

## **Bundle Public Board Meeting 4 August 2023**

### Agenda

#### Final agenda Public Trust Board meeting 4 08 23

- 27 Welcome, introductions and apologies (Trust Chair)
- 28 Declarations of interest (Trust Chair)
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  - 30.a Minutes of the meeting held on: 26 May 2023
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  - 30.c Actions' log 26 May and 28 June 2023
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- 31 Patient Story
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  - 34.b Charitable Funds Committee: 23 June 2023 (Alison Lowe)
    - Item 34b Charitable funds Committee Chair Assurance Report July 2023
  - 34.c Quality Committee: 24 July 2023 – verbal update (Helen Thomson)
  - 34.d Business Committee: 28 June 2023 and 26 July 2023 (Richard Gladman)
    - Item 34di Chairs assurance report - Business Committee June 2023[57] RG
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  - 34.e Audit Committee: 14 July 2023 (Khalil Rehman)
    - Item 34e AC Chairs assurance report July 2023
- 35 Performance Brief: June 2023 (Yasmin Ahmed)
  - Item 35 Performance Brief - June 2023 Q1 - Board Version (1)
- 36 Significant Risks and Board Assurance Framework (BAF) Summary Report (Thea Stein)
  - Item 36 Significant risks and risk assurance report July 2023
- 37 Freedom to Speak Up Guardian Annual Report 2022-23 (John Walsh presenting)
  - Item 37 FTSUG August 2023 (1)
- 38 Guardian of Safe Working Hours Quarter 1 2022-23 (Presented Dr Ruth Burnett on behalf of Dr Nagashree Nallapeta)
  - Item 38 GoSWH Quaterly report Aug 23
- 39 Safe Staffing Report – reviewed by Business and Quality committees July 2023 (Steph Lawrence)
  - Item 39 Safe staffing report July 2023
- 40 Nursing and Allied Health Professionals re-validation and registration (Steph Lawrence)
  - Item 40 Professional registration Trust Board August 2023
- 41 Health Equity Strategy - update (Dr Ruth Burnett)
  - Item 41 Board equity update Aug 2023 final

- 42 Third Sector Strategy- update (Sam Prince)  
Item 42i 3rd Sector Strategy Update - Aug 2023  
Item 42ii appendix - 3rd Sector Strategy Implementation Plan Overview - August 2023 Board
- 43 Medical Director's Annual Report 2022-23 (reviewed by Quality Committee July 2023 – for approval of compliance statement for submission and Health Education England Self Assessment Return (Dr Ruth Burnett)  
Item 43 Annual Medical Directors report - Board - 22-23 - Revised for Board
- 44 Safeguarding Annual Report (reviewed by Quality Committee July 2023 - to approve publication) (Steph Lawrence)  
Item 44i Safeguarding Annual Report cover paper  
Item 44ii Safeguarding Combined Annual Report V3
- 45 Infection Prevention Control Annual Report (reviewed by Quality Committee July 2023) (Steph Lawrence)  
Item 45 Annual Report IPC 22-23 V2 Final
- 46 Use of Company Seal – to ratify (Thea Stein)  
Item 46 Use of Seal June to July 2023
- 47 Questions and discussion on Blue Items \* (Trust Chair)
- 48 Close of the public section of the Board (Trust Chair)
- 49.i Mortality Reports – 2023-24 Quarter 1 update – reviewed by Quality Committee July 2023 (Dr Ruth Burnett)  
Item 49i Mortality Q1 23 final
- 49.ii Patient Experience (complaints and concerns): 6 monthly /Annual Report – reviewed by Quality Committee July 2023 (Steph Lawrence)  
Item 49ii Trust Board Patient Experience Six Month report August 23
- 49.iii Premises Assurance Model - reviewed by Business Committee July  
Item 49iii Premises Assurance Model (PAM) report BC July 2023
- 49.iv Health and Safety Annual Plan – reviewed by Business Committee July 2023 (Yasmin Ahmed)  
Item 49iv Health and Safety Annual Plan 2023 24 (July 2023)
- 49.v Workforce Report and Strategy Update - reviewed by Business Committee July 2023 (Jenny Allen/Laura Smith)  
Item 49va Workforce Strategy Update and Headlines July 2023 V1.0  
Item 49vb Appendix 3 Workforce Strategy Delivery Plan July Update V1.0
- 49.vi Board Assurance Framework -process update – reviewed by Audit Committee July 2023  
Item 49vi BAF process update August 2023
- 49.vii Board workplan – to note  
Item 49vii Public Board workplan 2022-23 v2 26 07 2023
- 49.viii Approved minutes and briefing notes for noting – all approved by the respective committees (Brodie Clark) a)Audit Committee: 21 April 2023 and 22 June 2023 b)Quality Committee: 22 May 2023 c)Business Committee: 24 May 2023 and 28 June 2023 d)Scrutiny Board Adults Health and Active Lifestyles 13 June and 11 July 2023 e) Leeds Committee of the West Yorkshire ICB- 5 July 2023f)West Yorkshire Community Health Services Provider Collaborative – quarterly meeting – 3 July 2023  
Item 49viii a Audit Committee minutes 21 April 2023  
Item 49viii a Audit Committee minutes 22 June 2023  
Item 49viii b QC Minutes May 2023  
Item 49viii c BC Minutes 24 May 2023  
Item 49viii c BC Minutes-28 June 2023  
Item 49viii d Scrutiny Board Adults Health Active Lifestyles minutes 13 June 2023

Item 49viiiidiiScrutiny Board AdultsHealth Active Lifestyles minutes 11 July 2023

Item 49viiiie Committee Escalation and Assurance Report - AAA Leeds Committee 5 July 23

Item 49viiiif WYCHS CIC Minutes and Actions 3.7.23 final

## Agenda Trust Board Meeting Held In Public

Venue: Headingley Arts and Enterprise Centre (HEART), Bennett Road, Leeds  
LS6 3HN

**Date** 4 August 2023  
**Time** 9:00am – 12noon  
**Chair** Brodie Clark CBE, Trust Chair

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.

AGENDA			Paper
2023-24 27	9.00	<b>Welcome, introductions and apologies:</b> <i>(Trust Chair)</i> <b>Ann Henderson, Clinical Fellow shadowing the Director of Nursing and Allied Health Professionals.</b>  <b>Apologies:</b> Dr Nagashree Nallapeta, Guardian of Safe Working Hours Jenny Allen and Laura Smith Directors of Workforce, Organisational Development and System Development	N
2023-24 28		<b>Declarations of interest</b> <i>(Trust Chair)</i>	N
2023-24 29		<b>Questions from members of the public</b> <i>(Trust Chair)</i>	N
2023-24 30	9.05	<b>Minutes of previous meeting and matters arising</b> <i>(Trust Chair)</i> *For approval*	
30a		Minutes of the meeting held on: 26 May 2023	Y
30b		Minutes of the meeting held on 28 June 2023	Y
30c		Actions' log 26 May and 28 June 2023	Y
2023-24 31	9.15	<b>Patient Story</b>	N
QUALITY AND DELIVERY			
2023-24 32	9.30	<b>Chief Executive's report</b> <i>(Thea Stein)</i>	Y
2023-24 33	9.40	<b>Resilience and system flow</b> <i>(Sam Prince)</i>	Y
2023-24 34	9:50	<b>Committee Chairs' Assurance Reports:</b>	
34a		Nominations and Remuneration Committee: 22 June 2023 <i>(Trust Chair)</i>	Y
34b		Charitable Funds Committee: 23 June 2023 <i>(Alison Lowe)</i>	Y
34c		Quality Committee: 24 July 2023 – verbal update <i>(Helen Thomson)</i>	N
34d		Business Committee: 28 June 2023 and 26 July 2023 <i>(Richard Gladman)</i>	Y
34e		Audit Committee: 14 July 2023 <i>(Khalil Rehman)</i>	Y

2023-24 35	10:05	<b>Performance Brief: June 2023</b> (Yasmin Ahmed)	Y
2023-24 36	10.15	<b>Significant Risks and Board Assurance Framework (BAF) Summary Report</b> (Thea Stein)	Y
2023-24 37	10.25	<b>Freedom to Speak Up Guardian Annual Report 2022-23</b> (John Walsh presenting)	Y
2023-24 38	10.35	<b>Guardian of Safe Working Hours Quarter 1 2022-23</b> (Presented Dr Ruth Burnett on behalf of Dr Nagashree Nallapeta)	Y
<b>BREAK</b>			
2023-24 39	10.55	<b>Safe Staffing Report – reviewed by Business and Quality committees July 2023</b> (Steph Lawrence)	Y
2023-24 40	11.05	<b>Nursing and Allied Health Professionals re-validation and registration</b> (Steph Lawrence)	Y
<b>STRATEGY</b>			
2023-24 41	11.15	<b>Health Equity Strategy - update</b> (Dr Ruth Burnett)	Y
2023-24 42	11.25	<b>Third Sector Strategy- update</b> (Sam Prince)	Y
<b>SIGN OFF/APPROVAL</b>			
2023-24 43	11:35	<b>Medical Director's Annual Report 2022-23</b> (reviewed by Quality Committee July 2023 – for approval of compliance statement for submission and Health Education England Self Assessment Return) (Dr Ruth Burnett)	Y
2023-24 44	11.40	<b>Safeguarding Annual Report</b> (reviewed by Quality Committee July 2023 - to approve publication) (Steph Lawrence)	Y
2023-24 45	11.45	<b>Infection Prevention Control Annual Report</b> (reviewed by Quality Committee July 2023) (Steph Lawrence)	Y
2023-24 46	11.50	<b>Use of Company Seal – to ratify</b> (Thea Stein)	Y
<b>CLOSE</b>			
2023-24 47	11.55	<b>Questions and discussion on Blue Items *</b> (Trust Chair)	N
2023-24 48	12:00	<b>Close of the public section of the Board</b> (Trust Chair)	N

All items listed (Blue Box) in blue text, are to be received for information/assurance, having previously been scrutinised by committees. The Trust Chair will invite questions on any of these items under Item 47.

<b>Additional items (Blue Box)</b>		
2023-24 49(i)	<b>Mortality Reports – 2023-24 Quarter 1 update – reviewed by Quality Committee July 2023</b> (Dr Ruth Burnett)	Y
2023-24 49(ii)	<b>Patient Experience (complaints and concerns): 6 monthly /Annual Report – reviewed by Quality Committee July 2023</b> (Steph Lawrence)	Y
2023-24 49(iii)	<b>Premises Assurance Model - reviewed by Business Committee July 2023</b>	Y
2023-24 49(iv)	<b>Health and Safety Annual Plan – reviewed by Business Committee July 2023</b> (Yasmin Ahmed)	Y
2023-24 49(v)	<b>Workforce Report and Strategy Update - reviewed by Business Committee July 2023</b> (Jenny Allen/Laura Smith)	Y
2023-24 49(vi)	<b>Board Assurance Framework -process update – reviewed by Audit Committee July 2023</b>	Y

2023-24 49(vii)	Board workplan – to note	Y
2023-24 49(viii)	<p><b>Approved minutes and briefing notes for noting – all approved by the respective committees</b></p> <p><i>(Brodie Clark)</i></p> <ul style="list-style-type: none"> <li>a) Audit Committee: 21 April 2023 and 22 June 2023</li> <li>b) Quality Committee: 22 May 2023</li> <li>c) Business Committee: 24 May 2023 and 28 June 2023</li> <li>d) Scrutiny Board Adults Health and Active Lifestyles 13 June and 11 July 2023</li> <li>e) Leeds Committee of the West Yorkshire ICB- 5 July 2023</li> <li>f) West Yorkshire Community Health Services Provider Collaborative – quarterly meeting – 3 July 2023</li> </ul>	Y

**Trust Board Meeting held in public: 4 August 2023**

**Agenda item number: 2023-24 (30a)**

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**Title: Draft Trust Board meeting minutes 26 May 2023**

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**Category of paper: for approval**  
**History: N/A**

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**Responsible director: Chief Executive**  
**Report author: N/A**

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## Attendance

<b>Present:</b>	Brodie Clark CBE Thea Stein Professor Ian Lewis (IL) Richard Gladman (RG) Helen Thomson DL (HT) Alison Lowe (AL) OBE Khalil Rehman (KR) Bryan Machin Sam Prince Dr Ruth Burnett Steph Lawrence MBE  Laura Smith	Trust Chair Chief Executive Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Executive Director of Finance and Resources Executive Director of Operations Executive Medical Director Executive Director of Nursing and Allied Health Professionals (AHPs) Director of Workforce, Organisational Development and System Development (LS)
<b>Apologies:</b>	Jenny Allen  Dr Nagashree Nallapetta	Director of Workforce, Organisational Development and System Development (JA)  Guardian of Safe Working Hours
<b>In attendance:</b>	Rachel Booth (RB) Diane Allison Jo Brayshaw  Sue Lawrenson Rachel Camp	Associate Non-Executive Director Company Secretary Falls ACP Pathway Lead shadowing Executive Director of Nursing and AHPs Head of Service, Diabetes – For Item 5 Patient Story Diabetes Facilitator – For Item 5 Patient Story
<b>Minutes:</b>	Liz Thornton	Board Administrator
<b>Observers:</b>		
<b>Members of the public:</b>	None	

## Item 2023-24 (1)

### Discussion points

#### Welcome introduction, apologies and preliminary business

The Chair of Leeds Community Healthcare opened the Trust Board meeting held in public at the Hillside Enterprise Centre.

He welcomed Board members and attendees to the meeting.

#### Apologies

Apologies were received and accepted from Jenny Allen, Director of Workforce, Organisational Development and System Development (JA) and Dr Nagashree Nallapetta, Guardian of Safe Working Hours.

#### 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.

The commitment remained to the communities the Trust serves, is part of, respects and engages with. He welcomed the opportunity to host the Board meeting at the Hillside Enterprise Centre which was a primary school until its closure in 2005 when it was bought by a not-for-profit social enterprise – set up by residents of Beeston.

At Hillside the focus is to assist and support start-up businesses and individuals moving into self-employment by providing workspaces and mentoring to ensure success in the early stages of development. The Development Trust ensures that profits made by the Hillside Centre are used to further benefit the local area as they actively work on new projects to help regenerate the surrounding community.

It also provides a range of services,

- Supporting adults with learning difficulties through Aspire
- After school sessions for young children
- And nursery arrangements
- And much more

The Trust Board agenda today would focus on:

- **The change agenda** – The Integrated Care System is bedding down; Place is structuring itself and focussing its energies; funding arrangements moving speedily to the forefront and the Trust looking at its design and focus going forward. Within all this, the Trust will keep the Board absolutely involved and consulted as it considers the forward thinking and contemplates anything that has not been previously agreed in strategic conversations.
- **Take great care of the day to day and do not get distracted.** It is at times of change that the detail gets missed. The Trust must not get distracted from the day-by-day quality and community considerations, obligations and partnerships of its work.
- **Today's Board papers** reflected an excellent end of term report. Some good reports with a clear summary of the past year. The Chair placed on record his thanks to executive directors and authors for their contributions. He highlighted the priorities paper particularly which clearly laid out significant progress and improvement outcome results.

## Item 2023-24 (2)

### 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 before the papers were distributed to Board members. The Trust Chair asked the Board for any additional interests that required declaration. There were no **new** declarations of interest made at the meeting.

## Item 2023-24 (3)

<p><b>Discussion points:</b>  <b>Questions from members of the public</b>  There were no questions from members of the public.</p>
<p><b>Item 2023-24 (4)</b></p> <p><b>Discussion points:</b>  <b>Minutes of the last meeting, matters arising and action log</b>  <b>a) Minutes of the previous meeting held on 31 March 2023</b>  The minutes were reviewed for accuracy and agreed to be a correct record.  <b>b) Actions' log 31 March 2023:</b></p> <p><b>2022-23 (Item 137): Integrated Care Board (ICB): more clarity on the Integrated Care Board and its committees' structure, roles and responsibilities:</b> A structure chart had been circulated to members on 18 May 2023 and was included in the CEO report. <b>Action closed.</b></p> <p><b>2022-23 (Item 143): Health Equity Strategy: Health Equity Lead to circulate the e-book to Board members:</b> the Executive Medical Director advised that the book was still under development.</p> <p>The Trust Chair asked for it to be circulated as soon as it was available. <b>Ongoing.</b></p> <p><b>2022-23 (Item 146b): Financial Plan 2023-24: to be the focus of a Board development session.</b>  The Board noted that a session was suggested for January 2024.</p> <p>The Trust Chair asked for this to be reviewed and scheduled for an earlier session in Autumn 2023. <b>Ongoing.</b></p>
<p><b>Item 2023-24 (5)</b></p> <p><b>Discussion points:</b>  <b>Patient story: Sue's story.</b>  The Executive Director of Nursing and AHPs introduced the story and welcomed the patient, Sue, and two members of staff from the Trust: Susan Lawrenson, Head of Service, Diabetes and Rachel Camp, Diabetes Facilitator.</p> <p>Sue has been living with Type 2 diabetes since 2014. Her medication doses, including insulin, have been increased over the years to try to control her blood glucose levels initially managed by the GP Practice Nurse. Sue was referred to Community Diabetes Team in 2019, and, during the following 18 months, was regularly reviewed by Diabetes Nurse Specialists and was also assessed by the Diabetes Specialist Dietitian.</p> <p>Sue was referred again to the Community Diabetes Service in October 2022 due to worsening blood glucose levels that were resulting in her experiencing more symptoms. She was assessed by the Consultant Pharmacist in the team in March 2023 and subsequently had a Continuous Glucose Monitoring Sensor fitted by the Diabetes Facilitator who also suggested Sue attend the LEEDS Programme (Learning, Empowering, Enabling, Diabetes Self-Management). This is a quality assured Structured Education Programme for people living with Type 2 Diabetes that has been developed by Diabetes Specialist Dietitians in Leeds Community Healthcare Trust and is delivered by Diabetes Facilitators in the team. People can choose to attend face to face sessions that are delivered at a choice of venues across the city (either as a whole day session or 3 x weekly sessions), or alternatively, a virtual course is offered (delivered via MS Teams Live Events).</p> <p>Sue attended the three sessions of the LEEDS Programme delivered in April 2023 at Parkside Health Centre, Dewsbury Road LS11. Sue's care with the Community Diabetes service is ongoing. She has a follow up appointment booked with the Consultant Pharmacist on 12 May 2023. She said that since joining the programme she had seen a significant improvement in her condition and overall health and wellbeing.</p> <p>The Trust Chair invited questions and observations from Board members.</p>

The Trust Chair asked how the LEEDS Programme was delivered.

The Diabetes facilitator said that the programme was designed to be very flexible and was delivered in clinics or community venues across the city either during the day or in the evening. Sessions were also available online. Patients could also make contact via email or by telephone if they had specific questions or concerns.

Associate Non-Executive Director (RB) asked about the flexibility of the programme in terms of meeting the needs of individual patients and those from different cultural backgrounds.

The Head of Service said that the programme could be accessed at the point of diagnosis or at any point after diagnosis by self-referral or GP referral. The programme could be adapted for patients when initially diagnosed or when symptoms were more complex.

Information leaflets and sessions were advertised in various community centres, public libraries and local radio stations in an effort to reach specific communities and extend awareness. Interpreted sessions could be offered to patients where English was not their first language.

Non-Executive Director (IL) asked Sue how the programme had benefitted her.

Sue said that she felt more educated about her condition and more confident in controlling her condition with medication. She had learnt more about a healthy lifestyle, diet and alcohol consumption and the programme helped her set individual goals.

The Board was interested to hear about Rachel's role and future career ambitions.

Rachel wanted to qualify as a Dietician and had recently joined an apprenticeship programme which would allow her to study for a two-year masters course whilst remaining in employment with the Trust.

The Trust Chair thanked Sue for sharing her story and for her positive experience of the LEEDS Programme and its benefits. He thanked the members of staff for supporting the patient and promoting the LEEDS Programme so well and on behalf of the Board wished Rachel luck with her studies.

## **2023-24 Item (6)**

### **Discussion points:**

#### **a) Chief Executive's report**

The Chief Executive presented her report and highlighted some of the key points:

- Director of Finance recruitment
- Trust's Forward Strategy update
- Awards and recognition
- Engaging with staff
- Collaborating in partnership

The Executive Director of Nursing and AHPs provided an update on the new cohort of international nurses in March/ early April 2023. 20 nurses from a number of countries had completed their induction and commenced OSCE 'bootcamp' (OSCE: objective structured clinical examination). They are due to undertake their OSCE exams for entry to the Nursing and Midwifery Council register throughout June. They have settled into the UK and their new roles within the Neighbourhood Teams and at Wharfedale Hospital and have valued the support given to them by the newly appointed pastoral support officer.

Non-Executive Director (AL) asked about the Trust's approach to starting pay for international nurses and their future career development.

The Executive Director of Nursing and AHPs provided assurance that the Trust would take into account an individual's skills and previous experience when making appointments to pay bands and points and a clear career pathway was in place. Three international nurses had already achieved promotion to Band 6.

Non-Executive Director (HT) said that she had visited Wharfedale Hospital and felt that the catering facilities were poor for staff providing 24-hour care.

The Executive Director of Nursing and AHPs said that two celebration events had taken place recently and the Trust had taken learning and feedback from staff including speaking to them about improvements to the catering facilities and new kitchen equipment had been ordered.

**Outcome:** the Board

- received and noted the report.

#### **Item 2023-24 (7)**

**Discussion points:**

##### **Resilience and system flow**

The Executive Director of Operations provided a verbal update.

Currently the system was fairly stable and patient flow well managed with the Transfer of Care Hub functioning efficiently.

She provided a brief update on developments on the Intermediate Care Redesign Programme and an overview of the governance arrangements. The Programme will report to the Partnership Executive Group with membership extended every other month to include Chairs/NEDs from the affected organisation. She agreed to circulate a full programme governance structure diagram.

**Action: A programme governance structure to be circulated.**

**Responsible offer: Executive Director of Operations.**

#### **Item 2023-24 (8)**

**Discussion points:**

##### **Assurance reports from sub-committees**

###### **a) Audit Committee 21 April 2023**

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

- **Internal Audit (Audit Yorkshire):** the auditors advised that work on the 2022/23 internal audit plan was almost complete.
- **External Audit (Mazars):** the auditors had confirmed that overall audit progress was on track for the end of year reporting with no significant issues arising.
- **Annual report and accounts 2022/23:** the Committee was advised of the Trust's progress with the Trust's annual report, accounts and associated activities were proceeding to schedule.
- **Audit Yorkshire Counter-fraud plan:** Audit Yorkshire fraud staff presented the draft counter-fraud plan which considered current and emerging fraud risks for Leeds Community Healthcare NHS Trust for 2023/24 and determined the direction anti-fraud work will take during the forthcoming financial year.
- **Cyber security update:** the Assistant Director of Business Intelligence presented a report which provided the Committee with cyber related activities over the past six months and illustrated the main cyber defences of the Trust and how assurance of their capability is assessed. The Committee agreed that the current report provided limited assurance.
- **Board sub-committees' annual reports 2022/23:** the Audit Committee's draft annual report was received and agreed that it accurately reflected the Committee's activities for

the year. The Committees terms of reference were reviewed, and it was agreed that some minor changes needed to be made which the Board would be asked to approve.

The Board discussed the level of assurance on the risk related to cyber security.

The Executive Director of Finance and Resources said that all reasonable precautions were in place to ensure that the Trust was able to cyber-attacks, but threats were increasing, and the Trust would face further challenges.

**b) Quality Committee 24 May 2023 (verbal report)**

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

- **Cancelled and rescheduled visits:** the Committee received a paper on cancelled and rescheduled visits which evidenced an improving position.
- **Update around the processes to address the CBU waiting lists:** the Committee was advised that the number of children waiting for neurodiversity (including autism) assessments continued to be a concern. It is recognised that this is a system problem at a national level for both healthcare and education and the diagnosis pathway developed by NICE some years ago, whilst being best clinical practice, adds pressure on the situation being faced today.
- **Service spotlight: Clinical Education Team: Student placement work:** the Committee received an update on the project to increase the number of nursing student placements in Leeds GP practices.

**c) Business Committee 26 April 2023 and 26 May 2023 (verbal report)**

Non-Executive Director (RG), Chair of the Committee presented both reports and highlighted the key issues, namely:

- **Workforce Strategy Delivery Plan:** the Committee viewed the Workforce Strategy Delivery Plan for 2023/24. The plan included progress on the Workforce Strategy's quantitative measures, to enable the Committee to see at-a-glance the trajectory and progress achieved against the Strategy's outcome measures to date.
- **Stroke Service:** the Committee received a presentation which described recent successes and challenges. Challenges included recruitment to specialist roles and the Service was skill-mixing staff to combat this.
- **Health and Safety Priorities:** the Committee received the Health and Safety action plan for 2023/24, with actions prioritised based on an assessment of compliance against legislation. The action plan covered priority areas in managers' health and safety roles and responsibilities training, first aid arrangements, fire training, waste management, manual handling, violence and aggression.

**Outcome:** The Board

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

**Item 2023-24 (9)**

**Discussion points:**

**a) Performance Brief April 2023**

The Executive Director of Finance and Resources presented the summary of performance for April 2022.

The report focused on performance against the Key Performance Indicators (KPIs) which were agreed before the commencement of the financial year and was provided to highlight trends and provide assurance.

The Executive Director of Finance and Resources provided an update on the Trust's financial position. The Board approved the financial plan at its Board meeting in March 2023. Subsequently in May a further break-even plan submission was made to the ICB and NHSE, including additional £300k funding for inflationary pressures which reduced the Trusts risk on energy pressures.

At the end of April 2023, the Trust is reporting an overall deficit of £219k adverse to the breakeven plan approved by the Trust Board. The adverse position is mainly driven by pay overspends in the Specialist Business Unit and the Ops Management Directorate and non-pay inflationary pressures. Detailed forecasts and recovery plans are being prepared by the areas that are overspent. The forecast for the end of year is break-even.

He said that at this early stage of the financial year further in-depth reviews of income and expenditure plans for the remaining 11 months are in the process of being developed with budget holders and finance with a view to ensuring the forecast for the year remains on plan.

**b) Annual performance brief summary (2022/23)**

This report provided a summary of performance against the 2022/23 KPIs.

The Board discussed the Trust's compliance with statutory and mandatory training which continued to just fall short of the 90% target. Although compliance rates were stable and performing well, the Board requested a more detailed breakdown of the data to ensure that areas where compliance was an absolute requirement were a priority focus for the Trust.

