform the way we provide health and care support for local people, whilst also, tackling some of the biggest health priorities. Through targeted interventions to prevent ill-health we can improve the care and support for people with ongoing health conditions.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

A mentally healthy city for everyone

Why is this important?

Our vision for Leeds is to be a mentally healthy city for everyone. The impact of the Covid-19 has exacerbated the mental health challenges in the city. People living in poorer parts of Leeds are more than twice as likely to experience anxiety and depression but are least likely to complete treatment for these types of conditions. Rates of both suicide and self-harm admission (being cared for in hospital) are also higher in poorer areas of the city. The highest rates of suicide are found in middle aged men, and girls and young women have the highest rates of being admitted into hospital because of self-harm. We also know that ethnic minority communities in the city are more likely to be admitted into a mental health setting in crisis.

Good housing and employment, opportunities to learn, financial inclusion and debt are all key determinants of emotional wellbeing and good mental health. Improving mental health is everyone's business. It will take the collective determination of all strategic partners, businesses and communities to help achieve the city's vision.

By 2030 we will…

See significant progress in progressing positive outcomes in people's mental health across all ages including through the work of the city's breakthrough project on promoting mental health in the community and building on the Leeds Mental Health Framework. This will also in part be delivered through the Leeds Mental Health Strategy and focus on improving services alongside other key strategies and action plans like The Leeds Future in Mind Strategy. This co-ordinates work to promote emotional wellbeing, and to prevent and treat mental health problems in children and young people.

Targeted mental health promotion and prevention within communities most at risk of poor mental health, suicide and self-harm will be at the centre of our focus over the coming years. We will also work together with partners to reduce over-representation of people from ethnic minority communities admitted in crisis.

Education, training and employment will also be more accessible to people with mental health problems.

Improving transition support and developing new mental health services for 14- to 25-year-olds will also be vital alongside all services recognising the impact that trauma or psychological and social adversity has on mental health.

Timely access to mental health crisis services and support and ensuring that people receive a compassionate response will further help to deliver this priority.

Support older people to access information and appropriate treatment that meets their needs and to improve the physical health of people with serious mental illness.

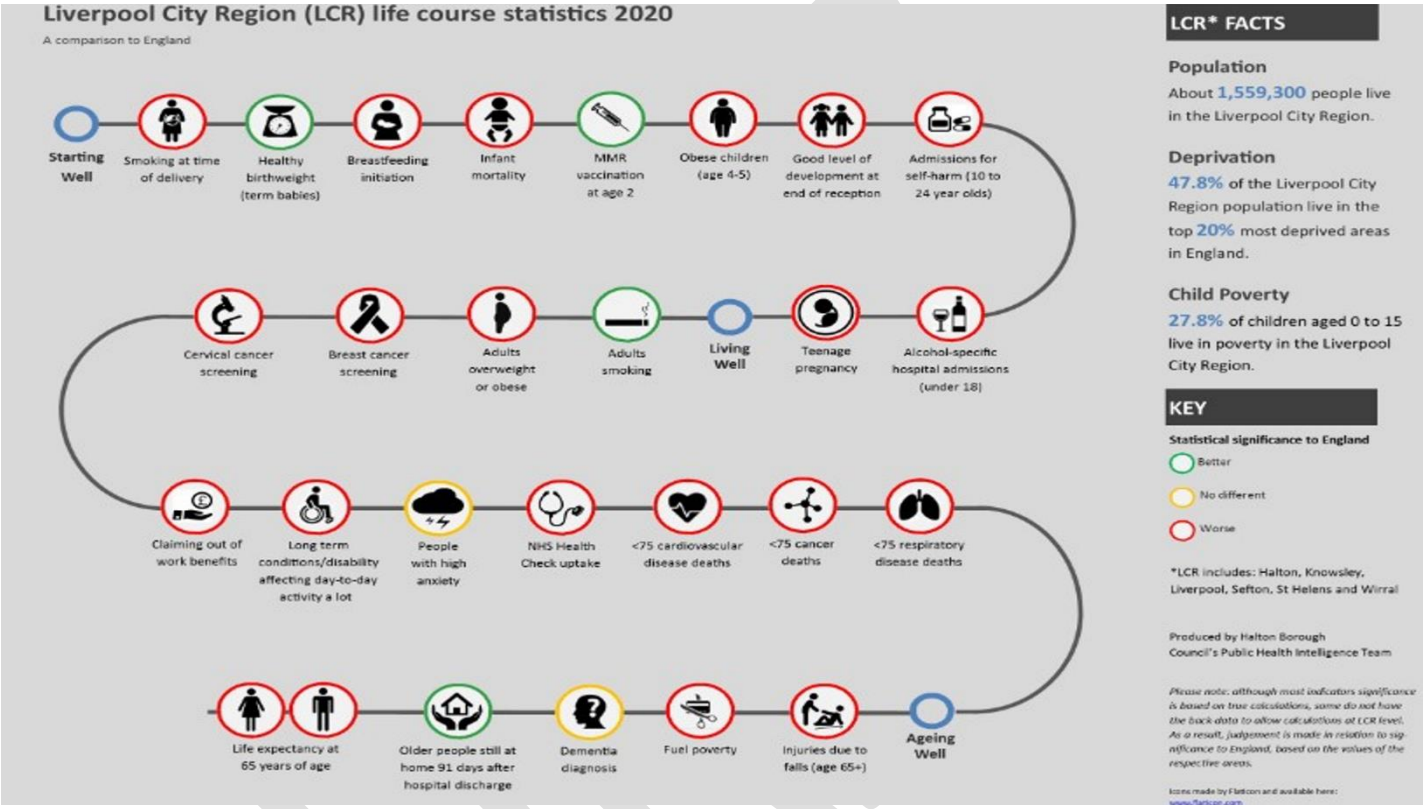
Working together we can help to realise a city where people of all ages and communities live longer and lead fulfilling, healthy lives.

A clear action plan is in place to deliver this priority through the Mental Health Strategy Delivery Group and will be linked into the Health and Wellbeing Board and relevant partners.

How will we know we are making a difference?

Measuring progress of our 12 priorities

- *Single page describing indicators presented as part of life-course approach in strategy*
- *Presented similarly to Liverpool City Region infographic example below*



Health and Wellbeing is everyone's business

Leeds Health and Wellbeing Board:

- Provide leadership and direction to help and influence every partner and stakeholder in Leeds to achieve the 5 outcomes for all people and communities in the city.
- Further embed the Board's city-wide expectation to ensure the voices of everyone in Leeds are reflected in the design and delivery of strategies and services.
- Provide a public forum for decision making and engagement across health and wellbeing.
- Continually ask what we are all doing to reduce health inequalities, create a sustainable system and improve wellbeing.

People

- Take ownership and responsibility for promoting personal health and wellbeing.
- Be proactive and confident in accessing services which are available.
- Get involved in influencing and making change in Leeds.

Local communities:

- Support vulnerable members of the community to be healthy and have strong social connections.
- Take ownership and responsibility for promoting community health and wellbeing.
- Make best use of community assets and leadership to create local solutions.

Other Boards and Groups

- Work closely and jointly with partnership boards and groups to support the priorities of the Leeds Health and Wellbeing Strategy.
- Create clear action plans and strategies which help achieve specific priorities and outcomes of the Leeds Health and Wellbeing Strategy.
- Promote partnerships wherever possible, working as one organisation for Leeds.

Health and Care organisations

- Provide and commission services which support the priorities of the Leeds Health and Wellbeing Strategy.
- Make plans with people, understanding their needs and designing joined-up services around the needs of local populations.
- Provide the best quality services possible, making most effective use of 'the Leeds Pound' - our collective resource in the city.

How to get involved

The Health and Wellbeing Strategy will be a live document which will be shaped by what partners, people and communities are telling us. This will ensure that we can respond to any new or emerging developments which will influence achieving our ambition and vision.

There are loads of ways that you can get involved with the work of the Health and Wellbeing Board. Listening to the community and hearing about the experiences of people's health and

wellbeing is vital to the Board. Detailed below are some of the ways you can get involved with the Board.

- Asking questions to the Health and Wellbeing Board
- Social media
- Public Engagement e.g. via Big Leeds Chat/How does it Feel for Me?

Leeds Community Healthcare NHS Trust

Trust Board meeting held in public: 31 March 2023

Agenda item number: 2022-23 (153)

Title: Learning and Development report

Category of paper: for assurance
History:

Responsible director:

Report author:

Executive Summary

The Learning and Development Strategy 2020-23 is reaching the end of its three year cycle. This report provides an overview of the progress made in achieving the stated objectives and suggested priorities for the next Learning and Development Strategy.

Implementation of the Strategy has been impacted the Covid-19 pandemic and subsequent workload pressures as the focus and priorities of clinical staff remains on delivery of frontline services. Nevertheless, significant progress has been made on aspects of the strategy albeit at a slower pace than planned.

Consideration is given to priority areas that will feature in the new Learning and Development Strategy with increased recognition of system working and emerging workforce needs.

Recommendations

The Board is recommended to:

- **receive** this report and note the achievements against the Learning and Development Strategy 2020-23
- **comment** on the proposed priority areas for the next Learning and Development Strategy 2023-26

1 Background

The Learning and Development Strategy 2020-23 was approved by the Trust Board in March 2020. The Strategy lists 5 priority areas:

a. Student and Learner Support;
b. Statutory and Mandatory training;
c. Learning Needs Analysis;
d. Continuing Professional Development;
e. Apprenticeships and Development of New Roles

Bi-annual reports have been provided to the Trusts Quality Committee to outline progress in each of these areas and this report provides an overview of achievement over the 3 year duration of the Strategy.

2 Strategy Implementation

Shortly after the Learning and Development Strategy was ratified services were impacted by the Covid 19 pandemic. Therefore, regrettably the implementation of the strategy has been impeded due to the need to refocus and reprioritise resources, to support delivery of frontline clinical services.

Despite this significant achievements have been made and a summary of progress in each of the priority areas is shown in appendix 1.

3 Next Steps

Each of the existing priority areas have actions identified that will further develop work in these areas. Consideration has been given to what the priorities for the next Learning and Development Strategy will be. Initial consultation with members of the Quality and Professional Development Team, Organisational Development and operational colleagues have identified that the existing priority areas still feel to be the right ones though the focus and objectives in each area will change and include the ‘next step’ actions already identified.

Early ideas for inclusion in the new strategy include:

a) Focus on what data can and should be collected and how this is used
b) Identifying KPI’s as appropriate
c) Quality assurance including performance against national standards and support for trainers, facilitators and educators
d) Consider impact and outcomes of learning and development initiatives to ensure value for money
e) Making the most of system working and partnerships

A workshop is being held on 9th February to bring together key stakeholders from across the organisation to inform the content of the strategy and ensure it reflects needs and priorities across services. Following this it is anticipated a draft of the Learning and Development Strategy 2023-26 will be available for review by the Quality Committee in May 2023.

4 Recommendations

The Board is recommended to:

- **receive** this report and note the achievements against the Learning and Development Strategy 2020-23
- **comment** on the proposed priority areas for the next Learning and Development Strategy 2023-26

- **APPENDIX 1**

Student and Learner Support

PRIORITY AIM: The provision of excellent, quality assured educational experiences for the students and learners within the organisation

WHAT DID WE PLAN TO ACHIEVE	ACHIEVEMENTS	CONSTRAINTS	NEXT STEPS
a) Increased numbers of student mentors, practice supervisors and practice assessors in the organisation to provide high quality placements for students and learners b) Enhanced engagement with final year nursing students to attract them into community roles c) Students and learners within the organisation have high quality learning experiences in the	• Successful system wide bid to support expansion of placement capacity including • Appointment of Practice Learning Facilitator (PLF) to work across LCH and Primary care – opportunity to introduce shared placement models • Additional PLF post agreed Q3 2022. This increased capacity will support expansion of placement capacity, support learners and mentors and quality assure placement areas • Throughout 202/221 focus on reopening placements closed due to Covid19 and new ways of working. • Alternative models of placement support are being used to some effect e.g. virtual placements and blended approaches are being tested with some success. • Work undertaken to ensure consistency in approach and support between Nursing and AHP students leading to an increase in AHP placements. • A support package developed for final year nursing students who chose to undertake an extended placement with the Trust. Majority	• This is the area most impacted by the Covid-19 pandemic. Students were not placed within healthcare settings for some time. When restrictions were lifted there was an increase in demand at a time when some services remained closed, or partially open and services were stretched due to picking up the backlog of work and absence's within teams (caused by sickness, isolating or staff redeployment). As a result, many services felt they didn't have capacity to support students. • The impact of Covid 19 continues to be felt e.g. staff absence, workload pressures, additional numbers of students requiring placement hours as they missed clinical time during the pandemic. • On a practical level Covid19 and the associated restrictions presented additional challenges for placement learning e.g.	Focus on agreeing KPI's for learner capacity and systems/processes for capturing and accessing this data.

organisation	of these students secure roles in LCH on qualifying • PLF has developed readily accessible electronic resources to support both staff and learners and promote quality placements. Includes learning materials that cover professional body standards, development of a Placement Charter and processes for supporting AHP students • Introduction of student forum to bring together learners from across the Trust and learn what's working well and where changes are needed. • Formal learner feedback is overwhelmingly positive. Isolated cases where experiences could have better have been acted on immediately • The types of learners supported within LCH have increased and include larger numbers and types of apprentices, T level students and internationally educated learners.	physical space in clinics meaning some rooms are only suitable for 2 people (clinician and patient but not the student); anxiety of some patients around being in contact with more people than absolutely necessary; services now doing more virtual consultations and working from home; sharing a car with a student • There has been an increase in demand for placements as more students are enrolled in order to meet workforce shortages, combined with shrinkage in the placement circuit for undergraduate students due to the number of other types of learners being supported including apprentices and post graduate learners. These all draw on the same group of staff to provide supervision and assessment in practice. • Placement data is held by the Universities and on university systems. Extracting usable data is very time consuming and does not have all of the metrics we may need.	
d) Expansion of the preceptorship programme to provide a	• Preceptorship Programme evaluated and a number of changes made to ensure relevant for all, with scope to tailor it to individual needs. • Preceptorship Policy re-written to reflect	• One of the national standards relates to the need for preceptees and preceptors to have protected time for support and development meetings due to workload	• A national Preceptorship framework for AHP's has now completed the consultation phase and

multidisciplinary programme available to all clinicians joining the organisation e) Continual evaluation of the preceptorship programme in line with national HEE guidance	changes • The revised programme was launched Q4 2021/2 • Continued engagement and feedback from services led to a further revision of the programme in Q3 22/23. This programme is evaluating very well and a wider mix of staff and services are represented. • Self assessment undertaken against the National Preceptorship Framework for Nursing and meeting the majority of the standards	pressures • Comms regarding the changes to the programme and suitability for all have been issued a number of times. Despite this a number of services seem unaware of the revised programme	is expected shortly • Development of a comms strategy to encourage uptake of Preceptorship, targeting services where no staff have attended to ensure aware

1. Statutory and Mandatory Training

PRIORITY AIM: Staff will have access to training that is essential for their role being delivered in an efficient and effective way

WHAT DID WE PLAN TO ACHIEVE	ACHIEVEMENTS	CONSTRAINTS	NEXT STEPS
The organisation will effectively and efficiently deliver the core statutory and mandatory training	• The Mandatory and Statutory Compliance Project (MaST) to map training content to the national Core Skills Training Framework and to specify staff groups it applies to is now complete across all subjects and has been signed off by the Audit Committee. • Training being mapped to specific staff groups means that numbers requiring training are more accurate, allowing better planning of sessions • A number of training topics were changed from face to face to e-learning, virtual or	Compliance with statutory and mandatory training has fluctuated as a result of the Covid 19 pandemic and clinical work being prioritised	Consider training that services consider as mandatory that are outside of the MaST Core Training

	blended approaches during the pandemic. Where these have worked well the alternative form of delivery has been kept or options introduced. This has resulted in training that is more accessible and timely while also reducing travel time and expenses. • Where appropriate trainers are delivering sessions locally e.g. Police Custody Suites		

2. Learning Needs Analysis (LNA)

PRIORITY AIM: A clear and continuing understanding of the evolving learning needs of the organisation to deliver safe and effective services

WHAT DID WE PLAN TO ACHIEVE	ACHIEVEMENTS	CONSTRAINTS	NEXT STEPS
a) We will have a clear understanding of the learning needs of staff within the Organisation b) Business Units and corporate teams will regularly analyse their operational plans to inform our learning needs of our clinical staff and corporate support staff c) High quality Appraisal discussions with inform the LNA process linked closely with our resourcing needs.	• The approach to undertaking an LNA has evolved over the period of this Strategy and is becoming more robust with each iteration. • A regional approach to LNA has now been developed, and while the primary aim of this is to inform commissioning of University led programmes it also has the benefit of identifying common needs and potential benefits of working with local organisations to release economies of scale. • The regional approach is supplemented by review of learning and development activity that has been funded by LCH • The Leeds Health and Care Academy completed work looking at common training needs across providers to agree which will be commissioned centrally and explore alternative ways these needs may be met. • Significant work has now been completed to establish the learning and development needs of Neighbourhood Clinical Assistants (NCA's) in line with their developing role, along with the introduction of a new Senior NCA role. A comprehensive programme of	• Capacity of services to fully engage in this work • Multiple different requests for specific bits of information from different sources meant that services felt they were 'constantly' being asked for information e.g. request for numbers for undergrad nursing apprenticeships from one place, a different request at a different time for numbers for ACP apprenticeships and yet another for SPQ apprenticeships. The regional approach introduced this year (22/23) should prevent this.	• More work is needed to fully integrate processes and align timelines around workforce planning, commissioning and service redesign into informing the LNA. This will ensure funding can be prioritised and our needs will be reflected when regional commissioning of university programmes is undertaken. • Embed processes for appraisal discussions informing LNA

Priority will be given to training in our hard to fill roles	education and skills development has been established for both roles. • Updated appraisal toolkit developed with checklist that includes development needs		

3. Continuing Professional Development

PRIORITY AIM: Support for staff to continually develop in their role through formal courses or experiential learning opportunities, underpinned by appraisal discussions and a talent management approach

WHAT DID WE PLAN TO ACHIEVE	ACHIEVEMENTS	CONSTRAINTS	NEXT STEPS
a) Budgets for learning and development will be centralised so organisational and business priorities are supported. This will include the new CPD monies b) We will have access to courses required to develop our staff to support the local and national strategic aims and objectives c) Leaders will be	• Several different budgets for staff development/training across the organisation centralised in April 2021 • One point of access and simplified funding request form implemented. • This single process means it's easier for staff and facilitates analysis of spend across services and professions, and informs the Trusts LNA • To date no application for funding has been turned down • Staff intranet page developed as single place to access anything related to learning and development. This 'Love to Learn' page provides information and links to resources and more information – previously had to search through different teams/ services pages. Feedback to date has been positive and we will continue to develop the site and its content.	Limited capacity to further develop Love to Learn intranet resource	• More publicity and comms regarding offer and where to find support • Development of intranet love to learn to be 'one stop shop' for anything L&D • Continued work on career pathways

skilled in having talent management conversations underpinning appraisal discussions	• Work commenced to establish clear career pathways and progression routes for staff working in clinical roles. This will help to ensure parity in level of responsibility and educational requirements across all roles and services, while also supporting recruitment and retention. • Appraisal toolkit launched with resources to support staff and managers in undertaking appraisals.		

4. Apprenticeships and Development of New Roles

PRIORITY AIM: Support for staff to continually develop in their role through formal courses or experiential learning opportunities, underpinned by appraisal discussions and a talent management approach

WHAT DID WE PLAN TO ACHIEVE	ACHIEVEMENTS	CONSTRAINTS	NEXT STEPS

a) Clinical apprenticeships are informed by our workforce plans and linked with appraisal discussions b) Non-clinical apprenticeships are accessible for staff in the organisation	• Apprentice Lead appointed to support establishing the systems, processes and infrastructure to expand our apprenticeship provision and make best use of the levy • The Trust has consistently underspent on the apprenticeship levy since it was introduced in 2015. In 2022 for the first time all of our apprenticeship levy funding was allocated, and it is projected that this will continue. • An increasing number and range of clinical apprenticeships supported – from entry level through to senior roles (details on request) • Worked with operational colleagues to agree consistent and equitable process for supporting apprentices. Workforce needs identified and forecast of numbers and types of apprenticeships agreed • 5 apprentices have completed the Registered Nurse Degree Apprenticeship and are now working as staff nurses in our services. A further 7 are due to qualify by and of Q4 2022/3 • Entry level apprentice role introduced in Neighbourhood Teams to support recruitment of local people. This is being expanded to include admin roles	• The biggest constraint for services in supporting apprenticeships is cost and percentage of time 'off the job' and subsequent impact on service delivery. • Although the tariff pays for the training costs of the apprentice it doesn't cover the salary costs – this means there is insufficient budget to backfill the staff member on an apprentice programme or have sufficient staff numbers to cover their time away from clinical practice – this has a disproportionate impact on smaller services	• Embed newly established processes for recruiting and supporting apprentices • There is an agreement in principle of the financial model for supporting apprenticeships though the detail is to be worked through. • Continue work on developing resources to support staff and managers, and on developing intranet page for apprenticeships

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 31 March 2023
Agenda item number: 2022-23 (154)

Title: Bi Annual Patient Safety and Serious Incident combined Report- July 2022-February 2023

Category of paper: For assurance

History: Quality Committee Meeting 27 March 2023

Responsible director: Executive Director of Nursing and Allied Health Professionals

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Report author: Patient Safety Manager

Executive summary

A report on Patient Safety and Serious Incidents (SI) is produced bi-annually to provide the Board of Directors with the assurance that Patient Safety is well managed, that incidents are appropriately investigated, and that learning is acted upon to improve patient care.