**Action: A more detailed breakdown of the data on compliance with statutory and mandatory to be presented to the Board.**

**Responsible Officer: Director of Workforce, Organisational Development and System Development.**

There were no further questions raised about the Performance Brief reports. Both had been considered in depth at the Quality and Business Committee meetings.

**Outcome:** The Board:

- noted present levels of performance against KPIs for April 2022 and for the year 2022-23.

**Item 2023-24 (10)**

**Discussion points:**

**Strategic risks and Board Assurance Framework (BAF) report**

The Chief Executive 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.

**Risk register recent changes**

There have been no risks scoring 12 or above added, escalated, deescalated or closed on the risk register since the last report was presented.

The following risk is currently being reviewed, with a view to increasing the risk score:

- Risk 836: CAMHS waiting list for follow-up appointments (currently scoring 9 high)

**Board assurance framework (BAF)**

Details of the levels of assurance provided by the committees were included in the report. The Business Committees met in May 2023 and reasonable assurance was provided for the strategic risks this committee reviewed. The Audit Committee met in April 2023 and agreed that the two strategic risks assigned to it both had limited assurance that the risks were being mitigated effectively.

**Outcome:** the Board

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

**Item 2023-24 (11)****Discussion points:****Guardian of Safe Working Hours (GoSWH)****a) Quarter 4 report 2022-23**

The Executive Medical Director presented the report on behalf of the Guardian which provided the Board with assurance that trainee doctors and dentists working within the Trust were working safely and, in a manner, consistent with the Junior Doctors Contract 2016 Terms and Conditions of Service.

The report covered the work in progress with regards to the CAMHS ST historic rota compliance and payment issues and the new appointment of Dr Elizabeth Pal as LNC Junior Doctors representative from May 2023.

**Outcome:** The Board

- Supported GoSWH with the on-going work related to CAMHS ST historical rota compliance and payment issues.
- Noted the risk of a fine being levied in response to compliance of CAMHS ST on call historic rota and the possible financial impact on the trust if any underpayments are identified.

**b) Annual report 2022-23**

The report covered the period from 1 May 2022 to 30 April 2023. The main issues to note were:

- A compliant rota has been introduced for CAMHS ST non-resident on call rota covering community CAMHS. Work schedule has been drawn up based on the work conducted during on call and incorporating the required rest periods and breaks as per the junior doctor's contract.
- There has been progress to address the historic CAMHS ST On-call rota for compliance and payment issues. There is a risk a fine is levied if there is any issue identified around compliance of CAMHS ST on call historic rota and this having a financial impact on the trust if any underpayments identified.
- Community paediatric junior doctors continue to cover on-calls at LTHT. GSWH has worked with the community paediatric college tutor and will link in with the newly appointed GSWH at LTHT trust to continue to ensure the community paediatric training is not compromised due to on-call cover.

**Outcome:** the Board

- Received assurance regarding junior doctor working patterns and conditions within the Trust.
- Received assurance regarding plan in place for addressing issues related to CAMHS historic rota compliance and payment issues.
- Noted that there is a risk a fine is levied (by GoSWH in conjunction with the BMA) in response to compliance of CAMHS ST on call historic rota and potential financial impact on the trust if any underpayments are identified.
- Support GoSWH with the on-going work related to CAMHS ST historical rota compliance and payment issues

**Item 2023-24 (12)****Discussion points:****Trust priorities 2022-23 end of year update**

The report provided an end of year progress update against the Trust's 2022-23 priorities.

The Board suggested that the Trust's Communications Team should consider how information about the significant progress made against the priorities could be more widely disseminated internally to staff and externally across partners and the wider community.

**Outcome:** the Board

- noted the significant progress being made against the Trust's priorities for 2022-23 and recognised the contribution that staff had made to that progress.

#### Item 2023-24 (13)

##### Discussion points:

##### Quality Account

The Executive Director of Nursing and AHPs presented the Trust's Quality Account for 2022/23. The report detailed the quality of services offered by the Trust as an NHS healthcare provider.

The focus of the 2022/23 Quality Account is on working together with partners for integrated care systems, improvement and delivery of high-quality care as we rebuild our services back better from the pandemic.

Amendments have been included following feedback from Quality Committee to include additional data for the Urgent Response Indicator within the Trust Priority Section, additional information on our end-of-life work in the Learning from Deaths Section and the CBU Quality Improvement section has been reviewed.

There is some information pending inclusion due to data reporting dates. These are:

- Core Indicators – when available.
- Finalised CQUIN data – when available.

**Outcome:** the Board:

- reviewed the content of the 2022/23 Quality Account and approved it for publication on the Trust website.

#### Item 2023-24 (14)

##### Discussion points:

##### Corporate Governance

The Company Secretary presented this Item which covered a number of corporate governance reports for consideration:

**a) Audit Committee annual report 2022-23** – The purpose of this report is to fulfil the annual review of the Trust's governance processes. As such a revised draft of the Audit Committee's annual report 2022/23 was attached for approval.

**b) Committees' terms of reference** – between March and April 2023, the Trust's sub-committees reviewed their terms of reference as part of their annual review of committee functioning and effectiveness.

##### c) Compliance with NHS Provider Licence for 2022-23

The Health and Social Care Act 2012 introduced the requirement for organisations which provide an NHS service to hold a provider licence unless, as is the case for NHS Trusts, they are exempt. However, NHS England/Improvement bases its single oversight framework on the conditions of the provider licence and requires NHS trusts to self-certify under these licence provisions.

This report sets out the self-certification framework and describes how the Trust has met the requirements of the provider licence.

Providers need to publish a statement that they are compliant with two conditions after the financial year-end:

- The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (condition G6). The provider has complied with the required governance arrangements (condition FT4)

##### d) Standing orders/standing financial instructions amendments

The Trust Board previously approved the standing orders, reservation and delegation of powers and standing financial instructions at its meeting on the 2 December 2022. These provide a

governance framework that enables the organisation to demonstrate it is well governed and meets the requirements of key corporate governance codes.

The version presented to the Board for this meeting (3.4) summarised a proposed amendment to the scheme of delegation to include a detailed scheme of delegation.

The Audit Committee at its meeting on the 21 April 2023 approved the proposed amendments.

**Outcome:** the Board

- Received and approved the Audit Committee's annual report for 2022-23.
- Approved the amendments made to the terms of reference of Board sub-committees.
- Agreed that the self-certification against required NHS provider licence conditions is accurate (noting particularly sections G6 and FT4) and that a statement of compliance with condition G6 and FT4 may be published on the Trust's website.
- approved version 3.4 standing orders, reservation and delegation of powers and standing financial instructions in line with the summary of changes outlined in this paper.

#### **Item 2023-24 (15)**

**Discussion points:**

##### **Use of Company Seal**

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 corporate seal had been used three times in April 2023 and a copy of a section of the register was presented to the Board.

**Outcome:** the Board:

- Ratified the use of the corporate seal.

#### **Item 2023-24 (16)**

**Discussion points:**

##### **CEO and Chair's action (to ratify):**

Two 'Chief Executive and Chair's action' have been recently taken which required ratification by the Board.

##### **a) White Rose Staff Hub – business case for fit out approvals**

The White Rose Staff Hub full business case required urgent approval to meet the timescales for delivering the project with the fit out works completing at the end of July, the moves taking place during August to vacate Stockdale House before 31 August 2023. Approval of the full business case would then enable the lease for White Rose and the fit-out contract to be signed, which, in turn, will enable the relocation programme to remain on track.

The approval of the White Rose Staff Hub full business case and fit-out contract required CEO and Chair's action, in order to meet these timescales.

The April 2023 Business Committee meeting received and reviewed details of the full business case and the fit-out contract prior to the CEO and Chair approving them.

The action was approved by the CEO and Chair in April 2023, in consultation with two non-executive directors: Khalil Rehman and Richard Gladman.

**Outcome:** the Board

- ratified the approval of the full business case and fit-out contract.

**b) Contract for estate maintenance services**

Chair and Chief Executive approval was sought for the Executive Director of Finance and Resources to sign a new contract with FES Ltd to provide the Trust's estate maintenance contract for 5 years.

The contract has been competitively tendered and was summarised in the paper presented to the Board. The urgency was due to the expiry of the procurement framework used to tender the Trust's requirements after which the tender process would need to start again.

The action was approved by the CEO and Chair in May 2023, in consultation with two non-executive directors: Helen Thomson and Richard Gladman.

The action was approved by the Chair and Chief Executive in April 2022, in consultation with two non-executive directors: Richard Gladman and Khalil Rehman who are also both members of the Audit Committee.

**Outcome:** the Board

- ratified the decision made to approve the maintenance contract award.

**Item 2023-24 (17)**

**Discussion points:**

**Questions on Blue Box items**

There were no matters or questions raised on any items in the Blue Box.

**Item 2023-24(18)**

**Discussion points:**

**Any other business**

There were no matters raised.

**Item 2023-24 (19)**

**Discussion points:**

**Close of the meeting**

The Trust Chair closed the meeting at 11.30am.

**Additional items (Blue Box)**

**2023-24  
(20i)**

**Quality Strategy update**– reviewed by Quality Committee May 2022

**2023-24  
(20ii)**

**Mortality Reports – 2022-23 Quarter 4 update and Annual Report** – reviewed by Quality Committee May 2023

**2023-24  
(20iii)**

**Board workplan – for noting**

**2022-23  
(20iv)**

**Committee minutes for noting:**

- Audit Committee 10 March 2023
- Quality Committee 20 February 2023
- Business Committee 22 February and 29 March 2022
- Scrutiny Board Adults Health and Active Lifestyles March 2023
- West Yorkshire Mental Health Services Collaborative Committees in Common (WYMHSC C-In-C) – 26 April 2023

**Trust Board Meeting held in public: 4 August 2023**

**Agenda item number: 2023-24 (30b)**

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**Title: Trust Board meeting held in public – draft minutes 28 June 2023 (end of year business)**

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**Category of paper: for approval**  
**History: N/A**

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**Responsible director: Chief Executive**  
**Report author: N/A**

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## Attendance

<b>Present:</b>	Helen Thomson, DL (HT) Thea Stein Richard Gladman (RG) Alison Lowe, OBE (AL) Khalil Rehman (KR) Bryan Machin Sam Prince Steph Lawrence, MBE  Dr Ruth Burnett Laura Smith	Trust Vice Chair (Chair for this meeting) Chief Executive Non-Executive Director Non-Executive Director Non-Executive Director Executive Director of Finance and Resources Executive Director of Operations Executive Director of Nursing and Allied Health Professionals Executive Medical Director Director of Workforce, Organisational Development and System Development (LS)
<b>Apologies:</b>	Brodie Clark, CBE Professor Ian Lewis Jenny Allen	Trust Chair Non-Executive Director Director of Workforce, Organisational Development and System Development (JA)
<b>In attendance:</b>	Rachel Booth (RB)	Associate Non-Executive Director
<b>Minutes:</b>	Liz Thornton	Board Administrator
<b>Observers:</b>	None	
<b>Members of the public:</b>	None	

<p><b>Item 2023-24 (21)</b></p> <p><b>Discussion points</b>  <b>Welcome introduction, apologies, and preliminary business</b>  The Vice Chair of Leeds Community Healthcare opened the Trust Board meeting held in public and reminded members, attendees, and observers that the meeting was live streamed and could be accessed via a link on the Trust's website.</p> <p><b>Apologies</b>  Apologies were received and accepted from Brodie Clark CBE, Trust Chair, Professor Ian Lewis, Non-Executive Director and Jenny Allen, Director of Workforce, Organisational Development and System Development.</p>
<p><b>Item 2023-24 (22)</b></p> <p><b>Discussion points:</b>  <b>Declarations of interest</b>  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 conflicts of interest were declared at the meeting.</p>
<p><b>Item 2023-24 (23)</b></p> <p><b>Discussion points:</b>  <b>Questions from members of the public</b>  There were no questions to address.</p>
<p><b>Item 2023-24 (24)</b></p> <p><b>Discussion points:</b>  <b>Update from the Chair of the Audit Committee on end year Committee meeting on 22 June 2023</b>  Non-Executive Director and Chair of the Audit Committee (KR) provided a verbal update on the deliberations of the Audit Committee on 22 June 2023.</p> <p>The Chair of the Audit Committee stated that the Committee had given full and proper scrutiny to the Trust's accounts for 2022-23. The Committee had also reviewed the draft letter of representation and the audit completion report on the Trust's financial statements issued by the external auditors, Mazars.</p> <p>Non-Executive Director (KR) reported that he was very satisfied with the opportunity the Committee had had to review the annual report and accounts and he extended his thanks to the Company Secretary, the Finance Team and the external auditors for their efforts in maintaining a robust process both throughout the year and for the year-end processes. The Committee was recommending that the Trust Board adopt the annual report and accounts for 2022-23 as presented. This conclusion had been supported by the external auditors' opinion on the accuracy of the financial statements.</p>
<p><b>Item 2023-24 (25a, b and c)</b></p> <p><b>Discussion points: Annual report and accounts, letter of representation and external auditors' opinion</b>  At the Audit Committee meeting on 22 June 2023, the Committee had also reviewed the draft letter of representation and the audit memorandum on the Trust's financial statements issued by the external auditors, Mazars.</p> <p>The Executive Director of Finance and Resources confirmed that, as noted in the draft letter of representation, directors had provided written confirmation that, to the best of their knowledge, all information relevant to the financial statements had been disclosed. The external auditors had confirmed their confidence that this had been the case. The Executive Director of Finance and</p>

Resources gave the Board members the opportunity to raise any “events after the reporting period” that needed to be included in the accounts and bring to the auditor’s attention. The Board members confirmed that there were no such events.

He added that confirmation had been received from Mazars that there were no significant matters arising from the work completed after the Audit Committee meeting.

Referring to the external auditors’ opinion on the accounts, the Executive Director of Finance and Resources said he could report that the auditors would issue an unqualified opinion on the Trust’s accounts. He highlighted a late change to the remuneration statement in the annual report which had been suggested by the external auditors. He confirmed that it did **not** impact on the primary financial statements or the financial results.

The Chief Executive confirmed that Accountable Officer of the Trust she was happy to sign the Annual Governance Statement and there was no relevant audit information of which the trust’s auditors are unaware and to the best of her knowledge and belief, she had properly discharged the responsibilities set out in her letter of appointment as an Accountable Office.

**Outcome:** the Board accepted the recommendations of the Audit Committee and:

- adopted the draft annual report and accounts (as supported by the external auditors’ opinion)
- approved the letter of representation, which, amongst other matters, requires that the Trust Board considers and agrees that there are no “events after the reporting period” to include in the accounts and bring to the auditor’s attention
- agreed that following the Trust Board approval, the Chief Executive and Executive Director of Finance and Resources’ e-signatures would be applied to relevant documents for submission to NHS England on the 30 June 2023.

#### **Item 2023-24 (25d)**

##### **Discussion points:**

##### **Annual report summary as an infographic**

The Board discussed the infographic and agreed that is represented a reasonable first draft but required more work before it could be agreed for publication alongside the annual report and accounts on the Trust’s website.

#### **Item 2023-25 (26)**

##### **Discussion points:**

##### **Any other business**

The Trust Vice Chair noted that this would be the last Trust Board meeting that Bryan Machin, Executive Director of Finance and Resources would attend before his retirement from the Trust in July 2023. On behalf of members, she placed on record her thanks for his support to the Board and the wider Trust and his inclusive and supportive leadership of the Trust’s Finance Team. The Board wished him a long and happy retirement.

#### **Item 2022-23 (27)**

##### **Discussion points:**

##### **Close of the public section of the Board**

The Trust Chair thanked everyone for attending and concluded the public section of the Board meeting. Closed at 1.30pm

**Date and time of next meeting**  
**Friday 4 August 2022 9.00am-12.00 noon**  
**Venue to be confirmed**

Leeds Community Healthcare NHS Trust  
Trust Board meeting (held in public) actions' log: 4 August 2023

Agenda Item Number	Action Agreed	Lead	Timescale	Status
<b>26 MAY 2023</b>				
2023-24 (7)	<b>Resilience and system flow:</b> a governance structure chart to be circulated.	Executive Director of Operations	Post meeting	Update on 4 August 2023
2023-24 (9)	<b>Performance Brief Annual Report 2022-23:</b> a more detailed breakdown of the data on compliance with statutory and mandatory to be presented in future Performance Brief reports.	Director of Workforce, Organisational Development and System Development	Board 4 August 2023	Separate report to be provided for the Board on 4 August 2023
<b>31 MARCH 2023</b>				
2022-23 (143)	<b>Health Equity Strategy:</b> the e-book to circulated to Board members.	Health Equity Lead	ASAP	Update on 4 August 2023

Actions on log completed since last Board meeting on 26 May 2023	
Actions not due for completion before 4 August 2023: progressing to timescale	
Actions not due for completion before 4 August 2023: agreed timescales and/or requirements are at risk or have been delayed	
Actions outstanding at 4 August 2023: not having met agreed timescales and/or requirements	

**Trust Board Meeting held in public: 4 August 2023**

**Agenda item number: 2023-24 (32)**

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**Title: Chief Executive's report**

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**Category of paper: for information**

**History: Not applicable**

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**Responsible director: Chief Executive**

**Report author: Chief Executive**

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## **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:

- Executive team changes
- Industrial action
- Awards and recognition
- NHS Long Term Workforce
- Collaborating in partnership

## **Recommendations**

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

## **1. Introduction**

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

### **Chief Executive role**

Sam Prince will be the Interim Chief Executive from 1 September 2023 pending the appointment of a substantive Chief Executive. Andrea North will be the Interim Executive Director of Operations.

### **Director of Finance role**

We welcome Yasmin Ahmed to the Board as Interim Executive Director of Finance and Resources following her secondment from her substantive Deputy Director of Finance role, for six months from June 2023. Cleo Chella has joined the organisation as Interim Deputy Director of Finance.

### **Industrial action**

The risk of further nursing strikes diminished at the end of June when the Royal College of Nursing's most recent ballot achieved a turnout below the 50% threshold required by law to secure an actionable result.

The national industrial relations climate does remain heightened, however, with industrial action called by the British Medical Association (BMA) taking place during July. This affected the Trust, with separate strikes by junior doctors (13 – 18 July) and by consultants (20 – 22 July).

BMA strikes were not averted by the recent Government announcement in the first half of July of a 6% national pay award for doctors and dentists in 2023/24.

Services and medical colleagues, including BMA representatives, have worked constructively together to ensure that individuals' right to strike is respected and that services can be maintained at a "Christmas Day" level as a minimum.

### **NHS Pastoral Care Quality Award**

We are delighted that Leeds Community Healthcare NHS Trust has been awarded the NHS Pastoral Care Quality Award.

This has been awarded to recognise the Trust's work in international recruitment and our commitment to providing high-quality pastoral care to internationally educated nurses and midwives during recruitment processes and their employment.

Launched in March 2022, the NHS Pastoral Care Quality Award scheme is helping to standardise the quality and delivery of pastoral care for internationally educated nurses and midwives across England to ensure they receive high-quality pastoral support. It's also an opportunity for trusts to recognise their work in international recruitment and demonstrate their commitment to staff wellbeing both to potential and existing employees.

Through the scheme, NHS trusts can apply for a quality award based on their international recruitment practices for nurses and midwives. To achieve the award, they must meet a set of standards for best practice pastoral care, which have been co-developed with regional and trust international recruitment leads and international nursing and midwifery associations. By achieving the award, trusts demonstrate a commitment to supporting internationally educated nurses and midwives at every stage of their recruitment and beyond.

### **Healthcare People Management (HPMA) Awards**

Since the last Workforce update, LCH has attended judging panels for the two national Healthcare People Management (HPMA) Awards it has been shortlisted for. One is for LCH's successful Hyper Local Recruitment programme; and the other is linked to the progress made in supporting staff with disabilities at LCH. Results will be announced in mid September.

### **Thank You Awards**

This year's annual staff awards Thank You Event took place 19-23 June 2023. Voted for by a panel of staff and the Youth Board from the 95 nominations we received, colleagues selected as shining examples of our Trust values and behaviours, celebrated in six categories. A winner and highly commended staff member or team were surprised by our senior team during the week with a summer themed hamper, balloons, and a certificate. This included the Liaison and Diversion Team in Humberside who won Team of the Year whilst the Night Service were highly commended. The Podiatry Non-Registered Clinical Workforce won the Making Stuff Better award, Hayley Ingleson won Project of the Year for the Student Leadership Placement Project, Kirsty Jones (Clinical Head of Portfolio, Adult Business Unit) won Leader of the Year whilst Lindsey Cawood (Operational Lead Citywide Services ABU) won Colleague of the Year. Podiatrist Lynda Dexter won Kate Granger Patient Care Award for her work championing inclusion health locally and nationally. The event was covered on social media, the external website, the Trust briefing and the intranet.

### **Leaders Network Live**

At the last Leaders Network event in July about 100 leaders across the Trust met for some development time together. The Board should note that the first session for all present focussed on a health and safety and an interactive session was led by Bryan and by the health and safety team. It was well received and has led to a range of working groups looking at, for example, some of our wicked problems such as health and safety trained staff in all of our settings at all times.

The second session allowed staff to choose from a range of workshops on our social media policy to our work on equity and the launch of the new LD and Autism Training.

The event was, as ever, well attended and well received.

### **Clinical conference**

The second combined clinical conference happened on the 18 July 2023. It was a really well attended event with clinicians from different backgrounds e.g. AHP's, Clinical Psychological Professionals, Dental Professionals, Nurses and Doctors attending. For the first time it was coordinated and organised by our Clinical Fellows, Nick Hart and Anne Henderson who did an outstanding job of ensuring a varied and interesting agenda. This included international and national speakers Myron Rogers and Priya Oomahdat, as well as lots of opportunities for colleagues in LCH to showcase and celebrate the amazing work that is happening across the organisation.

### **Update on White Rose Park (new staff hub)**

The move to WRP is on track to take place between 18-21 August 2023, and the Trust will fully vacate Stockdale House by the end of August 2023. Sam Prince is now the SRO for the project.

### **NHS Long Term Workforce Plan**

On 30 June 2023 NHS England published the [NHS Long Term Workforce Plan \(LTWP\)](#), which NHS Employers described as “a substantial step forward in the ongoing efforts to shape the future of the healthcare workforce”.

The LTWP focuses on three main themes: **Train**, **Retain** and **Reform**. It is explicit about the requirement for an expanded healthcare workforce and is accompanied by over £2bn investment in expansions of clinical training places during its first 5 years.

There is a focus on widening access to professional roles, particularly via apprenticeships, and degree apprenticeships in particular, and addressing regional imbalances in supply and education.

It is anticipated that the securing of thousands of additional in-work training placements to match the planned expansion in training numbers could be an area of significant challenge for the NHS in coming years. The forthcoming Educator Strategy due to be released by England's Chief Nursing Officer in Autumn 2023 is expected to support the NHS in addressing this challenge and help to ensure that the expansion ambitions can be met. Here in Leeds, the LCH Director of Nursing is already leading a stream of work to consider the expansion of clinical placements.

The LTWP does not seek to address or consider the social care workforce, with whom our local system in Leeds continues to work in an increasingly joint and

seamless way through vehicles including the Provider Alliance between LCH and Leeds City Council.

Overall, the LTWP has a range of elements that fit well with existing LCH work and ambitions, including in relation to its hyper local recruitment and expansion of apprenticeships; and the LCH work on improving retention and inclusion.

The LTWP also provides a good platform to continue and enhance system-focused work in partnership with city partners in Leeds, and with the West Yorkshire & Harrogate ICB. The ICB is expected to be given responsibility by NHS England for coordinating system responses to the LTWP.

### **Leeds Partnership Executive Group**

Senior accountable officers from across the NHS and Local Authority, Healthwatch, General Practice Confederation and the third sector have continued to come together fortnightly as the Leeds Health and Care Partnership Executive Group (PEG). The group has recently been chaired by our CEO, Thea Stein, on behalf of all partners.

Over the last few months PEG have been understanding the city's financial position and discussing our collective health and care approach to addressing the financial challenge. PEG have also been working through and agreeing the Healthy Leeds Plan. This Plan is the health and care's contribution towards achieving this vision in the Leeds Health and Wellbeing Strategy. It also sets out the Leeds place detailed one-year operational plan to achieve local, regional and national priorities and will sit alongside the other West Yorkshire place plans as part of the West Yorkshire Joint Forward Plan.

On June 30<sup>th</sup>, Sam Prince and two of our non-executive directors, Khalil Rehman and Richard Gladman joined the PEG meeting along with non-executive directors from other statutory partners. They heard about the HomeFirst Programme and sought assurance that it will successfully against its business case. The HomeFirst Programme is developing and implementing a new model of intermediate care services to achieve more independent and safe outcomes, helping more people to stay at home, whilst improving the experience for people, carers, and staff. The programme consists of five projects: Active Recovery at Home, Enhanced Care at Home, Rehab and Recovery Beds, Transfers of care, and System Visibility and Active Leadership.

### **West Yorkshire Community Health Services Collaborative**

The WYCHS continues to build its network and connections, for example making links with the West Yorkshire Hospice Collaborative around shared priorities, such as how we can work with and support the West Yorkshire planned care and elective recovery programmes.

On 3 July 2023 the WYCHS held its quarterly chairs and lead executives meeting. Here we took the opportunity to discuss:

- Progress made on the actions agreed at our April awayday,
- Proposals and next steps in relation to the West Yorkshire Integrated care Board operating model review and
- Shared learning and best practice – this time focusing on the Leeds approach to self-care.

The Collaborative was also invited to attend the WYAAT Committee in Common meeting on 25 July 2023 to share learning and agree joint focuses. Colleagues were also asked to lead on a 'Focus on Community' session at the WYICB Board meeting on 18 July 2023

### **West Yorkshire Mental Health Services Collaborative**

The Committees in Common on 26 April 2023 discussed the following:

- The developments surrounding the ICB Operating Model and workshops taking place between collaborative executives and the wider MHLDA sector on the response to the ICB. This included being clear on the role of the collaborative itself, our individual Trusts and the wider WY MHLDA Partnership Board.
- That LYPFT had submitted an Expression of Interest on behalf of Yorkshire & Humber to be the lead provider of the Perinatal Mental Health Collaborative, meaning that the WY Commissioning Hub infrastructure would take on a remit for quality oversight of Mother & Baby Unit provision and the pathways into/out of specialist community perinatal mental health services in West Yorkshire, Humber & North Yorkshire and South Yorkshire.
- Relationships with primary care and how most of these relationships are maintained at a local level between Trusts and local primary care partners, unless there are specific system-wide issues such as Physical Health Monitoring for Eating Disorders which are picked up by the collaborative.
- Work ongoing between the collaborative to strengthen quality assurance within lead provider collaboratives, develop a means of peer review between the Trusts on closed cultures and continue to pursue shared learning and utilisation of patient/carer experience to inform service development and improvement
- Commissioning hub updates relating to Adult Eating Disorders, Secure Services and Tier 4 CYP Mental Health services, particularly some of the pressures being experienced at Red Kite View and the 'go live' of Forensic CAMHS within the provider collaborative infrastructure

## 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)	Thea Stein	5 July
West Yorkshire Mental Health Collaborative Committees in Common	Thea Stein Brodie Clark	26 July
WY Community Health Services Provider Collaborative	Brodie Clark Thea Stein Sam Prince	3 July
West Yorkshire Partnership Board	Thea Stein Brodie Clark	6 June
Leeds Health and Wellbeing Board	Sam Prince	20 July 2023
Leeds Health and Wellbeing Board workshop	Thea Stein Sam Prince	27 June 2023
WY ICS Finance Forum	Bryan Machin	9 May
	Yasmin Ahmed	23 June
Leeds DoFs	Yasmin Ahmed	27 June & 28 July
Leeds Partnership Executive Group – extended meeting	Sam Prince Richard Gladman Khalil Rehman	30 June 2023
Leeds Citywide Clinical and Professional Forum	Ruth Burnett	7 June 2023
Leeds Clinical Senate	Ruth Burnett	18 July 2023
West Yorkshire Community Nursing Group	Steph Lawrence	25 May 2023
Leeds Anchor Network – Employment Workstream	Laura Smith	6 June 2023
Quality and People’s Experience Sub Committee	Steph Lawrence	7 June 2023

Adults, Health and Active Lifestyles Scrutiny Board	Sam Prince	13 June 2023
Yorkshire and Humber Chairs meeting	Brodie Clark	21 June 2023
Leeds One Workforce Strategic Board	Jenny Allen	22 June 2023
	Steph Lawrence	
Leeds Strategic Estates Board	Bryan Machin	22 June 2023
Leeds Academic Health Partnership Board	Thea Stein	27 June 2023
	Ruth Burnett	
West Yorkshire Health and Care Partnership monthly Chairs and Leaders meeting	Richard Gladman	29 June 2023

**Thea Stein**

**Chief Executive**

**26 July 2023**

**Trust Board Meeting held in public: 4 August 2023**

**Agenda item number: 2022-23 (33)**

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**Title: Resilience and System Flow**

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*Category of paper: Information*

*History: N/A*

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*Responsible director: Executive Director of Operations*

*Report author: Executive Director of Operations*

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## *Executive summary*

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

This paper provides a comprehensive overview of the work being undertaken by LCH, both internally and with system partners, to plan for increased demand and to ensure resilience over the next 6-12 months.

It also provides details on the actions being taken to ensure achievement of the requirements for Community Services set out in the NHS 2023/24 priorities and operational planning guidance:

- Increase referrals into urgent community response (UCR) from all key routes, with a focus on maximising referrals from 111 and 999 and create a single point of access.
- Consistently meet/exceed the 70% 2-hour urgent community response (UCR) standard.
- Reduce the number of medically fit to discharge patients in our hospitals, addressing NHS causes as well as working in partnership with Local Authorities

## *Recommendations*

The Board is recommended to:

- Understand the breadth of activity being undertaken to prepare for winter and identify other measures of assurance.
- Consider progress against the stated aspects of the NHS Operational Planning Guidance and identify other measures of assurance.

## **RESILIENCE AND SYSTEM FLOW**

### **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. Despite recent industrial action the system has remained “busy but steady.” Leaders across the system are sighted on winter and preparing for the likely challenges the colder weather will bring.

This paper provides a comprehensive overview of the work being undertaken by LCH, both internally and with system partners, to plan for increased demand and to ensure resilience.

It also provides details on the actions being taken to ensure achievement of the requirements for Community Services set out in the NHS 2023/24 priorities and operational planning guidance:

- Increase referrals into urgent community response (UCR) from all key routes, with a focus on maximising referrals from 111 and 999, and creating a single point of access where not already in place.
- Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard.
- Reduce the number of medically fit to discharge patients in our hospitals, addressing NHS causes as well as working in partnership with Local Authorities

## 2 HOMEFIRST PROGRAMME



The HomeFirst Programme is a citywide initiative supported by Leeds City Council, Leeds Community Healthcare NHS Trust, the Leeds Office of the ICB, Leeds Teaching Hospitals Trust, the third-Sector, independent sector, and Leeds and York Partnership NHS Foundation Trust. The system is working in partnership with Newton Europe, as our programme partner.

The Programme is developing and implementing a new model of intermediate care services to achieve more independent and safe outcomes, help more people to stay at home and improve the experience for people, carers, and staff. Intermediate care describes short term step up or step down services for adults that support people with rehabilitation, reablement, and recovery usually at their home or in a short term community bed.

The vision is to achieve a sustainable, person-centred, home-first model of intermediate care across Leeds that is joined up and promotes independence. The HomeFirst Programme aligns several existing transformation initiatives and consists of five projects with the following objectives:

**Active Recovery at Home** - developing a joint short-term, home-based rehabilitation and recovery offer with the required capacity and approach to support more people to achieve more independent outcomes.

**Enhanced Care at Home** (previously known as Enhanced Community Response) – developing fast and effective care outside of a hospital setting to safely reduce unnecessary admissions and help people to return home more quickly after receiving care in hospital (including support for carers)

**Rehab Recovery Beds** - redesigning bed-based intermediate care to maximise the number of people that can return to their own home following a stay in a short-term bed.

**Transfers of care** – redesigning interfaces between services for simple, quick, and effective pathways, and improving support to people who are discharged from hospital and their families and carers.

**System Visibility and Active Leadership** - embedding a culture of data-driven decision making with the ability to see how people are moving through our health and care system, whilst working together to help more people return or stay at home.

There are several cross-cutting enablers that will support all projects. These include health equity, patient and carer experience, contracting and commissioning, and staff engagement.

The following section details LCH's role in the HomeFirst programme and complementary initiatives.

## 3 ACTIVE RECOVERY AT HOME



**Active Recovery** brings together LCH Neighbourhood Teams and Leeds City Council's Reablement Service to develop a single, short-term, home-based rehabilitation and recovery offer with the required capacity and approach to support more people at home, and to support people to achieve more independent outcomes. LCH has an Alliance with Leeds City Council, and this work is one of key

initiatives being progressed by the partnership (see Statement of Common Purpose at Appendix I)

The first phase of the project was implementing the Triage Hubs in the city in November 2022, which enabled co-location of SKILs Reablement and Neighbourhood Team triage colleagues to work together to support people referred to either service. The hubs, which operate between 7am-1pm, 7 days a week, have improved our ability to coordinate services to support timely hospital and community care bed discharge as well as support people already at home. It has taken time for the new Triage Hub staffing and processes to embed with joint working between service leadership, Active Recovery and Neighbourhood Model Transformation Programme Teams, and our Clinical Systems colleagues to support staff involved throughout these changes.

The second phase of Active Recovery is in progress. This involves three key areas of work: implementing a single route in so that all referrals for Active Recovery arrive via SystemOne; testing changes to reduce time that people spend waiting for a long term service when they are ready to leave Active Recovery; and design work to set out how the future joint delivery model will operate.

The third phase of the project will be to start a pilot in one area of the city with SKILs Reablement and Neighbourhood Team staff testing changes that enable us to work jointly as one team. This is due to start in August. Learning from the pilot work in Phases 2 and 3 will inform further rollout later in the year.

#### 4 ENHANCED CARE AT HOME



**Home Ward** is the collective name for our Home Ward (Frailty) and Home Ward (Respiratory). Both wards are there to provide support and care to people who become suddenly unwell but can be safely cared for in their own home. They can also support people to return home from hospital sooner. They work in a comparable way to a hospital ward; a multidisciplinary team with different specialisms work together to support patients effectively. Home Ward (Frailty) is led by the Neighbourhood Teams with support and specialist input from Pharmacy, Cardiac

Specialist Nursing and Geriatricians. It is there to assess and provide clinical support to people over the age of sixty-five who live with moderate to severe frailty. Home Ward (Respiratory) is there for people of any age with chronic obstructive pulmonary disease (COPD) care needs and is led by the Community Respiratory service.

Home Ward was previously referred to as the Virtual Ward (Frailty) and Virtual Ward (Respiratory), or Hospital at Home but there have recently been changes the services naming convention based on consultation work with the public led by Healthwatch.

Key areas of progress and development to come in the rest of the year include:

- The Home Ward (Respiratory) has increased the number of people it can now support each day from 10 to 12 people each day, enabling more people to be cared for in line with our HomeFirst strategy. The Ward is now operating at full planned capacity.

- The Home Ward (Frailty) is planning to increase capacity from 37 up to 55 people being supported each day by December. This will be staged starting this month when capacity increases to 40. In addition to increasing capacity, communication and engagement work is planned over the summer with key referrers including primary care, out of hours GPs and hospitals outside of Leeds who are caring for Leeds residents. We are also setting up a design group Design Group which is looking at changes to processes and pathways to increase the number of suitable referrals. Our focus to begin with will be around missed opportunities when people present at the Emergency Department.
- The Home Ward (Frailty) has been developing new roles for Heart Failure Nurse Specialists in response to the sizeable proportion of people on the caseload who are referred with Heart Failure.
- We have been working to increase referrals from both Home Wards to **Home Comfort**, which is a service offered by Age UK Leeds. The Home Comfort team provide emotional and wellbeing support, working with people and their healthcare team to make flexible short-term plans to support a person's needs. This can include checking someone's safety, sign posting to warmth schemes, providing food packages, doing shopping and picking up prescriptions.

This supports the NHS operational planning guidance to increase referrals into urgent community response (UCR) from all key routes.

**Remote Health Monitoring** uses digital equipment to remotely check a patient's vital signs from the comfort of their own home and alert them and healthcare professionals when needed. It can support those who would benefit from having their health monitored but who do not need to be in hospital.

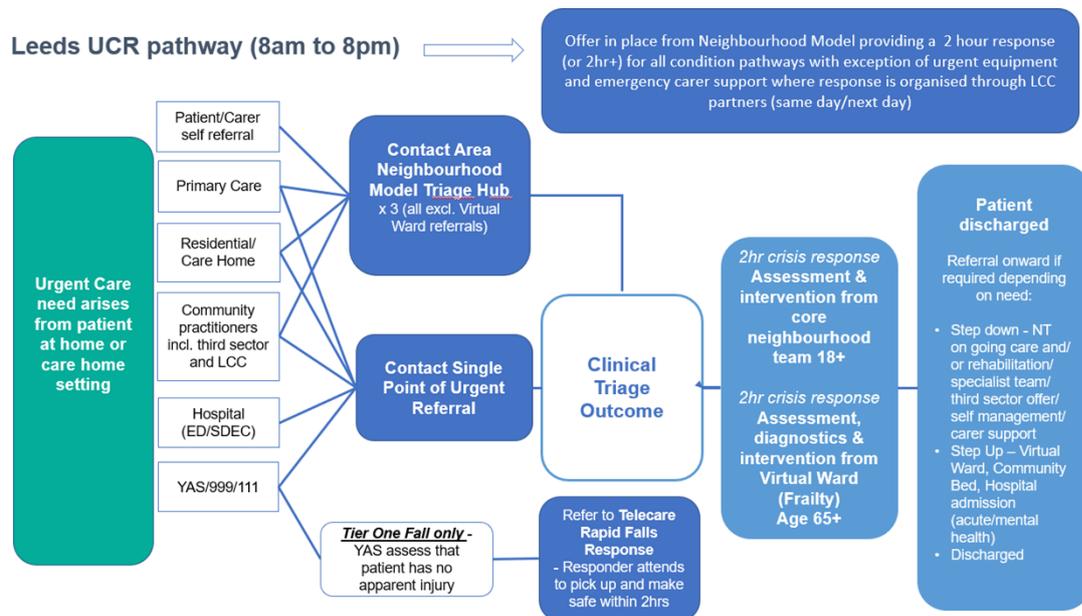
In May, the West Yorkshire procurement process to identify a remote monitoring equipment supplier concluded with Inhealthcare awarded the contract to work with trusts across the region to set up technology enabled virtual wards. Plans for the Leeds system have been reviewed in the light of system financial pressures and delays in the procurement phase. The Partnership Executive Group has supported the development of a remote health monitoring (virtual ward) with two phases. The first in this year, and the second to be implemented in 2024/25.

Phase One will see the mobilisation of a Remote Health Monitoring Clinical Hub with the ability to support up to 31 people each day by March 2024. This will be for people in hospital who can be "stepped down" to care at home with the remote monitoring of their vital signs using technology, together with daily review from a nurse in the hub. Additional funding has been awarded to LTHT to set up a nurse led hub which will support patients from multiple clinical speciality areas across both Leeds General Infirmary and St James's Hospital sites. Partners at LTHT are mobilising the service and plan to go live with a pathway for patients awaiting emergency surgery for Endoscopic Retrograde Cholangio-Pancreatography (ERCP) in August.

Phase Two will be based on the outcomes and learning of Phase One to integrate remote monitoring technology into "step up" pathways including the Home Wards and other appropriate community and primary care pathways. In preparation for this, over Quarter Two 2023/24 the Home Ward service teams will be assessing if and how people could benefit from use of the remote health monitoring technology as part of their package of care while on the ward and our clinical systems team will be assessing the interoperability of the Inhealthcare solution with SystmOne.

The **Quick Response** (Urgent Community Response) multi-agency programme (led by LCH) aims to reduce disruption to people's lives by offering an appropriate alternative to

attending an emergency department or being admitted to hospital; as well as shortening the length of time people stay in hospital.



The NHS Operational Planning Guidance requires performance of at least 70% in relation to the 2-Hour Crisis Response offer. Active improvement work has now improved performance to the 70% mark; this will continue in order that all patients are offered the timeliest response.

2 Hour Response Rate By Month											
Service	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
VWF	62.5%	68.8%	66.7%	68.8%	71.8%	69.2%	71.1%	76.5%	70.8%	72.3%	69.8%
NT (Incl VWF)	56.2%	57.7%	60.7%	71.9%	72.1%	68.8%	72.6%	71.4%	72.3%	68.1%	72.4%

In July, the Adult Business Unit commenced a pilot in partnership with Yorkshire Ambulance Service (YAS) and Local Care Direct to identify patients who would be better seen in the community setting and therefore not require an ambulance. Local Care Direct triage the calls and electronically refer to the hub via SPUR (the LCH Single Point of Urgent Referral) so an unplanned visit can be allocated. A pilot solely with YAS was in place from April but it generated referrals that were inappropriate for Neighbourhood Teams so changes have been made. Local Care Direct clinically triage patients from e-YAS, (known as the YAS stack), and have a variety of options from which to request care including Primary Care Advice Line+, Primary Care and LCH. This offer is also extended to low level falls where the patients have not had a long lie. This supports the NHS operational planning guidance to increase referrals into urgent community response (UCR) from all key routes, with a focus on maximising referrals from 111 and 999, and creating a single point of access.

## 5 REHAB RECOVERY BEDS

There are currently 237 Rehab Recovery beds in the city (64 are provided by the Alliance between LCH and Leeds City Council at South and North West Recovery hubs, 30 by LCH at Wharfedale Recovery hub, 37 by LCC at East Recovery hub and the remainder by the independent sector. The HomeFirst work in this area concentrates on:

- Reducing length of stay in the Rehab Recovery Beds
- Reducing unnecessary flows into Rehab Recovery Beds, and
- Creating sufficient additional home-based care capacity

Due to these expected improvements, the system will require fewer intermediate Rehab and Recovery Beds from April 2024 so to enable the above the Design Group is focused on effective MDT reviews, embedding pharmacy to reduce medication delays, increased visibility through data collection and dashboards and better strength-based goals,

## 6 TRANSFER OF CARE

The **Transfer of Care** workstream involves the teams and service which coordinate people's journey out of hospital, and in and out of intermediate care (discharge coordination, Transfer of Care hub, Bed Bureau, Community Discharge Assessment Team, Triage Hubs and SPUR). It also includes processes and capacity for long-term care assessments.

The **Transfer of Care Hub (ToC)** is a further service overseen by the Alliance – Performance in the ToC is good and there has been an increase in the number of patients leaving hospital on pathway 0 (no support needs) and pathway 1 (needing community support rather than bedded care) because of the approach.

Work is ongoing with the Transfers of Care Design Group to agree a Test of Concept plan based on more in-depth case management on the wards. Capacity to pilot this idea is challenging and options are being explored.

The LCH unregistered workforce in ToC continues to focus on Trusted Assessments on behalf of Adult Social Care and as such this has aided significantly to maintaining the flow of patients being discharged home with a Local Authority funded HC package and reduced unnecessary delays. This is an excellent example of partnership working.

The Bed Bureau team has maintained consistent flow into the CCB bed-base, and a recent audit identified that patients are placed in a CCB with 24 hours of identification.

## 7 SYSTEM VISIBILITY AND ACTIVE LEADERSHIP

An important workstream in the HomeFirst Programme is the development of a system dashboard which provides a single version of current position and all partners to identify any delays or bottlenecks in enabling patients to return home. The dashboard is currently in development with good data provided on delays out of hospital, delays out of CCBs and occupancy levels.

An LCH workshop was held with Newton in July to look at the most appropriate community services measures that could be included in the dashboard. The first phase will concentrate on Neighbourhood Teams but work will then focus on including the Community Intravenous Administration Service (CIVAS), Respiratory Service, Cardiac Service, Homeless and Health Inclusion Team (HHIT), Community Neurology Discharge Team (CNDT) and Community Stroke Team – all services that play a vital role in admission avoidance and in enabling safe and timely discharge. Information on these services is attached at Appendix II

## **8 RECOMMENDATIONS FOR THE BOARD**

The Board is recommended to:

- Understand the breadth of activity being undertaken to prepare for winter and identify other measures of assurance.
- Consider progress against the stated aspects of the NHS Operational Planning Guidance and identify other measures of assurance.

## **APPENDIX II – Additional Information on Services Supporting Admission Avoidance and Early Discharge**

### **CIVAS – Community Intravenous Administration Service**

Approx. 90% of work is hospital discharge facilitation – across all pathways, referred out by OPAT (out-patient antimicrobial team) in LTHT.

Approx. 5% admission avoidance – links with Virtual Frailty Ward (community acquired Pneumonia pathway), Cardiac service (Intravenous diuretic pathway), and blood monitoring pathways with OPAT team in LTHT (this element of the service has expanded and identifies a lot of patients who require alterations of treatment regimens to avoid hospital admission).

Zalendronic acid pathway - IV infusion given to (often frail and elderly) patients with osteoporosis at high risk of falls and subsequent admissions. This was previously administered in LTHT outpatient department which was hard for this cohort to attend.

Covid Medicines Delivery Unit (CMDU) – variable workload depending on COVID peaks and regular changes to NHSE guidance. Delivers anti-viral medication to the most vulnerable cohorts of patients with covid. Helps to prevent admission to hospital.

Upcoming workstream – remote monitoring surgical pathway for patients awaiting cholecystectomy. They present acutely at LTHT but could be sent home for monitoring and IV antibiotics whilst awaiting surgery. Pathway currently in development but thought to accommodate around five patients per week.

### **Respiratory Service**

Respiratory Virtual Ward – manages acute decompensation of patients with COPD. Approx 20% of their work is admission avoidance (referrals taken from Primary Care or any other HCP), and 80% facilitation of hospital discharge. They have been working closely with A+E/ SDEC to turn patients around that present acutely in LTHT.

Core team – A considerable proportion of what they do is facilitation of hospital discharge (over 50%). If needed the patients can be seen the next day, but otherwise the commitment is to review within 72 hours of discharge.

The rest of the work the team does is more around chronic disease management. Ensuring patients are on the right treatment. They manage all patients in the city on long term oxygen, with 3/6/ 12 month reviews. Many patients they see are not using their oxygen properly so re admit to hospital frequently – the team can educate them on its use and support any changes required.

We currently have 2 Respiratory Nurse Specialists seconded to a project working with Primary Care to upskill their workforce in the management of patients with COPD. A lot of patients are on sub optimal therapy which contributes to increased GP appointments and hospital admissions.

There have been plans to work with ABU re teaching for management of patients on oxygen therapy. Annual training would be ideal to keep them updated on guidance and pathways. Unfortunately, this has not yet happened due to staff shortages on both sides but would be beneficial to pick up.

The service provide Capillary Blood Gas monitoring for Virtual Ward Frailty. This is to avoid the need for VWF staff being trained up and separate equipment purchased for the organisation. This is not needed frequently, one patient a month.

Pulmonary Rehabilitation is provided by the service. A lot of issues are noticed assessment for this (such as patients requiring long term oxygen therapy, or alterations to their medications for COPD). They have early identification of patients who deteriorate on the programme, which contributes to hospital admission avoidance.

## **Cardiac Service**

Admission avoidance – the service detect a lot of patients early with decompensated heart failure and treat with IV diuretic therapy/ optimisation of oral diuretics (around 15% of the work they do). The rest is management of long term conditions, optimisation of evidence based medication, and support in recovery from MI and cardiac surgery.

Some facilitation of early discharge if service has capacity (usually see patients within 2 weeks of a standard referral). The service have created six 'poorly patient slots' a week across the city. They usually fill these with supported early discharge or urgent referrals from Primary care – urgent. There would be a need and scope to extend this if we had more workforce to manage the demand.

The service work closely with Matrons/ Palliative Care services co managing patients with heart failure throughout the pathway.

They refer patients into the Virtual Frailty Ward if needed – there is a need to extend the VFW offer to include patients under the age of 65. Current inequity in the offer, as some younger patients suffer with frailty.

Heart Failure Nurse Specialist has recently been appointed to work with virtual frailty ward - 2 more vacancies yet to fill for these posts. Lots of opportunity to improve the offer for patients with heart failure in the VFW (and upskill the workforce), and these posts will support that vision.

There is an ambulatory offer in LTHT for IV diuretics or IV iron for patients with heart failure. Up to two patients a day can be seen there, which helps to prevent admissions.

We currently have a Cardiac Nurse Specialist seconded to a project working with Primary Care to upskill the workforce (specifically PCN Pharmacists) in the management of patients with heart failure. This should result in admission avoidance, improved quality of life, and a longer life expectancy due to medications being optimised.

## **HHIT – Homeless and Health Inclusion Team**

A lot of what the service does is to try and keep patients in hospital where needed.

Optimising hospital stay to ensure treatment is completed in one admission helps to prevent patients bouncing back and reduces failed discharges. This is done through twice weekly ward rounds (with GP and Clinical Lead), and daily visits by Nurse/ Care Navigator to connect with the patient around what would help them to stay in hospital.

Preventing re admissions – the team support patients on discharge to manage any ongoing health conditions they have, attend out-patient appointments, and link with GPs/ other services for longer term health needs. They have a weekly presence at the Kingston hotel which accommodates homeless/ vulnerably housed patients, along with other hostels (St George's Crypt, St Anne's, Beacon Housing, etc) to identify health issues early and prevent deterioration/ admission. They also work closely with Bevan and York Street Practice to support this group of patients on discharge.

The team are currently working on a health inequalities project with podiatry and diabetes teams around improving care of the homeless population with poorly controlled type 1 diabetes. This is following an incident that resulted in a lower limb amputation of a patient.

HHIB project – 9 intermediate care beds with intensive MDT support for the most complex and vulnerable patients. This has been running for almost 12 months and is showing valuable positive outcomes for these patients. There is a significant need for intermediate care for the homeless/ vulnerably housed population, who are often young but frail, and have very low life expectancy.

We recognise the importance of consistently capturing admission avoidance and facilitated discharge. We are currently working with the SystemOne clinical advisors and Performance to identify more effective ways to capture this, so any trust wide guidance would be helpful.

## **CNDT – Community Neurology Discharge Team.**

The team work closely with the hospital therapists to plan a safe and successful discharge, ensuring that any risks can be safely managed in the community. We provide goal orientated neurological rehabilitation, education, advice and guidance in the early days to support adjustment to being at home and coming to terms with the newly acquired changes. We contact new referrals within 48 hours of their discharge (unless a different timescale is agreed with them) and will either conduct a holistic initial assessment over the phone or in person, depending on the needs of the patient.

In the past year we have supported 106 patients and because of being able to support people with their ongoing rehabilitation needs in the community, we have been able to save 252 bed days. We estimate that this equates to a figure of £86,435, based on a figure of £56,935 saved from LGI bed days (an average of £295 per day) and £29,500 saved from Chapel Allerton Rehabilitation Unit days (based on figure of £500 per day).

We work closely with the head injury consultant and the specialist nurses (head injury nurse, trauma nurses and oncology nurses) which allows for speedy discussions about any medical concerns raised by our patients immediately after discharge such as ongoing headaches or dizziness. This will allow for consideration of community management of these resulting in reducing unnecessary readmissions.

## **CST – Community Stroke Team**

CST facilitates timely discharges from hospital following a patient having a Stroke. Following a referral into the team a patient is triaged based on several factors including needs and risk. If a patient is deemed to be high priority (priority 1) then we aim to see these patients within 48 hours of us being notified. This allows those patients to be discharged from hospital (with or without additional support such as neighbourhood teams or reablement) and receive therapy in their own homes freeing up hospital beds. Priority 2 and 3 patients are deemed as low risk and can wait at home for their therapy input. This again allows patients to be discharged from hospital rather than waiting in hospital for CST input.

Once the patient is home, we complete a full holistic assessment on our first visit that checks a range of things such as observations, transfers, medication etc. This allows us to identify the patient's therapy needs/goals and any unforeseen issues. Any issues identified will be problem solved by a range of methods e.g. providing equipment, supporting patient with medication compliance etc. This supports patients to remain in the community after being discharged, rather than needing to go back to hospital if they are unable to manage at home.

In addition, we also provide secondary stroke prevention advice and support therefore preventing further possible admissions due to having another stroke. We are currently working with the Stroke association to create life after stroke groups which would support this further.

There is currently a disparity in length of stay and patient experience for patients treated in hospital on the stroke ward, where there is regular liaison with the service and pathways are implemented, and patients on out-lying general medical wards. A workshop is being planned with LTHT colleagues to understand the issues, identify solutions and improve patient experience.