Patient Safety is inclusive of patient safety culture, patient safety incident management, and the management of Central Alert System notifications that affect the safety of patients.

All Serious Incident investigations are currently subject to an investigation. The investigation seeks to outline the chronology of events, identify where care has not been delivered in line with the expected standard and to understand why this is the case. The investigation process explores LCH systems and processes and contributory factors to patient safety incidents, to identify learning for future improvements.

The learning identified, and reflected within this report, has been shared with the Business Units, Services, and individuals as appropriate to facilitate reflection, discussion, and improvement.

Recommendations

The Board of Directors are recommended to:

- Receive and note the contents of this paper
- Provide any feedback required

Introduction

This paper specifically considers LCH patient safety incidents to provide an overview of the incidents reported during the period. A review will be completed of the three highest reported incident categories and incidents which have been subject to scrutiny at Rapid Review Meeting and reported as Serious Incidents (SIs) following the guidance from the NHS England's Serious Incident Framework published in March 2015. The report will also consider any themes and learning from near miss, no harm and minimal harm incidents where assessed required.

This paper highlights the learning from incidents to provide assurance that appropriate action has been taken to make improvements and that improvements are embedded across the organisation.

On completion, SI reports are reviewed at a Serious Incident 45 day review meeting chaired by the Assistant Director of Nursing and Clinical Governance, the Assistant Director for Allied Health Professionals and Patient Experience or the Head of Clinical Governance. All SI reports are then reviewed for final approval by the Executive Director of Nursing and Allied Health Professionals or the Executive Medical Director.

BACKGROUND

This report will focus on Patient Safety themes, the learning emerging from incidents, and how we share this across the Trust to ensure continuous quality improvement.

The report will provide an overview of our concordance of the Central Alert System patient safety notifications.

The Quality Committee will continue to receive a six monthly report of notable exceptions, assurance, improvement, lessons learned and a any relevant supporting data relating to patient safety.

PATIENT SAFETY OVERVIEW

During the reporting period work has continued in readiness for implementation of the Patient Safety Strategy. A Patient Safety Strategy Working Group has been established and an implementation plan developed to support Leeds Community Healthcare NHS Trust's (LCH) continued improvement journey. Weekly meetings of the Patient Safety Incident Response Framework (PSIRF) Implementation Team have taken place since the 17 January 2023 and task and finish groups have now been established based on the key workstream areas of Governance, Involvement, Strategy and Workforce.

A Virtual Rapid Review (VRR) process was established in November 2022 for moderate and major harm incidents reported in the Adult Business Unit (ABU). 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. The change so far has provided a sustainable approach to

reviewing new patient safety incidents reported as moderate or major harm within ABU to facilitate timely implementation of safety improvements and prevent future backlogs of incidents.

Over the reporting period LCH has continued to adopt some of the methodology from the Patient Safety Strategy in how additional reviews are completed. Additional methods of understanding and achieving learning from incidents have included incident Walkthroughs and After-Action Reviews (AAR).

PATIENT SAFETY INCIDENTS OVERVIEW

There were 2714 Patient Safety Incidents (PSI) reported between July 2022 and February 2023 (**Graph One**). Adult Business Unit (ABU) were the highest reporting portfolio throughout the reporting period. Of these incidents 1599 were reported as causing harm; ABU (1344), Specialist Business Unit (SBU) (218), Children's Business Unit (CBU) (35) and Corporate Business Unit (2).

Graph One – Patient Safety Incidents by Month/Year and Portfolio

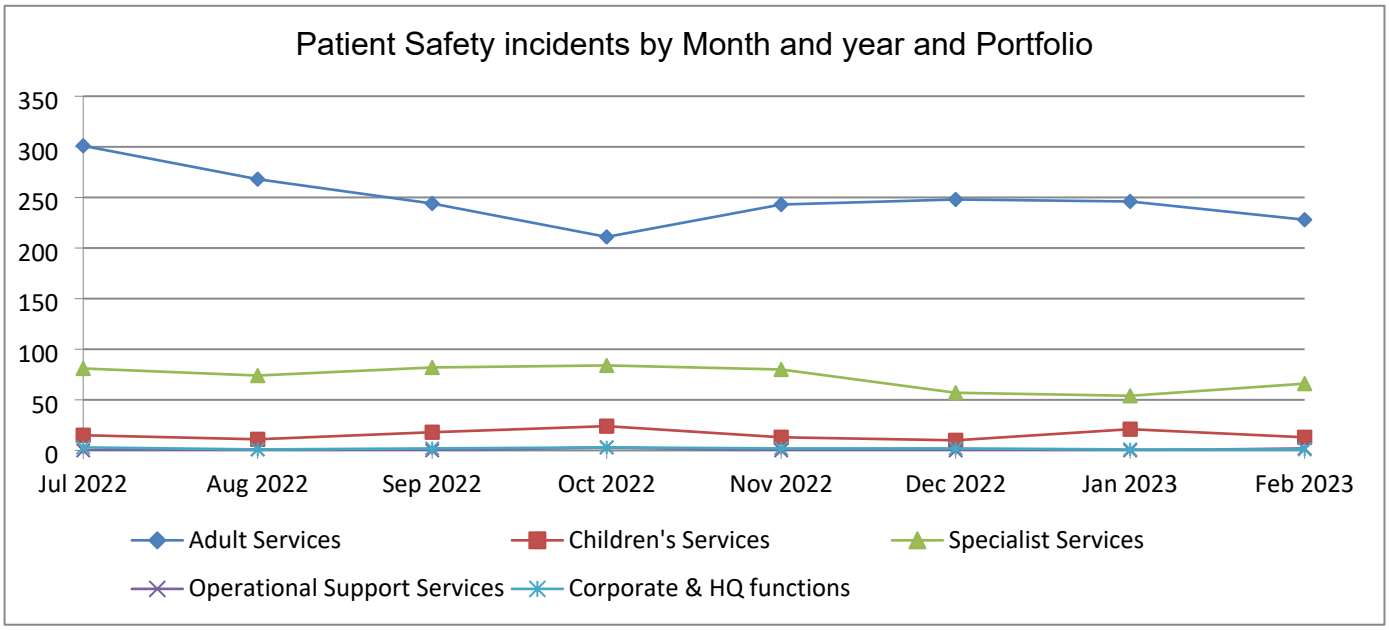


Chart One – Highest reported Incident Categories

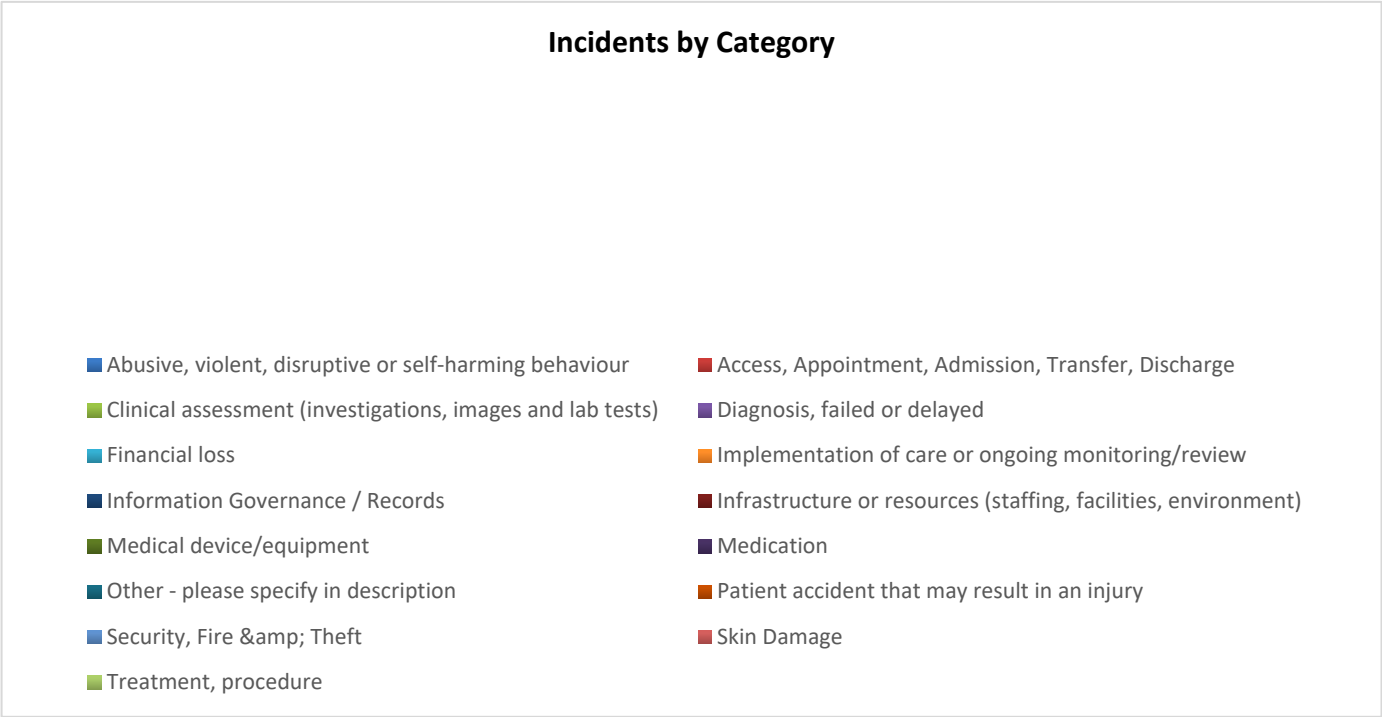


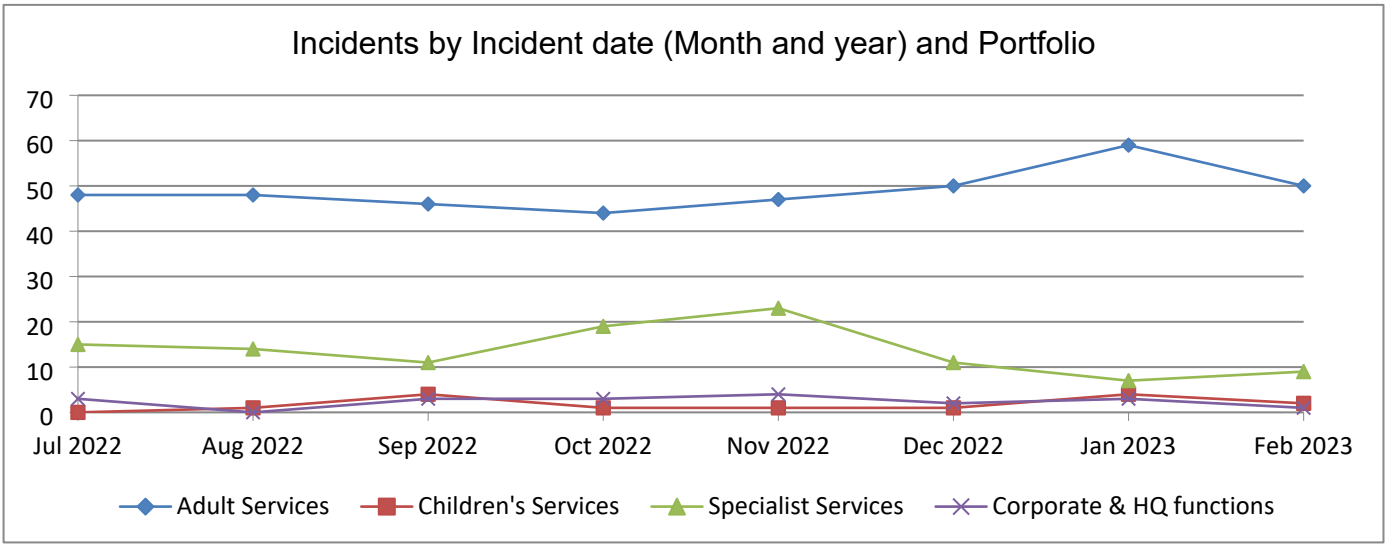
Chart One shows the highest reported incident categories over the reporting period.

All incidents are reviewed in the monthly Business Unit reports and themes and learning shared via Quality Assurance and Improvement Group (QAIG).

Medication Incidents

A total of 534 incidents involving medication were recorded during the reporting period; Adult Business Unit reports the greatest proportion of LCH medication incidents throughout.

Graph Two- Medication Incidents by Month/Year and Portfolio



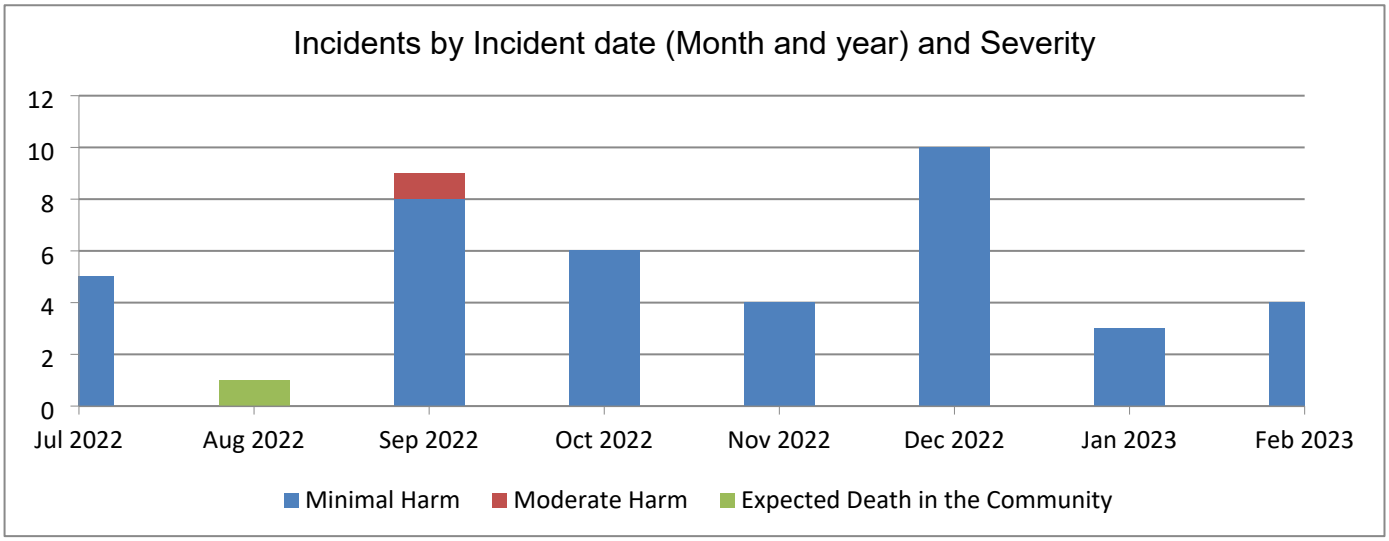
There were forty-two medication incidents that resulted in harm (See Chart Two). Of these, forty were incidents of minimal harm; Adult Business Unit (32), Specialist Business Unit (7), Children Business Unit (2) and Corporate Business Unit (1).

A theme of ensuring that the Five Rights of Medication administration is followed was identified as learning in the Minimal Harm incidents.

There was one medication incident that progressed to a Serious Incident Investigation, this was minimal harm however due to the potential risk associated with the incident a further review was required.

There was one medication incident reported as moderate harm in ABU, this was a delay of three and a half hours in assessment for analgesia resulting in severe pain for the patient. This incident has been reviewed and concluded no lapses in care and remained a moderate harm incident, an AAR is planned for this incident to look at the learning in more detail.

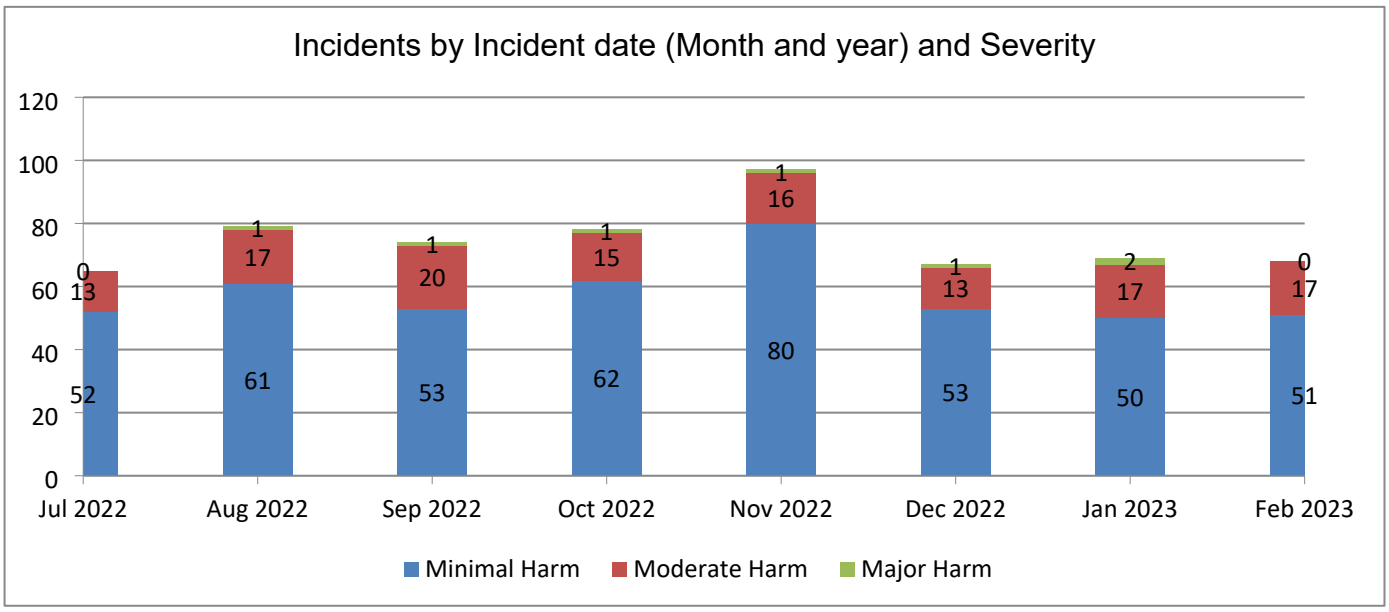
Chart Two - Medication Incidents by Month/Year and Severity of Harm



Pressure Ulcer Incidents

A total of 1241 skin damage incidents were reported the highest sub-category of this was pressure ulcers and 597 were reported between July 2022 - February 2023. Chart Two shows the breakdown of pressure ulcers by month/year and severity of harm. There were 462 minimal harm, 128 moderate harm and 7 major harm pressure ulcer incidents reported.
A learning theme from minimal harm incidents includes ensuring that photographs are taken of pressure ulcers to ensure that progress/ deterioration can be monitored.

Chart Three- Pressure Ulcer Incidents by Month/Year and Severity of Harm



All pressure ulcer incidents recorded as moderate or major harm are reviewed at a Rapid Review/ Virtual Rapid Review Meeting, chaired by the Assistant Director of Nursing, Assistant Director of AHPs, Head of Clinical Governance or Quality Leads; the outcome from this reporting period is shown below.

Moderate Harm pressure ulcer incidents and outcome of Rapid/Virtual Review Meeting

There were 125 moderate harm pressure ulcers reported by the Adult Business Unit, two for the Specialist Business Unit and one for Children Business Unit.

Ninety- two of the moderate harm incidents have been discussed at Rapid Review or Virtual Rapid Review Meeting and the remaining incidents are booked or awaiting a meeting date.

Four incidents progressed to Serious Incident investigation. All four were the Adult Business Unit Neighbourhood Teams, two for Woodsley and one each for Kippax and Seacroft.

There were eleven moderate harm pressure ulcer incidents that required further review following the first meeting, six have concluded and five are awaiting a meeting.

Of the six that have been discussed at Rapid Review Meeting, three concluded no further action required, one identified non-contributory learning and one requires an AAR to explore co-working between Neighbourhood Teams and the Virtual Frailty Ward. The remaining incident identified lapses in care but no further investigation was required as learning was already being progressed at a local and Business Unit level.

Major Harm pressure ulcer incidents and outcome of Rapid/Virtual Review Meeting

There were five major harm pressure ulcers reported by Adult Business Unit and two for Children Business Unit.

Six of the incidents have been discussed at Rapid Review Meeting and the remaining incident is scheduled into a meeting date in March.