**Trust Boar meeting held in public: 4 August 2023**  
**Agenda item number: 2023-24 (34a)**

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**Title: Nominations and Remuneration Committee – 22 June 2023: Chair Assurance Report**

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**Category of paper: for assurance**  
**History: n/a**

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

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## **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 22 June 2023.

Please note that the last regular quarterly meeting of the committee was held in March 2023.

### **Items discussed:**

#### **Chief Executive and Director Pay Disclosure**

As per the information contained within the Trust's Annual Report, the Committee noted this disclosure for the 22/23 financial year.

#### **Chief Executive and Director Appraisals and Performance**

The Committee further noted the assurances provided that the Chief Executive and all of the Directors had been appraised in respect of their individual performance for the 22/23 year.

#### **Critical Shift Allowance Review and Next Steps**

The Committee received a detailed paper from the Director of Workforce regarding the current Critical Shift Allowance.

The Committee agreed the following:

- Continuation of the current arrangements.
- To an early review of the present utilisation of the incentive and its application.
- That there should be subsequent regular reviews in respect of its necessity or earlier reviews should particular circumstances necessitate this.
- The need for a more accurate data set on costings for the arrangement.

#### **Gender Pay Gap Report**

The Committee noted the report and actions, approved the assurance statement for publication and indicated they would welcome the opportunity to see this work progress over time.

#### **Executive Team Vacancies – Recruitment and Remuneration**

The Committee noted and approved the recommendations for the remuneration of the interim Director appointments. The Committee also discussed and noted the recommendations associated with the more substantive appointments to both the CEO and Director of Finance roles and agreed to revisit when appropriate.

#### **Recommendations**

The Board is recommended to note this information.

**Trust Board Meeting held in public: 4 August 2023**

**Agenda item number: 2023-24 (34b)**

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**Title:** Charitable Funds Committee June 2023: Committee's Chair assurance report

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

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

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## **Executive summary (Purpose and main points)**

This paper identifies the key issues for the Board from the Charitable Funds Committee held on 23<sup>rd</sup> June 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 updated the committee, that there had been no response from the LTHT charity since the questions had been asked about the change of name. In the meantime, we have someone in the fundraiser role now on a trial but hoping this will be successful. Therefore, the committee agreed to stop the process of potential merger with LTHT, and the Director of Nursing will email the CEO to confirm this.

The workplan will be reviewed once the fundraiser was confirmed as staying in post and she would be invited to the next meeting.

#### Finance Report

The Deputy Director of Finance shared the Finance Report and the draft end of year accounts with Committee members. There were no questions on these, and the committee were happy to recommend the draft end of year accounts and report to the Audit Committee.

The committee noted that a new mini bus was in the process of being purchased for Hannah House and all agreed this was a sensible move given the cost of a brand new vehicle.

### 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.

**Trust Board Meeting held in public: 4 August 2023**

**Agenda item number: 2022-23 (34di)**

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**Title: Business Committee Chair's assurance report 28 June 2023**

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**Category of paper: For assurance**  
**History: Not applicable**

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

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## **Executive summary (Purpose and main points)**

This report identifies the key issues for the Board from the Business Committee held on 28 June 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:**

### **Estates Priorities**

The Committee had a follow up discussion to the 10-year Estates Plan that was presented in April 2023. The Associate Director of Estates presented the proposed plan for 2023/24 and the Committee discussed some specific plans for locations in the Trust's portfolio of premises. It was agreed that a final version of the Estates Strategy would be presented to the Committee in October to allow sufficient time for the White Rose move and to perform additional analysis. The Committee agreed with further updates added to the previous estate strategy received in April 2023. It agreed the 3-year plan, with particular focus on year, 2023/24.

### **Procurement Strategy update**

The final annual procurement report was received by the Committee, providing an oversight of the procurement activity and performance during 2022/23. The Committee noted the 2020/21 objectives that were carried forward into 2021/22 and were being actioned in 2022/23 to further implement the Procurement Strategy and disseminate good practice, strengthening governance and improving efficiency. It noted the changes within Leeds & York Partnership NHS Foundation Trust's procurement and logistics service.

### **Digital Strategy proposal**

The Associate Director of Business Intelligence introduced the digital strategy proposal to the Committee. The Committee reviewed and commented to aid further development to create a version for Board approval. The Committee recommended more staff engagement and workshops explicitly to address the things that stop people from being as effective as they want to be. The future strategy needs to be anchored in the thoughts and views of system user and patients.

### **Sustainability annual report**

The Committee received the sustainability annual report on progress of becoming a net zero carbon organisation and the data suggested that the Trust was struggling initially to follow the trajectory to achieve net zero. Carbon emissions reported increased in 2022, higher than previous year. This was probably reflective of services were getting back to a pre-covid level of activity, services returning to normal and more travelling and increased usage of buildings. The Committee discussed the annual report, noted the content and encouraged a renewed focus on the Trust goals.

### **Wharfedale project closure update**

The Committee received a comprehensive closure document for Wharfedale project. The Committee was pleased with the end of project report, clearly showing there had been lots of

work, shaping and dialogue and people reflecting on what went well and what didn't. The service moved to business as usual from 1 April 2023. The Committee passed on their thanks to the people who delivered the service and also to the people that did such a good job of capturing and analysing the learning and disseminating. The Chief Executive was pleased to say that it was a real pleasure to award the leadership of that team with the Leader of the Year Award this year.

### **LCH Incentives Scheme: Review and Recommendations**

The paper had previously been received by the Nominations and Remunerations Committee at its meeting on 23 June 2023 and invited the Committee to determine its preferred option for the Trust's next steps in relation to an incentive scheme. The Committee noted the paper and was supportive of the proposals agreed at the Nominations and Remunerations Committee.

### **Internal audit**

The Committee considered and discussed three Internal Audit reports covering:

- a) Partnership Governance: Leeds Mental Wellbeing Service
- b) Cleaning Standards
- c) Waiting lists management

The Committee noted audits completed as part of the approved 2022/23 plan and note assurance outcomes on all three audits.

**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
<p><b>Risk 2 Failure to manage demand for services:</b> If the Trust fails to manage demand in service recovery and in new services and maintain equity of provision then the impact will be potential harm to patients, additional pressure on staff, financial consequences and reputational damage</p>		<ul style="list-style-type: none"> <li>• Ethnicity recording update</li> <li>• Wharfedale project closure update</li> <li>• Workforce information and planning – presentation</li> <li>• Waiting lists management internal audit</li> </ul>	Reasonable	
<p><b>Risk 3 Failure to invest in digital solutions.</b> If the Trust fails to invest in improving core technology and in new digital solutions, then resource may not be utilised effectively, services could be inefficient, software may be vulnerable, and the impact will be delays in caring for patients and less than optimum quality of care</p>		<ul style="list-style-type: none"> <li>• Digital Strategy proposal</li> </ul>	Reasonable	The summary presented was helpful but further engagement to ensure the full strategy is user and patient driven.
<p><b>Risk 4 Failure to be compliant with legislation and regulatory requirements:</b> If the Trust is</p>		<ul style="list-style-type: none"> <li>• Health and Safety annual plan (update)</li> <li>• Sustainability annual report</li> </ul>	Reasonable	

<p>not compliant with legislation and regulatory requirements then safety may be compromised, the Trust may experience regulatory intervention, litigation and adverse media attention.</p>		<ul style="list-style-type: none"> <li>• Partnership Governance: Leeds Mental Wellbeing Service internal audit</li> <li>• Cleaning Standards internal audit</li> </ul>		
<p><b>Risk 5 Failure to deliver financial and performance targets:</b> If the Trust does not deliver key financial and performance targets, agreed with NHS England and the ICB, then it will have adverse consequences for financial governance and cause reputational damage.</p>		<ul style="list-style-type: none"> <li>• Estates Priorities</li> <li>• Procurement strategy</li> <li>• Finance position review</li> <li>• LCH Incentives Scheme: Review and Recommendations</li> <li>• Waiting lists management internal audit</li> </ul>	Reasonable	
<p><b>Risk 6 Failure to have sufficient resource to for transformation programmes:</b> If there is insufficient resource across the Trust to deliver the Trust's priorities and targeted major change programmes and their associated projects then it will fail to effectively transform services and the positive impact on quality and financial benefit may not be realised.</p>		<ul style="list-style-type: none"> <li>• Wharfedale project closure update</li> <li>• List of priority projects for 2023/24</li> </ul>	Reasonable	
<p><b>Risk 7 Failure to maintain business continuity (including response to cyber security):</b> If the Trust is unable to maintain</p>		<ul style="list-style-type: none"> <li>• Digital Strategy proposal</li> </ul>	Reasonable	

<p>business continuity in the event of significant disruption, then essential services will not be able to operate, leading to patient harm, reputational damage and financial loss.</p>				
<p><b>Risk 8 Failure to have suitable and sufficient staff resource (including leadership):</b> If the Trust does not have suitable and sufficient staff capacity, capability and leadership capacity and expertise, then the impact will be a reduction in quality of care and staff wellbeing and a net cost to the Trust through increased agency spend.</p>		<p>LCH Incentives Scheme: Review and Recommendations</p> <ul style="list-style-type: none"> <li>• Workforce information and planning - presentation</li> </ul>	<p>Reasonable</p>	

**Trust board meeting held in public: 4 August 2023**

**Agenda item number: 2022-23 (39dii)**

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**Title: Business Committee Chair's assurance report 26 July 2023**

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**Category of paper: For assurance**  
**History: Not applicable**

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

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### **Executive summary (Purpose and main points)**

This report identifies the key issues for the Board from the Business Committee held on 26 July 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:

#### **Service Focus: Children's Speech and Language Service (CSLT) waiting times.**

Children's Speech and Language Service representatives attended the Committee meeting and described how speech and language affects a child's development and life chances. The Committee was advised that the CSLT service is often conflicted, it wants to provide the best service but must manage increased demand and waiting times. Currently the service is working with a reduced offer to improve waiting times.

Challenges included an increased number of referrals and more complex needs being presented plus increased report writing. There were a number of reasons for this: the service which already had a waiting list pre-pandemic, was further impacted during the pandemic, and autism rates in particular were increasing which affected the referral rates into CSLT.

Staff engagement has resulted in some service improvements including more group work, skill mixing, a review of processes, productivity and the expectations of staff. Patient engagement indicates some dissatisfaction with wait times, the reduced offer and the re-referral process to gain further support.

The Service's longer-term plan includes an options appraisal for resources required and service offer. Nationally, a Public Health report has been published that requires the City to have good access to CSLT. This could drive improvement further, however commissioning decisions were required.

#### **Ethnicity recording update**

At the request of the Business Committee, the process for capturing ethnicity data has now been reviewed. It was found that some patients had multiple and sometimes conflicting ethnicity codes recorded in their details. It was agreed that the first ethnicity code recorded would be used. A data warehouse processing error was also discovered in the review, and this has now been remedied and backdated. This means data reporting will be more accurate.

#### **Health and Safety Action Plan 2023/24 (see blue box item)**

The Committee received the Health and Safety action plan for 2023/24. The action plan covered priority areas including: managers health and safety roles and responsibilities training, first aid arrangements, fire training, waste management, manual handling arrangements, and violence and aggression reduction strategies. The Committee was pleased to note the engagement with managers across the Trust, and the mandatory health and safety training sessions that are being developed. The Committee was also provided with an update on the progress being made with the further roll out of the lone-worker app.

### **Workforce Strategy Update (see blue box item)**

The paper presented to the Committee included an update on progress following the May 2023 Board Workshop on the topics of Inclusion and the 2022 Staff Survey. It also provided an updated version of the Workforce Strategy Delivery Plan for 2023/24, which showed the progress made during Q1, and a dashboard showing progress achieved against the Strategy's outcome measures to date. The Committee discussed the impact the recent and ongoing strike action was having on service delivery. The Committee was advised of the approach being taken to further improve 'Cultural Competence' within the Trust. The Committee agreed that there would be a focus on inclusion at a future Committee workshop. The Committee discussed workforce composition and planning and suggested this could be a Board workshop topic for a future date.

### **White Rose Hub progress report**

The project was going well and the handover of the demised space was on schedule for 14<sup>th</sup> August 2023. The Stockdale servers had been moved without major issues arising. Decommissioning of Stockdale is on track for completion by 31<sup>st</sup> August 2023. The provision of HSCN services as did not have a firm installation date, this risk is being mitigated as much as possible.

### **Change programme management report**

The Committee was provided with details of the priority projects that would have the biggest impact on the Trust. The Committee explored why the E-Community software project was currently paused.

### **Performance Brief (see Board paper)**

The Committee was pleased to note the improving position with sickness absence and turnover rates. The Committee discussed the financial position, which was affected by the pay award. The Committee was advised of the contractual obligations for the Police Custody Suite service.

### **Premises assurance model action plan (see blue box item)**

This report provides an update on the sections of the 2022 PAM where moderate improvement had been required. The Committee was pleased to note the improvements made. A schedule for the 2023 PAM was included in the paper and the submission date was 8<sup>th</sup> September 2023. The Committee asked that senior managers reviewed and signed off the draft submission. A further report on progress would be given to the Committee in the Autumn.

### **Safe staffing report (see Board paper)**

The report set out progress in relation to maintaining safe staffing over the last six months. The Committee explored whether the vacancy numbers gave a true picture of service pressures, and whether there was scope to flex some of the historic arrangements in terms of future budgets and headcounts.

### **Third Sector strategy (see Board paper)**

The paper provided an overview of the very significant changes in the landscape of Leeds' third sector over recent years, the current funding context and risks and threats resulting from that for the sector, the communities and population the sector serves and supports and realisation of key Leeds strategies and plans.

The Committee was advised that the Trust was offering sustainable contracts to support the third sector wherever possible.

**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
<p><b>Risk 2 Failure to manage demand for services:</b> If the Trust fails to manage demand in service recovery and in new services and maintain equity of provision then the impact will be potential harm to patients, additional pressure on staff, financial consequences and reputational damage</p>	<p>12 (high)</p>	<ul style="list-style-type: none"> <li>• Service focus (waiting times)</li> <li>• Third Sector strategy update</li> <li>• Workforce strategy update</li> <li>• Performance brief</li> <li>• Risk register themed report</li> <li>• Safe staffing report</li> <li>• Ethnicity recording update</li> </ul>	<p>Reasonable</p>	<p>See CSLT information above.</p>
<p><b>Risk 3 Failure to invest in digital solutions.</b> If the Trust fails to invest in improving core technology and in new digital solutions, then resource may not be utilised effectively, services could be inefficient, software may be vulnerable and the impact will be delays in caring for patients and less than optimum quality of care</p>	<p>9 (high)</p>	<ul style="list-style-type: none"> <li>• Change programme management report and summary of priority projects</li> <li>• Risk register report</li> </ul>	<p>Reasonable</p>	

<p><b>Risk 4 Failure to be compliant with legislation and regulatory requirements:</b> If the Trust is not compliant with legislation and regulatory requirements then safety may be compromised, the Trust may experience regulatory intervention, litigation and adverse media attention.</p>	<p>9 (high)</p>	<ul style="list-style-type: none"> <li>• Health and Safety annual plan</li> <li>• Performance brief</li> <li>• Risk register report</li> <li>• Premises assurance model</li> <li>• Safe staffing report</li> </ul>	<p>Reasonable</p>	
<p><b>Risk 5 Failure to deliver financial and performance targets:</b> If the Trust does not deliver key financial and performance targets, agreed with NHS England and the ICB, then it will have adverse consequences for financial governance and cause reputational damage.</p>	<p>12 (high)</p>	<ul style="list-style-type: none"> <li>• White Rose Hub - progress report</li> <li>• Performance brief</li> <li>• Risk register report</li> </ul>	<p>Reasonable</p>	<p>See information included in Performance Brief section above.</p>
<p><b>Risk 6 Failure to have sufficient resource to for transformation programmes:</b> If there is insufficient resource across the Trust to deliver the Trust's priorities and targeted major change programmes and their associated projects then it will fail to effectively transform services and the positive impact on quality and financial benefit may not be realised.</p>	<p>9 (high)</p>	<ul style="list-style-type: none"> <li>• Change programme management report and summary of priority projects</li> <li>• Risk register report</li> </ul>	<p>Reasonable</p>	

<p><b>Risk 7 Failure to maintain business continuity (including response to cyber security):</b> If the Trust is unable to maintain business continuity in the event of significant disruption then essential services will not be able to operate, leading to patient harm, reputational damage and financial loss.</p>	<p>12 (high)</p>	<ul style="list-style-type: none"> <li>• Risk register report</li> <li>• White Rose Hub - progress report</li> </ul>		
<p><b>Risk 8 Failure to have suitable and sufficient staff resource (including leadership):</b> If the Trust does not have suitable and sufficient staff capacity, capability and leadership capacity and expertise, then the impact will be a reduction in quality of care and staff wellbeing and a net cost to the Trust through increased agency spend.</p>	<p>12 (high)</p>	<ul style="list-style-type: none"> <li>• Service focus (waiting times)</li> <li>• Workforce strategy update</li> <li>• Performance brief</li> <li>• Risk register report</li> <li>• Safe staffing report</li> </ul>		

**Trust Board Meeting held in public: 4 August 2023**

**Agenda item number: 2023-24 (34e)**

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**Title: Audit Committee Chair's Assurance Report 14 July 2023**

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**Category of paper: for assurance**  
**History: Not applicable**

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**Responsible director: Chair of Audit Committee**  
**Report author: Chair of Audit Committee**

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## **Meeting summary**

### **Internal audit (Audit Yorkshire)**

The Committee received the following internal audit reports: Waiting Lists (significant assurance), IT Procurement (significant assurance), Partnership Working – Leeds Mental Wellbeing Service (significant assurance), NHS National Cleaning Standards (limited assurance), Cyber Essentials Plus Accreditation (limited assurance), Partnership Working – Leeds Sexual Health Service (significant assurance), Disaster Recovery (significant assurance).

The Committee focussed particularly on the two limited assurance audits. For the Cleaning Standards audit, the Committee was advised of the complexities and interdependencies involved in implementing the standards, particularly as third party sites were involved. The auditor confirmed that many other Trusts were experiencing the same issues. The Committee agreed that a proportionate response was required at this stage. An action plan, including progress made so far would be presented at the September 2023 Quality and Business Committees for review and a further update would be provided to the October 2023 Audit Committee.

The Cyber Essentials Plus Accreditation received limited assurance as the Trust's own target date had not been met.

The Committee also discussed the Partnership Governance internal audit and agreed that further work was needed to ensure consistency of all partnership agreements, including clarity of decision-making routes, responsibilities and accountability.

The Committee agreed some minor changes to the existing internal audit plan for 2023/24. For the 2024/25 internal audit plan the Committee suggested that the scope for each audit should be in more detail at the draft plan consultation stage. It was disappointing that the recent waiting lists internal audit had a narrow scope and that more assurance was required for waiting times that were not reported nationally.

### **External Audit (Mazars)**

The external auditor advised the Committee that the 'Value For Money' work would be completed shortly. At this time, there was nothing to note – no significant weaknesses had been found. The Committee was advised of the additional work undertaken as a result of the new audit standard. Additional fee of £7,000 was agreed for the additional work on ISA315 and IFRS16.

### **Counter fraud**

All NHS organisations are required to assess themselves against the NHS Counter Fraud Functional Standard which is divided into 13 individual "NHS Requirements". Requirements, annually, and to produce a Counter Fraud Functional Standard Return which is submitted to the NHS Counter Fraud Authority for review.

The Trust has recorded one amber rating in relation to Requirement 3. The Local Counter Fraud Specialist is in the process of embedding the prescribed fraud risk assessment methodology. The assessment of partial compliance against this requirement is attributable to the process still being embedded.

### **Charitable Funds**

The Committee was provided with the Leeds Community Healthcare Charitable Trust and Related Charities draft annual report and accounts for 2022/23 together with the findings of the independent examination. The independent examiner noted there were no significant weaknesses and the Committee will recommend the adoption of the accounts by the Charitable Funds Committee at its next meeting (September 2023).

### **Information Governance (IG) and Data Protection Officer (DPO) update**

The report briefed the Committee on the IG agenda progression, the activities of the IG team, and the responsibilities of the Office of DPO.

The Committee noted that the theme in the current report concerned a service that had multiple partners working together and discussed the way that the themes regarding data breaches were discussed at the Data Protection and Cyber Security Panel.

The Committee recommended that a presentation of 'Power BI' to be presented at a future Board development session.

### **Board Assurance Framework (BAF) process**

The Committee reviewed the application of the BAF process during 2022/23 and concluded that it was effective.

The Committee recommended that additional controls and sources of assurance regarding investment, utilisation and effectiveness of business intelligence software should be included in BAF risk 7 (Failure to maintain business continuity (including response to cyber security)).

The internal auditor queries why the Audit Committee was assigned BAF risks for assurance purposes, when the remit of the Audit Committee was to provide assurance about the overall BAF process. It was pointed out that scrutiny of data security was the Audit Committee's responsibility, therefore aspects of BAF risk 7 should be scrutinised by this Committee. BAF 3 risk (Failure to invest in digital solutions) which was assigned to both Business Committee and Audit Committee could perhaps just be assigned to Business Committee.

### **Assurance**

The Committee reflected on the relevant sources of assurance it had received at the meeting and agreed that they provided **Reasonable** assurance that BAF risk 7 (Failure to maintain business continuity (including response to cyber security)) as being managed. The caveat to this was that the Committee had received information regarding its position on cyber-security, but not about performance.

The Committee did not review any items associated with BAF risk 3 (Failure to invest in digital solutions) at this meeting.

**Trust Board Meeting held in public: 4 Aug 2023**

**Agenda item number: 2022-23 (35)**

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**Title: Performance Brief June 2023 & Q1**

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**Category of paper:** for assurance

**History:** Quality Committee – 24 July 2023  
Business Committee – 26 Jul 2023

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

**Report author:** Head of Business Intelligence

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## **Executive Summary (purpose and main points)**

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.

## **Main Points**

### **Safe**

- There were 525 Patient Safety Incidents reported with harm.
- There were ten Serious Incidents logged on StEIS (Strategic Executive Information System).
- Two Cat 4 pressure ulcers were reviewed and confirmed in May and June, for incidents that occurred during last financial year.
- There were seventeen incidents which met the requirement for Legal Duty of Candour, all of these were dealt with appropriately.
- There were five Central Alert System (CAS) notifications in the period, all appropriate actions were taken before the deadline however there was a delay with two in updating the CAS website. There is one historical alert open under review as part of NHS England's Enduring Standards

### **Caring**

- There were sixteen complaints received in May- June 2023.
- Within the Friends and Family Test, 96.2% of feedback was good or very good.

### **Responsive**

- Consultant-led RTT waiting times continue to trend negatively. 18-week performance fell to 60.4%, and there have been sixty-one breaches of the 52-week standard in the reporting period. This is due in the main to late transfers of Community Gynaecology patients and increase in demand for pre-school autism assessments
- DM01 Diagnostic performance has continued to fall following recent gains, and now stands at 37.4%.
- Waiting times for other services have held steady.
- Ethnicity reporting has improved following some improvements and corrections made to data processing within the BI Team

### **Well-led**

- Welcoming news in that we are starting to see rates of sickness absence reach pre-pandemic levels:
- Overall sickness absence – remains below 6.5% target, at 5.8%. (Pre-pandemic July 2021, 5.9%)
- Long-term sickness absence – Whilst above the target at 4.3%, has remained below 5% for the last 6 months. (Pre-pandemic July 2021, 4.2%)
- Short-term sickness absence - For the last two months, Short-term absence has been 1.5%, against a target of 3%. Records show that since April 2021, the 3% target has only been exceeded once, during January 2022 at 3.3%.
- Staff turnover continues within tolerance at 11.4% with varied reasons such as work life balance, promotion, and other reasons, 'not known.'
- Over a quarter of leavers in June left within 12 months. Further work being done to explore this in more detail.
- At 75.7%, overall Appraisal compliance rate remains significantly below the 90% target. ABU remains of significant concern, with compliance rate continuing to be in the low 60%.
- MaST continues to be static performing just under our KPI of 90%.
- The overall BME representation has not significantly changed since July 2022, where it has remained over 12%. Representation at Band 8a and above, fluctuates when small numbers leave/join, hence marginal movement in %. Latest figure shows 7%.

# Performance Brief – June 2023/Q1

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## 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 – 24 Jul 2023
- Business Committee – 26 Jul 2023
- Trust Board – 4 Aug 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 525 Patient Safety Incidents reported with harm.
- There were ten Serious Incidents logged on StEIS (Strategic Executive Information System).
- Two Cat 4 pressure ulcers were reviewed and confirmed in May and June, for incidents that occurred during last financial year.
- There were seventeen incidents which met the requirement for Legal Duty of Candour, all of these were dealt with appropriately.
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- Over a quarter of leavers in June left within 12 months. Further work being done to explore this in more detail.
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- MaST continues to be static, performing just under our KPI of 90%.
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# Safe – June 2023/Q1

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

## Data

Safe - people are protected from abuse and avoidable harm	Responsible Director	Target	Financial Year	Apr	May	Jun	Q1	YTD	Time Series (from Apr-21)
Patient Safety Incidents reported as Harmful (per 1K contacts)	SL	1.42 to 2.09	2023/24	2.45	2.09	2.13	2.22	2.22	
			2022/23	2.21	2.06	1.87	2.04	1.96	
Serious Incidents (per 1K contacts)	SL	0 to 0.1	2023/24	0.03	0*	0*	0*	0*	
			2022/23	0.00	0.01	0.02	0.01	0.02	
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	8 per year	2023/24	1*	0*	0*	1*	1*	
			2022/23	0	1	0	1	2*	
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	SL	0	2023/24	0*	0*	0*	0*	0*	
			2022/23	0	0	0	0	3*	
Validated number of Patients with Avoidable Unstageable Pressure Ulcers	SL	10 per year	2023/24	0*	0*	0*	0*	0*	
			2022/23	0	0	0	0	6*	
Number of Falls Causing Harm	SL	No Target	2023/24	42	34	30	106	106	
			2022/23	46	55	46	147	462	
Number of Medication Errors Causing Harm	SL	No Target	2023/24	7	7	6	20	20	
			2022/23	5	5	6	16	60	
Number of teams who have completed Medicines Code Assurance Check 1st April 2019 versus total number of expected returns	RB	100% by year end	2023/24				72%	72%	
			2022/23				68%	68%	
Attributed MRSA Bacteraemia - infection rate**	SL	0	2023/24	0	0	0	0	0	
			2022/23	0	0	0	0	0	

\*\* Reported by exception

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

## Narrative

### Patient Safety Incidents

There were 525 patient safety incidents reported as harmful within May and June 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 03/07/2023.

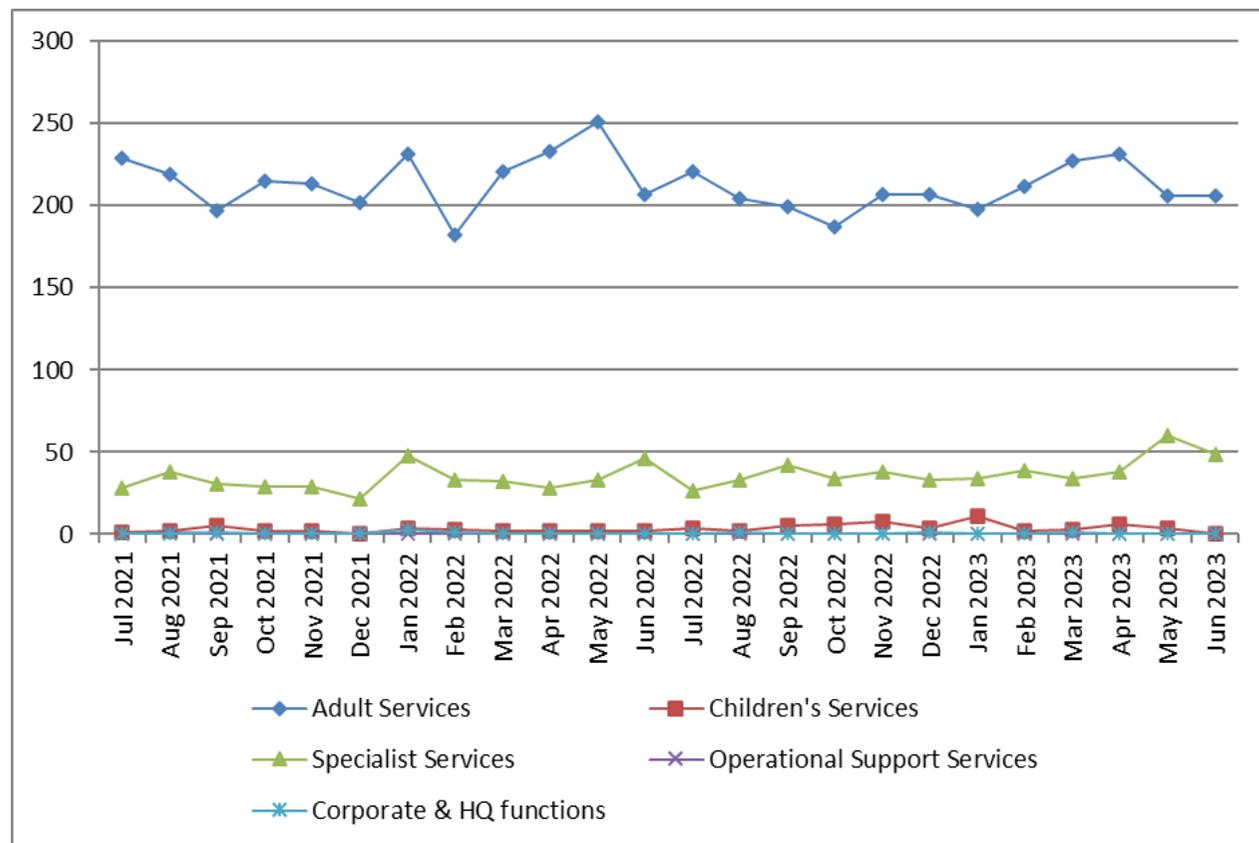


Figure 1 - Patient Safety Incidents by Business Unit

The number reported for the Specialist Business Unit (SBU) has increased during this reporting period. There is a cluster of upper limb deep vein thrombosis (DVT) in the CIVAS Team, one reported in both March and April compared to four in May and June 2023. Of the four incidents in this reporting period, three have been discussed in Rapid Review Meeting and concluded as no lapses in care, the remaining incident is awaiting a review meeting date but is proposed as no lapses in care. The correct pathway had been followed for the incidents which have been reviewed and arm ache has now been added to the pathway as a potential symptom of DVT. A leaflet has been produced by the service and is

in the process of translation to languages other than English. Leeds Teaching Hospital Trust as the provider inserting the Intravenous lines have escalated a potential concern with the product to the Medicines and Healthcare products Regulatory Agency (MHRA) as this may be contributing to the cluster of upper limb DVT's reported across the system. There is also an increase in incidents for self-harm in secure estates, 23 for the last reporting period and 49 for May and June 2023 which have contributed to the peak, review is underway for these. Datix training has also been provided to Leeds Mental Wellbeing Service to promote a reporting culture which may have impacted and be linked to a positive increase in incidents reported.

The slight upward reporting trend noted last report for Adult Business Unit (ABU) has returned to reporting norms.

The Children's Business Unit (CBU) reported four incidents in May 2023 and no incidents in June 2023. The Patient Safety Team will complete a review of the low reporting teams and formulate a plan to raise awareness within these teams.

### **Number of Falls causing Harm**

There are early signs of reductions in the number of Falls with Harm, which is positive.

The highest reporting teams for falls with harm across May and June 2023 were the Community Falls Service and Morley Neighbourhood Team. There was an increase of falls with harm in Armley Neighbourhood Team and the Cardiac Team in May 2023:-

- Community Falls Service - The service reported three incidents in May and six in June 2023. All incidents reported were minimal harm.
- Morley Neighbourhood Team – The team reported four incidents in May and five in June 2023. This is an increase from five incidents in the last reporting period. Of these, four incidents were minimal harm, four moderate harm and one major harm. The major harm incident and two moderate harm incidents have been reviewed at Rapid Review Meeting and concluded as no lapses in care. The remaining two moderate harm incidents are pending completion of a Virtual Rapid Review. An update will be provided in the next bimonthly report.
- Armley Neighbourhood Team – The team reported six incidents in May and two in June 2023. Of these, five were minimal harm, two moderate harm and one major harm. One moderate harm and one major harm incident are pending Virtual Rapid Review Meeting and the remaining moderate harm incident is awaiting confirmation of the injury and treatment required to confirm if it meets the criteria of a moderate harm incident.
- Cardiac Team - The team reported five incidents in May and two in June 2023. Of these, six were minimal harm and one moderate harm which is scheduled for Rapid Review Meeting and an update will be provided in the next bimonthly report.

### *Updates from January/February*

All three Seacroft Neighbourhood Team falls incidents from March and April 2023 have been discussed at Rapid Review Meeting, two concluded as no lapses in care and the third has progressed to a Serious Incident Investigation.

Of the two Holt Park Neighbourhood Team falls incidents for March and April 2023, both are awaiting further information to conclude an outcome.

The Community Falls Service incident was reduced to minimal harm.

## **Number of incidents involving medication causing harm**

There were thirteen incidents involving medication causing harm reported, this is a decrease when compared to March and April 2023 (sixteen incidents). All incidents were recorded as minimal harm, twelve were reported in the Neighbourhood Teams and the remaining incident was reported by Wetherby Young Offenders Institute. Eight of the incidents reported were related to insulin, four to syringe driver medication and one to missed doses of apixaban.

The moderate harm medication incident from the last reporting period was discussed at Rapid Review Meeting and progressed to a Serious Incident Investigation. The investigation will focus on care planning, processes for sharing important information regarding the administration of opioids when changing between an opioid patch and a syringe driver.

## **Pressure Ulcers**

### **Category 3 Pressure Ulcers**

There has been one category three pressure ulcer discussed at Rapid Review Meeting in the reporting period which concluded as lapses in care. This is an Adult Business Unit incident in the Yeadon Neighbourhood Team and has been logged on StEIS. This is currently in the process of completion of a Serious Incident Investigation and is therefore not yet validated.

Early learning has been identified in relation to a delay in the triage of the referral and a delay in assessment as the patient had been at home nine days before they were visited for pressure ulcer assessment.

There were no validated category three pressure ulcers in the reporting period which concluded as lapses in care following the completion of a Serious Incident Investigation.

### **Category 4 Pressure Ulcers**

There has been one category four pressure ulcer discussed at Rapid Review Meeting in the reporting period which concluded as lapses in care. This is an Adult Business Unit incident in the Holt Park Neighbourhood Team and has been logged on StEIS. This is currently in the process of completion of a Serious Incident Investigation and is therefore not yet validated.

Early learning identified the team were unaware of the recent learning from incidents related to hand contractures and palm protectors, this has since been shared. Following a joint Quality Assurance and Improvement Group/Quality Committee workshop the organisation is reviewing the way learning is shared across all Business Units linked to the Patient Safety Incident Response Framework and subsequent Patient Safety Incident Response Plan.

There were two validated category four pressure ulcers in the reporting period which concluded as lapses in care following completion of a Serious Incident Investigation. One incident in the CBU Inclusion Nursing Service and one in the ABU Armley Neighbourhood Team. However, the data table above is based on the date that the incident occurred, and so are not showing in the reporting period. The CBU incident occurred in January 2023, and then Armley NT incident occurred in December 2022.

## **Avoidable Unstageable Pressure Ulcers**

There have been two unstageable pressure ulcer incidents discussed at Rapid Review Meeting in the reporting period which concluded as lapses in care. These are both Adult Business Unit incidents, one in Seacroft Neighbourhood Team and one in Chapel Town Neighbourhood Team both have been logged on StEIS.

The Chapel Town Neighbourhood Team incident is currently in the process of completion of a Serious Incident Investigation. Further information is required regarding delays in ordering equipment, and exploration of the patient and her relatives understanding of the decisions they were making, and the associated risk of pressure damage.

A Walkthrough has been completed for the Seacroft Neighbourhood Team as a methodology used for further investigation. This focused on the identified missed opportunities linked to the Triage hubs and will make recommendations to improve practice across the Neighbourhood Teams.

Both incidents are still in the process of review and are therefore not yet validated. There were no validated unstageable pressure ulcers in the reporting period which concluded as lapses in care following completion of a Serious Incident Investigation. The learning from pressure ulcer incidents will be shared in the quarterly Pressure Ulcer Report and six monthly Safety and Serious Incident report.

## **Serious Incidents**

There were ten 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.

This is an increase of five when compared to the last reporting period where there were five in total. A tabletop review of 18 moderate and above harm incidents was completed in June in addition to the three meetings per week to try and improve the overall position of incidents requiring further review. This will have had an impact on the numbers progressing to Serious Incident within this reporting period. A second tabletop review is planned for July.

ID 88010 relates to delays in visiting a patient for wound care, more information is required to understand whether the patient was involved in conversations regarding moving visits and whether any safety netting advice was given.

ID 88255 is a fall with missed opportunities to review the patients ability to manage their own insulin which is likely to have been a contributory factor to the fall occurring.

ID 90018 is a fall with early learning in relation to the importance of holistic assessment for patients to effectively identify and manage risks. A prospective audit has been registered to identify in how many incidents task focused care is provided.

A review of seven Serious Incident Investigations which have concluded over the last year in the Seacroft Neighbourhood Team has been completed to identify themes. This has been shared with the Business Unit as soft intelligence indicates these themes are not isolated to one Neighbourhood Team and a broader approach is required.

ID 90430 is a self-harm incident and early learning has been identified in relation to appropriate risk assessment of distraction toys that are purchased and provided to children in the service. A process is to be developed for this. A robust action plan will be completed for this incident as a Serious Incident Investigation report would not be a proportionate approach as learning has already been identified.

ID 90788 is a fall where care was task focused and there were missed opportunities to reassess the patient when their condition deteriorated.

ID	Incident date	Category	Rapid Review	Date added to STEIS	Team
88010	01/02/2023	Implementation of care/ongoing monitoring/review	22/05/2023	23/05/2023	Pudsey NT
88255	03/02/2023	Fall	14/06/2023	15/06/2023	Yeadon NT
88683	01/03/2023	Pressure Ulcer	05/05/2023	05/05/2023	Seacroft NT
88980	08/03/2023	Pressure Ulcer	01/06/2023	01/06/2023	Holt Park NT
89568	08/04/2023	Medication	13/06/2023	13/06/2023	Chapel Town NT
89583	09/04/2023	Pressure Ulcer	12/05/2023	12/05/2023	Yeadon NT
90018	20/04/2023	Fall	13/06/2023	13/06/2023	Seacroft NT
90430	12/05/2023	Self-Harm	14/06/2023	14/06/2023	Wetherby Young Offenders Institute
90589	19/05/2023	Pressure Ulcer	13/06/2023	13/06/2023	Chapel Town NT
90788	24/05/2023	Fall	13/06/2023	14/06/2023	Middleton NT

## Duty of Candour

There were 17 incidents in the reporting period which met the requirement for legal Duty of Candour.

All 17 had been completed appropriately at the time of writing the report and of those, 10 had been sent letters within 10 working days. Five did not want to receive a letter, two were unable to be contacted after multiple attempts.

## Central Alert System (CAS) alerts outstanding

There were five Central Alert System (CAS) notifications during this period four of which required a response on the CAS website. Of these, two alerts were assessed as not relevant to LCH and were acknowledged, assessed, and actioned within the allocated timeframe. The remaining two alerts were shared with secure estates, appropriate action was taken in the allocated timeframe however there was a delay in updating the CAS website due to capacity in the Patient Safety Team.

There is one alert which had historically been closed and is now reopened as part of NHS England's Enduring Standards, where Trusts are asked to ensure they remain concordant with historical alerts. This relates to the risk of harm from inappropriate placement of pulse oximeter probes and remains open. This alert is being reviewed and followed up by the Medical Devices Safety Officer to ensure compliance and provide assurance that appropriate actions have been taken, an audit will be registered to assess concordance.

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

## **Health Care Acquired Infections**

### **MRSAb LCH 4**

MRSA 06/03/2023 relates to a 77-year-old patient known to Armley NT for wound care, pressure area checks, and catheter management. The patient has several underlying conditions and is considered severely frail. Patients care escalated by NT due to NEWS2 score of 10.

Case non attributable to LCH, however specific learning identified for LCH is as follows:

- NT documentation lacking information on the patients housing issues, discussing care/ housing options, wound appearance, deteriorating mobility.
- No LCH or LTHT referral made to safeguarding following ambulance crew documenting that the patient remains on a bed pan all day for elimination needs and is visited once a day by carers for personal hygiene.

### **MRSAb LCH 1**

Non attributable to LCH

# Caring – June 2023/Q1

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

## Data

Caring - staff involve and treat people with compassion, kindness, dignity and respect	Responsible Director	Target	Financial Year	Apr	May	Jun	Q1	YTD	Time Series (from Apr-21)
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Community Care (FFT)	SL	≥95%	2023/24	94.3%	92.9%	96.0%	93.9%	93.9%	
			2022/23	92.8%	91.9%	92.9%	92.2%	92.2%	
Total Number of Formal Complaints Received	SL	No Target	2023/24	9	5	11	25	25	
			2022/23	4	12	13	29	140	

## Narrative

Complaints this month are assessed to be within normal variation in consideration of the previous six months and is within the upper and lower control limits for monthly complaints received in the previous four years (which includes pre COVID data). There were 16 complaints received in the period, this is a slight decrease in the numbers of complaints received over the last two months, and in comparison, to the previous four months; with 22 reported in January and February 2023 and 21 reported in March and April 2023.

Figure 2 highlights there were no significant themes in where complaints were received in the period. However, it should be noted that there have been two complaints for Leeds Sexual Health Service. These complaints relate to access/availability and communication; relating to difficulties in contacting the service to make an appointment. A third complaint received is an existing complaint from 2022 that LCH have responded to but has now been escalated to the Ombudsman; this is regarding misdiagnosis of condition at appointment in May 2022 and is under investigation by the Parliamentary Health Service Ombudsman (PHSO) following an LCH response. The outcome will be shared in the six-monthly report to Quality Committee once received by the PHSO.

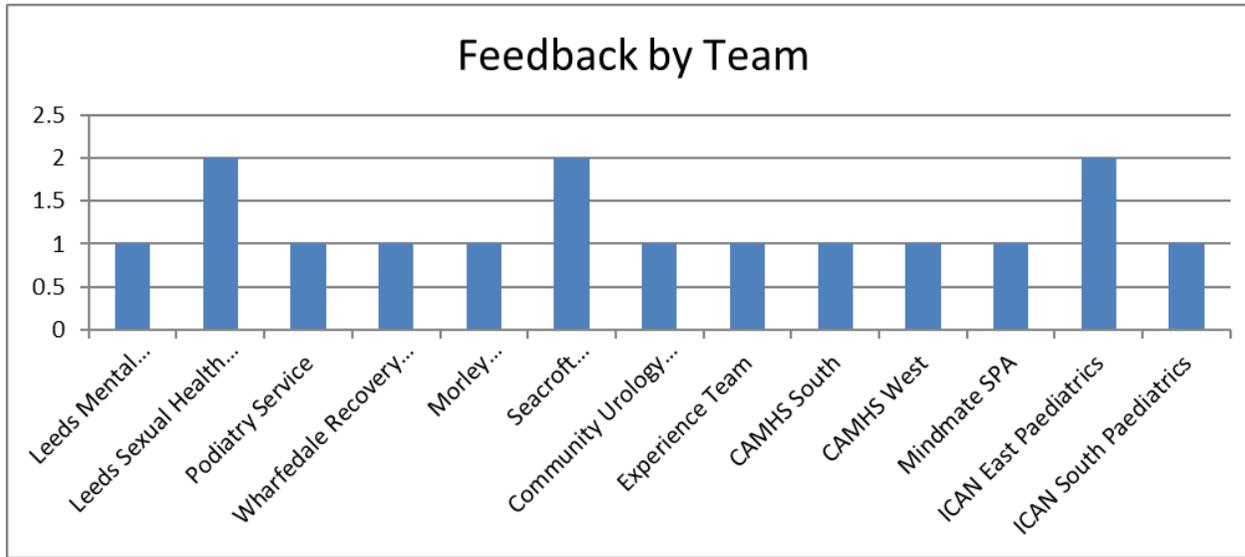


Figure 2 - Complaints received by Service

There has been an increase of 0.9% (96.2%) of good or very good reports from the previous reporting period (March-April 95.3%). For responses that are rated poor/very poor we continue to see themes around access regarding contacting services and wait times to be seen by services. Good/very good responses have highlighted understanding and knowledgeable staff. We have seen an increase of positive comments naming specific staff members, these are shared to staff members via service engagement champions/service managers.

# Effective – June 2023/ Q1

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

## Data

Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence	Responsible Director	Target	Financial Year	Q1	YTD
Number of NICE guidelines with full compliance versus number of guidelines published in 2019/20 applicable to LCH	RB	100% by year end	2023/24	98%	98%
			2022/23	95%	95%
Number of NICE guidelines with full compliance versus number of guidelines published in 2020/21 applicable to LCH	RB	No Target	2023/24	100%	100%
			2022/23	95%	95%
NCAPOP audits: number started year to date versus number applicable to LCH	RB	100% by year end	2023/24	100%	100%
			2022/23	100%	100%
Priority 2 audits: number completed year to date versus number expected to be completed in 2021/22	RB	100% by year end	2023/24	55%	55%
			2022/23	0%	0%
Total number of audits completed in quarter	RB	No Target	2023/24	2	2
			2022/23	3	3

## Narrative

### Audit

55% of priority 2 audits have been completed for 2022/23 year to date. The Clinical Effectiveness Team continue to support audit leads in ensuring the completion of any outstanding audits. On further exploration into the reduced numbers returned, 13% of audits were abandoned. A variety of reasons were given; due to the audits initially being added in error, (they were not clinical audits), there was no longer a service requirement to complete the audit and capacity issues within the teams. These have been reviewed and are low risk. 9% have been postponed and reasons for these relate to reviewing service pathways and appropriateness of audits associated. The Clinical Effectiveness Team

require further updates on these. None of these postponed audits carry risk. 2% have now been started and are outstanding submission. 13% are ongoing and services are being asked to provide final reports and updates, again none of these carry risk. Finally, in 13% the Clinical Effectiveness Team have not received any updates from the services. These have been escalated to Quality Leads. All clinical audit projects from 2022/23 will continue to be monitored until the audit cycle is completed and figures will be amended accordingly. All data is accurate as of 14/07/23.

The Clinical Audit Policy is currently being reviewed and is anticipated to be ratified by September.

## **NICE**

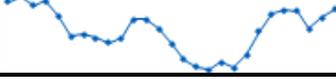
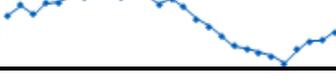
Number of NICE guidelines with full compliance versus number of guidelines published in 2019/20 applicable to LCH (expressed as a %).

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

# Responsive – June 2023/Q1

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

## Data

Responsive - services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care	Responsible Director	Target	Financial Year	Apr	May	Jun	Q1	YTD	Time Series (from Apr-21)
Percentage of patient contacts where an ethnicity code is present in the record	SP	100%	2023/24	97.0%	97.1%	97.0%	97.0%	97.0%	
			2022/23	95.8%	95.6%	96.5%	95.9%	95.7%	
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	>=92%	2023/24	60.5%	61.4%	60.4%	60.4%	60.4%	
			2022/23	80.6%	83.2%	83.4%	83.4%	62.7%	
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	2023/24	9	23	38	38	38	
			2022/23	0	0	0	0	2	
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	SP	>=99%	2023/24	42.0%	37.6%	37.4%	37.4%	37.4%	
			2022/23	38.3%	49.4%	46.9%	46.9%	50.3%	
% Patients waiting under 18 weeks (non reportable)	SP	>=95%	2023/24	87.3%	88.0%	86.6%	86.6%	86.6%	
			2022/23	86.4%	90.2%	90.6%	90.6%	87.5%	
LMWS – Access Target; Local Measure (including PCMH)	SP	24456 by year end	2023/24	2,070	2,377	1,386	5,833	5,833	
			2022/23	2,312	2,699	2,570	7,581	30,963	
IAPT - Percentage of people receiving first screening appointment within 2 weeks of referral	SP	No Target	2023/24	59.5%	65.5%	69.8%	65.2%	65.2%	
			2022/23	59.7%	52.3%	43.9%	51.6%	51.5%	
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	SP	>=95%	2023/24	98.1%	98.1%	97.9%	98.0%	98.0%	
			2022/23	100.0%	99.4%	99.3%	99.6%	98.7%	
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	>=75%	2023/24	79.3%	79.7%	82.7%	80.4%	80.4%	
			2022/23	92.1%	94.3%	91.2%	92.5%	81.4%	

## Narrative

*Note: A revised style of narrative is presented here, using CBU services as a Pilot. The intention has been to involve service leaders more directly in the writing of the narrative in this section, to present Board members with a greater depth of information. This is in supplement of the previous waiting list appendix, which is also provided in this report. Feedback is invited from the Board and Committees.*

### Consultant-led RTT Pathways

The Trust's biggest area of concern remains within consultant-led and Autism Diagnosis services. Performance against the 18-week Referral to Treat (RTT) standard remains below expectations, with 60.4% of patients waiting less than 18 weeks at the end of June (target 92%). Performance against this standard has steadily declined for the last 12 months. This pattern continues to be driven by increased demand in the Paediatric Neuro-Disability (PND) service, the Children's Paediatric Clinics, and the known problems with the Inter-Provider Transfer arrangements in Community Gynae service.

In May and June, there have been 61 breaches of the 52-week standard, primarily within Community Gynae and PND.

### ICAN consultant pressures (PND, CPC and CPMC)

The ICAN service has been experiencing growing waiting levels for many months, particularly within the PND Clinics (see fig 3). Consistently high numbers of patients being referred for pre-school age autism assessments are the primary driver of this trend. A similar pattern is also reflected in CAMHs, although difficulties remain in accurately viewing this data following the outage of Carenotes and subsequent migration to SystmOne, where waiting lists for Neuro-developmental services continue to grow. Conversations with mental health BI reporting leads across West Yorkshire have highlighted similar patterns.



Figure 3 - PND waiting list size and referrals since April 2019

The service has also been experiencing high referral variation, and higher rates of variability than before the COVID-19 Pandemic. This can, very often, be a bigger driver of waiting list growth than just the sheer volume of referrals alone.

This situation has led to the current reported position for 18-week and 52-week waiting times. PND reported only 37% of patients waiting less than 18-weeks in June, and a total of 23 breaches of the 52-week standard in June also.

These wait times were documented in a paper which went to Partnership Executive Group recently, making clear that additional funding is now required to close these gaps. This has to date not been approved. Therefore, the service is now focusing less on reducing waiting times and more on supporting those children and their families on the waiting list whilst they wait for an assessment. Plans include making available some of the parent training and support for families which has traditionally been given post diagnosis which means we are now looking to move to pre diagnosis to ensure families feel they have support whilst awaiting an assessment.

The ICAN Service has also seen growing demand in its Child Protection Medical Clinics and Community Paediatric Clinics (see fig 4). These clinics draw from the same pool of consultants, but are often of a highly urgent nature, leading to the need for the service to constantly place their clinical resources where they are most needed.

Child Protection Waiting List Size



Community Paediatric Clinic Waiting List Size



Figure 4 - Waiting List sizes in other ICAN clinics

### Community Gynaecology

As reported previously, the service continues to experience difficulties with timely Inter-Trust referrals. In June 2023, a total of 15 breaches of the 52-week standard were reported and 18-week performance achieved 0.7%, against a target of 92%.

## Non-Consultant Pathways

Waiting times for non-Consultant pathways have held steady during May and June with 86.6% of patients waiting less than 18 weeks at the end of June 2023. This is consistent with the performance over the last 7 months. Performance remains below the local target of 95%. A summary of CBU pathways is provided below, and further details of other pathways is included in Appendix 1.

## CBU Services

The Children's SLT service is showing an increasing Waiting List Size within its Mainstream service (see fig 5), but this is a pattern that is consistent each year. The service traditionally brings in additional therapists from its traded service contracts during the school summer holidays, who provide additional activity to see patients who have been waiting. It is expected that the service will be able to successfully reduce their waiting list to sustainable levels before schools restart in September.