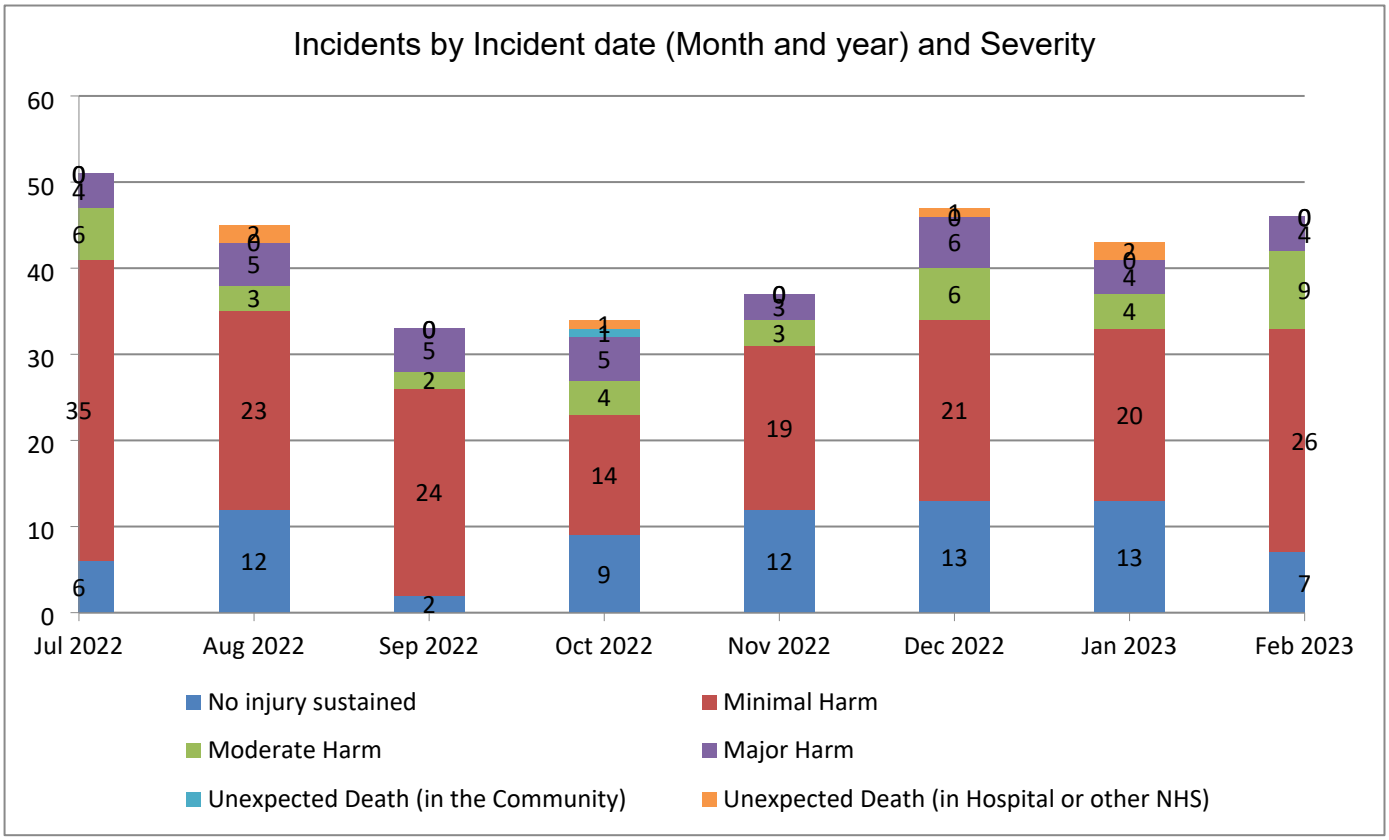
Two have proceeded to Serious incident investigation and four required no further action. Of the two that progressed to Serious Incident, both were Children's Business Unit incident and related to Category Four pressure ulcers.

As there have been two pressure ulcers reported in children services that have progressed to Serious Incident a clinical audit linked to the learning has been requested to ensure patients on the current caseload who are at risk of pressure damage have been assessed and have an appropriate plan in place to manage the risk. This is to mitigate any risk prior to the completion of the Serious Incident Investigation and actions plans.

Falls Incidents

A total of 363 Patient accidents that may result in an injury were reported, the highest subcategory of this was slips, trips, and falls where 336 incidents were reported between July 2022 - February 2023. Chart four shows the breakdown of falls by month/year and severity of harm.

Chart Four- Falls Incidents by Month/Year and Severity



Of the 336 incidents recorded, 36 were major harm, 37 moderate harm, 182 minimal harm, and 74 were no injury sustained, the remaining seven falls were reported as unexpected deaths.

There were no additional specific learning themes identified for no harm or minimal harm incidents other than those identified for the moderate and major harm incidents which are provided in the learning section of this report.

All falls incidents recorded as moderate or major harm are reviewed at a Rapid Review/ Virtual Rapid Review Meeting, chaired by the Assistant Director of Nursing, Assistant Director of AHPs,

Head of Clinical Governance or Quality Leads; the outcome from this reporting period is shown below.

Moderate Harm falls incidents and outcome of Rapid/Virtual Review Meeting

There were 33 moderate harm falls reported by the Adult Business Unit, four for the Specialist Business Unit and zero for Children Business Unit.

Twenty-six of the moderate harm incidents have been discussed at Rapid Review or Virtual Rapid Review Meeting and the remaining incidents are booked or awaiting a meeting date.

There were three moderate harm falls incidents that required further review following the first meeting, one concluded no further action, one identified learning but this was not contributory to the incident occurring and the remaining incident is awaiting a meeting date.

One incident required an Internal Concise Investigation, this has since been StEIS reported as it was identified there were lapses in care at the 25 day review meeting.

Major Harm falls incidents and outcome of Rapid/Virtual Review Meeting

There were 36 major harm falls reported by Adult Business Unit, there were no reported major harm falls for the Specialist or Children Business Unit.

Thirty of the incidents have been discussed at Rapid Review Meeting and the remaining six are booked or awaiting a meeting date.

Five incidents for the Adult Business Unit Neighbourhood Teams progressed to Serious Incident, there were one each for Meanwood and Holt Park and three for Armley. The incidents for Armley will be completed as a Thematic Review and a local falls investigation meeting has taken place with early learning shared with the team. The themes have been shared with the Clinical Effectiveness Workstream as an area of focus for the next planned Quality Walk with the service to identify the impact of the falls investigation meeting and to review the ongoing work in the team in relation to falls management.

There were eight major harm falls incidents that required further review following the first meeting, five have concluded no further action and the remaining three are awaiting a meeting.

Unexpected Deaths and falls

Of the seven unexpected deaths with falls, four have been discussed at Rapid Review Meeting, three concluded as no further action required and one identified lapses in care and a Serious Incident Investigation is being completed. Two are booked into a meeting date and the remaining incident is awaiting completion of the Rapid Review report.

SERIOUS INCIDENTS

Serious incidents continue to be predominantly managed under the 2015 Serious Incident Framework at present, however in line with the Patient Safety Strategy, LCH has adopted an approach that focusses on human factors, systems thinking and contributing factors as opposed to relying on root causes to inform learning. The triggers for completion of a Serious Incident

Investigation are incidents of moderate or major harm where contributing lapses in care are identified, patient deaths with lapses in care or no/minimal harm incidents which have associated high levels of risk that warrant further review.

Strategic Executive Information System (StEIS) reportable Serious Incidents

Over the period July 2022 – February 2023, the Trust reported 22 serious incidents on the StEIS system. Following further review one incident was de-logged from StEIS at the 25 day meeting as it did not meet the SI criteria, therefore 21 were progressed to a full Serious Incident investigation.

Table One - LCH SI's by Adverse Event and Quarter reported

	Jul - Sept	Oct - Dec	Jan - Feb	Total
Contra-indication to the use of the medication	0	1	0	1
Injury caused by medical device	1	0	0	1
Lack of clinical or risk assessment	1	0	0	1
Pressure Ulcer acquired during LCH NHS Care	3	3	3	9
SUDIC	0	1	0	1
Unexpected Death (in Hospital or other NHS)	0	2	0	2
Unexpected Death in Custody	0	1	0	1
Unexpected Death in the Community	0	0	1	1
Fall from a height, bed or chair (Patient)	0	1	1	2
Fall on level ground (Patient)	0	0	2	2
Suspected fall (Patient)	0	0	1	1
Total	5	9	8	22

The Trust had no never events in this reporting period.

As of 8 March 2023, ten of the above remain under investigation and eleven have been completed and had Executive Director sign off. Action plans generated from SI investigations are agreed at the final review meeting and added to Datix® for monitoring purposes.

Serious Incident Root Causes and Contributory Factors

During this reporting period, the Organisational Development and Improvement Team have been attending 45 day review meetings for Serious Incidents to support the development of Specific, Measurable, Achievable, Realistic and Timely (SMART) action plans that clearly link to the root cause, contributory factors and themes of learning. In addition, improvement work remains ongoing in Datix® to improve the recording of learning to enhance the quality of reporting and monitoring.

The tables below depict the causal factors, contributory factors and themes identified during this reporting period.

Causation Factors	
Lack of effective case management / senior review	4
Patient concordance	1
Lack of effective pressure ulcer or falls management	2
Communication breakdown with external services	2
Inappropriate clinical judgement / reasoning (triage or at visits)	1
Risk Assessment not completed / patient risks not identified	1
Failure to follow policy or agreed procedure	1
Communication breakdown within LCH services	2
Inadequate record keeping	2
Risk Assessment (PURPOSE-T) not completed / patient risks not identified	1

Contributory Factors/Themes	
Inappropriate clinical judgement / reasoning (triage or at visits)	1
Patient capacity	3
Staff capacity issues	6
Failure to follow pressure ulcer prevention and management policy or agreed procedure (e.g. infection framework)	4
Lack of / inadequate staff training	1
Incorrect provision / use of equipment	2
Delays in equipment	1
Lack of effective case management / senior review	2
Communication - Breakdown with external services	1
Communication - Breakdown with patient or carer	3
Communication - Breakdown within the team	4
Failure to identify Risks	4
Staff Training - Insufficient Knowledge / Skills	1
Assessments – Poor Quality	2
Assessments – Delay	1
Record keeping – Poor Quality	1
Documentation standards – missing information	2

Highlights, Learning and Improvements

Learning from Serious Incident Investigations- July 2022- February 2023

The top learning identified from Investigations includes but not limited to:

Learning from closed SIs
Appropriate time to be allocated for the Purpose T completion on first visits to patients (if clinical judgement or history identifies the patient is at risk)
Escalating concerns to Senior Leadership Team including capacity and demand
Concordance of pressure relieving equipment added to care plans and recorded at each visit

Patient records should contain discussions and actions taken in Cluster Handovers / Safety Huddles identifying concerns / risks and management of care with nursing and therapy staff, including delayed visits.
Concordance of pressure relieving equipment added to care plans and recorded at each visit
Clear documentation for the patient's consent to care and treatment and mental capacity, with specific details for: *Lasting Power of Attorney for Health/Finance *Best Interest decisions *Advocate *Duty of Candour *Agreement to sharing information with the patient *Consider any impact - either temporary or permanent which may affect a patients ability to consent or make decisions ie a learning disability , mental health diagnosis or acute cognitive impairment such as confusion or delirium. Staff to ensure information verbal/written is offered in a suitable medium.
Where family members are supporting patients, staff should ensure that appropriate advice is given including instructions and check that they understand the rationale and potential consequences of not following advice. All staff members should ensure that advice is re-iterated at every visit to ensure instructions are followed.
Importance of completing a thorough holistic assessment
A rationale should be recorded in the patient records when unable to check a full lying and standing blood pressure
Where there are concerns regarding unwell/ potentially deteriorating patients these visits should be allocated to registered clinicians
If a falls pendent/sensor is required for a patient staff should follow up that this has been received and is in use
Clinical Care Frameworks should be followed by staff when providing care
To reduce the risk of meatal tear for patients with a catheter they should be provided with should be provided with: A catheter passport How to prevent injury from catheter leaflet Verbal advice and education including correct use of a fixation devices The catheter should be recorded as a medical device on Purpose T The meatus should be checked as part of routine skin checks during visits to reduce

Highlights from Medication Incidents

Key learning and improvements from recurring themes and the actions taken or underway are detailed below:

Adult Business Unit

Training sessions have been delivered by the Medication Safety Officer to improve knowledge of risk and product information to support the safe administration of insulin.
These include:

- Further safe insulin administration sessions delivered to staff outside the ABU providing support to Neighbourhood Teams
- Training sessions on safe administration of medicines and safe administration of Insulin for ABU senior leadership team. This enabled senior leaders to be able to be able to offer support for Neighbourhood Teams at times of capacity challenge.
- Guidance on using high dose insulin products (200units/ml and 300units/ml) for Wetherby NT in response to an incident where wrong dose was administered.

Specialist Business Unit

The Leeds Sexual Health Service are now auditing records of prescribing and supply of combined hormonal contraception. This is following an incident where a patient was prescribed with a product contra-indicated in line with other medical conditions.

Childrens Business Unit

Medicines management have supported ICAN to establish a robust process to ensure that where paper FP10 Prescriptions are still required, they are kept securely, logged if used and routinely checked.

Support has been provided to Children's Continuing Care and Hannah House to review the process and provision of more robust peer support for care of children with Intravenous lines.

As part of the CAMHS Medication Clinic Review, Medicines Management have facilitated discussions across Leeds to try and establish a shared care model for physical health monitoring of young people receiving treatment for ADHD.

Full details of LCH medication incidents is held in the Medicines report, presented quarterly to QAI.

Highlights from Pressure Ulcer Incidents

Key learning and improvements from recurring themes and the actions taken or underway are detailed below:

Physiotherapy and Occupational Therapy

Referrals and discussions should take place with Physiotherapists and Occupational Therapists who can provide support and advice for patients in relation to positioning and posture to help prevent deterioration in skin integrity, including seating.
A learning from incidents poster will be completed in relation to this learning regarding seating, posture and repositioning.

Mental Capacity

Mental Capacity Act (MCA) 4 forms should be completed earlier for patients who are making unwise decisions.
Learning sessions on the use of MCA4 form for patients making unwise decisions is facilitated by the Named Nurse for MCA and Dementia and are held monthly and available to all staff. One minute guides, practitioner quick reference guides and a learning from

incidents poster are all available on the Trust intranet and have been circulated to the Business Units. Awareness continues to be raised in Rapid Review meetings in relation to the tools available to support staff when they are caring for patients deemed to be making unwise decisions. This has also been considered by the LCH Pressure Ulcer steering group through a workshop with attendance of the Named Nurse and remains on the Trust improvement plan for monitoring.

Safeguarding

Safeguarding concerns should always be recorded in the significant events tab on SystmOne to provide a chronology of the concern identified.
There has been a campaign within LCH to raise the awareness of the significant events function in the Daily Briefing which is circulated to staff citywide. The Safeguarding Team actively discuss and encourage staff to use the function within SystmOne during calls made to their team and as part of Rapid Review Meetings. The Significant events template is also included in the level three Safeguarding Training available to all staff.

The pressure ulcer assessment matrix has been used throughout the reporting period to support more accurate assessment of the harm attributed to Category 3 and Unstageable pressure ulcers (Appendix 2). This has continued to support the most appropriate level of investigation based on harm and episode of care rather than solely on the pressure ulcer category as was previously the case. This aligns to the Patient Safety Strategy to ensure a proportionate approach is taken to incident investigation.

Virtual Rapid Reviews are completed for incidents reported by the Adult Business Unit Neighbourhood Teams for Category Three and Unstageable Pressure ulcers. This is a risk based, proportionate approach to sustain timely reviews of Patient Safety Incidents during the transition to the Patient Safety Incident Response Framework (PSIRF).

All learning identified from Serious Incident Investigations for Pressure Ulcers are cross referenced against the Pressure Ulcer Steering Group's improvement plan.

Highlights from Falls Incidents

Key learning and improvements from recurring themes and the actions taken or underway are detailed below:

Falls Risk Assessment

Tier 1 falls risk screening questions have been repeated during episodes of care when they only need to be completed on initial assessment

Tier 2 falls risk assessment not completed due to Tier 1 score not indicating the need. However, there were falls risk apparent and clinical judgement should have been used to identify the need for completion of the Tier 2 falls risk assessment.

Tier 2 falls risk assessment repeated when the patient has a fall on the caseload. The falls risk management template should be completed instead of the Tier 2 falls risk assessment to aid documentation of detail.

Learning from incidents posters have been recirculated Citywide in relation to appropriate and accurate completion of Tier 1, Tier 2 and Falls Risk Management Templates.

Lying and Standing Blood Pressure

Lying and standing blood pressure not completed, and no documented rationale to explain why, leading to missed opportunities for completing lying and standing blood pressure when required. When a postural drop is identified appropriate management has not always been followed through.

A Learning from incident memo has been disseminated to reiterate the process for lying and standing blood pressure.

A Focus Group has been completed with registered clinical representatives from the Neighbourhood Teams and Community Neurological Rehabilitation Service to support understanding of why lying and standing BP is not routinely completed as part of Tier 2 falls risk assessment.

The observations template has been developed to incorporate lying and standing blood pressure. There is a specific area on the template for documenting the rationale if unable to complete or complete fully, work remains ongoing to embed the use of this in practice.

Osteoporosis Risk

Osteoporosis risk was not identified in every case with some falls resulting in fractures which may have been avoided if proactive identification had been completed on initial assessment.

The Osteoporosis risk questions on the Tier 2 falls risk assessment have been updated to give more guidance and raise awareness for clinical staff on what to consider.

Physiotherapy

Lack of clarity and consistency on prioritisation of patients on the therapy waiting lists when there has been an identified patient deterioration whilst on the waiting list and re-prioritisation is required.

Limited physiotherapy assessments, that can be more focussed on mobility, rather than strength and balance as the evidence base for falls prevention.

Lack of provision of evidence-based strength and balance exercise programmes to falls risk patients, a tendency for seated exercises was noted with no progression and no documented rationale for why seated exercises were being completed.

There were opportunities to liaise with the falls team where appropriate for support and advice on management of patients at risk of falls.

Education sessions have been arranged for Neighbourhood Team Physiotherapists provided by the Falls Service to focus on Physiotherapy assessment of falls risk and provision of evidence-based strength and balance exercise programmes.

Continued Improvements

The following continued improvements are ongoing:

Correct assessment process and pathway for falls risk assessment is reiterated as learning from the Rapid Review investigations to be taken back to the relevant teams

The Community Falls Service are currently running falls education sessions for registered staff in the Neighbourhood Teams initially to highlight falls assessment, prevention and management

Therapy triage is being reviewed as part of the Neighbourhood transformation project

The LCH falls and bone health pathway is currently being reviewed and updated to reflect new guidance (World Falls Guidelines)

All learning identified from Serious Incident Investigations for Falls are cross referenced against the Falls Steering Group's improvement plan.

Virtual Rapid Reviews are completed for moderate and major harm falls reported by the Adult Business Unit Neighbourhood Teams. This is a risk based, proportionate approach to sustain timely reviews of Patient Safety Incidents during the transition to the Patient Safety Incident Response Framework (PSIRF).

Organisational Learning

To enhance wider learning across the Trust, there have been two Patient Safety Summits in this reporting period. Both have taken place via MS Teams with good attendance and additional learning identified from cross Business Unit conversations. The Summit which took place in January 2023 included discussions around Mental Capacity, promoting a Just Culture and device related pressure. A Safety Summit snapshot newsletter is circulated with key learning messages after each summit to support a further spread of learning.

The Patient Safety Team provide a quarterly report to both the LCH Pressure Ulcer and Falls Improvement groups. This quarterly analysis allows the respective steering groups to consider themes and trends of learning incorporated into the Trust improvement plans.

The introduction of the Patient Safety Incident Response Plan (PSIRP) will continue to drive more meaningful involvement of patients, families, and staff in investigations embedded across LCH. The Patient Safety Incident Response Framework (PSIRF) Implementation Team has a key working group underway to focus on involvement.

CENTRAL ALERTING SYSTEM (CAS) SAFETY ALERTS

There were fifty-one CAS Alerts received during the reporting period, all of which were assessed by either the Patient Safety Manager, Medicines Safety Officer or Medical Device Safety Officer. Eight of these required a response on the CAS website and all were acknowledged, assessed, and actioned within the allocated timeframe.

Of the Fifty-one alerts, thirty-two of these were not applicable, four were for information only and the remaining fifteen were for action (See Appendix One).

Of the nineteen for information or action, sixteen have been closed and the remaining three are open but action is underway.

There are two alerts which are open as part of NHS England's Enduring Standards, where Trusts are asked to ensure they remain concordant with historical alerts.
The first relates to NasoGastric (NG) Tube misplacement. This alert has been reviewed by the Medical Device Safety Officer and the Children's Business Unit who re site NG tubes. They have assessed the Children's NG Tube Management guidance and the Adults Policy for Ongoing Care of NG Tubes as appropriate, the two will be combined for an organisational policy. The Children's Business Unit adopted the Leeds Integrated Pathway for NG Tube Placement, the pathway is due for review in April 2023 by LTHT and LCH will support the review.

The second relates to pulse oximeters and the original alert and Enduring Standards are being reviewed by the Senior Leadership Team and Medical Device Safety Officer.
A detailed overview of the CAS Alerts received and managed is contained in the bimonthly Clinical Governance report.

Appendix One – CAS Alerts relevant to LCH

Reference	Issued	Type	Status	Description
CEM/CMO/2022/011	05/07/22	National Patient Safety Alert	For Information Only	Commencement of a Palivizumab Passive Immunisation Programme Against Respiratory Syncytial Virus (RSV) in At Risk Infants in England, Scotland and Wales
MDR 261-05/21	19/07/22	Drug Alert	For Information Only	Class 2 Medicines Recall Hameln pharma ltd, Amiodarone Hydrochloride 50 mg/ml Concentrate for Solution for Injection/Infusion, EL(22)A/31
MDR 041-07/22	20/07/22	Drug Alert	For Information Only	Class 4 Medicines Defect Information: Omega Pharma Limited, Niquitin 14mg Clear Patch (14 patches), EL(22)A/32
MDR 200-05/22	21/07/22	Medical Device Alert	For Action	Class 4 Medicines Defect Information: Novo Nordisk Limited, NovoRapid® FlexTouch® 100 units/ml, Saxenda® FlexTouch® (liraglutide) 6mg/ml, EL(22)A/33
MDR 004-08/22	22/08/22	Drug Alert	For Action	Dysport 500 Units Powder for Solution for Injection, EL(22)A/36
No Reference No.	07/10/22	National Patient Safety Alert	For Action	Ebola: outbreak of Sudan ebolavirus in Uganda
MDR 019-10/22	13/10/22	Drug Alert	For Action	Class 4 Medicines Defect Information: Flamingo Pharma UK Ltd, Ibuprofen 400mg Tablets, Paracetamol 500mg Tablets (Caplets), EL (22)A/43
NatPSA/2022/0	21/10/22	Drug Alert	For Action	Recall Of Targocid 200mg Powder For Solution For Injection/Infusion Or Oral Solution, Aventis Pharma

08/MHRA				Limited T/A Sonofi, Due To The Presence Of Bacterial Endotoxins
MDR 014-10/22	27/10/22	National Patient Safety Alert	For Action	MHRA - Class 4 Medicines Defect Information: Recordati Rare Diseases, Pedea 5 mg/ml solution for injection, EL(22)A/45
MDR 130-10/22	27/10/22	National Patient Safety Alert	For Information Only	Class 3 Medicines Recall: Medreich PLC, Mebeverine hydrochloride 135mg Film-coated tablets, EL (22)A/46
CEM/CMO/2022/014	28/11/22	Drug Alert	For Action	Treatments For Highest Risk Non-Hospitalised Patients (Adults And Children) With Covid-19
UKHSA - Urgent public health message: Invasive Group A Strep	06/12/22	National Patient Safety Alert	For Action	Urgent public health message - Group A Streptococcal Infections in children
MDR 206-11/22	05/12/22	Drug Alert	For Action	Class 4 Medicines Defect Information: ADVANZ PHARMA, MacroBID 100mg Prolonged-Release Capsules, EL (22)A/50
MDR 108-11/22	06/12/22	Drug Alert	For Action	Class 4 Medicines Defect Information: Galderma (U.K.) Limited, Etrivex 500 micrograms/g Shampoo, EL (22)A/51

MDR 031-12/22	19/12/22	Drug Alert	For Action	MHRA - Class 4 Medicines Defect Information: Galderma (U.K.) Limited, Epiduo 0.1% / 2.5% gel (45 g), EL (22)A/52
UKHSA - Urgent public health message: Actions needed in response	19/12/22	National Patient Safety Alert	For Action	Infectious diseases in asylum seekers: actions for health professionals
NatPSA/2023/001/NHSPS	10/01/23	National Patient Safety Alert	For Action	Use of oxygen cylinders where patients do not have access to medical gas pipeline systems
MMS-23-4678	09/02/23	Field Safety Notice	For Action	BD Bodyguard Micro sets
EL (23)A/04	22/02/23	Drug Alert	For Action	MHRA - Class 4 Medicines Defect Information: Reckitt Benckiser Healthcare (UK) Limited, Lemsip Max Cold and Flu Capsules, EL (23)A/04

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 31 March 2023
Agenda item number: 2022-23 (155)

Title: Combined Workforce Strategy Update and Quarterly Workforce Report

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Category of paper: Information

History: Business Committee February 2023

Responsible Director: Director of Workforce

Report author: Director of Workforce

Executive Summary

Purpose

This paper provides a combined update for the Committee comprising the Workforce Quarterly Report and progress on the 2021-25 Workforce Strategy.

It is scheduled to progress to the next meeting of the LCH Board.

Main Points for consideration

LCH continues to operate in a challenging environment and requires innovative, agile and high quality workforce approaches to support its success.

This report highlights a range of examples where LCH has achieved success in this regard, and the nature of the ongoing challenges faced.

Achievement of LCH's Workforce Strategy objectives is progressing in many areas at the end of its first year, although the national embargo on the 2022 Staff Survey results means that not all progress is publicly reportable.

Strategy updates will continue to be provided throughout the remaining two years of the Strategy's life span.

Recommendations:

It is recommended that the Board notes the context, achievements and progress described in this paper and in relation to the LCH Workforce Strategy 2021-25.

Combined Workforce Strategy Update and Quarterly Workforce Report

1. Introduction

This paper provides a combined update for the Committee comprising the Workforce Quarterly Report and progress on the 2021-25 Workforce Strategy. It is scheduled to progress to the next meeting of the LCH Board.

The report is structured in thematic narrative sections aligned with current organisational priorities and the Workforce Strategy themes. For brevity and impact, each section provides an update on a small number of key areas, rather than a narrative on every single area of work and progress.

A dashboard showing progress against each of the Workforce Strategy's agreed measures is at ***Appendix 1.***

2. Resourcing and organisational design:

Enhancing LCH's workforce capacity through recruitment, retention, support and incentivisation remains our highest workforce priority.

This area is showing some notable successes, however the overall labour market and economic context continue to represent considerable challenge:

- **Workforce numbers**: the net movement of staff at LCH since 1 April 2022 has been an increase of 134 people. Turnover continues to settle from its post-pandemic peak, standing at 13.1% in January 2023. Whilst these are positive indications for LCH recruitment and retention, the growth in overall funded vacancies and the patterns of recruitment, turnover and demand within the organisation mean that considerable challenges remain.
- **Hyper-local recruitment** continues to yield positive results when carefully planned and targeted. Since April 2022, hyper local recruitment has yielded 97 appointments against a 2022/23 stretch target of 50 appointments. Its primary success has been in unregistered roles; although 19 registrants have also been appointed. A resourcing lead together with a temporary hyper local recruitment coordinator, working closely with service leads and external stakeholders, have been instrumental to the success of this work.
- **International Recruitment** resulted in the successful appointment of a first cohort of 7 registered nurses in the first half of 2022/23. Work is ongoing to appoint up to 30 further registered nurses by 31 March 2023. Substantial support both inside and out of work is a vital component of enabling our international nurses to thrive.
- **Onboarding review:** our Workforce Strategy aspiration to shorten the LCH Time to Hire (TTH) and improve the efficiency of our onboarding processes are delivering some successes. The LCH TTH over a rolling 12 month period currently stands at 73 working days, against a target of 85 working days. More recently, since the commencement of specific improvement initiatives, the TTH since September 2022 stands at 64 working days.
- **Workforce Planning:** our work to understand in more granular detail the future requirements of our professions and services continues to progress. Particular progress

has been made since the last update, on building the required data infrastructure and agreeing an initial view of priority services and roles / professions on which to focus. Some good engagement with Business Units and services in terms of developing their plans; the time available for this can be affected by operational pressures.

- **Incentives:** the previous financial incentives included in the LCH "Winter Care Package" came to an end in January 2023, and have been replaced by a "Critical Shift Incentive" package for Q4, which offers workers a 25% bonus for each shift undertaken via the LCH Bank that is designated as "critical. To date approximately 60 shifts have been designated as "critical", with up to 20% of these filled following the application of the Critical Shift Incentive. Implementation support continues to be offered to services.
- **Industrial Action:** in December 2022 LCH experienced 2 days of industrial action linked to the Royal College of Nursing (RCN) and a national dispute. Led by the Executive Director of Nursing and AHPs, local negotiations regarding derogations and the continuity of care for communities were constructive, and industrial relations within LCH remain positive. Future national dates for RCN industrial action have been announced as 1 March to 3 March 2023 and are expected to affect LCH.

3. Inclusion

- **Representation** within the LCH workforce is showing some small improvements linked to hyper-local recruitment, where 29% of appointees since 1 April 2022 are from a Black, Asian or Minority Ethnic (BAME) background and 12.2% of the overall LCH workforce reports as BAME. Work is also ongoing to create the conditions in which higher numbers of more senior posts are attractive to, and filled by, a more diverse talent pool. This includes both considering how and where posts are advertised; and increasingly ensuring inclusion is embedded into selection processes. This work needs to be intrinsic to LCH's recruitment & selection processes, and talent management processes, if the Trust is to achieve its Workforce Strategy representation targets by 31 March 2025.
- **Measuring the impact of interventions:** in addition to gathering qualitative feedback on well-received LCH programmes like Allyship and Reverse Mentoring, 2023/24 will see LCH assessing the impact of those programmes quantitatively, analysing WRES metrics over time at service level to determine any changes correlating with programme attendance. In the meantime the qualitative feedback continues to suggest positive impact, for example with REN members and senior leaders from the Leeds Sexual Health Service describing changes in approach to recruitment practices across all vacancies as a direct consequence of Allyship Programme attendance.
- **No Bystanders**, the LCH terminology for identifying and addressing unacceptable behaviours in the workplace, continues to develop following the successful No Bystanders event held in Autumn 2022. Publicity materials about reporting and providing support in the event of unacceptable behaviours are scheduled for launch this quarter, together with the rollout of a toolkit to support service level No Bystanders discussions.
- **Staff Survey results:** are a primary measure for LCH to measure the extent of disparity of experience between those with and without protected characteristics. At the time of writing the 2022 Staff Survey results, whilst received by LCH, remain under embargo and cannot be shared in public documents; they will be shared at the Public Board meeting on 31 March 2023 and used to update the next iteration of the Workforce Strategy progress measures.

4. Health & Wellbeing

Our Workforce Strategy Wellbeing theme aims to achieve LCH's best ever attendance, capability and satisfaction, through supporting the physical, psychological and financial wellbeing of employees.

The Health and Wellbeing offer at LCH is strong, and adapts to meet the changing needs of the workforce, for example with the addition of Financial Wellbeing measures since the introduction of the Workforce Strategy 2021-25. Health and Wellbeing needs, in the current context, remain high.

- **Sickness absence** in January 2023 was at 6.8%, compared with 8.1% in January 2022, and short term sickness absence levels have remained within tolerance throughout 2022/23 to date. However overall sickness absence is yet to return to the <5.8% levels of pre-pandemic, whilst the <5% ambition of the Workforce Strategy remains very ambitious. Particular focus remains on supporting the prevention of and return from long term sickness absence, where stress/anxiety/depression remains the most prevalent sickness absence reason.
- **A Disability & Long Term Conditions group** has now been established for LCH. Its chair and vice chair are clinicians with specialist knowledge as well as lived experience in this area; and approximately 40 LCH employees have expressed interest in membership. The group's agenda to date has included accessibility considerations for the new LCH Staff Hub; and the Managing Attendance Policy.
- **Psychological Support**: following the successful introduction of dedicated psychological support for LCH staff on a temporary basis during the pandemic, we have been delighted to be able to secure this vital permanent appointment. Key achievements since June 2022 have been the development of a new critical incident debriefing model; the development of a tiered structure of psychological support and interventions for staff; and a training pilot on the subject of supporting staff experiencing stress, anxiety and depression.
- **Financial wellbeing**: the uptake of Wagestream shows that since its introduction for all substantive LCH staff in June 2022, 400 substantive staff have downloaded the Wagestream app, with up to 150 using it to access up to 35% of their earnings in-month. Staff are also using the InstantPay application to save a proportion of their earnings and to track their in-month earnings.

5. Workforce projects & agility

The Workforce Directorate aims to provide a responsive and, where possible, proactive service in support of organisational needs and priorities. This can mean that resources are redirected to ensure the most urgent needs are met, with other work, including Workforce Strategy-related work, being reprioritised.

Examples of this in recent months include the rapid planning and implementation of the complex TUPE transfer of two inpatient wards into LCH from a private provider; the design and implementation of Incentive Schemes, and the work on the LCH Vaccination Service.

6. Conclusion

LCH continues to operate in a challenging environment and requires innovative, agile and high quality workforce approaches to support its success. This report has highlighted key examples where LCH has achieved success in this regard, and the nature of the ongoing challenges faced.

Achievement of LCH's Workforce Strategy objectives is progressing in many areas at the end of its first year, although the national embargo on the 2022 Staff Survey results means that not all progress is publicly reportable. Strategy updates will continue to be provided throughout the remaining two years of the Strategy's life span.

7. Recommendations:

It is recommended that the Board notes the context, achievements and progress described in this paper and in relation to the LCH Workforce Strategy 2021-25.

Appendix 1: Workforce Strategy Dashboard:

The dashboard below brings together the Workforce Strategy Measures by theme. A Delivery Plan for the measures is under development, that will aim to show trajectory as well as progress.

Progress against NHS Staff Survey-related measures will need to be reported after the lifting of the national embargo currently preventing individual Trusts' 2022 Staff Survey results from being shared publicly.

Theme	Ref	Objective	December 2022 / January 2023	Notes
Resourcing	1a	Bank fill rates increase by 10% and active Bank capacity increases by 20%	Some progress; further improvement required	Overall Bank capacity increased by 10.5% since 1 April 2022 (currently 1122 assignments) Fill rates fallen between April 2022 (54%) and December 22 (46%) December fill rates impacted by festive season and by industrial action. Improvement expected in Q4 and Q1
	1b	Turnover is below 13%, with stretch target of 11%	On track to achieve 2025 objective	Turnover down from 14.4% in April 2022 to 13.1% in Jan 2023
	1c	Vacancy fill rates achieve 90%, with more applicants for hard-to-recruit roles than in 2020/21		To be reported from Q1 2023/24
	1d	Range of advertising and marketing options is increased, with regular targeted campaigns for high priority roles / services	2025 objective being achieved currently	Social media campaigns for Police Custody, YOI, 0-19 and Community Nursing have taken place. Hyper local recruitment has secured 97 appointees including 19 registrants since 1 April 2022 against a 22/23 stretch target of 50 appointees,
	1e	Recruitment Service offer is clearly specified, with associated KPIs regularly monitored and achieved	On track to achieve 2025 objective	Time to Hire KPI in place for 23/24 and being achieved (73 working days against a target of 85 working days). Service review work underway.
Organisation Design	2a	Resourcing plans are in place for each Business Unit and refreshed annually	On track to achieve 2025 objective	Work in progress. SBU plan more advanced than other BUs
	2b	The overall LCH Workforce Plan reflects system partnership approaches to specific pathways, careers or roles	On track to achieve 2025 objective	Citywide work on AHP and Practice Nurse Career Pathways; 2 cohorts of International Recruitment undertaken in partnership; City combined Workforce Plan submission
	2c	eRostering is fully implemented, enabling systematic skills and capacity planning by services	On track to achieve 2025 objective	National targets achieved. 1 clinical service left to implement (down from 4 in previous report)
	2d	Hybrid Working is fully embedded, supporting and informing the design and delivery of LCH approaches to Estates, Sustainability and Digital	On track to achieve 2025 objective	Hybrid Working Principles established and have informed design of new LCH Hub building
	2e	A new LCH approach to Flexible Working is developed and introduced, with some form of flexible working taken up by >50% of LCH staff	On track to achieve 2025 objective	LCH SRO role in Citywide Flexible Working Project; embedding "art of the possible" approach in LCH and citywide.

Leadership	3a	Staff Survey results evidence overall improvement of at least 5 percentage points in staff experience of their leaders		Awaiting lifting of 2022 Staff Survey result embargo (currently 9 March 2023)
	3b	New managers have attended an LCH Leadership Essentials module, or provided evidence of recent equivalent training with a previous employer.	On track to achieve 2025 objective	"Substantial Assurance" Leadership Audit undertaken during Q2. Definition of managers in scope under consideration
	3c	Every member of the LCH Senior Leadership team has undergone 360 degree assessment	On track to achieve 2025 objective	Whole-Board 360 degree assessment has taken place, with action plan agreed. New approach to 360 degree assessment under consideration.
	3d	LCH talent management programme cohorts are at least representative of the diversity of the LCH workforce, with underrepresented groups specifically targeted for opportunities to develop their career	Some progress; further improvement required	Resource identified for LCH talent management project refresh starting Q4/Q1
Inclusion	4a	14.5% of the LCH workforce have a Black, Asian & Minority Ethnic background, increasing from 10% in 2021 and working towards 18% by 2028	Some progress; further improvement required	Improvement from 11.8% in April 2022 to 12/2% in January 2023. Rate of improvement needs to accelerate to achieve target.
	4b	LCH talent management programme cohorts are at least representative of the diversity of the LCH workforce, with underrepresented groups specifically targeted for opportunities to develop their career	Some progress; further improvement required	Resource identified for LCH talent management project refresh starting Q4/Q1
	4c	Staff Survey results evidence reduction of at least 50% in the gap in discrimination experience of disabled and BAME respondents, with aspirations towards complete closure of the gap		Awaiting lifting of 2022 Staff Survey result embargo (currently 9 March 2023)
		100% of new starters and middle managers have been offered training in LCH's approach to inclusion via the LCH Leadership Essentials course	On track to achieve 2025 objective	"Substantial Assurance" Leadership Audit undertaken during Q2. Definition of managers in scope under consideration
Wellbeing	5a	Our "lead indicators" from the Staff Survey around staff engagement, motivation, and support from line managers, improve year on year between the 2021 and 2024 Staff Surveys		Awaiting lifting of 2022 Staff Survey result embargo (currently 9 March 2023)
	5b	Absence due to stress / anxiety / depression is reduced, with overall annual sickness below 5% by 2025	Some progress; further improvement required	Some improvement in overall sickness absence: 6.8% in January 2023 compared with 8.1% in January 2022 and 7.9% in April 2022. Long term stress/anxiety/depression absence remains high (1.63% at January 2023). Direct action on psychological support in place; broader action linked to staff capacity in place

	5c	Long term sickness absence rates return to target levels of <3.5%, with a stretch target of 3%	Some progress; further improvement required	Long term sickness absence has reduced from 5.3% peak in December 2021, but remains high at 4.7% in January 2023. Additional work underway to support absence linked to S/A/D and Long Covid
	5d	Staff reporting that LCH takes positive action on HWB rises by 5%		Awaiting lifting of 2022 Staff Survey result embargo (currently 9 March 2023)
	5e	Health & wellbeing conversations are embedded as a regular part of employee / leader conversations, supported by LCH leadership training	On track to achieve 2025 objective	Appraisal project & new paperwork implementation date 1 April 2023
	5f	Employee representatives with a long term health condition or disability have actively contributed to the design and scrutiny of associated procedures	On track to achieve 2025 objective	Managing Absence policy, reviewed by Disability & Long Term Conditions Group, due for consideration by SMT and JNCF in March 2023. Policy schedule subject to scrutiny by ED&I Forum.
System Partner	6a	A minimum of 4 recruitment or training exercises per year, on average, are carried out collaboratively with ICP or ICS partners	On track to achieve 2025 objective	Multiple joint recruitment and joint training exercises carried out in 2022
	6b	The GP Confederation has a full suite of pay, terms & conditions protocols	On track to achieve 2025 objective	Substantial proportion in place at January 2023 with plan for delivery of remainder
	6c	LCH staff in multiple services are working beyond LCH's organisational boundaries in support of LCH and system goals	On track to achieve 2025 objective	Examples from 2022 include: extended role of LCH Community Matron in PCNs, TOC Citywide service implemented, LCH delivery of city Vaccination Service
	6d	LCH staff join ICP and ICS colleagues in undertaking collaborative and system leadership training opportunities	On track to achieve 2025 objective	Examples from 2022 include Mental Health First Aid Training, System Leadership Masterclasses
Foundations	7a	Service specification with KPIs is in place for Resourcing, Workforce Information and HR	On track to achieve 2025 objective	SOPs in place for key WFI protocols Time to Hire KPI established for Recruitment
	7b	Core KPIs including "time to recruit"; "average length of formal ER case" are met and within benchmarked norms	On track to achieve 2025 objective	Time to Hire (TTH) benchmark established and achieved for 2022/23. Target for further improvement to be set for 23/24. Length of formal ER cases reducing
	7c	A co-produced Organisational Training & Development offer and approach is in place, in partnership with QPD	On track to achieve 2025 objective	Work commenced Q4 22/23 between Workforce and QPD education & training leads

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public : 31 March 2023

Agenda item number: 2022-23 (156a)

Title: Audit Committee minutes: 16 December 2022

Category of paper: for noting

Attendance

Present:	Khalil Rehman (KR)	Chair of the Committee, Non-Executive Director
	Richard Gladman (RG)	Non-Executive Director
	Professor Ian Lewis (IL)	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)
	Louise Stables	Audit Manager, Mazars
Apologies:	Alastair Newall	Director of Public and Social Sector, Mazars
Minutes:	Diane Allison	Minutes

Item: 2022-23 (40)

Discussion points:
Welcome, introductions, apologies and preliminary business

The Chair of the Committee, Non-Executive Director (KR) welcomed everyone to the meeting.

a) Apologies
None

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 14 October 2022
The minutes of the meeting were agreed as a correct record.

d) Matters arising and review of the action log
Meeting held on 14 October 22
Item 2022-23 (35a) - Tenders waivers and quotations report: Leeds Mental wellbeing Service estimate of the spend during the pilot phase to be provided.

The Executive Director of Finance and Resources advised the Committee that the estimated spend was £1Million plus VAT however spending against this waiver was uncertain as it was an untested pilot. The success of the pilot depended on the capacity of the supplier and the Trust's satisfaction with the outcome of the pilot. Feedback so far from service users had been positive. The Executive Director of Finance and Resources confirmed that if the pilot was successful a formal competitive tendering process would be undertaken before any long-term investment was made. **Action closed.**

There were no further actions or matters arising from the minutes.

Item 2022-23 (41)

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 but there had been some slippage on the audit plan.

Five audit reports had been issued in draft:
- Data Quality
- Leadership Programme
- Safeguarding Adults – Self Neglect
- Board Assurance Framework
- Improving NHS Financial Sustainability

Audit work to complete the mandated review of the Trusts self-assessment against the HFMA Financial Sustainability checklist was completed on time.

The Cyber Security audit had been moved to Quarter 4. Two audits may be deferred to next year:
- Records Management – as the Trust has recently recruited a new information governance manager and the incumbent manager is about to leave.

- Sustainability (environment) – the Sustainability Manager is currently on maternity leave

The Committee was assured that the Head of Internal Audit opinion would not be affected by these changes.

Non-Executive Director (RG) asked how many days this would free up. The Deputy Head of Internal Audit advised that 18 days had been allowed for this, however the Data Quality audit had taken longer than planned.