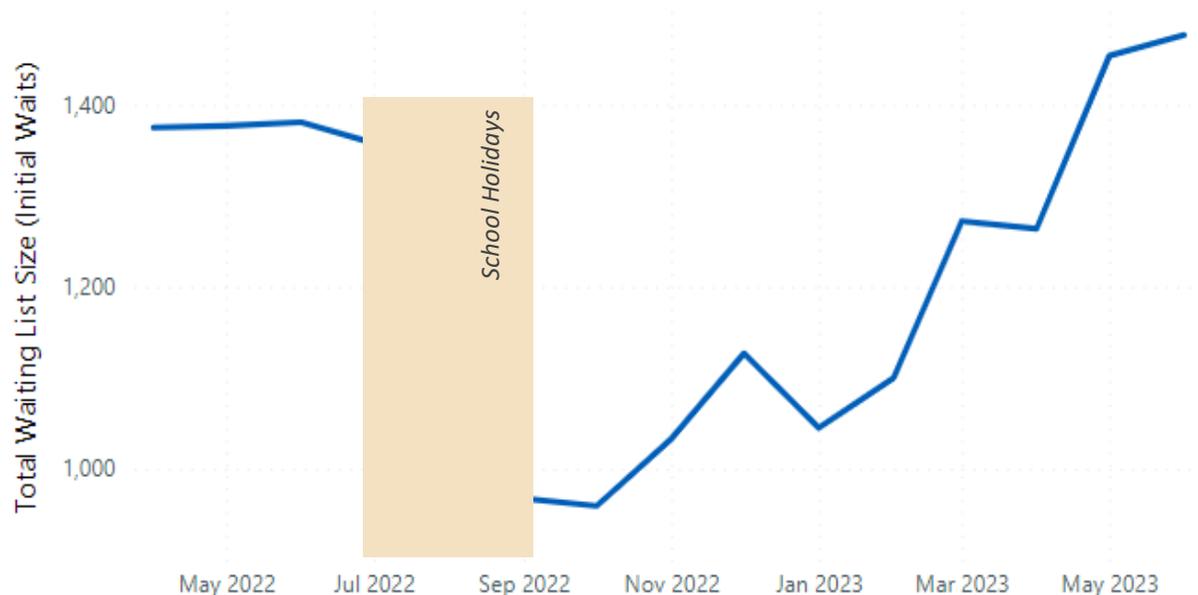


Figure 5 - Waiting List in Children's SLT

## Diagnostic Pathways (DM01)

Performance against this standard has continued to fall during May and June 2023, falling to 37.4% by the end of June 2023. This has been the lowest point of performance since January 2022. The service continues to experience elevated levels of sickness within a small team.

The service is currently exploring several options to increase the amount of monthly activity, including skill-mixing at lower grades, and using existing B7 vacancies to temporarily create additional B6 capacity.

## Improving Access to Psychological Therapies

The service is showing good improvement in treating people within 6-weeks, following recent recruitment to some vacancies. Performance has improved steadily over the last 5 months, achieving 82.7% by the end of June 2023. This represents a 10% improvement since March 2023. Performance also remains above target for the percentage of patients treated within 18 weeks.

Performance against the access target has dipped in June 2023, with a significant fall in June 2023.

## CAMHS Access Measures

Due to the ongoing consequences of the enforced change of patient record system, performance against CAMHS measures has not been included in this report. Data flows have been established, but significant data quality concerns following the migration of data onto SystmOne have been uncovered and are being actively progressed by the CAMHS EPR Project Team and the Service. Any reporting from current data carries a high probability of being mis-leading.

## 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	Apr	May	Jun	Q1	YTD	Time Series (from Apr-21)
Neighbourhood Team Face to Face Contacts	SP	No Target	2023/24	44,473	47,652	47,629	139,754	139,754	
			2022/23	50,745	53,399	49,949	154,093	586,579	
Neighbourhood Team Referrals (SystmOne only)	SP	No Target	2023/24	2,191	2,545	2,640	7,376	7,376	
			2022/23	2,206	2,657	2,463	7,326	30,374	
Neighbourhood Team Productivity (Contacts per Utilised WTE)	SP	No Target	2023/24	97.2	101.4	98.8	98.8	98.8	
			2022/23	100.4	107.0	102.2	102.2	96.4	

Referrals into Neighbourhood Teams have increased in May and June, following recent declines. Data suggests that more patients are shifting from Pathway 2 (hospital discharge to a community bed) to Pathway 1 (hospital discharge home with community service) which reflects the 'home first' approach. This has led to increased referrals to NTs, and a higher number of discharges that require therapy input. The Business Unit is actively monitoring this trend.

The trend for increasing Fast Track referral has also continued, due to the increases in the volumes of patients choosing home as their preferred place of death. This stream of demand continues to add significant operational pressure to the Teams. The teams continue to respond by pausing non-essential work. The increase in patients choosing to die at home affects several teams, including Health Case Management and Fast Tracks.

Contacts and Productivity indicators are showing signs of improvement, following the reductions in sickness experienced in the reporting period, as reported in the Well-Led section. This has led to some reductions in the operational pressure that Teams are facing.

# Well-Led – June 2023/Q1

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

## Data

Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target	Financial Year	Apr	May	Jun	Q1	YTD	Time Series (from Apr-21)
Staff Turnover	LS/JA	<=14.5%	2023/24	12.3%	11.9%	11.4%	11.4%	11.4%	
			2022/23	14.4%	14.5%	14.4%	14.4%	12.9%	
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%	2023/24	14.1%	14.1%	14.1%	14.1%	14.1%	
			2022/23	19.2%	19.5%	18.4%	18.4%	14.3%	
Short term sickness absence rate (%)	LS/JA	<=3.0%	2023/24	1.6%	1.5%	1.5%	1.5%	1.5%	
			2022/23	2.8%	2.0%	2.1%	2.1%	1.8%	
Long term sickness absence rate (%)	LS/JA	<=3.5%	2023/24	4.4%	4.7%	4.3%	4.3%	4.3%	
			2022/23	5.1%	5.2%	5.2%	5.2%	4.4%	
Total sickness absence rate (Monthly) (%)	LS/JA	<=6.5%	2023/24	6.0%	6.1%	5.8%	5.8%	5.8%	
			2022/23	7.9%	7.2%	7.3%	7.3%	6.2%	
AfC Staff Appraisal Rate	LS/JA	>=90%	2023/24	72.8%	75.2%	75.7%	75.7%	75.7%	
			2022/23	79.0%	78.1%	76.7%	76.7%	72.1%	
Statutory and Mandatory Training Compliance	LS/JA	>=90%	2023/24	86.2%	87.0%	87.2%	87.2%	87.2%	
			2022/23	88.1%	86.2%	85.6%	85.6%	86.1%	

Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target	Financial Year	Apr	May	Jun	Q1	YTD	Time Series (from Apr-21)
'RIDDOR' incidents reported to Health and Safety Executive	BM	No Target	2023/24	0	0	0	0	0	
			2022/23	1	1	0	2	7	
WRES indicator 1 - Percentage of BME staff in Bands 8-9, VSM	LS/JA	No Target	2023/24	6.8%	6.6%	7.0%	7.0%	7.0%	
			2022/23	7.8%	7.8%	7.8%	7.8%	7.2%	
Total agency cap (£k)	BM	No Target	2023/24	417	362	376	1155	1155	
			2022/23	352	307	394	1053	4133	
Percentage Spend on Temporary Staff	BM	No Target	2023/24	6.6%	6.2%	6.3%	6.3%	6.3%	
			2022/23	6.3%	5.4%	6.3%	6.3%	5.8%	
Neighbourhood Team Vacancies, Sickness & Maternity WTE	SP	No Target	2023/24	159	166	151	151	151	
			2022/23	110	100	106	106	139	
Neighbourhood Team Percentage of Funded Posts Utilised	SP	No Target	2023/24	78.2%	81.2%	83.9%	83.9%	83.9%	
			2022/23	88.0%	89.0%	88.0%	88.0%	83.2%	
Starters / leavers net movement	SP	>=0 in favour of starters	2023/24	13	15	16	44	44	
			2022/23	-2	-8	2	-8	17900.0%	

## Narrative

### Turnover

Staff turnover continues within tolerance at 11.4% and has continued to improve and stabilise during this financial year, seeing almost a whole percentage point decrease since the last report in April. The main reasons for leaving remain varied such as work life balance, promotion, and other reasons, 'not known'. However over a quarter of leavers in June did so, within their first 12 months of employment and therefore work 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 remains a priority.

Turnover rates are highest this month in Administration and Clerical roles, followed by Nursing and Midwifery

Work on resourcing initiatives continue, and we are working with Business Units on a timetable of activity to include hyper local events and the attraction of 3<sup>rd</sup> year students alongside other recruitment initiatives. We are also working through our procurement processes to implement an Applicant Tracking System (ATS), which will further improve the recruitment experience of candidates, positively impact our time to hire data and aid retention.

### **Overall sickness absence**

Overall sickness absence rate of 5.8% remains below target, and the welcoming news is that we are starting to see sickness absence, reach pre-pandemic rates; July 2021 was 5.9%.

### **Long-term sickness absence**

Whilst Long-term sickness absence remains above the target at 4.3%, this has remained below 5% for the last 6 months, and is also reaching pre-pandemic rates; July 2021 was 4.2%. The highest reasons for long term absence remains, Anxiety/stress/depression/other psychiatric illnesses, and the HR Business Partners continue to work with their Business Units to focus on all long-term absence and have undertaken case reviews to ensure necessary supportive plans are in place for staff to return to the workplace. Leaders Network Live took place and continued the theme of 'fixing your own mask' with several workshop sessions supporting staff health and wellbeing, for example prioritising space for reflective listening (Schwartz Rounds) was an important topic and discussion for managers.

### **Short-term sickness absence**

For the last two months, Short term absence has been 1.5%, against a target of 3%. Again, the good news is that our records show that since April 2021, the 3% target has only been exceeded once, during January 2022 at 3.3%. The main reason for short term absence, continues to be gastrointestinal problems.

As we are now in summer months, a focus is being placed on fundamental aspects of positive employment practices that we know help people to feel supported, effective, and well at work. These include 1:1s, regular meetings for teams; appraisals and taking rest breaks. Led from the top by the Chief Executive who has launched "Take a Breath" reiterating the message about the importance of taking breaks, being available for 1:1s, having a cup of tea together and appraisals. The message and importance of these practices, even when operational pressure might be high has remained high profile over the last weeks and months.

### **Appraisal**

At 75.7%, Appraisal compliance rates remain significantly below the 90% target. However, with the revamped employee appraisal approach, training and resources on the appraisal hub, we are starting to see early shoots of an upward trend. Whilst part of this increase can be attributed to the appraisal season being piloted in the North Neighbourhood Teams, who have reported high staff engagement in the appraisal process, it remains of significant concern that ABU compliance rate continues to be in the low 60%. ODI have advertised further appraiser training and are providing targeted support to teams to ensure the compliance continues in an upwards trend.

### **Statutory and Mandatory Training (MaST)**

MaST continues to be static performing just under our KPI of 90%. Some improvement work has been undertaken in partnership with our ESR Account Manager to create a new portlet on ESR. This new functionality will include electronic guides for accessing training and make it easier for all staff to access the correct level of training. This new feature

will 'go live' for all our staff on Monday 17<sup>th</sup> July. We are hoping this has a positive impact on performance pushing us closer to our 90% target it should also cut down on email queries to both Workforce Information and Organisational Development teams saving time and resource.

### **Workforce Race Equality Standard (WRES)**

The overall BME representation has not significantly changed since July 2022, where it has remained over 12%. Due to low percentages, BME representation at Band 8a and above, fluctuates when small numbers leave/join, hence marginal movement in %. Latest figure shows marginal increase to 7%. Initial analysis of BME representation Feb-Jun 2023 reveals -

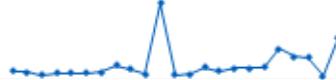
- The number of BME nonclinical staff remained static at 6
- The number of White nonclinical staff decreased from 87 in Feb to 84 in Jun
- The number of not known not known nonclinical staff remained static at 6
- The number of BME clinical staff reduced from 39 in Feb to 35 in Jun
- The number of White clinical staff increased from 176 in Feb to 183 in Jun
- The number of not known dropped from 58 in Feb to 53 in Jun

At the Trust Board workshop, held in May 2023, it was agreed that wherever possible, there will be BME representation on all Band 7 and above, recruitment panels, which will be enabled by the creation of a group of fully trained staff. The BME member of staff will be involved in the recruitment and selection of posts, and be an equal panel member.

# Finance – June 2023/Q1

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

## Data

Finance	Responsible Director	Year End Target	Financial Year	Apr	May	Jun	Q1	YTD	Time Series (from Apr-21)
Net surplus (+)/Deficit (-) (£m) - YTD	YA	1.0	2023/24	-0.2	-0.3	-0.5	-0.5	-0.5	
Capital expenditure	YA	4149	2023/24	7701	72	608	8381	8381	
CIP delivery (£k)	YA	3.03	2023/24	688	545	832	2065	2065	

## Narrative

### Income & Expenditure (I&E) Summary

At the end of June 2023, the Trust is reporting an overall deficit of £454k adverse to the breakeven plan approved by the Trust Board. The year-to-date adverse position is driven by a funding shortfall with regards to the agenda for change pay award. Income contract penalties and non-pay inflationary pressures are offset by favourable variances in depreciation and interest received. A breakdown of the variances by category are provided in the tables below. Forecast for the end of year is break even with the contract penalties and pay overspend being offset by underspends in non-pay and interest received.

Income & Expenditure Summary	June 2023			2023/24		
	YTD Plan	YTD Actual	YTD Variance	Annual Plan	Forecast Outturn	Forecast Variance
	£k	£k	£k	£k	£k	£k
<b>Income</b>						
Income from Patient Care Activities	(51,022)	(50,970)	52	(203,402)	(203,053)	349
Other Operating Income	(2,839)	(2,828)	11	(10,871)	(10,813)	58
<b>Total Income</b>	<b>(53,861)</b>	<b>(53,798)</b>	<b>63</b>	<b>(214,273)</b>	<b>(213,866)</b>	<b>407</b>
<b>Expenditure</b>						
Pay	38,164	38,532	368	151,807	153,644	1,837
Non pay	15,647	15,993	346	62,266	60,299	(1,967)
<b>Total Expenditure</b>	<b>53,811</b>	<b>54,525</b>	<b>714</b>	<b>214,073</b>	<b>213,943</b>	<b>(130)</b>
<b>Operating (Surplus) / Deficit</b>	<b>(50)</b>	<b>727</b>	<b>777</b>	<b>(200)</b>	<b>77</b>	<b>277</b>
Public Dividend Capital	115	115	0	461	461	0
Interest Payable	169	144	(25)	676	677	1
Interest Received	(230)	(528)	(298)	(922)	(1,200)	(278)
<b>(Surplus) / Deficit</b>	<b>4</b>	<b>458</b>	<b>454</b>	<b>15</b>	<b>15</b>	<b>0</b>
Less: Donated Asset Depreciation	(4)	(4)	0	(15)	(15)	0
<b>Adjusted (Surplus) / Deficit</b>	<b>(0)</b>	<b>454</b>	<b>454</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Income From Patient Care Activities

The year-to-date variance of £52k is driven by contract penalties for Police Custody. The annual forecast adverse variance relates to contract penalties for Police Custody (£0.2m) and 0-19 service (£0.2m). Most contracts are unsigned as of June 23 and the Trust is in the process of liaising with commissioners to ensure that signed contracts are in place.

### Other Operating Income

The year-to-date variance and annual forecast variance relate to an income shortfall in One Adoption and premises recharges partly offset by favourable invoices in lease car and salary recharge income.

### Pay

The year to adverse variance of £368k is driven by a funding shortfall for the agenda for change pay award. Substantive pay increase of £252k from the previous month relates to revised assumptions on the pay award and additional 21 WTE staff recruited. There are 157 vacancies as at June-23 (May-23 178 vacancies).

Pay Costs by Category	June 2023			2023/24		
	YTD Plan	YTD Actual	YTD Variance	Annual Budget	Forecast Outturn	Forecast Variance
	£k	£k	£k	£k	£k	£k
Substantive Staff	35,932	35,909	23	143,003	144,453	(1,450)
Bank Staff	913	1,299	(386)	3,655	4,659	(1,004)
Agency Staff	1,150	1,155	(5)	4,600	3,983	617
<b>Sub Total</b>	<b>37,995</b>	<b>38,363</b>	<b>(368)</b>	<b>151,258</b>	<b>153,095</b>	<b>(1,837)</b>
Apprenticeship Levy	169	169	0	549	549	0
<b>Total</b>	<b>38,164</b>	<b>38,532</b>	<b>(368)</b>	<b>151,807</b>	<b>153,644</b>	<b>(1,837)</b>

### Non-Pay including Depreciation and Interest

The overall year to date position is on plan. The other non-pay variance of £0.7m relates to inflationary pressures (£0.3m) and historic CIP not delivered (£0.3m). This is offset by non-recurrent favourable variances in depreciation (£0.2m and interest received (£0.3m). The annual forecast assumes additional efficiencies are delivered in the remaining months of the year.

Non Pay Costs	June 2023			2023/24		
	YTD Plan	YTD Actual	YTD Variance	Annual Budget	Forecast Outturn	Forecast Variance
	£k	£k	£k	£k	£k	£k
Drugs	233	260	(27)	924	1,013	(89)
Clinical Supplies & Services	6,344	6,395	(51)	25,353	23,864	1,489
General Supplies & Services	1,494	1,495	(1)	5,808	5,975	(167)
Establishment Expenses	902	1,025	(123)	3,367	3,549	(182)
Premises	2,243	2,136	107	8,696	8,233	463
Depreciation	2,476	2,265	(211)	9,908	9,908	0
Other Non Pay	1,951	2,413	652	8,195	7,742	(3,481)
<b>Total Non Pay Costs</b>	<b>15,643</b>	<b>15,989</b>	<b>346</b>	<b>62,251</b>	<b>60,284</b>	<b>(1,967)</b>
Public Dividend Capital	115	115	0	461	461	0
Interest Payable	169	144	(25)	676	677	1
Interest Received	(230)	(528)	(298)	(922)	(1,200)	(278)
<b>Total</b>	<b>15,697</b>	<b>15,720</b>	<b>23</b>	<b>62,466</b>	<b>60,222</b>	<b>(2,244)</b>

### Delivery of Efficiency Plans

The Trust has £8.3m of planned efficiencies to deliver during 2023/24 of which £5m is a non-recurrent saving. At the end of June-23, £2.1m of savings have been delivered which is in line with plan. The forecast assumes that the CIP programme will be delivered in full.

Savings Scheme	June 2023			2023/23		
	YTD Plan £k	YTD Actual £k	YTD Variance £k	Annual Plan £k	Forecast Outturn £k	Forecast Variance £k
Vacancy factor	1,100	1,100	0	4,400	4,400	0
Incremental Drift	347	347	0	1,389	1,389	0
Interest receivable	150	150	0	600	600	0
Contribution from developments	212	212	0	848	848	0
Procurement - management of price increases	254	254	0	1,015	1,015	0
<b>Total Efficiency Savings Delivery</b>	<b>2,063</b>	<b>2,063</b>	<b>1</b>	<b>8,252</b>	<b>8,252</b>	<b>0</b>
Recurrent	813	813	0	3,252	3,252	0
Non-recurrent	1,250	1,250	0	5,000	5,000	0
<b>Total</b>	<b>2,063</b>	<b>2,063</b>	<b>0</b>	<b>8,252</b>	<b>8,252</b>	<b>0</b>

## Capital Expenditure

The Trust's plan for 2023/24 is to spend £16.9m on capital of which £2.8m is in respect of normal capital expenditure and the balance is to fund Right of Use Asset leases following the adoption of IFRS 16.

At the end of June 2023, the Trust has spent £8.3m compared to a plan of £6.8m. The main year to date expenditure is £0.6m on the HQ project. The year to date and forecast variance relates to increased costs for RPI following the remeasurement of the right of use leases.

The Trust is forecasting to spend £18.6m by the end of March 2024.

The business case for frontline digitisation is awaiting approval from NHSE.

Capital Scheme	June 2023			2023/24		
	YTD Plan £k	YTD Actual £k	YTD Variance £k	Annual Plan £k	Forecast Outturn £k	Forecast Variance £k
Estate Maintenance	0	0	0	443	443	0
Estates - HQ Project	615	594	(21)	1,433	1,433	0
Clinical Equipment	0	8	8	350	350	0
IT Hardware	0	12	12	200	200	0
IT - National Cyber Security	0	0	0	400	400	0
Disposals	0	0	0	0	0	0
<b>Sub-Total</b>	<b>615</b>	<b>614</b>	<b>(1)</b>	<b>2,826</b>	<b>2,826</b>	<b>0</b>
PDC Capital - Frontline Digitisation	0	0	0	1,194	1,194	0
<b>Sub-Total Capital Expenditure</b>	<b>615</b>	<b>614</b>	<b>(1)</b>	<b>4,020</b>	<b>4,020</b>	<b>0</b>
Lease Cars IFRS 16	75	130	55	300	300	0
Property Leases IFRS 16 - Additions	0	0	0	6,524	6,524	0
Property Leases IFRS 16 - Remeasurement	6,128	7,637	1,509	6,128	7,726	1,598
<b>Sub-Total Finance Lease Expenditure</b>	<b>6,203</b>	<b>7,767</b>	<b>1,564</b>	<b>12,952</b>	<b>14,550</b>	<b>1,598</b>
<b>Total Capital Expenditure</b>	<b>6,818</b>	<b>8,381</b>	<b>1,563</b>	<b>16,972</b>	<b>18,570</b>	<b>1,598</b>

## Balance Sheet and Cash

The Trust Statement of Financial Position is shown in the table below. As at the end of June 2023 the Trust is reporting Total Equity of £60.1m compared to a planned position of £61.1m. The variance is due to the I&E year to date deficit of £0.5m and other variances which largely offset. Cash for the 22/23 pay award is being reviewed and discussed with commissioners as currently this has not been provided by NHSE.

Statement of Financial Position	June 2023		
	YTD Plan £m	YTD Actual £m	YTD Variance £m
Property, Plant and Equipment	34.2	33.7	(0.5)
Intangible Assets	0.1	0.1	0.0
Right of Use Assets	63.5	62.4	(1.1)
Trade and Other Receivables	0.0	0.0	(0.0)
<b>Total Non Current Assets</b>	<b>97.8</b>	<b>96.2</b>	<b>(1.6)</b>
<b>Current Assets</b>			
Trade and Other Receivables	11.8	15.4	3.6
Cash and Cash Equivalents	50.0	38.2	(11.9)
<b>Total Current Assets</b>	<b>61.8</b>	<b>53.6</b>	<b>(8.2)</b>
<b>Total Assets</b>	<b>159.6</b>	<b>149.9</b>	<b>(9.8)</b>
<b>Current Liabilities</b>			
Trade and Other Payables	(34.9)	(26.7)	8.2
Borrowings	(7.0)	(7.0)	(0.0)
Provisions	(0.6)	(0.6)	(0.0)
<b>Total Current Liabilities</b>	<b>(42.4)</b>	<b>(34.3)</b>	<b>8.1</b>
<b>Net Current Assets/(Liabilities)</b>	<b>19.4</b>	<b>19.3</b>	<b>(0.1)</b>
<b>Total Assets less Current Liabilities</b>	<b>117.2</b>	<b>115.6</b>	<b>(1.7)</b>
Non Current Borrowings	(56.1)	(55.5)	0.6
Non Current Provisions	(0.0)	(0.0)	0.0
<b>Total Non Current Liabilities</b>	<b>(56.1)</b>	<b>(55.5)</b>	<b>0.6</b>
<b>Total Assets less Liabilities</b>	<b>61.1</b>	<b>60.1</b>	<b>(1.0)</b>
<b>TAXPAYERS EQUITY</b>			
Public Dividend Capital	0.8	0.8	(0.0)
Retained Earnings Reserve	27.6	23.9	(3.8)
General Fund	18.5	19.5	1.0
Revaluation Reserve	14.2	15.9	1.7
<b>Total Equity</b>	<b>61.1</b>	<b>60.1</b>	<b>(1.0)</b>

## 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 non-NHS invoices at the end of June 2023 and for the value of NHS invoices as shown in the table below.

The NHS invoices by number is lower than target due to the delayed payments of two small invoices to the NHS Business Services Authority. Both were affected by delayed supplier set up by NHS SBS. This has been escalated to the NHS SBS account manager and processes are being reviewed to ensure the timely set up of new suppliers.

BPPC Measure	June 2023		
	YTD	Target	RAG
<b>NHS Invoices</b>			
<i>By Number</i>	90.0%	95.0%	<b>A</b>
<i>By Value</i>	99.8%	95.0%	<b>G</b>
<b>Non NHS Invoices</b>			
<i>By Number</i>	96.0%	95.0%	<b>G</b>
<i>By Value</i>	98.2%	95.0%	<b>G</b>
<b>Total</b>			
<i>By Number</i>	95.9%	95.0%	<b>G</b>
<i>By Value</i>	98.5%	95.0%	<b>G</b>

## Appendix 1 – Waiting List Details

Service	Waiting List Size - Jun 23	Waiting List Size - Jun 22	Change	Current Performance	Plan
Child Development Centres (CDC)	540	531	+9	16%	Narrative in main body
Children's Audiology	907	953	-46	37%	Narrative in main body
Children's Speech & Language Therapy	1328	1377	-49	90%	Narrative in main body
Paediatric Neuro Disability Clinics	1195	736	+459	45%	Narrative in main body
Community Gynaecology	206	557	-351	0%	Previously reported issues with seeing patients before 18-weeks remain, but total waiting list size continues to trend downwards and has reduced by more than half over the last 12 months.
Community SLT (Speech & Swallowing)	485	544	-59	84%	Current plan to continue. The waiting list continues to reduce in size, and strong improvements are visible in the number of patients waiting less than 18-weeks before treatment (up from 53% in April). This pattern has been driven by record levels of patient contacts during May and June. The service has managed to uplift both new and follow up activity at similar rates, suggesting a sustainable approach to waiting list reduction
MSK	7904	7909	-5	94%	No plan required - but requires monitoring. Referral demand shows signs of reduction for the previous 3-months, but activity levels have increased, putting the service in a strong place to reduce waiting lists further. However, follow up activity has increased at a higher rate than first activity, and so long waiters (18+ weeks) are remaining static, and not reducing at the same rate as shorter waiters.
Podiatry	2870	4054	-1184	85%	Recent growth in waiting list size shows early signs of slowing and holding steady. Although not yet close to Pandemic Levels, the waiting list has increased by more than 1100 patients since April 2022. In the last 2 months, there have been large increases in patients waiting more than 12 weeks and more than 18 weeks. The vast majority of patients are waiting for the foot and ankle service. Some additional staff have been made available to this area, which has stabilised the growth in list size. However, the service is reporting that there isn't sufficient capacity to achieve reductions. Modelling suggests an additional 2WTE Band 6 clinicians would still require more than a year to achieve suitable reductions under current demand patterns. The service has a number of mitigations in place, including the development of a non-registered workforce, exploring options for patient-led and telephone follow ups, and is working alongside ICB colleagues on a redesigned service model.
Neighbourhood Team Therapy	1547	981	+566	83%	Consistent growth in the total waiting list size, and the number of long waiters is driven primarily by patients awaiting physiotherapy. The service is reporting that levels of sickness and recent challenges in recruiting suitable therapists is the primary reason. The team is focussing on the high priority cases, and so the number of long waiters is likely to increase in coming months.