The Executive Director of Finance and Resources committed to reiterating the importance of engaging with the internal audit process with senior managers.

Non-Executive Director (KR) asked about the options for next year and whether records management was seen as a high risk area. The Executive Director of Finance and Resources advised that he was keen to have a records management audit, as the Trust's approach to physical document storage required a review.

The Committee discussed the outcome of the Data Quality audit, which had received limited assurance. A detailed action plan had been agreed and a repeat audit would be done in 2023/24.

Non-Executive Director (KR) asked whether there were any implications or learning for the Trust. The Executive Director of Finance and Resources said that only two services had been audited but it was clear that a more rigorous approach to data quality was required. Non-Executive Director (IL) expressed concern about the reliability of the information being received at Committee and Board.

Non-Executive Director (RG) said that services needed to take responsibility for the quality of their data on a daily basis and the role of the specialists in the Business Intelligence Team was to support them, not to do it for them.

The Executive Director of Finance and Resources agreed to discuss the outcome of the Data Quality audit with the Senior Management Team (SMT) and develop a proposal to improve data quality processes across the Trust. The Deputy Head of Internal Audit offered to attend the Senior Management Team meeting to support this.

Action: The outcome of the Data Quality audit to be discussed with SMT with a view to developing a proposal to improve data quality processes across the Trust.

Responsible officer: Executive Director of Finance and Resources.

Non-Executive Director (KR) requested that other services' data quality should be audited as early as possible when the new internal audit programme commenced in 2023/24.

The Committee discussed the Improving NHS Financial Sustainability audit and agreed that the Finance Team had done well to complete the audit within the very tight timescales that had been prescribed nationally.

Outcome: the Committee:

- noted the progress against the 2022-23 and the two audits that may be deferred to 2023/24
- noted limited assurance for the Data Quality audit and that SMT would discuss and agree a proposal to improve data quality across the Trust.

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.

The report showed:

- There were currently three overdue recommendations.

- There were currently four recommendations that have missed their original target dates, but not their revised target dates.
- 30 recommendations are not yet due and will be followed up in due course.
- Four recommendations have been completed since the last report and were listed in the report.

The Executive Director of Finance and Resources advised the Committee that some delays had regrettably been introduced into the process and these would be improved.

Outcome: the Committee

- noted the Internal Audit recommendations status report.

Item 2022-23 (42)

Discussion points:
External audit

a) External Auditor's progress report -Mazars

Louise Stables, the Audit Manager, Mazars advised the Committee of the changes to the audit team. Mark Dalton who has been the Trust's Key Audit Partner since 2020 was retiring. Alastair Newall will be the new KAP. The Committee was advised that Alastair has over 30 years experience auditing public sector entities including NHS organisations across the north of England. Alastair and Mark have held a handover discussion with the Director of Finance and Resources, and Alastair would lead the audit planning for 2022/23. Louise Stables would remain as Audit Manager.

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.

The Audit Manager advised the Committee that ISA (UK) 315 (auditing standard revised in 2019) introduced major changes to the auditor's risk identification and assessment approach, which were intended to drive a more focused response from auditors undertaking work to obtain sufficient appropriate audit evidence to address the risks of material misstatement. Mazars risk assessment procedures will be more granular than in the prior year and they would be seeking more information from the Trust to ensure that they can document their detailed understanding of the Trust and the environment that it operates in. In response to constantly evolving business environments, the standard has placed an increased emphasis on the requirements for the auditor to gain an understanding of the entity's IT environment to better understand the possible risks within an entity's information systems.

Outcome: the Committee

- noted the changes to the Audit Team
- noted the implications of the revised auditing standard

Discussion points:
Financial controls

Item 2022-23 (43)

a) Non-current assets valuation report

The Executive Director of Finance and Resources presented a paper which set out the Trust's approach to the valuation of its land and building noncurrent assets for 2022/23 annual accounts. He explained that one of the main areas of audit focus when reviewing the Trust's accounts was the valuation of property plant and equipment. In preparing the annual accounts the Trust must ensure that the carrying value of the non-current assets disclosed in the Statement of Financial Position was consistent with current market values.

In making the decision whether the Trust should undertake a formal revaluation exercise the following items were considered:

- Advice from the District Valuers Office;
- Movement in land and building indexation values since the last asset revaluation;

- Prevailing guidance in the Group Accounting Manual (GAM) issued by DHSC;
- Materiality of any change

He reminded the Committee that in March 2021 the Committee had agreed that a 5% movement in the Building Costs Information Service (BCIS) index issued by the Royal Institution of Chartered Surveyors or a period of 5 years since the last valuation would trigger a formal revaluation exercise.

In November 2022 the Trust took advice from the District Valuers Office, building costs are 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%, this includes the location factor change. The movement of 9.74% would indicate the change in the value of the assets would be material; a rough estimate of the value based on the previous exercise suggests this could be circa £2.7m.

The Executive Director of Finance & 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. This will ensure that the asset register can be brought up to date and any financial impact can be built into the Trust's reported year end forecast.

The Executive Director of Finance & Resources said the substantial refurbishment works being undertaken at Seacroft Clinic would not be completed until early in the new calendar year. Work of this nature would require the Trust to undertake a separate revaluation of the building once the work has been finalised.

Outcome: the Committee:
- noted the rationale for undertaking a formal revaluation for the 2022/23 accounts
- Noted the requirement to revalue the refurbished Seacroft Clinic once the work has been completed

b) Tender and quotations waivers

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 October 2022.

There had been six waivers since the last meeting; these were all for commercial suppliers.

Outcome: the Committee
- reviewed the details of the report.

c) 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 there had been three special payments transactions for the period with a net total of £10,020; all are payments were compensation made under legal obligation.

Non-Executive Director (IL) requested further information about the legal claim from a member of staff, and any learning from the claim.

Action: Executive Director of Finance and Resources
To provide further details of the legal claim from a member of staff and any learning.

Outcome: the Committee
- noted the content of the report.

d) Contracts register

The Executive Director of Finance and Resources presented details of all the Trust's contracts awarded over the tender threshold of £30k. These were separated into new contracts agreed in the last 12 months, existing contracts, and contracts which have terminated during the last 12 months. The Committee noted that the contracts had been assessed by the Procurement Manager and were risk rated.

Outcome: the Committee:

- noted the content of the report.

e) Schedule of receivable and payables

This report provided the Committee with the individual trade receivables and payables owed or owing £5,000 and above in value that had been outstanding for over a period of six months at 30 November 2022, details of the transactions, and actions taken to try to clear the balances. The Executive Director of Finance and Resources advised the Committee that where current actions had not had the desired result, they had been escalated.

The Executive Director of Finance and Resources said the current financial year had not been without challenges; internally, where the financial accounting team had turnover and a senior interim appointment all year and externally, where partner organisations, NHS Shared Business Services and Leeds and York Partnerships NHS FT supplies team, had issues with volume of transactions and staffing capacity. These had impacted on the timeliness of transaction processes and led to additional workload for the in-house finance team. Additional temporary support has been recruited to the finance team to enable transactions to be brought up to date ahead of the annual accounts.

The Committee was reminded of the Trust's upcoming participation in the quarter 3 agreement of balances exercise for NHS transactions; this was designed to ensure all inter NHS transactions were up to date.

The Committee was advised that there were five debtors that had balances over £5,000 that have been outstanding for period exceeding six months.

In terms of payables, the Committee was advised that the Trust has an excellent track record in terms of meeting its obligations under the Better Practice Payments Code. Currently all four of the BPPC measures are at, or above, the 95% target.

Outcome: the Committee**:**

- noted the position before the end of year accounts.

Item 2022-23 (44)

Discussion points:
Governance

a) Risk management annual update report

The report provided the Committee with an update on the development and effectiveness of risk management processes in the Trust including:

- Face to face Risk Management courses had been conducted as hybrid sessions, attendance remains very low
- The Risk Management Policy and Procedure had been reviewed and was approved by the Board in August 2022 as per the scheme of delegation
- The Process for Managing Service Concerns and Risks within each Business Unit had been updated and circulated.

Outcome: the Committee:

- noted the content of the report.

b) 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.

Outcome: the Committee:

- agreed the approach required for EDS22

c) Data Protection and Cyber Security Panel (was IG Group) - Minutes for noting 25 October 2022

Outcome: the Committee noted the Data Protection and Cyber Security Panel minutes

Item 2022-23 (45)

Discussion points:
Committee's work plan

Outcome: the Committee

- noted the workplan and deferred items.

Item 2022-23 (46)

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:

- Data Quality audit had provided a limited assurance opinion.

- 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.

Item 2022-23 (47)
Discussion points:
Any other business and close

No matters were raised.

The Chair closed the meeting at 12.00pm

Date and time of next meetings
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 – to be changed
Friday 14 July 2023 10.00am-12.30pm
Friday 13 October 2023 10.00am-12.30pm
Friday 15 December 2023 10.00am-12.30pm

Item 2022-23 (48) Private Item
Discussion points:
External Audit contract extension

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public:31 March 2023

Agenda item number: 2022-23 (156b)

Title: Quality Committee minutes 23 January 2023

Category of paper: For noting

Attendance

Present:	Helen Thomson (HT)	Non-Executive Director (Chair: items 74b - 82)
	Steph Lawrence	Executive Director of Nursing and AHPs
	Thea Stein	Chief Executive (Items 71a – 74a)
	Sam Prince	Executive Director of Operations
	Rachel Booth (RBo)	Non-Executive Director
	Ian Lewis (IL)	Non-Executive Director (Chair: items 71a-74a)
	Ruth Burnett	Executive Medical Director
In Attendance:	Dave Kirby	Deputy Medical Director (DK)
	Sheila Sorby	Assistant Director of Nursing and Clinical Governance
	Diane Allison	Company Secretary
	Brodie Clark	Trust Chair
	Lisa Smith	Learning Disability Lead (Item 73a)
	Claire Gray-Sharpe	Head of Clinical Governance (Item 74d & 74f)
	Emma Tiernan	Business and Planning Manager (Item 74d & 74f)
Observing	Claire Harrison	Interim Clinical Head of Service, Adult Business Unit
	James Kelman	Clinical Fellow & Physiotherapist
Apologies:	Alison Lowe (AL)	Non-Executive Director
	Stuart Murdoch	Deputy Medical Director (SM)
Minutes:	Lisa Rollitt	PA to Executive Medical Director

Item: 2022-23 (71) Discussion points

(a) Welcome and introductions

The Chair welcomed members and attendees. Apologies were received from a Deputy Medical Director (SM) and a Non-Executive Director (AL)

(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 21 November 2022

The minutes of the meeting held on 21 November 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.

2022-23 (72) Key issues

a) Current system pressures, infection rates and strike action

The Executive Director of Nursing and AHPs stated that system pressures had eased slightly. A critical incident in the city on Friday 20 January 2023 put the system into Silver Command for a day and the support from teams in the Trust was acknowledged.

The Committee heard that 1 in 35 people were positive with Covid-19 in the community. There was one outbreak of Covid-19 in a Neighbourhood Team, and the number of people in hospital beds both with Covid-19 and flu was reducing. A Non-Executive Director (RBo) asked about the impact on staff in terms of sickness levels. The Executive Director of Nursing and AHPs stated that sickness levels remained high, however recruitment drives were being prioritised, particularly in the Neighbourhood Teams with the highest vacancies.

It was noted that strike action continued across various unions and therefore disciplines. Trust strike meetings were continuing on a weekly basis to remain prepared for both strikes directly affecting the Trust and those that affect the wider system.

The Trust Chair asked about the joint work across the city and how that felt at the moment. The Executive Director of Nursing and AHPs stated that feelings were positive, with all areas looking to support each other.

The Committee Chair asked whether the number of inpatients awaiting discharge had decreased. The Executive Director of Nursing and AHPs stated that this was not the case and spoke about the work underway to plan for moving patients into Care Home beds appropriately.

The Executive Director of Nursing and AHPs suggested providing a paper to Quality Committee in February 2023 on the progress at Wharfedale Hospital. It was heard that the flow of patients was working well.

b) QAIG key issues for escalation

The Executive Medical Director presented the assurance report following the QAIG business meeting which took place on 12 January 2023 and highlighted the increased inclusion of equity data in the reports.

The Executive Medical Director informed the Committee of the plan for the next deep dive to explore the effectiveness of the sub-committee and review of the terms of reference. It was agreed that feedback from the Quality Committee would be included in this work.

The Trust Chair stated that the Executive Medical Director's verbal update had provided more assurance than the report alone, and it was requested that this information be provided within future assurance reports to the Committee.

The Trust Chair spoke about the Triage Hubs and asked for an update on progress. The Executive Director of Nursing and AHPs stated that there had been some teething problems, however improvements were being made and the staffing gaps were being addressed. It was acknowledged that complaints from staff and patients were reducing.

c) Update around the processes to address the CBU waiting lists

The Executive Director of Operations updated the Committee in relation to previous concerns around 4 Children's Business Unit (CBU) waiting lists: Children's Audiology, Child Development Centres, Children's Speech and Language Therapy and Paediatric Neurodisability Clinics (PND).

It was heard that Children's Audiology was delivering consultant led clinics in 98% of cases and the Children's Speech and Language Team were seeing 90% of children, both within 18 weeks. These responses continued to be monitored.

Progress within the Child Development Centres was noted as positive with numbers reducing, however achievement was at 22% of children being seen within 18 weeks (approx. 40 children). This continued to be closely monitored against recovery plans.

The Executive Director of Operations stated that the PND clinics remained a concern with continued long waits due to an increase in referral rates and the requirement for all referrals to be reviewed by a Paediatrician. It was noted that new Paediatricians were in post and conversations were ongoing with commissioners regarding how to increase capacity.

Due to the outage of Care Notes within the Child and Adolescent Mental Health Service (CAMHS), assurance was unable to be provided in relation to the waiting list reduction at this time, however, assurance was provided by the Executive Director of Operations that the team were in regular contact with individuals on the waiting list and work was well underway with the transfer to SystmOne to start reporting again.

A Non-Executive Director (RBo) asked about the reasons for the increased number of Information Governance (IG) incidents in CAMHS. The Executive Medical Director agreed to investigate and provide this information (please refer to action under Item (74e): Risk Register).

It was agreed that future updates of waiting list numbers would be incorporated into the Performance report with a more detailed update requested for Spring 2023.

Action: Further update on work to address waiting list numbers to be provided in Spring 2023

Actionee: Executive Director of Operations

d) Further update on the Leeds Sexual Health Service situation

The Executive Director of Nursing and AHPs presented the report and highlighted that new information had been presented which was being investigated.

A Non-Executive Director (RBo) asked about the staff's awareness of the issues raised. The Executive Director of Nursing and AHPs stated that staff were aware of the issues and understood that the culture needed to change. Individuals were being supported as required. No new issues had been raised, and the team appeared to be working well together.

It was agreed that a quality walk would take place in the next few months with Non-Executive Director attendance, and a further update would be provided to the Committee following this.

Action: Further update to be provided following completion of Quality Walk

Actionee: Executive Director of Nursing and AHPs

e) Cancelled and rescheduled visits: update

The Executive Director of Nursing and AHPs presented the paper which showed the progress towards an improving position, with evidence of less visits being cancelled / rescheduled.

It was noted that there were four occasions where telephone calls had not been made to inform the patient of the change to their visit, and work was ongoing with individuals and teams towards the aim of all patients receiving a phone call.

It was agreed that a further update would be provided to the Committee in May 2023.

Action: Further update to be provided to the Committee in May 2023

Actionee: Executive Director of Nursing and AHPs

2022-23 (73) Service spotlight

a) Learning Disability

The Executive Director of Nursing and AHPs introduced Lisa Smith, Learning Disability Lead, who provided the Committee with the Trust's progress over the past two years against the four Learning Disability standards. A patient journey was used an example of this work.

Following the presentation, a discussion ensued around improvements to continue with the progress, and several suggestions were made including the creation of a Learning Disability steering group. It was also reported that Learning Disability reporting will be formally recorded within Safeguarding Committee, rather than the Clinical Governance report.

2022-23 (74) For discussion: Quality governance and safety

a) Performance Brief and Domain reports

The Executive Director of Nursing and AHPs presented the report, highlighting an increase in incidents in the West Neighbourhood Teams, stating that this was being closely monitored. It was also noted that there had been a 33% reduction in outstanding reviews of moderate and major harms, and it was acknowledged that the revised rapid review process had contributed to this reduction.

The Executive Medical Director highlighted an error in the data for falls and medication incidents, reading as zero. It was agreed that this would be corrected in the report to the Board in February 2023.

The Trust Chair spoke about the number of coroner hearings and claims against the Trust, querying if these numbers were at the usual levels. The Executive Director of Nursing and AHPs stated that these were consistent with expected levels.

A conversation took place regarding the recording of telephone calls for training purposes as allegations of being spoken to rudely was recognised as a theme from complaints. It was noted that the Trust was looking at implementation of this in specific services as themes arose.

The Committee Chair referred to the pressure on the Sudden Unexpected Deaths in Children (SUDIC) team and asked for more information. The Executive Director of Nursing and AHPs stated that a SUDIC Lead was now in post and work was ongoing with the Integrated Care Board (ICB) in Leeds to establish regional training, and to look at increased capacity to deal with the volume of work. The Executive Medical Director also informed the Committee that three Paediatricians had been recruited who were competent in completing SUDIC investigations. Work was ongoing with Leeds Teaching Hospitals Trust (LTHT) in order to work together as a system, providing resilience and emotional support.

The Executive Director of Nursing and AHPs made the Committee aware that it was likely the next Performance Brief report would show a drop in clinical supervision figures in the CBU due to a new way of reporting. The Committee was assured that the supervision sessions would still be taking place, but it would take 2-3 months for these figures to recover, when an improvement was expected to be seen.

b) Safe Staffing report

The Executive Director of Nursing and AHPs presented the report and asked the Committee to provide feedback on the new format.

The Committee heard of the bespoke recruitment strategies for Police Custody and Wetherby Young Offenders Institute (WYOI) commencing with an open day in February 2023.

An area of concern was noted in the 0-19 service regarding staffing gaps which were reflective of the national shortage, however creative approaches to skill mix within the team continued and were being closely monitored to ensure safety was maintained. The Executive Director of Operations stated that conversations were taking place with the Local Authority regarding the significant financial gap for the remaining time of the existing contract.

It was acknowledged that since the last report was presented, Wharfedale had transferred to the Trust, and it was confirmed that the Trust's in-patient units had maintained safe staffing. In Wharfedale Hospital, the beds had been increased to 27 and staffing levels were being maintained around this. The Executive Director of Nursing and AHPs referred to the success of the recruitment leaflet drops for Wharfedale Hospital which had brought in a number of Health Care Workers and two Registered Nurses, stating that the Adult Business Unit (ABU) were also taking a local recruitment and leaflet drop approach in areas carrying the greatest vacancies.

The Committee accepted the paper, recognising the need to consider how to articulate safety in future reports given a 10-15% reduction of staff across the business.

c) Clinical Governance report

The Executive Director of Nursing and AHPs presented the report, highlighting the Quality Walks that had been completed and the open Central Alerting System (CAS) alert.

The Committee Chair referred to the Quality Walks which had been cancelled due to capacity issues, stating that this was counterintuitive, and asked if further thought had been given to this. The Executive Director of Nursing and AHPs stated that the appropriateness of all walks were considered before any were cancelled.

The Committee were pleased to see the additional detail of outcomes from Quality Walks.

d) Quality Account (first draft)

The Executive Director of Nursing and AHPs introduced Claire Gray-Sharpe, Head of Clinical Governance to present the first draft of the Quality Account. The Committee were asked for feedback on the report, which was focussed on rebuilding back better, incorporating core indicators and how the Trust had met priorities for the last year.

A Non-Executive Director (IL) suggested including a summary of how the Trust had 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.

A Non-Executive Director (RBo) made reference to the success of the local recruitment initiatives, suggesting that the outcomes from this could be included.

It was agreed that the suggestions would be considered and incorporated into the next iteration of the Quality Account.

e) Risk Register

The Company Secretary presented the register, highlighting the one new risk regarding Police custody staffing levels, and the deescalated risk regarding the CAMHS Electronic Patient Record outage where records were in the process of being transferred to SystmOne.

The Committee Chair challenged the reduction of the risk score regarding the CAMHS Electronic Patient Record outage. The Executive Director of Operations stated that this had been deescalated due to the data being available in one place, and although the

client database continued to be built, this was a reduction in risk from the previous position.

A Non-Executive Director (IL) asked about the reasons attributable to the theme in relation to Information Governance (IG) incidents. It was agreed that the Executive Medical Director would provide clarity to the Committee regarding the trend of IG incidents.

Action: Clarity on trend of IG incidents to be provided to Committee

Actionee: Executive Medical Director

f) Board members' service visits

The Executive Medical Director presented the report which contained details of the service visits undertaken or planned by Non-Executive Directors in November, December 2022 and January 2023.

The report was well received, and an agreement was made to ensure feedback from non-quality walk visits reached the Committee through this report.

g) Trust Priorities for 2023/24

The Head of Clinical Governance presented the report and spoke about proposed changes following feedback from the QAIG. The Committee agreed for the changes to be made ahead of this month's Business Committee and Board meeting.

A Non-Executive Director (IL) asked about reporting of the 2-hour urgent community response standard. The Executive Director of Operations confirmed that this information would be included in the performance reports from March.

h) Mortality report

The Deputy Medical Director (DK) presented the report, highlighting the four deaths that had progressed to Serious Incident investigations across the Specialist and Adult Business Units. SUDIC deaths were noted to have increased over the year and continued in the quarter.

The Committee Chair asked if the trends were occurring nationally. The Deputy Medical Director (DK) stated that this data had been requested and would be investigated.

The Committee heard that Equity analysis had raised new curiosity for further exploration and analysis moving forwards regarding deaths in areas of deprivation and specific ethnic groups. It was hoped that a clinical health equity fellow role would be introduced to work with this data.

A Non-Executive Director (IL) referred to the statement in the report where Patient Safety incidents had identified two occasions secondary to system pressures where staff had felt pressured to verify death and asked about the issues that had led to this. The Executive Director of Nursing and AHPs stated that the pressure had come from GPs out of hours. This had been picked up for investigation by the Palliative Care Lead and feedback would be included in future reports.

The Executive Medical Director asked the Committee to note the ongoing work to streamline the mortality review process which would be progressed as a pilot to ensure the Trust continued to receive the required assurance. The Committee was supportive

of this work.

2022-23 (75) Clinical effectiveness

a) Patient Group Directions

The Committee received the paper and ratified the required PGDs, noting the further two national PGDs already approved for use in the Trust.

b) Research and Development strategy update

The Executive Medical Director presented the update and asked the Committee to note the work Carolyn Nelson, Head of Medicines Management had undertaken to support the direction of Research and Development whilst there had been gaps in the Research team.

The Executive Medical Director spoke about the proposed new structure which had been implemented and shared how this was anticipated to enable greater progress against the key asks of and from the Trust.

A Non-Executive Director (IL) welcomed the report and stated that it would be useful to see the Trust's financial contribution to research and would be keen to see consideration of a small funding scheme to help with development of the projects identified.

c) Internal audit reports: Data Quality

The Executive Director of Nursing and AHPs presented that report which raised the question of the reliability of the quality of data seen across the Trust.

The Executive Director of Nursing and AHPs and Executive Director of Operations explained that work was evolving on how data was defined and owned, providing assurance that local service data within SystmOne was reliable, however there was work to be done with data sourced from outside of SystmOne.

The Committee heard that conversations were ongoing within the Senior Management Team (SMT) around ensuring consistency with recording of data.

It was noted that a timeline for a progress update would be agreed outside of the meeting, and a proposal for this would be discussed at the Business Committee in January 2023.

2022-23 (76) Patient experience

a) Patient experience report: complaints, concerns and feedback

The Executive Director of Nursing and AHPs presented the six monthly report, highlighting the increase in complaints in November 2022, while noting that this remained below pre-pandemic complaint levels.

The Committee Chair queried the possibility of the report being presented on a quarterly basis. The Executive Director of Nursing and AHPs stated that the mandate was for a six monthly report, and complaints were reported regularly through the performance brief.

2022-23 (77) Committee governance

a) Committee's effectiveness and agenda composition review

The Assistant Director of Nursing and Clinical Governance presented the report which proposed changes to the Quality Committee annual workplan and streamlining of some

reports. The proposals within the report were agreed and the Committee were clear this would require a co-ordinated approach to the alternative assurance opportunities to ensure this provided a space to explore areas of concern together and feedback.

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

2022-23 (78) Sub group minutes

a) Quality Assurance and Improvement Group: flash reports 12 January 2023
The flash reports were received by the Committee.

b) Safeguarding Children's and Adult's Group: 13 December 2022
The minutes were received by the Committee.

2022-23 (79) 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 items were noted:

a. Internal audit annual plan – deferred to February 2023
b. Integrated Care Steering Group minutes – unavailable
c. Serious incidents report (deferred till March 2023)
d. Schedule of KPIs (for 2023/24 Performance Brief - deferred to February 2023
e. Sub-groups effectiveness review and terms of reference report: Quality Assurance and Improvement Group – deferred to February 2023

2022-23 (80) 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
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
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 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 1.4** As above in relation to QAIG **Risk 1.5** As above in relation to QAIG
2022-23 (81)
Reflections on Committee meeting, including reflection on papers There were no comments made under the item.
2021-22 (82)
Any other business There was no further business discussed.
Date and time of next meeting Monday 20 February 2023 9.30am – 12.30pm (Boardroom, Stockdale House / MS Teams)

NHS
Leeds Community Healthcare
NHS Trust

Business Committee Meeting
Microsoft Teams / Virtual Attendance
Wednesday 25 January 2023 (9.00 to 12.00 noon)

Present:	Richard Gladman (Chair)	Non-Executive Director (RG)
	Khalil Rehman (Deputy Chair)	Non-Executive Director (KR)
	Thea Stein	Chief Executive
	Bryan Machin	Executive Director of Finance & Resources
	Sam Prince	Executive Director of Operations
Attendance:	Jenny Allen	Director of Workforce (JA)
	Diane Allison	Company Secretary
	Em Campbell	Health Equity Lead
	Lucy Jackson	Public Health Consultant
	Debra Gill	Head of Healthy Child Pathway
	Hannah Beal	Clinical Lead
	Emma Tiernan	Business and Planning Manager
	Claire Gray-Sharpe	Clinical Lead for Specialist Services
Apologies:	Helen Thomson	Non-Executive Director (HT)
Note Taker:	Ranjit Lall	PA to Executive Director of Finance & Resources

Item 2022/23 (74): Welcome and introductions

The Committee Chair welcomed everyone to the meeting.

Observers:
Yasmin Ahmed (Deputy Director of Finance)
James Kelman - LCH Clinical Fellow
Marcel Manners (Finance Apprentice)

Guest:
Rachel Booth, Non-Executive Director

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. One additional potential conflicts of interest regarding today's meeting agenda was raised by a Non-Executive Director (KR) who had undertaken some work for Touchstone relating to the Third Sector Strategy discussion in the meeting.

c) Minutes of meeting dated 23 November 2022
The minutes of Public and Private meeting dated 23 November 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:

(i) Managing waiting list and backlog report of the gynaecology service referral situation and better projection
The Committee received a paper on the 18 week wait position in the gynaecology service. The Executive Director of Operations said that this remained a work in progress, trying to clear the gynae backlog for the City and clearly understanding the elements that the Trust is required to deliver on an ongoing basis.

A Non-Executive Director (KR) was concerned about the scale and cohort of people being triaged

against all the pressures both for this Trust and Leeds Teaching Hospital NHS Trust (LTHT) and the impact on some of the people who are waiting. The Executive Director of Operations advised the Committee that a private provider had been brought in through LTHT's commissioning route to provide some additional capacity in this area and who were keen to make significant progress within the next eight to twelve months.

The Executive Director of Operations explained that there was a good system in place, but the challenge was the need for a whole system response. There may need to be further investment particularly through GPs.

In summary, the Executive Director of Operations advised the Committee that system partners were working together to find a common solution. **Action closed.**

(ii) Replacement for NT Triangulation report proposal

The Executive Director of Operations sought the Committee members views about incorporating neighbourhood teams' information into a single existing report rather than having a separate one. Some further indicators had been added into the responsiveness part of the Performance Brief. There was a request at the Quality Committee on Monday (23.01.23) to include information about the two-hour response.

The Committee Chair said it would also be worth considering the safe staffing update because there was a bit of overlap between this report and the triangulation report. The Executive Director of Operations said that the safe staffing report was produced every six months and if there was anything specific to escalate then it could be included in the Performance Brief.

The Committee members were asked to advise the Executive Director of Operations if there were any particular items or indicators that they valued seeing in the previous triangular reports that are not currently in the Performance Brief. **Action closed.**

(iii) Offering patient choice

The Executive Director of Operations explained that NHS Providers carry responsibility for ensuring patient centred care, and are accountable to the CQC for this, whereas Commissioners are responsible for ensuring that patients have a range of choices of suitable care, and can be contacted by patients to seek out alternatives if Consultant-led or Cancer services that they had been referred to are unable to offer treatment within national waiting time standards. She said the Trust is not obligated to offer choice of provider to patients where they cannot be seen within the 18-week timeframe. However, the Trust has a duty to report long waiting times to the Commissioner of the service. The Trust has fulfilled this duty. **Action closed.**

Item 2022/23 (75): Focus area (Corporate)

Health Equity (presentation)

Em Campbell, Health Equity Lead / Lucy Jackson, Public Health Consultant

The Committee Chair welcomed the Health Equity Lead and Public Health Consultant to the meeting.

The presentation provided an opportunity for the Committee to consider how it could use a health equity lens in Committee papers and conversations. The presentation highlighted some of the Committee's key workstreams relevant to health equity and then finally reflected on some of those 'curious questions' in relation to the papers and actions in today's meeting.

The Committee was advised of the scoring of the Equity Delivery System (EDS) mandated for all NHS providers and was provided with a sense of how scoring worked and reflections of where the Business Committee would be placed in terms of including health equity focus in its workplan, agendas, papers and minutes.

The commitment by the Trust Board was to consider equity as an integral part of data reports. The team recognised that there was not always available data but where it was available it should be used and if the data did show inequity, actions should be developed to respond to this and questions should be asked about the reasons for not recording data.

In relation to the Committee's January 2023 agenda the team discussed the equity lens in various areas of Business Committee work, for example, the waiting lists, improving patient flow, strategy and planning elements, and the draft priorities.

The Health Equity Lead said that currently the school immunisation and sexual health tenders both had significant elements around engagement with diverse communities and accessibility and that was where some of the Trust's strengths were.

The Committee Chair thanked the representatives for their presentation and opened up for questions.

The Chief Executive said the issue of patient choice is complicated and becomes very difficult to navigate if you live in poverty. She referred to the gynaecology service waiting list item and said that no data was presented that identified why some women were waiting longer than others: a particular postcode, issues affecting minority groups, etc.

A Non-Executive Director (KR) said he was proud of the journey that the Health Equity Lead and Public Health Consultant had been involved with on behalf of the Trust. He agreed with the Chief Executive who had provided some concrete examples on a more granular level. He said the work was important, but the challenge was putting the issues into an action plan.

The Trust Chair said the presentation was helpful and captured a lot of information in a meaningful way. He felt this very much required a cultural change across the organisation rather than just simply producing papers in a slightly different way. He said this was a big challenge for the Trust to take on board and offered support to help the team to get into the bloodstream of the organisation.

The Director of Workforce (LS) said that she had recently met the team to talk about the crossover and synergy between the two different areas of work, the health equity and the inclusion theme of the workforce strategy and together could help make some of those cultural changes.

Referring to the curious questions, the Director of Workforce (LS) asked about the next steps in planning for the future and helping to bring those questions to the staff who write and present papers to Board and committees and to the business intelligence functions who provide the data.

The Committee Chair said that authors of reports should be reminded by the accountable Director of the need to consider the health equity connections. He said authors should be more explicit about the equity angle to support papers, various Trust strategies and various priorities.

The Committee Chair summarised to say that the discussion was one element of several different areas of self-assessment and reporting against the progress on better outcomes, improving patient experience and the workforce. He said there was an expectation of being able to describe the plans and progress in a structured way during this year. Further discussion on this were to be considered in the future.

Item 2022/23 (76): Organisational and system context

Covid update / system pressures, vaccination programme, specific service pressures
The Committee received an update on the local situation including current infection rates, the system challenges, and the latest information on the vaccination programme.

The Executive Director of Operations said that the Covid incidence rate was currently decreasing and the of number of people in hospital was reducing.

The system at the moment seemed stable and perhaps this was in part because of the industrial action and that less people were choosing to access some areas of healthcare for the moment.

Item 2022/23 (77): Strategy and planning

a) Children, Young People and Families Strategy update
The Executive Director of Operations welcomed the managers from the Children's Business Unit:

The Head of Service of Operations and Strategy for the Children's Business Unit, Debra Gill, and the Clinical Lead, Hannah Beal.

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

The Executive Director of Operations highlighted the key points: the development of the service offer, which was in some cases waiting for support from Commissioners to progress this. She said it was good to see the work on transitions progressing, the introduction of the parents' forum to complement the work of the Youth Board and the progress with the 'Fair day's work' so that staff could manage the work expected of them. The Executive Director of Operations also referenced the 0-19 tender, which was awaiting an outcome.

The Committee heard that there were some frustrations and challenges around the volume of work for practitioners and other colleagues as much of the development work was required alongside routine work, creating pressures. The General Manager said that some service users were anxious about long waits to access services. A communication plan had been developed to contact patients within six weeks intervals.

The Committee Chair thanked the Children Business Unit managers for a comprehensive paper.

The Trust Chair said that the paper didn't capture the successes detailed in the presentation and made some suggestions for how it could be presented at the Board meeting.

A Non-Executive Director (RB) suggested that more focus should be given to the deliverables and whether they were achieving the aims of the strategy. An example was digital and technology and what the benefit were of doing more video consultations with children and young people deliver, whether it was greater access or seeing more people. In terms of investing in health and well-being for patients was an important objective but the Trust must be mindful of the health and well-being of the people working in the services too. She said leadership behaviour was important in managing the health and well-being of staff.

The Head of Service thanked the Committee for their helpful comments and feedback. She agreed that the deliverables should be more specific, for example including some data on a number of health and wellbeing champions and the impact they were having. In respond to the digital and technology comments, the Head of Service said she would review that to make sure the aims linked to the objectives. She said the business plan was broader than what had been presented at the meeting.

A Non-Executive Director (KR) added that he would be interested in the next iteration to see the views of young people being engaged with.

The Executive Director of Operations suggested circulating the strategy ahead of the Trust Board meeting to provide a refresh of those objectives.

The Trust Chair was pleased to note some very positive things happening to take the strategy forward.

The Committee Chair suggested that a future Committee item should include about those services who were still being affected by the disruption the pandemic had caused and who were still not able to offer the full range of services to patients that they had done in the past.

The Committee Chair thanked the managers from the Children's Business Unit for sharing their plans.

b) Third Sector Strategy update

The paper provided an update on progress in implementing LCH's Third Sector Strategy.

The Executive Director of Operations said that on 15 March 2023 she was delivering a Board workshop about working with the Third Sector, and she intended to introduce some of the

obstacles coming across on a regular basis working with the sector. She said rather than delving into issues and concerns at the Committee meeting, she would bring a selection of concerns and issues to the workshop. One issue was about Third Sector access to patient care records.

The Executive Director of Operations described supporting the Third Sector growth and sustainability. She had just joined a small group, working with Leeds Older People's Forum to present to the Frailty Population Board some ways of more consistent working. If it was approved than it would be rolled out across to other population boards.

The Committee Chair asked about the patient care records. He said that it was important for the Third Sector colleagues to get appropriate access to information to allow effective working in partnership with the Trust. The Chief Executive said that conversations were underway at a citywide level.

A Non-Executive Director (KR) asked if there was anything the Trust could do as part of the consortium and support the Third Sector in more practical ways and certainly the digital infrastructure where a significant amount of work was needed in collaborations and partnerships. He said a lot of the Third Sector were stretched financially. A Non-Executive Director (KR) offered to discuss this further with the Executive Director of Operations in more details if she wished.

The Committee Chair thanked the Executive Director of Operations for the report and was looking forward to the Trust Board Workshop for further discussions.

Outcome:
The Committee noted the progress in implementing the Third Sector strategy.

c) Procurement Strategy update
The Committee received an update on the Trust's Procurement Strategy covering an oversight of the procurement activity and performance to date during 2022/23.

The Executive Director of Finance and Resources referred to the recommendation relating to the impact of the 'financial crisis'. He said he wished to withdraw this sentence which had no correlation to the procurement strategy.

The Executive Director of Finance and Resources said there had not been as much progress as he would have liked due to limited strategic support from partners who were contracted to provide the supplies function. Another issue was that the response to the pandemic had meant that the procurement function had been diverted into predominantly managing PPE arrangements.

The Executive Director of Finance and Resources said that the supplies function was having recruitment difficulties, like many NHS services. He did not think it was the right thing to do to change providers but to keep engaged with the current provider.

In respond to the Trust Chair's question about the arrangements with the current provider, the Executive Director of Finance and Resources said that the Trust was an equal partner in the procurement function and would work with them on this strategic development whilst they are leading on a programme of change.

In terms of the impact on staff, the Executive Director of Finance and Resources said staff who were procuring items had seen some delays. There were regular liaison meetings between the two organisations to monitor progress of improvement and raise issues.

The Executive Director of Finance and Resources said that changes are happening at the national and regional level and he proposed that at the next six monthly update he would provide more details on the NHS procurement service.

To provide assurance to the Committee, the Executive Director of Finance and Resources said there had not been any failure of control processes, or any failure to obtain good prices for goods ordered, and the basics were being delivered.

Outcome:
The Committee noted the 2020/21 objectives that were carried forward into 2021/22 and are being actioned in 2022/23 to further implement the Procurement Strategy and also noted the changes within the supplier's procurement and logistics service.

d) Draft Trust priorities 2023/24
(*Emma Tiernan, Business and Planning Manager,* *Claire Gray-Sharpe, Clinical Governance Manager)*

The Trust priorities for 2023/23 had been developed within the context of another challenging year for the NHS against a backdrop of high levels of sickness, staff resourcing challenges resulting in a high number of vacancies, significant waiting list backlogs and efficiency targets.

The Executive Director of Finance and Resources said that the priorities were very much in the context of the national priorities which had little focus on community services. He added that the priorities were very similar to last year's and the priority paper had been presented at the Quality Committee earlier in the week and was being presented to the Trust Board in February 2023.

Feedback from the Quality Assurance and Improvement Group and the Engagement Champions was shared with the Committee as follows:

- There was substantial feedback around the use of the term 'CIP' (cost improvement plan) within the Trust priority, the focus should be on using money wisely rather than focus on cost savings.
- The second proposed change to the priority on establishing and delivering efficiency programme whilst safeguarding quality, and that there was a national cost saving requirement rather than it being Leeds driven.
- The last change was around changing the order of the workforce plan starting with local recruitment and broadening out to international recruitment.

The Committee Chair asked the Executive Director of Finance and Resources for his view on the CIP wording, who confirmed that he would revise this.

The Trust Chair reflected on the NHS planning guidance and queried whether the priorities sufficiently reflected the general direction of the NHS. He also asked whether the targets could be more ambitious and how successful outcomes could be measured.

The Business and Planning Manager said that it was sometimes difficult to evidence Trust priorities progress based on tangible outcomes. She agreed to review this for the urgent community response focus ones.

The Committee Chair said in the past, the broad strategic goals set did not change year to year influenced by national guidance. There was also the annual business plan, which had much more granular achievement aims and targets for the year and during the year there were regular updates based on progress against the more tangible targets that had been set. His recollection was that during the pandemic the priorities were dispensed, and crisis management mode took over. He asked if there was any intention to go back to some of the previous regime throughout the year of having a more granular business planning targets that support these strategic goals. The Executive Director of Finance and Resources said that it was quite a different process now, however, the priorities that were measurable should be reflected in key performance indicators.

The Clinical Governance Manager said that when the priorities translate into the Quality Account there were some measurable and some triangular outcomes that becomes meaningful data for the narrative which could be incorporated. The Executive Director of Operations added that Trust priorities were interpreted into Business Unit business plans and specific targets were reviewed by the performance panels.

Outcome:
The Committee received the report and provided comments to the draft trust priorities before the paper goes to the February Board meeting.

Item 2022/23 (78): Business and commercial development

a) Liaison and Diversion (L&D) RECONNECT Service business case (Emma Tiernan)
The Executive Director of Operations explained that this was a national roll out of RECONNECT 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 had been invited to run this service by NHS England within the Hull & Humber locality as part of Liaison and Diversion (L&D) Humberside. This service was an enhancement of the existing L&D service provided by the Trust.

A Non-Executive Director (KR) was interested in understanding the equity lens in future updates, particularly around the cultural sensitivity, race, and ethnicity across this domain.

The Trust Chair reflected to say that it looks difficult and challenging but very rewarding. He asked why any prisons in the West Yorkshire area had not been selected or incorporated for this contract. The Executive Director of Operations responded to say that this was an alignment to the current service provided by the Trust in East Yorkshire.

The Committee Chair asked about the risk areas set out specifically in the paper. The Business and Planning Manager said that the existing service worked closely with Commissioners around this and that it was the enhancement to the service so therefore there were minimum risks. She said there were no issues with recruitment or mobilisation because the service was fully established and had good relationships with the local prisons. There was one requirement of increased business intelligence reporting.

Outcome:
The Committee agreed to approve this expansion of the L&D service.

b) TPP SystmOne Re-contracting – Update on Plans
Please see private minutes.

c) School Age Immunisations Tender
Please see private minutes.

Item 2022/23 (79): Change Management and projects

Major change programme individual reports:

White Rose Office Park New Staff Hub update
The Committee received an update on progress, costs, programme dates and risks associated with the required exit from Stockdale House due to the termination of the lease and the acquisition and opening of the Trust's new staff hub at White Rose Business Park, Leeds. The Executive Director of Finance and Resources said that in terms of the health and equity perspective, it was one of the factors of relocating to South Leeds.

The Executive Director of Finance and Resources highlighted that the timescales for delivery were challenging with many of the sign offs and activities being back-to-back to meet the exit date. There was the risk of the cost for the internal fitout because of escalating construction costs. This was explained in detail in the paper along with the uncertainty of capital allocation for next year but it was manageable in the context of moving other potential capital costs around.

The Executive Director of Finance and Resources said that shortly, details of the virtual site fitout would be released and it was the intention to take as much furniture from Stockdale as possible, including the reuse of IT equipment.

The Trust Chair commented it was a helpful presentation and it described the significant risks of the tight timescales. The Executive Director of Finance and Resources said that issue wasn't about the building, as the project was being managed well, it was around the business, people knowing they were relocating and that it was happening this year. He said the building would incorporate a modern way of office flexible working.

The Executive Director of Finance and Resources said it would be helpful for this Committee and the Trust Board members to be flexible around some of the approval processes which may not necessarily sit with Committee's governance timescales, as and when it arises.