**Public Board Meeting held in public: 4 August 2023**

**Agenda item number: 2023-24 (36)**

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

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**Category of paper:** for assurance

**History:** Senior Management Team 19 July 2023

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**Responsible director:** Chief Executive

**Report author:** Deputy Head of Safety / Company Secretary

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## **Executive summary (Purpose and main points)**

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

### *Board Assurance Framework*

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

Levels of assurance have been provided to the Board for 7 out of the 10 strategic (BAF) risks during May and June 2023, all of which received reasonable assurance (see appendix A).

The Board should note that BAF Risk 1 (Failure to deliver quality of care and improvements:) received reasonable assurance however within this, waitlists and managing demand for services provided limited assurance as the Quality Committee had not received information at the May meeting about how patients are being supported whilst waiting.

### *Risk themes*

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

### *Risk movement*

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

There are a total of 12 risks scoring 12 (very high), two of which have been recently escalated:

- CAMHS waiting list for follow-up appointments
- Insufficient awareness and application of constant supervision at WYOI

## **Recommendations**

The Board is recommended to:

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

## **1 Introduction**

- 1.1 The risk register report provides the Board with an overview of the Trust's material risks currently scoring 15 or above after the application of controls and mitigation measures. It describes and analyses all risk movement, the risk profile, themes and risk activity.
- 1.2 The Board's role in scrutinising risk is to maintain a focus on those risks scoring 15 or above (extreme risks) and to be aware of risks currently scoring 12 (high risks).
- 1.3 The report provides a description of risk movement since the last register report was received by the Board (February 2023), including any new risks, risks with increased or decreased scores and newly closed risks.
- 1.4 The report seeks to reassure the Board that there is a robust process in place in the Trust for managing risk. Themes identified from the risk register have been aligned with BAF strategic risks in order to advise the Board of potential weaknesses in the control of strategic risks, where further action may be warranted.

## **2 Board Assurance Framework Summary**

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

### Definitions:

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

- 2.2 Directors maintain oversight of the strategic risks assigned to them and review these risks regularly. They also continually evaluate the controls in place that are managing the risk and any gaps that require further action.
- 2.3 The Audit, Quality and Business Committees review the sources of assurance presented to them and provide the Board (through the BAF process) with positive or negative assurance.
- 2.4 Levels of assurance have been provided to the Board for 7 out of the 10 strategic (BAF) risks during May and June 2023, all of which received reasonable assurance. Details of the assurance levels is provided at Appendix A (please also refer to the Chairs' assurance reports in the Board papers pack).
- 2.5 The Board should note that BAF Risk 1 (Failure to deliver quality of care and improvements:) received reasonable assurance however within this, waitlists and managing demand for services provided limited assurance as the Quality Committee had not received information at the May meeting about how patients are being supported whilst waiting.

### 3 Risks by theme

3.1 For this report, the 62 risks currently on the risk register (the 'here and now' risks) have been themed where possible according to the nature of the hazard and the effect of the risk and then linked to the strategic risks on the Board Assurance Framework. This themed approach gives a more holistic view of the risks on the risk register and will assist the Board in understanding the risk profile and in providing assurance on the management of risk.

3.2 Themes within the current risk register are as follows:

#### **Theme One: Staff capacity**

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

- due to an increase in service demand
- vacancies including difficulties recruiting staff to posts

Specifically:

- Thirteen risks relate to staff capacity, an increase in referrals and service demand<sup>1</sup>
- Five risks are concerning recruitment and vacancies<sup>2</sup>

#### **Theme Two: Patient Safety**

The second strongest risk theme is patient safety due: to staff performing different duties, insufficient awareness and application of constant supervision and ongoing industrial action<sup>3</sup>.

#### **Theme Three: Compliance with Standards/Legislation**

There is also a risk theme relating to compliance with standards/ legislation<sup>4</sup> This includes: the limited completion of health needs assessments, cleaning standards at WYOI, and waste management across the Trust.

### 3.3 Risk theme correlation with BAF Strategic Risks

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

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

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<sup>1</sup> Risks: 836, 957, 877, 954, 982,994,1015, 1043,1048,1070,1072,1112,1127

<sup>2</sup> Risks: 1057, 1096,1127,1128,1122

<sup>3</sup> Risks: 1109 ,1118,981

<sup>4</sup> Risks: 1089, 1146, 1149

**Risk register theme: Staff capacity and service demand**

BAF Risk 2 Failure to manage demand for services

BAF Risk 8 Failure to have suitable and sufficient staff resource (including leadership)

**Risk register theme: Patient safety**

BAF Risk 1 Failure to deliver quality of care and improvements

BAF Risk 2 Failure to manage demand for services

BAF Risk 4 Failure to be compliant with legislation and regulatory requirements

**Risk register theme: Compliance with standards/ legislation.**

BAF Risk 4 Failure to be compliant with legislation and regulatory requirements

**4 Risk register movement**

4.1 There are no risks scoring 15 (extreme) or above on the risk register as of 11 July 2023.

**5 New or escalated risks (scoring 15+)**

5.1 There are no new risks scoring 15+ that have been added to the risk register since June 2023

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

6.1 No risks have been de-escalated below 15 since June 2023

**7 Summary of risks scoring 12 (high)**

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

7.2 The table below details risks currently scoring 12 (high risk).

ID	Description	Rating (current)
836	CAMHS waiting list for follow-up appointments	12
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
1128	Reduced staffing levels in the HCP service – police custody	12

ID	Description	Rating (current)
1047	Increased volume of callers into the Leeds Sexual Health appointment line due to no walk-in service	12
1057	Inability to deliver service at WYOI due to reduced staffing levels	12
1070	Capacity pressures in Neighbourhood Teams impacting on ability to deliver full range of clinical supervision and annual appraisals	12
1096	High vacancy rate in the Community Care Beds	12
1112	Looked after children health offer	12

## 8 New or escalated risks (scoring 12)

- 8.1 No new risk scoring 12 have been added to the risk register since June 2023
- 8.2 Two operational or clinical risks have been escalated to a score of 12 (high) since June 2023

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### Risk 981

**Previous Score: 9 (moderate)**

**Current score: 12 (high)**

**Title:** Insufficient awareness and application of constant supervision at WYOI

**Description:** An increasing number of children at Wetherby Young Offenders Institute (WYOI) require constant supervision as they have made an explicit statement that they want to end their life. Due to insufficient awareness and application of the constant supervision process, there is a risk that prison officers (funded by LCH for constant supervision duties) are not supervising the children sufficiently.

There is a risk that constant supervision is extended unnecessarily by the prison service, requiring healthcare staff to continue with observational visits.

This could result in young people engaging in self-harm behaviours without being observed, leading to serious injury and/or potential death in custody, an impact on staff resources, and a potential impact on the Trust's reputation.

Link to SWYFT risk ID 1468

**Reason for Escalation:** A recent review of the risk rating increased the risk score. There are ongoing concerns re children coming to harm whilst on constant observations.

#### Further planned mitigation.

- To review Wetherby YOI and health guidance and consider discrepancies and agree joint solution.
- Statistical data from YOI and Health to be provided to inform a clear understanding of the number of constant watches / when harm has occurred / shift patterns / staff patterns / child factors / units etc.

- To horizon scan for any areas of innovation and good practice re constant observations.
- To procure or develop an integrated training package and agree roll out to staff and subsequent review of impact.
- To consider how to engage children to inform our decision making.

**Expected date to reach target:** 29/12/2023

**Risk Owner:** Clinical Head of Portfolio

**Lead Director:** Executive Director of Nursing

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**Risk:** 836

**Previous Score:** 9 (moderate)

**Current Score:** 12 (high)

**Title:** CAMHS waiting list for follow-up appointments

**Description:** Risk of increased waiting times in CAMHS service following initial assessment (urgent, prioritised or consultation clinic), as a result of reduced capacity, prioritisation of urgent work. The impact could be a delay in treatment for patients, which could lead to worsening symptoms or a continuation of treatable symptoms.

**Reason for Escalation:** Waiting lists remain longer than the National 18 weeks expected timeframe within CYPMHS. This is due to the increase in demand throughout the city which is compounded by staff capacity, recruitment and retention and no additional financial resource to increase recruitment.

The outsourcing initiative, started in 2020 supported in the slight reduction of the Neuro Diverse (ND) waiting lists, but consequentially increased the demand for ND related medication clinic appointments.

Rationalisation work, within the medication clinic was carried out by the recruited NMP medication lead- processes that existed were made as lean as possible, increased staffing was brought into the medication pathway (from other parts of the service on 0.5-1 day per week agreements). Wait times for ADHD medication remain very long despite project work and innovations.

**Further planned mitigation.** Consideration to be made, at the Children's Business Unit Quality meeting for the waiting times between ND and WEB wait times to be split and represented separately on the risk register to support improved mitigation and management.

**Expected date to reach target:** 03/06/2024

**Risk Owner:** Head of Service for CAMHS

**Lead Director:** Executive Director of Operations

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## 9 Risk profile - all risks

- 9.1 The total number of risks on the risk register is currently 62. Of these there are 18 open clinical risks on the Trust's risk register and 44 open non-clinical risks. This

table shows how all these risks are currently graded in terms of consequence and likelihood and provides an overall picture of risk:

### Risk profile across the Trust

	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Almost Certain	Total
5 - Catastrophic	0	0	0	0	0	0
4 - Major	1	0	3	0	0	4
3 - Moderate	1	10	20	9	0	40
2 - Minor	1	2	8	4	3	18
1 - Negligible	0	0	0	0	0	0
Total	3	12	31	13	3	61

## 10 Impact:

### 10.1 Quality

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

There is a robust process for ensuring the risk register is effectively reviewed and kept up to date. Reminders are sent to risk owners to update their risks where a review date has passed. The Risk and Safety Manager produces a monthly quality assurance report and if the risk remains outstanding, further reminders are sent personally by the Risk and Safety Manager. Any risks remaining out of date by more than two weeks are escalated to the relevant director for intervention.

### 10.2 Resources

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

## 11 Recommendations

The Board is recommended to:

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

## Appendix A. Board Assurance Framework levels of assurance

Details of strategic risks (description, ownership, scores)								Level of Assurance				
Strategic Goal(s)	Risk	Risk ownership		Current risk score				Committee agreed level of assurance				Additional Information
		Responsible Director(s)	Responsible Committee(s)	Likelihood	Consequence	Risk Score	Risk score movement	No	Limited	Reasonable	Substantial	
Deliver outstanding care	<b>Risk 1 Failure to deliver quality of care and improvements:</b> If the Trust fails to identify and deliver quality care and improvement in an equitable way, then services may be unsafe or ineffective leading to an increased risk of patient harm.	DoN	QC	4	4	16	↑			✓		Risk score reviewed by SMT as part of annual process and escalated.
Deliver outstanding care	<b>Risk 2 Failure to manage demand for services:</b> If the Trust fails to manage demand in service recovery and in new services and maintain equity of provision then the impact will be potential harm to patients, additional pressure on staff, financial consequences and reputational damage.	DoO	QC/BC	4	3	12				✓		
Deliver outstanding care. Use our resources wisely and efficiently	<b>Risk 3 Failure to invest in digital solutions:</b> If the Trust fails to invest in improving core technology and in new digital solutions, then resource may not be utilised effectively, services could be inefficient, software may be vulnerable and the impact will be delays in caring for patients and less than optimum quality of care.	DoF/MD	QC/BC/AC	3	3	9	↓					Risk score reviewed by SMT as part of annual process and de-escalated.
All four strategic goals	<b>Risk 4 Failure to be compliant with legislation and regulatory requirements:</b> If the Trust is not compliant with legislation and regulatory requirements then safety may be compromised, the Trust may experience regulatory intervention, litigation and adverse media attention.	SMT	QC/BC/TB	3	3	9				✓		
Use our resources wisely and efficiently	<b>Risk 5 Failure to deliver financial and performance targets:</b> If the Trust does not deliver key financial and performance targets, agreed with NHS England and the ICB, then it will have adverse consequences for financial governance and cause reputational damage.	DoF	BC	3	4	12	↑			✓		Risk score reviewed by SMT as part of annual process and escalated.



**Board Meeting held in public: 4 August 2023**

**Agenda item number: 2023-24 (37)**

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**Title: Freedom To Speak Up Guardian Annual Report 2023**

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**Category of paper: for assurance**

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

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## **Executive summary**

This report covers the period of 5 August 2022 to 4 August 2023. It offers a record of the work of speaking up at Leeds Community Healthcare NHS Trust and wider work across the health and care system.

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

The Freedom To Speak Up Guardian has:

- Helped to provide support for our International Nurses
- Has worked with the Clinical Education Team to establish a forum for clinical students
- Has supported other guardians and NHS organisations based on the Leeds Community Healthcare model of working.
- Shared the LCH work on speaking up at conferences and national events and supported the shaping of national and regional work around staff retention based on hearing staff concerns.
- Has supported Leeds City Council to create its first FTSUG.

## **Recommendations**

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

## **1 Introduction**

- 1.1 This paper provides an overview of the work of the Freedom To Speak Up Guardian (FTSUG), basic activity data and recommendations on the role and its development from August 5th 2022 to August 4th 2023.

## **2 Background**

- 2.1 The recommendation that trusts should have an agreed approach and a policy to support how organisations respond to concerns was one of the recommendations from the review by Sir Robert Francis into whistleblowing in the NHS.
- 2.2 CQC guidance published in March 2016, in response to the Francis recommendations, indicated that trusts should identify or appoint a Freedom to Speak Up Guardian in 2016/17. The NHS contract for 2016/17, accelerated this process and trusts were required to have made an appointment by October 2016.
- 2.3 The trust has created a form of work to enable staff to speak up and be heard. The work has been recognised nationally and locally as a respected service for our staff.

## **3 Current position**

- 3.1 The FTSUG work receives strong ongoing support from the Chief Executive, the executive and non-executive directors, the Chair, the Non-Executive Director with responsibility for speaking up work, the trust's Race Equality Network (REN) and the wider Trust. A clear form of work has been established and operates well. This work has several forms principally where staff approach the FTSUG and the Race Equality Network Speaking Up Champions to discuss concerns. Other forms include managers inviting the FTSUG to work in their teams so staff voices can be heard to enable better team cultures and change.
- 3.2 Work with the Race Equality Network Speaking Up Champions and the Clinically Extremely Vulnerable (CEV) Staff Group continues. Work with the Disability, Neurodiversity and Long-Term Condition Network has started. Career development work is offered to any staff member from an ethnic minority community who contacts the FTSUG. This is a plan around their career development linking the staff to support mechanisms in the wider organisation such as mentoring, coaching, interview support and leadership courses. This career development offer now extends to staff who are CEV and have a disability.

- 3.3 The FTSUG works at local, regional, and national levels. The local work at LCH continues to develop and evolve. The learning and outcomes include work linking to the WRES, initiatives around mental health, leadership development and organisational processes. The FTSUG works regionally through the Regional Freedom To Speak Up Network for Yorkshire and the Humber and nationally with the National Guardian Office in developing speaking up in the wider health and care system.
- 3.4 Different NHS Trusts and national NHS bodies have had consultations and conversations with LCH about our work and approach to speaking up in the last year. The FTSUG has offered support to guardians at different NHS trusts. The FTSUG also attends the national NHS Confederation Race and Health Observatory Stakeholder Engagement Group and the national NHS Employers Staff Experience Steering Group to support their work and thinking and share the LCH work and approaches.
- 3.5 The FTSUG attends the New Starters Forum with the Chief Executive and Director of Workforce to hear and support those new to the trust.
- 3.6 The work supporting Leeds GP Confederation and Leeds GP practices to build speaking up work is ongoing. This work involves the Leeds Integrated Care Board.
- 3.7 In Leeds we have supported Leeds City Council (LCC) create its first Freedom To Speak Up Guardian. We offer mentoring to the LCC FTSUG and are supporting council colleagues work through the next steps of the model for speaking up, listening up and following up.
- 3.8 Working with a consultant clinical psychologist from the West Yorkshire Partnership in supporting FTSUG's regionally look at best practice around Suicide Awareness in the FTSU work. The FTSUG also reviewed the process and practice of the Guardian role with Dr Penny Netherwood the consultant clinical psychologist leading on Trauma Informed Approaches at Leeds Community Healthcare to ensure a Trauma Informed Approach was at the heart of the work.
- 3.8 Presenting on the LCH speaking up work has taken place since last August at conferences both virtual and face to face including the NHS Employers national staff conference, the NHS England North and East Yorkshire Retention Conference, the national 'Achieving a Culture of Candour' conference, the Institute for Medical Ethics national conference and the Patient Safety Congress. We supported a national NHS England national learning session with the Chief Executive and FTSUG speaking on retention and listening to staff. This work has also contributed to NHSE retention work nationally and regionally. The FTSUG has spoken at the recent Clinical Conference with Leeds Primary Care and LCH clinical staff. There has also been interest in the LCH work from a section of the health system in Australia.
- 3.9 Work from the FTSUG with our new International Nurses is ongoing and work with the Clinical Education Team facilitating a forum for clinical students which has a special focus on wellbeing support and students being able to raise concerns. Work with Preceptorship is also ongoing.

## 4 Activity data

4.1 The table below shows the volume and type of activity with which the FTSUG has been engaged between August 22nd, 2022, and August 4th, 2023. The table also indicates the nature of the issues raised with the FTSUG.

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

Business Unit	Numbers of concerns formally raised	Issues
Adult Business Unit	4	New Triage Hub model, staffing and patient care
Children and Families Business Unit	1	Health and Wellbeing support for staff, mental health training for managers
Corporate Services	5	Safety plan for staff, staff unfair treatment, fair recruitment and race
Specialist Business Unit	6	Issues around a particular system used by a service, leadership, new ways of working, staff contacted while at home for shifts, unfair treatment of a staff member, patient care issues

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

Five concerns were raised formally about LCH as an organisation through the FTSUG. These concerned interviews to reflect and support Neurodiversity, mileage and Long Covid awareness for managers. One concern from staff related to an external NHS organisation and was shared with them.

Sixty-one issues were informally discussed or resolved through the FTSUG.

The Speaking Up Champions had three issues raised with them.

This brings the overall concerns raised to eighty-three cases in the period this report covers.

There is also an increase in the overall cases from 70 in 2021 to 83 this year. There is a decrease in formal concerns being raised and an increase in informal cases compared

to the 2021-22 annual report.

There was a decrease in concerns about LCH as an organisation. The Speaking Up Champions had a slight decrease of cases from four issues in 2021-22 to three cases

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in the past year.

- 4.3 Nineteen staff colleagues who informally discussed concerns with the FTSUG are from Black, Asian and minority ethnic communities and five of these were related to issues of race. There were five formal concerns raised by staff from Black, Asian and minority ethnic communities and three involved race. There was nine informal and two formal concerns concerning mental and emotional health issues. There were seven informal cases and two formal concerns concerning physical disability. There was one formal concern and one informal concern regarding Neurodiversity. There were two concerns about Long Covid both raised formally. Compared with the 2021-22 report there is an increase of staff from minority ethnic communities raising issues and an increase in issues around mental health, long term conditions and other conditions.

## **5 Themes**

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

- 5.1 We see a significant number of staff using the FTSU mechanism in the last year. Staff report being supported and heard.
- 5.2 We are seeing more cases resolved or supported informally which fits with our ambition that concerns are addressed via local conversations and team / service changes.
- 5.3. Leadership, culture, and behaviours in teams are ongoing key factors that have featured historically. Health and wellbeing, ways of working, changes in services and workloads are areas mentioned in recent concerns. Race, disability, and health issues are featuring in the concerns.
- 5.4 All staff with working with a formal and informal concern report the FTSUG work as supportive and responsive. The highest rate of new referrals is still from staff who are advised to contact the FTSUG service by staff who have already used the service.
- 5.5 The model we have created shows itself to easily apply to a wide range of work and needs. The trust has supported the work to flow into many organisational terrains which have had positive results for staff and changes.

## **6 Assurances and Future Work**

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

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

- 6.2 The following are ongoing and future work and plans.

- A re-focus on the work of the Speaking Up Champions through Comms, Midday Brief, and other avenues
- To continue to build the work and ensure its development.
- To continue to focus on staff with protected characteristics in the trust to see how speaking up can support these staff when needed.

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## **Conclusions**

- 7.1 The FTSUG work continues to receive positive support from the trust and its leadership. LCH staff welcome the work and the forms we use.
- 7.2 The FTSUG role allows staff voices to be heard in the trust. The role continues to illustrate the importance of workplace culture and leadership. It also has a strong focus on psychological and emotional support for staff and seeks to promote inclusion and equity.
- 7.3 The FTSUG work supports the work of building new ways of working and our commitment and behaviours for excellent clinical care and compassionate culture.

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## **Recommendations**

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

**Trust Board meeting held in public: 4 August 2023**  
**Agenda item 2023-24 (38)**

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**Title: Quarter 1 Report 23.24 of the Guardian of Safe Working Hours**

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**Category of paper: For assurance**

**History: Nil**

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**Responsible director: Executive Medical Director**

**Report author: Guardian of Safe Working Hours**

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## **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**

- On going challenges and work in progress with regards to CAMHS ST historic rota compliance and payment issues.

### **Recommendations**

#### **Board is recommended to:**

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

## Quarterly Report of the Guardian of Safe Working Hours

### 1.0 Purpose of this report

- 1.1 To provide the Board with assurance that trainee doctors and dentists within LCH NHS Trust are working safely and in a manner compliant 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 23 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
	1	ST	Honorary contract
	5	CT	Honorary contract
Community Paediatrics	4	ST Level 1	Honorary contract
	5	ST Level 2/ Grid trainee	LCH contract
Sexual Health	2	ST	LCH contract
GP	3	GPSTR	LCH contract
Community Gyane	0	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.

Rota Gaps (number of night shifts needing cover)		March 2023		April 2023		May 2023	
		CT	ST	CT	ST	CT	ST
	Gaps	n/a	17	n/a	17	n/a	12
	Internal Cover	n/a	8	n/a	7	n/a	3
	External cover	n/a	9	n/a	10	n/a	9
	Unfilled	n/a	0	n/a	0	n/a	0

### 3.2 Exception reports

One exception report was filed for Q4 22.23 period that was not included in the last GSWH report due to the Exception report being filed after the board meeting.

Exception report was filed by CAMHS Junior doctor working on a non – resident on call (NROC) rota. Report was file due to working more than predicted hours on NROC rota on 24/05/23. Junior doctor’s Clinical supervisor was informed and time in lieu claimed. This was classed as a one-off event due to busy shift therefore work schedule review was not required.

### 3.3 Fines

No fines levied by the GSWH during this quarter.

### 3.4 LNC Junior doctor representative

Dr Elizebeth Pal has been accredited as the LNC Junior doctor trainee representative since May 2023.

### 3.5 Feedback from trainees

Junior Doctors Forum (JDF) was held on MS teams on 29/06/2023. Unfortunately only one junior doctor attended this meeting.

GSWH, Medical Education, HR, BMA discussed around support for JD and potential ways were explored to increase engagement with JD, ongoing issues with CAMHS Rota issue and plan.

Race and Equality network team presented and offered their support to Junior doctors. As not many Junior doctors were present, a decision was made to record the meeting and shared it with all Junior doctors.

#### **4.0 Impact**

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

#### **4.1 CAMHS Historic ST rota issue**

Since the last board meeting, key people involved in the matter have had two further meetings to tease out the issue and tackle the challenges in gather information. There is now detailed timeline of events since the issue was raised (April 2021) and information around one doctor's individualised work schedule that refers to a rota pattern of 1:6 on-calls.

A generic works schedule (Rota template) that is usually created by HR team as per the Junior doctors Terms and conditions incorporating the required safeguards/breaks is not available for this period and there is also no data around any monitoring exercise carried out. BMA IRO and GSWH have reached out to CAMHS team and previous GSWH who could potentially have some recollection/information around this issue. This will be reviewed along with the information obtained around timeline of events.

GSWH has started to summaries the key issues and conclusions on each aspect and is hopeful that the issue will likely be concluded over the next few months with clarity around financial impact (if any) on the Trust.

#### **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 has made links and arranged a meeting with the newly appointed GSWH from LTHT and GSWH for LYPFT Trust. The aim to support Junior doctors in working across the three Trusts in Leeds city.

#### **5.0 Recommendations**

##### **Board is recommended to:**

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

- To note that 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: 4 August 2023**

**Agenda item number: 2023-24 (39)**

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**Title:** Safe Staffing report

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**Category of paper:** For assurance

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**History:** Quality Committee 24 July 2023 and Business Committee 26 July 2023

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**Responsible director:** Executive Director of Nursing and AHP's

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

## **Executive summary**

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

The report sets out progress in relation to maintaining safe staffing over the last six months. It covers the range of services provided in the Trust. This report for the first time attempts to address the concept of delivery of effective care in the context of gaps in staffing etc. as well as addressing the safe staffing which is more about minimum staffing levels. This is not easy to articulate and there is further work planned with colleagues in the coming weeks to fully understand and address the concept of effective care delivery in the context of staffing challenges.

Safe staffing has been maintained across both inpatient units that the Trust runs for the time period. The paper sets out the mitigation in place and also triangulates elements of patient safety data to the staffing numbers where this is possible.

## **Recommendations**

Board is recommended to:

- Receive the report.
- Note the further planned work around effective care delivery.
- Agree the level of assurance provided.

# Safe Staffing Report

## 1 Introduction

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

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

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

This report for the first time also attempts to describe the delivery of effective care in the context of knowing we have staffing gaps. This is not easy to articulate and there is further work planned in the coming weeks to address this further.

## 2 Background

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

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

## 3 Specialist Business Unit (SBU)

The following table provides information regarding staffing levels within services in the SBU. The data was pulled at the end of June 2023.

The data within the table continues to be shared/ reviewed monthly at the SBU Senior leadership team (SLT) meeting and information from services is shared at performance panels. Services continue to record risks and monitor concerns, complaints and incidents to identify if staffing levels have been an issue and when needed appropriate actions are taken.