Outcome:
The Committee noted the progress, key dates and risks identified in the report.

Item 2022/23 (80): Performance Management

a) Performance brief and domain reports
The Quality Committee reviewed the first three domains of the Performance Brief at its meeting on Monday 23 January 2023: (Safe, Caring and Effective). The waiting list for children was also extensively covered at the meeting.

The Committee noted the following update:

Responsive
The Executive Director of Operations drew attention to the neighbourhood team triangulation information on page 24 of the Performance Brief and the development of the backlogs and waiting lists information (appendix 2). She said that the intension of this was to provide on a monthly basis with some narratives to track different waiting lists. The data on CAMHS was not included in the report because of the system outage incident.

Well-led
The Director of Workforce (LS) was pleased to highlight that staff turnover remained within tolerance levels. The less positive news was on sickness absence rates. Progress was noted during quarter 2 but in the current quarter, sickness was mainly affected by flu and Covid and respiratory infections. Work was continuing to monitor and support the organisation.

The staff appraisal rates were struggling to improve. Work to improve this was on-going. An established appraisal project team was supporting the organisation to do better, more productive and more time focused appraisals therefore there was optimism in seeing some of those figures improving in the coming months.

There was continued success with hyper-local recruitment of posts located in some communities and particularly recruitment to unqualified or unregistered posts. The approach was also seeing some success around recruitment to police custody and the Wharfedale wards. The Director of Workforce (LS) said that there was a vibrant schedule of hyper-local recruitment campaigns throughout the year (2023), including with some work with neighbourhood teams of healthcare support workers. She said that in terms of capacity and supporting the retention goals this may even contribute towards recruitment of previously hard to recruit roles.

Finance
The Executive Director of Finance and Resources noted an error in the data table at the start of the finance section. He said this would be corrected for the Trust Board version.

In terms of the finance position, it was the same as previously reported. The Executive Director of Finance and Resources said that the Trust was well within its resource revenue, resources for the year end and should balance within the capital allocation. He said the ongoing collective discussions in Leeds were about the system and management of resource. Broadly the position had improved significantly over the last two months and West Yorkshire was expected to have a balanced position.

Outcome:
The Committee noted the overall reporting of the financial position.

b) Quarterly Finance report including Integrated Care Services (ICS)
The Committee received a presentation of key messages of the financial position (month 9 2022/23) covering NHS West Yorkshire ICB. The Executive Director of Finance and Resources said there was a significant improvement in position and already thinking about the next financial

year, whilst tidying up this year in the position reported. He said looking forward, the focus on CIP in this organisation and across West Yorkshire will be significantly high for next year.

It was noted that the challenge will be to match the level of growth to the level of ambition. The Executive Director of Finance and Resources said that at this stage he did not know if there would be further pay awards for 2023/24. There was still further discussion to be had with the ICB in Leeds about the level of services commissioned for which there was no funding. He said there were potential opportunities from some of the targeted new money that had been agreed in recent weeks for this year. The Executive Director of Finance and Resources said that this carried a significant risk and the only mitigation for many organisations was the significant level of vacancies and level of agency use that will be the mitigation to the financial position next year.

Action: Executive Director of Finance and Resources
A further detailed update for 2023/24 will be provided at next month's meeting in preparation for the Trust Board approving the budget at the end of the year.

Outcome:
The Committee noted the information provided about the financial position.

c) Operational and non-clinical risk report
There were currently 42 non-clinical risks on the risk register. The risks scoring 8 or above on the risk register were themed: increased demand for services (high numbers of referrals and more complex cases), services that were paused in response to COVID19 experiencing increased workloads, increased waiting times, vacancies and recruitment.

The report detailed the changes to non-clinical risks on the risk register and noted one new risk that had been added to the risk register since the last report: 'reduced staffing levels in the Health Care Provision (HCP) service – Police custody'. One risk had been de-escalated and one risk had been closed.

The Executive Director of Operations said that there was some positive movement in terms of police custody. She said the hyperlocal recruitment approach had brought in more expressions of interest than vacancies available.

Outcome:
The Committee noted the contents of the risk register and that non-clinical risks were being appropriately managed to mitigate the risks.

d) Offering choices to patients
This agenda item had been discussed earlier in the meeting, under item 74d(iii)

e) Health and Safety Compliance Report
The Executive Director of Finance and Resources introduced the health and safety compliance report. The key points were noted as follows:

There were areas of non-compliance noted in the report. The Executive Director of Finance and Resources said this was good to be sighted on and that the Trust had a robust plan to ensure improvements were made, including a case for change to bring facilities management and the risk and safety team together into a new department with appropriate resource including health and safety training, audit and an additional security role.

The Executive Director of Finance and Resources said there was an advert out on NHS jobs for a new Head of Facilities Management and Safety, to progress the Premises Assurance Model. The Executive Director of Finance and Resources explained that discharging the Trust's responsibilities in such a diverse portfolio of estate; some owned some leased, and some used, was challenging.

The Committee noted the RIDDOR reportable injuries, which were mostly Musculo-skeletal injuries.

The Executive Director of Operations noted that of the staff that had been affected by RIDDOR reportable incidents, five of the seven were in the lower pay brackets. She was concerned about

the lack of IT access on a regular basis because of the nature of their work. She suggested looking at the health and safety training offered to those particular groups, and whether online training was the right thing for them. The Executive Director of Finance and Resources agreed to review the training.

A Non-Executive Director (KR) reflected on the fire risk assessment target date of June 2023. He said it would be good to see in the next report specific timelines linked to the legislative requirements. He said he understands everything is being done to comply with legislation, but it is a breach of directors' responsibilities at a very basic level, and issues should be quickly corrected. The Executive Director of Finance and Resources said he would provide an update at the next meeting on progress with fire risk assessments.

In terms of general compliance with legislation the Company Secretary said that it was difficult to implement an extensive audit program across all services, without dedicated resource as the Trust had circa 3000 staff, 50 services and 40 buildings in regular use. Managers and staff also needed to take some responsibility to improve the health and safety culture.

The Trust Chair was disappointed to learn that the Trust will remain non-compliant in some aspect of the business for the next 18 months. He asked if there were other ways of progressing the work including assessments being carried out by the private sector. The Committee Chair suggested revisiting this at the next meeting to review the situation and to see if there were any further mitigations.

The Committee Chair thanked the Executive Director of Finance and Resources for the paper and the summary.

Action:
The Executive Director of Finance and Resources to investigate short term solutions and mitigations and report back to February 2023 Committee meeting.

f) Safe staffing report
The Executive Director of Operations introduced the Safe Staffing report and highlighted the key points. This was also discussed at length at the January Quality Committee.

She explained that there were gaps in some areas but they were being mitigated and that the police custody and Young Offenders Institute were areas of concern. The Executive Director of Operations expected some improvements in police custody and the neighbourhood teams staffing levels. The hyper-local recruitment approach was working well following success at Wharfedale. It was noted that the two inpatient units at Hannah House and the Wharfedale recovery hub had been able to sustain staffing.

The Committee Chair asked about the impact on the adult business unit teams when new teams were being set up to deal with the system pressures and new initiatives created to manage the situation. He said moving staff into those new areas and virtual wards could be detrimental to some of the core neighbourhood team services. The Executive Director of Operations assured the Committee that there was some movement, but it was not a major concern. There were lots of opportunities within the neighbourhood teams for skill mix and career progression. The international recruitment meant staff were being recruited into the adult business unit.

Outcome:
The Committee noted the content of the report and felt reassured that safe staffing was being monitored at various governance groups.

Item 2022/23 (81): Internal Audit

Internal audit reports:

a) Data Quality
The Committee noted that the Data Quality audit received limited assurance. The Executive Director of Operations responded to say that the deep dives into quality of data in the PCMIS and Carenotes systems was interesting, however the majority of the organisation used SystmOne in a

consistent way across all services.

The Committee Chair said there was a danger that the Business Intelligence team was perceived to be responsible for maintaining the quality of data. The Executive Director of Finance and Resources likened the problem to the responsibility for health and safety and that it needed to be owned across the organisation. He said it was important to get it right first time and people who were inputting data had a responsibility to do that. He said the reason to have a data quality manager was to provide the conditions, systems and processes to support staff, and every person has a responsibility to promote the importance of data quality throughout the organisation.

The Executive Director of Finance and Resources said that in terms of an audit into data quality that specific recommendations are assigned to specific officers overseen by specific directors. Those responses were agreed and overseen by the Audit Committee which assessed whether the timescale for delivery were satisfactory and monitors whether those actions had been delivered.

The Committee was advised that there was currently a waiting list audit underway and in the proposed internal audit programme for 2023/24 there will be further work on data quality.

The Chief Executive highlighted that SMT had a wide-ranging conversation about the data quality audit and reflected on adding to the recommendations a focus on clarity on what is the specialist role of BI and the responsibility of an operational manager and a clinical manager at a local level. She said this was the responsibility of every clinician as part of their professional role.

b) Financial sustainability Audit
The Committee noted the outcome of the audit on financial sustainability was reasonable and it provided assurance on the degree of financial control within the organisation.

c) Leadership Programme
This audit provided a significant assurance opinion on the organisation's approach to leadership.

The Director of Workforce (LS) was pleased to receive a significant assurance opinion on this audit and would work on some of the helpful recommendations made about the rigour of understanding who is accessing the leadership program and how to demonstrate the impact of it.

Outcome:
The Committee noted the completed audit(s) from the 2022/23 plan and the audit opinion related to the reports.

Item 2022/23 (82): Business Committee Governance

Work plan
The Committee reviewed and noted the work plan. The workplan was now reasonably back on track.

Item 2022/23 (83): 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:

- Waiting list backlog
- Performance Brief and Finance
- Children, Young People and Families Strategy update
- Third Sector Strategy update
- Procurement Strategy update

- Liaison and Diversion Reconnect Service
- White Rose Office Park, new Staff Hub
- Health and Safety Compliance report

Item 2022/23 (84): Any other business

None discussed.

SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 17TH JANUARY, 2023

PRESENT: Councillor A Marshall-Katung in the Chair

Councillors C Anderson, S Burke, L Farley, J Gibson, N Harrington, M Iqbal, E Taylor and E Thomson

Co-opted Member present – Dr J Beal

49 Appeals Against Refusal of Inspection of Documents

There were no appeals.

50 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

51 Late Items

There were no formal late items.

52 Declaration of Interests

No declarations of interests were made at the meeting.

53 Apologies for Absence and Notification of Substitutes

Apologies for absence had been received from Councillors W Kidger and C Hart-Brooke.

54 Minutes - 22nd November 2022

RESOLVED - That the minutes of the meeting held on 22 November 2022 be approved as an accurate record.

55 Health and Care Workforce Strategic Approach

The Head of Democratic Services submitted a report which presented a briefing paper by the Leeds Health and Care Academy on the challenges related to the health and care workforce and the strategic approach being taken to address these.

The following were in attendance for this item:

- Cllr Fiona Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Cllr Salma Arif, Executive Member for Public Health and Active Lifestyles
- Cath Roff, Director of Adults and Health
- Victoria Eaton, Director of Public Health

- Kate O'Connell, Director of Leeds Health and Care Academy and Leeds Strategic Workforce
- Laura Smith, Director of Workforce, Leeds Community Healthcare NHS Trust
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- John Crowther, Chief Officer Resources and Strategy, Adults & Health
- Phil Evans, Chief Officer, Operations and Active Leeds

The Director of Leeds Health and Care Academy and Leeds Strategic Workforce was invited by the Chair to lead on introducing the briefing paper that had been provided by the Leeds Health and Care Academy. In doing so, Members were advised of the benefits of having an integrated workforce that focuses on person-centred care rather than being constrained by individual organisational boundaries. It was highlighted that Leeds is taking a proactive approach in this regard through the leadership of the Leeds One Workforce Strategic Board and the establishment of the Leeds Health and Care Academy, which is regarded as the vehicle to enable collaboration to happen in practice and connect relevant partners together, including those within the independent, education and voluntary sectors.

Reference was also made to the key challenges facing the workforce, as set out within the briefing paper. While acknowledging that such challenges are not unique to Leeds, Members were advised that Leeds does also provide specialist clinical services for a much wider geographical footprint and subsequently is balancing additional, competing demands.

Management of risk and creating solutions to workforce issues will be done through a prioritisation approach, creating sequences in anticipation of future needs and work pressures too. Key elements of this will involve improving communication between services aimed at reducing competition and demand for the same staff; improving staff access to health and wellbeing services; narrowing inequality and enabling better employment opportunities within less affluent communities. It was highlighted that Leeds is also strongly connected regionally with the West Yorkshire Integrated Care System and the West Yorkshire Combined Authority, as well working with the Department for Health and Social Care.

The Executive Member for Adult and Children's Social Care and Health Partnerships and the Director of Workforce, Leeds Community Healthcare NHS Trust were also given the opportunity to address the Board and in doing so had particularly reiterated the importance of maintaining and building upon the existing collaborative approach given the very challenging landscape across the health and care sector nationally.

The following points were also raised during the Board's consideration of the report:

- There was an acknowledgement that NHS workers tend to earn more on average than those working in social care, as well as benefiting from the NHS pension scheme.
- The Board noted that while the foundation work in Leeds remains strong, both the successes and limitations of existing initiatives continue to help inform subsequent work leading to new and innovative approaches for future planning and actions. The Board therefore expressed a wish to continue monitoring progress, which was supported by the Director Leeds Health and Care Academy and Leeds Strategic Workforce.
- The Board recognised that a core level of digital capability is critical in delivering integrated health. Reference was made to actions being taken as part of the broader 100% digital initiative which also recognises the value of developing digital skills for both patients and staff in terms of improving future service provision and efficiency.
- Examples of existing projects were shared with Members to help clarify the distinction between integration and collaboration models, as well as highlighting how partners in Leeds have worked innovatively to address any potential barriers to such models, which are often linked to policy and funding structures, particularly as social care services are also means tested and therefore a chargeable service compared to NHS services.
- In response to a question from members regarding comparison for local and international recruitment it was confirmed that the West Yorkshire ICS is at the forefront for international recruitment as a result of long-term reciprocal partnership arrangements. Leeds Teaching Hospital Trust (LTHT) historically has also been very active around international recruitment and has well established pathways and therefore work is underway to look at how that can be expanded further to assist other areas of the local health and care system linked to an existing strategy and ambition. It was also highlighted that domestic recruitment efforts are being prioritised, which involve close links with local colleges and universities as well offering apprenticeship opportunities.
- The Board discussed the practicalities surrounding the flexible working redesign project, which included flexible working patterns and the use of technology that would also aid remote working.

The Chair thanked everyone for their valuable contributions and again relayed the Board's interest in continuing to monitor progress surrounding the strategic approach being taken by the Leeds Health and Care Academy.

RESOLVED – That the contents of the report be noted.

56 Best City Ambition - Update

The Chief Officer for Strategy and Improvement submitted a report which provided an update on work to implement the Best City Ambition since its adoption by the Council in February 2022.

The following were in attendance for this item:

- Cllr Fiona Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Cllr Salma Arif, Executive Member for Public Health and Active Lifestyles
- Cath Roff, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- John Crowther, Chief Officer Resources and Strategy, Adults & Health
- Phil Evans, Chief Officer, Operations and Active Leeds
- Mike Eakins, Intelligence and Policy Manager

The Intelligence and Policy Manager provided an overview on current work transitioning to the Best City Ambition model, focusing on improving outcomes across the 3 Pillars (Health and Wellbeing, Inclusive Growth, Zero Carbon), with the ownership of the ambition in response to the recent Local Government Association Peer Review. With the Council having many adopted strategies, the Board was updated on the progress of identifying the key strategies and implementing them into a broader framework at a time when they are due for renewal. The Best City Ambition will incorporate a Team Leeds ethos and reflect the breakthrough priorities and community level local area plans. The development of a programme of work will be over the next year with ongoing performance monitoring.

The following points were also raised during the Board's consideration of the report:

- Reference was made to the breakthrough project around promoting mental health in the community as Members queried whether General Practitioners had been consulted on this project too. Members were informed that as this is a first pilot project, the consultation had primarily involved third sector partners and Public Health. However, there would likely be broader consultation with a range of other key partners as part of any longer-term development work.
- Members recognised the valuable role that General Practitioners can play particularly around social prescribing and it was suggested that the Board could explore the issue of social prescribing in greater detail as part of its future work programme.
- Members were advised that the work being undertaken through the breakthrough projects is designed to be complementary and offer enhanced support to what is already being undertaken through existing policies and initiatives.
- Members were assured that the Best City Ambition aims to capture the spirit of the council's mission to tackle poverty and inequality by taking a Team Leeds approach linked to the three pillars of health and wellbeing, inclusive growth and zero carbon. Linked to this, it was also noted that the Best City Ambition will also become more closely aligned with the work being undertaken to become a Marmot City.

RESOLVED – That the contents of the report, along with members comments, be noted.

57 Performance Update - Adult Social Care, Public Health and Active Lifestyles

The joint report from the Directors of Adults and Health, Public Health and City Development provided an overview of outcomes and service performance related to the council and city priorities within the Scrutiny Board's remit.

The following were in attendance for this item:

- Cllr Fiona Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Cllr Salma Arif, Executive Member for Public Health and Active Lifestyles
- Cath Roff, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- Tim Fielding, Deputy Director of Public Health
- Phil Evans, Chief Officer, Operations and Active Leeds
- Steve Baker, Head of Active Leeds
- Mike Eakins, Acting Head of Intelligence and Policy
- Rob Wood, Intelligence & Policy Manager, Adults and Health

The Chair explained that there are three distinct sections within the report which include Public Health; Adult Social Care; and Active Lifestyles. It was therefore proposed that the Board considers these in turn to help structure the discussion.

The Executive Member for Public Health and Active Lifestyles was then invited to provide any introductory comments linked to those service areas that relate to Active Lifestyles. In doing so it was highlighted that activity levels are starting to recover following large drops caused by the pandemic and Leeds now has the lowest inactivity rate within the Yorkshire & Humber region (it was noted that the wording within the agenda report had incorrectly referenced North Yorkshire). It was also highlighted that Leeds is second compared to all Core Cities, only behind Bristol which records an inactivity rating of 20.7% and is substantially lower than the National (27.2%), regional (28.4%) and core cities (26.6%). It was noted that the Physical Activity Ambition aims to reduce barriers to activity particularly in less affluent communities.

The Executive Member for Public Health and Active Lifestyles then provided the Board with an overview of performance relating to Public Health. Particular attention was drawn to the emerging evidence on the effects of the pandemic which has led to a small decrease in life expectancy across all groups in the city which does reflect trends nationally over the same period and so this will be monitored closely. A number of key positive areas were

also highlighted, including a sustained high performance of NHS health checks; the completion of drug and alcohol treatment; an increase in breastfeeding rates at 6-8 weeks; and improved physical activity rates as noted as part of Active Lifestyles remit too. With regard to addressing health inequalities, it was noted that public health measures would also be closely linked to the Marmot City work.

The Executive Member for Adult and Children's Social Care and Health Partnerships provided the Board with an overview of performance for Adult Social Care. It was highlighted that Adult Social Care continues to experience increased demand across all elements of the service which alongside capacity pressures, including staffing challenges, is impacting on measures relating to service delivery and timeliness. In recognition of the significant challenges facing the sector nationally, it was noted that the Leeds position is reflective of the national picture. However, the Executive Member was very pleased to report that Leeds continues to perform well in terms of service users feeling safe when utilising local social care services.

The following points were also raised during the Board's consideration of the report:

- *Public Health*
- The Board acknowledged the work being undertaken as part of the Leeds Food Strategy 2022-2030 and particularly emphasised the importance of addressing food deserts and making nutritious foods more financially accessible for everyone in helping to promote healthy eating options.
- *Active Lifestyles*
- The Board emphasised the important role that Councillors can play in helping to promote existing initiatives aimed at improving physical activity levels and linked to this, it was highlighted that briefings will soon be made available to ward members regarding low cost, community activities for the most vulnerable and economically disadvantaged people.
- Members were advised that the recent increases in prices for council owned leisure centres and gyms had been minimised as much as possible given the existing challenges associated with the cost of living crisis.
- The Board discussed the prevalence of obesity and particularly noted that while obesity levels in reception aged children have seen significant improvement, the obesity rates for Year 6 children are statistically significantly higher than before the pandemic. Members were assured that there is a continued focus around reducing the prevalence of obesity closely linked to the Healthy Weight Declaration work which is targeted at both adults and children.
- The Board discussed the value of parks and green spaces in terms of providing free and accessible spaces that will help promote physical activity. Linked to this, a Member of the Board made reference to the proposed introduction of car parking charges at relevant parks and

attractions and the potential impact this could have around accessibility. The Executive Member for Public Health and Active Lifestyles highlighted that this particular proposal is subject to consultation and that the feedback from this will therefore be taken into account. Members were also informed that one of the key streams of activity being led by Active Leeds is around the promotion of active travel in terms of encouraging more individuals to also walk and cycle to local parks and green spaces.

- Some concern was outlined regarding the costs associated with taking part in the Leeds Marathon that is planned for May 2023. While Members were advised that the council has more of a facilitating role, the Chief Officer Operations and Active Leeds committed to relay such concerns around the barrier of costs to the organiser and to provide a written response via the Chair of the Scrutiny Board.

RESOLVED – That the contents of the report, along with members comments be noted.

58 Financial Health Monitoring 2022/23 - October (Month 7)

The Head of Democratic Service submitted a report that introduced information regarding the projected 2022/23 financial health position at Month 7 (October 2022) in the context of the Scrutiny Board's wider discussions about the initial budget proposals.

The following were in attendance for this item:

- Cllr Fiona Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Cllr Salma Arif, Executive Member for Public Health and Active Lifestyles
- Cath Roff, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- John Crowther, Chief Officer Resources and Strategy, Adults & Health
- Phil Evans, Chief Officer, Operations and Active Leeds
- Steve Baker, Head of Active Leeds

The Chief Officer Resources and Strategy, Adults & Health provided the Board with an overview of the financial position for Adults Social Care and Public Health. Members were reminded that Adult Social Care had in-year savings plans totalling £7 million and whilst the directorate is still anticipating delivering a balanced budget, there are some challenges on delivering elements of the savings plan on time. Such challenges relate to staff recruitment issues, buildings work issues linked to the refurbishment of care homes; and a decision taken by the directorate to phase some of its income recovery measures. Adult Social Care has a demand budget approaching £250 million with pressures of around £5.4 million primarily across residential care. It was also noted that some of these pressures are caused by funded in-year uplifts to fees which resulted in around £2.4 million that was not reflected in the initial budget as well as the impact of the agreed pay award.

In helping to achieve a balanced position, Members were advised that the Council had secured additional grant from the government's Better Care Fund as well as seeing more positive results stemming from previous income plans. It was noted that Public Health are operating with a £47 million ringfenced grant this year and are expected to maintain their expenditure within those levels, although it was noted that Public Health services are experiencing the impacts of the pandemic too

The Chief Officer, Operations and Active Leeds outlined the financial pressures for Active Lifestyles, which included the pay award and also increased energy costs. It was highlighted that the leisure portfolio is the third most extensive user of energy across the council's estate. Overall, it was highlighted that the City Development directorate is forecasting a balanced position at the year end. At month 7, the Active Leeds element of the budget is forecast to have a £200,000 overspend, however, the service is working hard to improve that position in order to still achieve a balanced budget.

On behalf of the Board, the Chair welcomed the update on the financial position.

RESOLVED – That the contents of the report be noted.

59 Initial Budget Proposals for 2023/24

The Head of Democratic Services submitted a report that introduced the Executive Board's initial budget proposals for 2023/24 for consideration, review and comment on matters and proposals that fall within the Scrutiny Board's remit.

The following were in attendance for this item:

- Cllr Fiona Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Cllr Salma Arif, Executive Member for Public Health and Active Lifestyles
- Cath Roff, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- John Crowther, Chief Officer Resources and Strategy, Adults & Health
- Phil Evans, Chief Officer, Operations and Active Leeds
- Steve Baker, Head of Active Leeds.

The Chair had highlighted that while the Board has already been initially consulted on the relevant budget proposals as part of a working group meeting held during December 2022, Members were given a further opportunity as part of this meeting to raise any further questions or make any further comments on the proposals.

No further questions or comments were made by Board Members and therefore the Chair concluded by explaining that the Board's earlier deliberations on the relevant budget saving proposals during the working group meeting last month will now inform a composite report from Scrutiny

that will be submitted to the Executive Board for consideration during its meeting on 8th February 2023.

RESOLVED – That the contents of the report be noted and that the Board's deliberations on the relevant budget savings proposals inform a composite report from Scrutiny that will be submitted to the Executive Board for consideration during its meeting on 8th February 2023.

60 Work Schedule

The Head of Democratic Services submitted a report that presented the work schedule for the remainder of the municipal year.

RESOLVED – That the contents of the work schedule for 2022/2023 be noted.

61 Date and Time of Next Meeting

RESOLVED – To note the next meeting of the Board as Tuesday, 21st February 2023 at 1.30 pm (premeeting for all Board Members at 1.00 pm)

(The meeting concluded at 3:12pm)

SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 21ST FEBRUARY, 2023

PRESENT: Councillor A Marshall-Katung in the Chair

Councillors C Anderson, S Burke, L Farley, J Gibson, N Harrington, C Hart-Brooke, M Iqbal, W Kidger, E Taylor and E Thomson

Co-opted Member present – Dr J Beal

OPENING REMARKS

At the start of the meeting, the Chair welcomed Caroline Baria to her first Scrutiny Board meeting as Interim Director of Adults and Health. The Chair explained that Cath Roff recently stepped down as Director to take up a new role with the Council as the Project Manager for Social Care Transformation. The Chair therefore took the opportunity to also pay tribute to Cath for her achievements as Director and for the support she provided to the work of Scrutiny over the years.

62 Appeals Against Refusal of Inspection of Documents

There were no appeals.

63 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

64 Late Items

There were no formal late items.

65 Declaration of Interests

No declarations of interests were made at the meeting.

66 Apologies for Absence and Notification of Substitutes

No apologies for absence had been received.

67 Minutes - 17 January 2023

RESOLVED - That the minutes of the meeting held on 17th January 2023, be approved as an accurate record.

68 Matters Arising

Minute 54 – Minutes of the meeting held on 22nd November 2022

During its November meeting, the Board had discussed access to local NHS dental services (minute no. 44 refers) and at that stage it was acknowledged that a service review of Yorkshire and Humber Community Dental Services (CDS) was being undertaken by NHS England. Having sought further clarification from NHS England on the status of the review, the Principal Scrutiny Adviser explained that work remained ongoing in terms of the review findings being subject to further clinical and stakeholder engagement/consultation to support final publication in the summer.

Linked to the Board's existing commitment to maintain a watching brief of progress towards improving access to local NHS dentistry, the Chair explained that, once available, the findings of the CDS review would form part of a future update report to the Board. Members also acknowledged the work of the West Yorkshire Joint Health Overview and Scrutiny Committee on dentistry, which involved a written submission to the Health and Social Care Parliamentary Select Committee as part of a national inquiry on dentistry. It was noted that the findings of the national inquiry would also be reported back to the Scrutiny Board for consideration in due course.

Minute 57 - Performance Update

Last month, the Board referred to the Rob Burrow Leeds Marathon and particularly the costs associated with taking part in this event as it was felt that this may be seen as a potential barrier for the most disadvantaged groups and communities. It was acknowledged that the Chief Officer for Operations and Active Leeds had subsequently liaised with the organisers on this matter and provided a written response to Board Members summarising some of the targeted engagement initiatives in place. This helped to give further assurance that community is at the heart of this event. The Board extended their gratitude to the organisers.

Minute 59 - Initial Budget Proposals for 2023/24

The Principal Scrutiny Adviser confirmed that the Board's deliberations on the relevant budget savings proposals did inform a composite report from Scrutiny. This report had been acknowledged by the Executive Board during its meeting held on the 8th February 2023 and also formed part of the agenda papers for consideration at Full Council on 22nd February 2023.

69 Leeds Safeguarding Adults Board Progress Update

The Head of Democratic Services submitted a report which presented a progress report produced on behalf of the Independent Chair of the Leeds Safeguarding Adults Board (LSAB) for the Scrutiny Board's consideration. The report from the LSAB included its annual report for 2020/2021 and

summarised progress made against its Strategic Plan for 2021/22, as well as sharing some early thinking about its ambitions for 2022/23. Also appended for the Board's attention was the feedback report from the Safeguarding Adults Board Peer Challenge that was undertaken as part of sector led improvement within the Yorkshire and Humber ADASS Region.

The following were in attendance for this item:

- Cllr Fiona Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Cllr Salma Arif, Executive Member for Public Health and Active Lifestyles
- Caroline Baria, Interim Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- Richard Jones CBE, Independent Chair of Leeds Safeguarding Adults Board

The Chair welcomed the attendance of the Independent Chair of the LSAB, Richard Jones CBE, and invited him to briefly introduce the LSAB report. As part of this introduction, the Board was assured that all safeguarding partners remained committed towards developing effective ways of working collaboratively. As partners continue to recover from the impacts of Covid-19, it was highlighted that such development work involves building on innovative practice that was developed during the pandemic. Reference was also made to existing workload pressures, with the data showing an increasing trend in safeguarding referrals since 2018/19. Given the significant challenges that individuals, families and communities are now facing within the context of the current cost of living and energy crisis, Members were advised that this was also likely to create more vulnerable individuals as well as impacting those already considered vulnerable. However, the LSAB Chair explained that the increased trend in referrals could also be seen as an indicator of greater awareness of adult safeguarding and how to seek support when someone has concerns for a person's safety and wellbeing.

When a referral is received by Leeds City Council: Adults & Health, then a decision is made on whether to undertake a safeguarding enquiry based upon the criteria set out within Section 42 of the Care Act 2014. It was highlighted that in 2021/22, there were 3101 safeguarding enquiries commenced, which equated to 25% of all referrals. While the data over recent years showed a decreasing trend in the percentage of referrals leading to Section 42 enquiries, the LSAB Chair assured Members that whenever a safeguarding enquiry is not deemed to be required, other forms of support, advice, information or other services will have often been provided dependent upon the nature of the risks, the specific concerns and the person's particular needs.

The LSAB Chair then summarised some of the key achievements and future challenges linked to the four key ambitions of the LSAB which are: develop citizen-led approaches to safeguarding; improve awareness of safeguarding

across communities and partner organisations; develop citywide approaches to safeguarding practice; and learn from experience to improve how we work.

In concluding, the LSAB Chair extended his thanks to all frontline staff, practitioners and organisations for their ongoing commitment and valuable contribution to the safeguarding agenda. A message of thanks was also passed to Cath Roff for the leadership and challenge role that she had provided as Director of Adults and Health.

The Executive Member for Adult and Children's Social Care and Health Partnerships also took the opportunity to reflect on the positive work of the LSAB, with references made to the cross-cutting strategy to tackle the issue of self-neglect and the key focus on citizen-led approaches to safeguarding. It was highlighted that the Council's Executive Board had also considered the LSAB annual report during its meeting on 8th February 2023.

The following key points were also raised during the Board's consideration of the report:

- *Working closely with West Yorkshire Police* - The Board discussed the importance of working closely with West Yorkshire Police in identifying and safeguarding vulnerable adults at risk of targeted crime. The Board was advised that a senior representative of West Yorkshire Police is a member of the LSAB and provides information about emerging police priorities, as may relate to vulnerable adults in Leeds, which also helps to inform strategic plans for the year ahead. There was also confidence in the locality working arrangements and partnerships in helping to safeguard adults.

- *A need for further analysis and narrative surrounding the reporting data* – There was further discussion surrounding the reported data that showed the number of safeguarding referrals increasing since 2018/19 alongside a decreasing trend in the percentage of referrals leading to a Section 42 enquiry. The Board identified the need for further analysis and narrative surrounding this data to be reflected within the LSAB report. While acknowledging that it is the view of the LSAB that the increasing numbers of referrals are an indicator of greater awareness of adult safeguarding and how to seek support, such analysis would help to support this position, as well as provide further assurance that every referral, including those that do not meet the criteria for Section 42 enquiry, is responded to appropriately. The LSAB Chair agreed to feed this back to the LSAB for consideration.

The Chair thanked everyone for their contributions and acknowledged the continued hard work and commitment of the Leeds Safeguarding Adults Board.

RESOLVED – That the contents of the report, along with Members comments, be noted.

70 Review of out of hours bereavement arrangements at Leeds Teaching Hospitals NHS Trust.

The Head of Democratic Services submitted a report relating to a review of out of hours bereavement arrangements at Leeds Teaching Hospitals NHS Trust (LTHT).

The following were in attendance for this item:

- Cllr Fiona Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Cllr Salma Arif, Executive Member for Public Health and Active Lifestyles
- Caroline Baria, Interim Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Rob Newton, Associate Director of Policy and Partnerships, Leeds Teaching Leeds Teaching Hospitals NHS Trust (LTHT)
- Mike Philpott, General Manager Pathology, LTHT
- John Adams, Medical Director (Governance and Risk), LTHT
- Reece Wolfenden, Lead Service Manager for Bereavement and Medical Examiner Services, LTHT
- The Rev'd Ben Rhodes, Head of Chaplaincy and Spiritual Care, LTHT

In introducing this item, the Chair explained that in September 2019, the Adults, Health and Active Lifestyles Scrutiny Board had received a briefing from Leeds Teaching Hospitals NHS Trust (LTHT) regarding changes to its out of hours bereavement arrangements aimed at improving the experience of bereaved families. Such changes involved the introduction of new processes to enable the timely release of deceased adult patients for ceremonial and burial purposes for religious and cultural reasons. However, the Chair explained that the Trust is now undertaking a further review of its out of hours bereavement arrangements and was therefore invited to today's meeting to engage with the Scrutiny Board at this early stage of the review process.

The Board received a presentation that was led by the Medical Director (Governance and Risk) at LTHT. The key points raised during this presentation were as follows:

- The Trust currently operates a 24 hour service, with the out of hours service operating on weekday evenings (from 16:30 onwards) and at weekends.
- The responsibility for releasing deceased adult patients to funeral directors out of hours is taken on by Clinical Site Managers (CSM). There is one CSM at Leeds General Infirmary and one at St James's University Hospital.
- Out of hours release requires a significant amount of resource and coordination by CSMs. During times of operational pressure, a timely

service by CSMs cannot be guaranteed given other urgent needs for patient care.

- While a new service model is being developed, the Trust will continue to provide an out of hours service. However, in doing so it is proposed that the Trust considers moving to a 08:00 to 20:00 service on weekends and weekdays.
- The Trust is awaiting further details surrounding a new Statutory Medical Examiner System that is expected to come into force in April 2023. This system will require Medical Examiners to provide independent scrutiny of all deaths not taken for investigation by a coroner which is therefore likely to have an impact on service delivery.
- Other considerations linked to making changes to the service were also outlined and included establishing clear policies and practice for out of hours during both weekdays and weekends; ensuring timely release of bodies with the potential to reduce the need of out of hours release; effective liaison and co-ordination with the Council's bereavement services; establishing more consistent policies and practice across the West Yorkshire region, with co-ordination through the West Yorkshire Association of Acute Trusts (WYAAT); quality control and assurance measures concerning the release of bodies; better understanding of demand levels and the best use of resources; and ensuring that the needs of other patients in hospital are being met with high quality and timely service provision from CSMs, Pathology and Mortuary.
- A timeline for the service review was shared with the Board which involved developing a new model, with identified responsibilities, by 31st March 2023. Testing and approval of the model is expected to take place during April with a view to begin implementing the final model by 1st May 2023.
- As well as engaging with the Scrutiny Board, ongoing engagement with faith and community groups, funeral directors, bereavement services, LTHT staff and West Yorkshire NHS Trusts were also deemed necessary as part of the process for change.

During the Board's discussions on this matter, the following points were also raised:

- The Board was advised that there is a significant amount of quality checks involved to ensure that the release of bodies of deceased patients is undertaken correctly and safely. During this time, Clinical Site Managers are not contactable for any other urgent site issues and under current processes, would be unable to delegate this responsibility to another individual or group of staff.
- It was highlighted that work to identify other qualified individuals or groups of staff to release the deceased was being undertaken as part of the review process.
- While it was acknowledged that some Trusts have utilised their mortuary staff to assist with out of hours releases, the Board was advised that this option is not considered feasible in Leeds due to capacity issues.

- While the physical release of deceased bodies primarily requires some administrative training, it was highlighted that the paperwork and clinical processes would require a medical examiner or senior consultant to authorise the release.
- Some Members shared their experience of having increased contacts from constituents over the last few months regarding issues of late release of deceased kin. While understanding the service pressures being placed on the CSMs, importance was placed on finding a suitable and sustainable way forward given this very difficult and sensitive matter.
- A statement was also read out on behalf of the Interfaith Director at the Leeds Jewish Representative Council which explained that the provision of out of hours bereavement services for Jewish and Muslim communities is critical. Concerns for the communities to provide timely burials for their loved ones were raised and any efforts to improve the situation were supported with the offer to meet with the Trust to consider how best to improve the situation.
- The Medical Director (Governance and Risk) apologised on behalf of the Trust for the service not being delivered to the intended level.
- In response to a question from Members, it was explained that the new Statutory Medical Examiner System is a national policy applying to all NHS organisations in England and Wales and will cover all deaths, even those in the community. However national legislation for full operation, funding and provision was still unclear.
- The Board considered the proposed move to a 08:00 to 20:00 service hours as being reasonable and practical. However, a query was raised regarding the working arrangements of Medical Examiners and the practicality implications moving forward when the new national system is put in place.
- The Board was advised that the Trust already have 13 Medical Examiners with 4 supporting administrative officers and that these primarily work from 08:00 to 16:00. It was highlighted that an additional 10 Medical Examiners are to be recruited to support community provision, with working hours being more aligned with registration services to provide greater flexibility.
- The Board was advised that while the government has issued guidance linked to the new system, which can be shared with the Scrutiny Board, the Trust is still awaiting further clarify surrounding the legislation to understand the full implications. Given the tight timescales involved, it was predicted that the introduction of this new system may be delayed. However, this remained a concern for the Trust.
- A suggestion was made to address a letter to the appropriate Minister for details of the practical arrangements of the new legislation, which was agreed to be done through the Executive Member for Public Health and Active Lifestyles.
- Members highlighted that some General Practitioners (GPs) in Leeds, although not offering out of hours services, do provide telephone numbers for religious communities to provide necessary documentation enabling the deceased's next of kin to register the death.

- Work with GPs to have accessible records was noted to be ongoing to ensure Medical Examiners have essential information when certifying a death at any hour. Permission for access is through application to the given practice and not through NHS patient record management systems.
- It was highlighted that digitalised death certificates were also being progressed through the government which should also assist with issues surrounding accessibility and out of hours provision.
- As the NHS continues to recover from the Covid-19 pandemic, it was noted that there remain ongoing issues around staff recruitment and retention. Improving the position will require dedicated funding while also recognising services are unable to predict what happens clinically.
- The Board suggested that it would be helpful for the Trust to provide Elected Members with guidance of the process for the release of bodies out of hours to assist them when advising their constituents.
- As part of the ongoing engagement process, the Director of Public Health suggested that it would be helpful for the Trust to also engage with the GP Federation and other partners through the Local Care Partnerships and Primary Care Networks and would be able to assist in facilitating that engagement.

The Chair thanked everyone for their contributions and requested that the Board be kept informed of progress linked to the ongoing review process.

RESOLVED – That the contents of the report and presentation be noted, along with Members comments and requests for information.

71 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 introduced the report and reminded Members that the Board had agreed to hold a working group meeting to consider the current position surrounding the delivery of the Leeds Mental Health Strategy with a view to also identifying key areas that would potentially benefit from more focused scrutiny work to be taken forward into the new municipal year. This working group had been arranged for Thursday 9th March 2023.

While acknowledging that the Board is expected to hold its final formal meeting on 21st March 2023, suggestions for future work items were also made. These involved inviting the new Chief Executive of Leeds Teaching Hospitals NHS Trust to discuss their vision for the Trust with the Board and having an item to understand the current position surrounding the demand and provision of local cancer treatment services.

RESOLVED – That the contents of the work schedule for 2022/2023 and the suggested areas of future work be noted.

72 Date and Time of Next Meeting

RESOLVED – To note the next meeting of the Board as Tuesday, 21st March 2023 at 1:30pm (pre-meeting for all Board Members at 1.00 pm)

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

Escalation and Assurance Report

Report from: West Yorkshire (WY) Integrated Care System (ICS) Mental Health, Learning Disability & Autism (MHLDA) Committee-in-Common
Date of the meeting: 25/01/2023

Key discussion points and matters to be escalated from the discussion at the meeting:
Alert/Action:
• Staffing pressures continue to be felt across workstreams. • NHSE have not awarded expected funding for the regeneration of estates to the Complex Rehabilitation Programme, there are current meetings taking place to review alternative solutions.
Advise:
• The CinC will take the working discussion document on the Relationship between the CinC and the MHLDA Partnership Board to Trust Board for comments. • Funding beyond 23/24 for the MH WB Hub is being discussed due to NHSE ceasing this allocation.
Assure:
• The MHLDA core team are forming a clinical network to encourage strong relationships with Primary Care MHLDA leads. • LYPFT will be the submitting an EOI to be the coordinating provider of the PMH Provider Collaborative on behalf of Yorkshire and Humber, progress updates will continued to be received at future CinC meetings. Trust Boards to be sighted on this area. • An LD Challenge comms campaign is being dispersed across the collaborative to raise the service profile and encourage new workforce supply, there have been positive results from past comms work with an increase demand for university courses. • The CYP helpline NightOWLS will be recurrently funded by all places.

Report completed by: Keir Shillaker, WY MHLDA Programme Director **Date:** 01/02/2023

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

Leeds Community Healthcare NHS Trust

Agenda item 2022-23 (157)

Public Board workplan 2022-23
Version 11: 20 March 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-		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 and patient safety report combined report from March 2023	2 x year (Mar and October)	EDN&AHPS			X Blue box - deferred to March 2023	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 - Deferred				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 - taken in private				X -Blue box	
Business Intelligence Strategy	2x year First presented Feb 2022 and August	EDFR			Deferred to March 2023 X	Deferred 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			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 March)	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		
Risk appetite statement (part of corporate governance report March)	annual	CS									
Declarations of interest/fit and proper persons test (part of corporate governance report March)	annual	CS				X					
Board Assurance Framework -process update (ex July Audit Committee)	annual	CS							X - Blue box item		
Corporate governance report	annual	CS				X	x				
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 (Annual Green Plan)	2xyear (March and October)	EDO	X			X Deferred				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 Deffered May 23	X			X -Blue box	
Infection prevention control annual report	annual	EDN&AHPS					X				

Key

CE	Chief Executive
EDFR	Executive Director of Finance and Resources
EDN	Executive Director of Nursing
EDO	Executive Director of Operations
EMD	Executive Medical Director
DW	Director of Workforce
CELs	Committees' Executive Leads
CS	Company Secretary

= received
= deferred to another meeting
= not required