Name of service	Budget WTE	Contracted WTE May 2023	Vacancy	Comments
<b>Portfolio1</b>				
Cardiac Services	34.10	32.45	1.65	Cardiac Nurse Specialist and Staff nurse commenced in post mid Jan. Bands 5 and 6 appointed to, progressing through pre-employment checks.
CIVAS	14.15	11.70	2.45	3 x B5 vacancies not filled as at interviewees not appointable. Went back out to advert on the 12 <sup>th</sup> June 2023.
Community Gynae Beeston	2.04	2.78	-0.74	Over established
Homeless and Health	7.29	6.87	0.42	Staffing levels have improved with a nurse commencing in post in January.

Inclusion Team (HHIT)				The lived experience post has been recruited to. This is a joint post with St Gemma's. Waiting for DBS and references.
Liaison and Diversion Humber	21.40	13.80	7.60	Recent increase in budgeted WTE due to Reconnect contract. Recruitment has commenced for these posts; B5 and B6 posts are out to advert. Successfully recruited to the administrator position. One person in an acting position to cover a B5 vacancy, which is going out to advert, leaving 1x B4 vacancy. Recruited to the vacant B6 post, start date end July.
Leeds Long Covid Rehabilitation Service.	29.37	28.08	1.29	Re-advertised for CBT and psychology. New physiotherapist commenced in post during May.
Police Custody - Y and H	122.38	110.96	11.42	Vacancies improved from 20.93 following the service positively benefitting from shortened application recruitment. Vacancies in north and west and recruitment continues.
Respiratory Service	25.87	27.13	-1.26	Over established currently.
Respiratory Virtual Ward	13.76	11.66	2.10	Unable to fill vacant B6 Physio post, so advertised for development band 5 role. 1 x Physiotherapy post progressing through recruitment
Sexual Health Service	58.15	54.95	3.20	Vacancies improved from 10.60. Recruited: 3 x Band 6 nurses. 0.5wte B7 Lead Nurse. 1 x Band 7 Lead Nurse (secondment) 3 x B2 receptionists. Partner Notification Post 1 x HCA Band 3 Service currently going through re-tender
TB Nursing	8.29	6.60	1.69	B5 TB staff nurse joined the team. Service not sure why showing vacancies as now fully staffed. They are discussing with finance.
Wetherby YO1 Primary Care	37.87	30.50	7.37	Improvement in recruitment challenges. Successful recruitment to Clinical Head of Service post. Discussions ongoing to utilise budget for skill mix to increase Health Promotion element of service. Ongoing recruitment and support of agency and bank to backfill. Planning to replicate the successful work going on in police custody to improve recruitment situation. Also continuing to work on retention of staff, addressing any issues raised before exit interview stage, learning from experiences.
<b>Portfolio 2</b>				

Adult Dietetics	21.88	19.00	2.88	Recruitment of 3 x 1.0wte band 5 drive commenced in December 2022 (interviews Jan 2023); This includes the long-standing agreed planning provision of over recruiting 3 x 1.0wte band 5 staff on a yearly basis (over the established 5.5wte B5). Candidates are all currently trainee dietitians, who will not be available until autumn of 2023. In practice the service has not been over established by an additional 3 x 1.0wte due to the high turnover of band 5 staff, many who progress to senior positions quickly and the limited availability of newly qualified staff.
Community Neuro Rehab Service	43.67	35.90	7.77	As part of pre-phase 1 of redesign project the service is in the process of recruiting to a number of posts which has improved the situation. Recruitment is going well, some people are now in post this may not be captured in June data due to start dates. We expect this position to improve again next month. The service has experienced difficulties recruiting to OT posts, which have been advertised twice because of a lack of interest. The team will be using recruitment poster and consider the off-line approach in future to recruit to these positions.
Dental	41.69	31.93	9.76	The service has a number of vacancies that are either in recruitment or having active conversations about how to recruit to fill vacancies that have not been filled in previous round of recruitment.
Diabetes Counterweight	2.60	2.10	0.50	No current vacancies - Service checking data with Finance Manager. Recent skill mix may need updating on budget lines.
Diabetes Service	20.67	19.50	1.17	
Dietetics Childrens	7.10	6.80	0.30	Following successful recruitment of a band 5/6 development post, the service are looking to enhance the staffing resource further by employing a 0.5wte band 4 member of staff following a skill mix opportunity.
First Cont. Practitioner	10.14	10.14	0.00	
LCH Pain Service	8.74	9.33	-0.59	The service appears over established due to a number of staff members occupying a dual role in the Pain Service and MSK and the alignment not being correct. Service checking data with Finance Manager.
LMWS	100.26	87.91	12.35	The service has a number of vacancies and are actively recruiting in the following areas: <ul style="list-style-type: none"> <li>• Psychological Wellbeing Practitioners- 5 vacancies</li> <li>• CBT- 9 vacancies</li> </ul>

MSK Service	67.10	58.16	8.94	All vacancy rates for the service have significantly improved due to the service skill mixing hard to fill vacancies into new roles to address the current issues they are aware of and where appropriate and safe to do.
Podiatry	59.91	53.17	6.74	All current vacancies are being recruited to.
SLT Adult	9.25	13.43	-4.18	Organisation agreement to over recruit due to increased demand and long waits
Stroke Pathway	33.59	31.07	2.52	Active recruitment ongoing
T3 Weight Mgmt Service	5.50	7.10	-1.60	Over established due to ICB funding for additional posts stopping on 31 <sup>st</sup> March 2023. Due to ongoing conversation regarding the future of weight management services across Leeds and the potential for additional funding it was agreed the posts could be extended until the end of Q1. We have now had confirmation from the ICB that LCH will receive some non-recurrent additional investment that will cover the cost of over established posts.

Following the success of implementing the hyper-local recruitment principles in recruiting staff into the custody suites the principles are going to be used in other services. Services are reporting at times it remains difficult to recruit staff in to positions with the required specialist skills (CIVAS, LD, SLT, MSK etc). In areas where this has been experienced services are very dynamic in how they are addressing this. MSK has recently re profiled a B6 position and appointed non-clinical staff to the engagement lead positions and this has alleviated the need for clinical staff to undertake non-clinical work. SLT are still struggling due to the national shortage of speech and language therapists and are exploring options to enable more remote working.

It remains difficult to measure the impact staffing levels have on individuals stress levels working within the services and the affect this has on the efficacy of care delivery. It is known stress can endanger the mental health of staff which can result in decreased work efficiency and effectiveness which affects delivery of care and impacts negatively on patient outcomes. Services continue to have plans in place to try to minimise this, at the recent development session services shared actions they had taken to try to address this and how they had discussed the findings of the staff survey with members of their teams.

The MSK service shared how staff indicated they were exhausted, leaders explored this further with a specific poll around this, further engagement through a questionnaire and meetings were held to explore this further. This resulted in staff being given a choice as to how they use their patient-related admin time (bolted onto the appointment slot or as an additional session) this has given staff more control and ownership of how they run their clinics and helped with staff satisfaction.

Discussion also took place about job planning for staff and the MSK service is going to trial this within the service. When discussed at the development session it was felt that having job plans in place would help manage expectations of roles and responsibilities, reduce burnout/stress from heavy workloads and empower staff to work within limits of the working day. There will be further updates in the next 6 monthly update as to the impact this is having.

Police custody staff have been issued with trust phones this was following staff sharing they felt stressed due to being contacted on their personal phones to see if they were able to cover gaps in the rota. They expressed feeling unable to get away from work and have a complete break away from the service. The dental service is exploring reorganisation of the leadership structure to meet the needs of the service and staff are involved in the process.

Services continue to have health and wellbeing of staff embedded within them, cardiac service has had an away day and the Covid team had a working fuddle at Kirkstall abbey, a recent Schwartz round took place which was titled “feeling tired and overwhelmed”.

A further development session is planned, the theme is development of staff through their career in line with the everchanging needs of the patient it is hoped this will also have a positive impact on recruitment and retention.

There have not been any incidents or complaints that site staffing levels as an issue during the reporting period.

#### 4 Children’s Business Unit (CBU)

The following table provides information regarding staffing levels within services in the CBU. The data was pulled at the end of June 2023.

Service/Team	Funded WTE	In Month Contract WTE (May 2023)	Vacancy WTE	Comment
Speech and Language Therapy				
Speech and Language including Traded, Youth Justice Service, One Adoption, Therapeutic Social Work Team.	61.59	65.5	-4.0	Over-establishment due to covering maternity leave in traded provision, this is funded by schools and by additional 0.2 WTE in dysphagia team due to increase in referrals and clinical risk. Risk on Trust register and shared with ICB.
<p>Areas to highlight:            Mainstream pathway continues to have a reduced offer. Following feedback from families and colleagues intervention sessions for some children and families have been reintroduced to improve effectiveness of service.            No complaints or incidents recorded with safe staffing as a factor.</p>				

Integrated Children with Additional Needs Service (ICAN)				
ICAN South	22.57	23.46	-0.89	
ICAN West	19.81	19.44	0.37	
ICAN East	23.51	24.29	-0.78	
ICAN Consultants	0.80	0.58	0.22	
ICAN Management	6.33	5.40	0.93	
Audiology	7.47	6.83	0.64	
Total	80.49	80.00	0.49	
<p>Areas to highlight:</p> <p>ICAN plan to merge the budgets this year, this will give us one overall figure.</p> <p>In order to address vacancies, nursing and therapy staff move between hubs to ensure a balance of skills/expertise and support for more junior staff in each hub.</p> <p>ICAN are due to advertise 2 x 1.0 WTE trainee Advanced Clinical Practitioner roles at the start of July 2023 ensuring we have the right professional to see the Children and Young People at the right time and developing the clinical career pathway for nursing and Allied Health Professionals.</p> <p>Over the past year ICAN have done some skill mixing in Nursing, Physiotherapy (PT) and Occupational Therapy (OT) to make more band 5 and band 6 roles. This allows for greater clinical capacity to see children and young people. However, in Nursing, PT &amp; OT there are high levels of maternity leave and we have been unable to recruit to maternity leave cover posts. There are currently no band 5 OTs in post, therefore C3 aspects of the service have been paused and waiting times are increasing.</p> <p>There is a 0.9 WTE vacancy for a Paediatric Consultant – the job plan is currently being approved by the Royal Collage of Paediatricians and will go to advert in July 2023.</p>				
Community Children’s Nursing Service (CCNS)				
Child Continuing Care and Core Respite	44.18	36.22	7.96	<p>Current figures show we are delivering 93% of Continuing Care hours to families. For Health Short Breaks we are currently only able to deliver to 30 - 40% of children as the health complexities are a lower graded priority.</p> <p>The service has revised and standardised the adverts for vacancies across the service.</p> <p>The new Operational Team Lead attended the recruitment event at Elland Road. 30 people took information away and there were consequently 20 applicants for a subsequent band 3 position.</p> <p>Recent concern received from a parent regarding the quality of respite received in Continuing Care. This was in relation to band 3s and 4s not being trained in caring for a child with diabetes. This meant the parent was still having to perform care in respite hours. The clinical lead is working to arrange training in</p>

				<p>order for the family to receive true respite.</p> <p>Skills of staff are also being captured to align with care more easily which is captured by the new Management Support Officer (MSO) in post. This new role is to support with staffing rotas, fulfilling care packages and reporting which will also enable the service to move staff more easily across teams.</p>
Hannah House Respite unit	22.19	18.32	3.87	<p>Team manager - Previous acting up post now permanent.</p> <p>One band 6 has left the service and an advert has been published.</p> <p>There have been four cancellations for four children's respite stays due to staffing shortages in this reporting period. These have been single nights for each child so all four children still had stays at Hannah House for respite on those occasions (effectively shortened).</p> <p>There have been some long episodes of sickness within the team.</p> <p>The MSO will next be working to bring across the work commenced in Continuing Care to Hannah House as described above. This also includes mapping of staff, competencies and children's individual needs for better care alignment and planning.</p>
Children's Nursing Team	12.21	9.8	2.41	<p>One band 5 nurse has recently been successful in gaining an acting up post in Inclusion Nursing.</p> <p>There is a current advert to recruit two band 5 staff nurses to increase staffing to support the forthcoming Children's IV Antibiotic Service.</p>
Inclusion Nursing Service	18.81	17.06	1.75	<p>Exploring the options for more collaborative working in managing caseloads.</p>
Total	97.39	81.4	15.99	

**Areas to highlight:**

A new Band 7 Operational Team Lead has commenced in an acting up post meaning there are now three B7s in the Childrens Community Nursing Services.

A piece of work titled 'Working Together' will commence from September 2023 to help embed a culture of One Team across the nursing service. One of the outcomes of this will be how we cover different elements of the service when needed to ensure safe and effective care is delivered.

A service coordinator role is being developed and will commence from September 2023. This will be rostered across band 6s from Hannah House, Inclusion and Children's Nursing Team. This will include coverage for weekends and Bank Holidays. This will provide clinical leadership to each of the teams and they will act as a single point of access and triage referrals.

A buddy system is commencing for staff to cover one another's tasks whilst absent to better ensure safety of care for patients and reduce the risk of important work being missed.

A single point of referral and the buddy system has been highlighted as learning through a Significant Incident within the service.

Child and Adolescent Mental Health Service (CAMHS)

Community CAMHS	36.03	36.75	-0.72	<p>Therapies Team and Enhanced Support Team: Shortlisted and interviewing in July for 1.4 WTE CAMHS assistant 1 WTE CBT therapist 1 WTE 8a highly skilled CAMHS practitioner. Job out to advert for maternity leave back fill for Team Manager.</p> <p>Neurodevelopment Team: 0.8 WTE band 7 senior clinician due to start in July 23 CAMHS assistant starts 3rd July B7 senior clinician starts 3rd July B8a psychologist starts 10th July</p> <p>Partnership Executive Group and Children and Young Peoples Population Board are sighted on the increase of referrals for neurodevelopmental assessment (preschool and school age) and that significant investment would be required to manage these. The ICB is leading work on whole system response to this increasing need.</p>
Transitions	4.61	3.67	0.94	<p>Transitions Team: Team manager leaving July. Post recruited to. Some challenges with maternity leave and secondments are being used to help fill gaps.</p>
Doctors In Training	4.85	3.76	1.09	<p>Deanery led. Ongoing rotational allocation of trainees, limited notice as to when these posts will be filled.</p>
MindMate SPA	17.76	16.16	1.60	<p>1.6 WTE band 6 vacancies due to go out to advert in July 23. In addition to contracted WTE, NorthPoint are triaging children on the neurodevelopmental pathway. Targeted Service Leaders and the Market Place support emotional wellbeing and mental health triaging in SPA. All referrals triaged for risk and urgency on receipt and families signposted to areas for support and who to contact. Risk relating to the backlog of referrals at</p>

				SPA on Trust risk register and ICB aware.
CAMHS Psychology	10	7.10	2.90	
Learning Disability Team	4.85	4.00	0.85	
Eating Disorders Team	10.03	11.35	-1.32	8a psychologist starts in August. Band 6 starts in July. Senior Psychology maternity leave backfill- the plan is to advertise for this post. Increase in referrals to team. All emergency and urgent referrals seen within Assessment and Waiting Time standards.
Crisis Helpline	8.63	7.00	1.63	
Crisis	13.29	12.40	0.89	Liaison Band 7 started, Band 6 being interviewed June 2023.
Youth Justice Team	2.91	2.91	0.00	
CAMHS Outreach Service	5.70	3.40	2.39	3 vacancies all filled – startdates to be agreed.
CAMHS Medical Consultant	6.90	7.28	-0.38	Ongoing use of locum Consultants.
MindMate Support Team	30.55	42.65	-12.10	Confirmation of receipt of HEE funding needed – finance aware.
Total	164.60	165.51	-0.91	
<p>Areas to highlight:</p> <p>There has been an ongoing increase in referrals and demand for provision in all areas of CAMHS. There are significant waiting lists in many areas of the service and these risks are on the Trust risk register.</p> <p>There is currently one social prescribing research project underway within CAMHS working with 3<sup>rd</sup> sector partners, Wellbeing Whilst Waiting. This project will review the young people on CAMHS waitlist lists and refer into social prescribing link workers during their wait.</p> <p>No complaints or incidents recorded with safe staffing as a factor.</p> <p>Following the outage of the CAMHS Electronic Patient Record on 4.8.2022 the service has now migrated onto SystemOne and ongoing workstreams are active to support a safe migration and ensuring optimum data quality throughout. The outage remains open on the Trust risk register.</p>				
Healthy Child Pathway/ 0-19 Public Health Integrated Nursing Service				
0-19 Integrated Service	195.05	181.29	13.76	The service continues to manage high numbers of B6 vacancies mainly within Health Visiting, despite a rolling programme of recruitment. Renewal of the 0-19 contract in April has however supported a more flexible approach to service delivery and agreement of elements of care being delivered by other registered and non-registered practitioners. The service has therefore recruited more Staff Nurses, Family Health Workers, and Healthcare Support Workers to support some of the universal and universal plus work. Successful recruitment of 7.2 WTE Specialist

				Community Public Health Nurse Students due to qualify in September 2023 will also strengthen the Health Visiting workforce and will support the service with reintroduction of the antenatal contact across the city. Antenatal contacts have first been reintroduced to Restorative Early Support clusters, those areas with highest levels of social work and family support needs. To support service delivery, we have also promoted additional hours within the service and continued to use Band 6 registered CLaSS staff.
Infant Mental Health	7.2	7.2	0.00	Currently at full establishment
Health Visitor /School Nurse Trainees	11.65	12	-0.35	Specialist Community Public Health Nurse students continue with their placements and qualify in September.
Children's Community Eye Service	2.44	2.6	-0.16	LCH continues to work with LTHT Orthoptists and Optometrists to ensure effective delivery of the Children's Community Eye Service. Healthcare Support Workers will be instilling eye drops in the clinics from July.
School Immunisation	5.5	6.53	1.03	New contract to include seasonal flu for primary and secondary school children to commence in September. This will include a new staffing model for delivery. Currently band 6 acting up continues and is out to advert for permanent post to commence at start of new contract. CLaSS band 5 staff continue to be used on a daily basis to support substantive team in delivery of HPV and mop up clinics until end of academic year.
<b>Total</b>	<b>221.75</b>	<b>209.62</b>	<b>12.13</b>	

In terms of effectiveness the Children's Business Unit strives to use Goal Based Outcomes with children, young people and families, this helps to ensure that interventions are focused on the needs and goals of the child and measures progress towards these. This is used in a clinically meaningful way on an individual basis, however it is currently not possible to get data scores from SystemOne to show aggregate scores for a service. A new way of recording these is being developed with the expectation that this will allow for reliable data reporting.

Within the Childrens Business Unit safe staffing continues to be a priority and services continue to monitor the staffing levels and record risks where these are identified. There are a number of services where the demand is at a higher level than the capacity, due to a combination of increasing referral numbers and some vacancies. This has resulted in services having a reduced offer for children, young people and families as is currently the case for Speech and Language Therapy and 0-19 Public Health Integrated Nursing Teams, some cancellations for respite and/or

waiting times which are longer than we would like, for example neurodevelopmental assessments.

Services have worked hard to consider ways to manage this including skill mix with consideration of roles and responsibilities, expanding our apprenticeship offer to colleagues and introducing Advanced Clinical Practitioners.

There is also innovative practice including the Early Communication Groups which were recently recognised at the Trust Thank You awards, involved families in their design and development of the groups and have received good feedback from families. This is an intervention for children who are waiting for a Complex Communication and Autism assessment ran by the Speech and Language Therapy Service in three venues across Leeds. The team are always advocating for the families and acting on individual needs to accommodate the needs of families. The sessions can be challenging due to the nature of the needs of the children, but the clinicians are skilful at putting the parents at ease and personalising the care. The communications prior to the group, the written information with the activities provided after and the follow up phone calls support high quality patient care.

Recruitment to some posts remains difficult for a variety of reasons due to national lack of availability of some professions and other opportunities via agency or private practice. The CBU Resourcing steering group continues to have representatives across each service, and feeds into the Trust group.

CBU continues to work hard on engagement with staff and promoting it as a positive place to work. Most services in CBU have engaged in the Fair Days Work project. This starts as engagement sessions with colleagues to consider “What a good day’s work looks like...” and “what would support your health and wellbeing at work...” This is then independently themed and ways to achieve these are worked on collaboratively by the service, involving administrators, clinicians and managers. For this work to be meaningful and change embedded this will continue and regular updates/reviews required.

## 5 Adult Business Unit (ABU)

The following table provides information regarding staffing levels within services in the ABU. It includes details of the budget, staff in post, number of vacancies within the service and further notes regarding vacant positions. The data was pulled at the end of April 2023 and reviewed during June 2023. Due to these timescales, some positions will have changed at the point of this report’s dissemination.

Name of service		Budget WTE	Contracted WTE April 2023	Vacancy	Comments July 2023
Neighbourhood and Citywide Services	Armley NT	52.64	44.27	-8.37	
	Pudsey NT	49.96	37.03	-12.93	Ongoing recruitment and good success with responsiveness to Hyperlocal recruitment. Locally in the

					west the teams are supporting one another in the 5 NTs
Holt Park NT	28.82	27.99	-0.83		
Woodsley NT	41.24	36.34	-4.90		
Yeadon NT	54.67	49.82	-4.85		
Chapelton NT	44.15	40.91	-3.24		
Seacroft NT	54.30	41.83	-12.47		Ongoing recruitment and good success with responsiveness to Hyperlocal recruitment. Locally in the North the teams are supporting one another in the 5 NTs
Wetherby NT	32.79	25.58	-7.21		
Meanwood NT	52.31	36.48	-15.83		Ongoing recruitment and good success with responsiveness to Hyperlocal recruitment. Locally in the North the teams are supporting one another in the 5 NTs
Beeston NT	27.58	26.13	-1.45		
Middleton NT	60.45	43.65	-16.80		Ongoing recruitment and good success with responsiveness to Hyperlocal recruitment. Locally in the South the teams are supporting one another in the 5 NTs
Morley NT	45.26	44.28	-0.98		
Kippax NT	40.10	38.45	-1.65		
North Triage Hub	0.00	2.95	2.95		
South Triage Hub	0.00	2.38	2.38		
West Triage Hub	1.98	4.07	2.09		
Neighbourhood Nights	81.53	57.12	-24.41		Often struggle to recruit due to the nature of working nights, though a more positive response recently and added into the

				hyper-local recruitment campaign. 22wte were added from additional monies (20 NCAs, 2 nurses) staff are actively being recruited to reduce the reliance on agency spend to support night sits and assessments.
Virtual Frailty Ward (Home Ward)	41.31	28.04	-13.27	The Home Ward will move into 3 cost centres as we progress into business as usual as some staff still appear on the NT staffing reports. This will be managed on an area level by the Operational Service Managers. A workforce plan is under review to determine our succession planning into the roles to support clinicians to obtain their Advanced Practice qualification to safely manage acutely unwell patients on the ward. Additional pharmacy roles have also been introduced.
Integrated Clinics	0.00	5.01	5.01	We are reviewing the staffing need of the clinics as currently NT staff are rotating in. For continuity of patient care we are looking at increasing our permanent resource into the clinics as the demand from the Nt referrals grows.

	Palliative Care Service	11.06	10.20	-0.86	
	CUCS	15.35	13.31	-2.04	
	Tissue Viability	6.80	5.60	-1.20	
	Community Falls Service	9.27	7.60	-1.67	
	Self-management	11.00	27.20	16.20	
	CCSS	10.32	11.93	1.61	
Patient Flow Services	Transfer of Care	23.00	20.36	-2.64	Fully recruited
	SPUR	5.39	0.00	-5.39	Now admin only. The remaining budget and clinical staff will be transferring to the triage hubs
	Bed Bureau	5.25	4.20	-1.05	Fully recruited
	CDAT	25.28	16.64	-8.64	Using the budget to support movement of staff between bandings, staff increasing hours and work around therapy input. No major concerns at this time as recruitment is ongoing. The bed bureau, TOC and CDAT cost centres will be merging to allow for greater flexibility of staffing across these teams.
	Therapy Supported Discharge	3.08	10.36	7.28	The budget has been dispersed over NTs but is being pulled back into TSD hence why it appears the team is over recruited. Some vacancies but currently reviewing model going forward, mindful of Active Recovery work. Will sit alongside CDAT
	Health Case Management	43.74	44.00	0.26	No issues, good response to any vacancies.

	Community Care Beds	31.82	23.33	-8.49	Genuine vacancies, struggling to recruit (historic challenges). Planned international recruits joining the team. Agency staff being used from Villa Care - off set by non-pay underspend. Aiming to cease contract with Villa Care by January 2024. Generally better availability of agency staff than for NTs. Hope to work more collaboratively across bed bases including Wharfedale and dependent on model agreed at Wharfedale it may be an option to fill vacancies via potential over staffing at Wharfedale.
	Wharfedale Recovery Hub	43.20	48.93	5.73	Conversations taking place with ICB re. contract and funding. Current staffing is safe for the current 30 open beds.
	East Leeds Recovery Hub	2.41	2.50	0.09	LCH provide physiotherapy input only

A considerable amount of work has taken place in ABU to align budgets, and this will be reflected in the next report. Where we have a smaller workforce, we've consolidated into one budget to allow for flexibility– e.g., TOC, CDAT and Bed Bureau are being combined. We know we have vacancies in some areas but are over recruited in others – this budget review has allowed for an improved understanding of our overall ABU position.

Our offer continues to change as we support more patients to be cared for at home through provisions such as the Home ward and emergence of the Active Recovery programme. As such we are continuing to expand our ambulatory care offer with the clinics and self-management hubs to support patient's independence and offer care outside of the home environment. These offers are under constant review and evaluation, and we are working to ensure safe and effective staffing across all areas to deliver care to patients in the most appropriate setting. This includes supporting

some areas of the NT services on an area level to support capacity and demand with areas of our workforce that are fewer in number such as self-management, Home Ward and therapy. Staff are being aligned to the North, West and South. This model offers greater flexibility for the workforce and patients to maintain our safe staffing levels for workforce. Due to system wide changes, we are seeing more patients being referred on Pathway one and the NTs are maintaining the response rates to support patient flow and also support the urgent community response pathway.

As previously stated, there are no nationally agreed staffing levels for community teams. The Trust continues to develop the work to set safe staffing levels and Leeds was one of the test sites to develop a community based registered nurse safer staffing tool, which is now being rolled out nationally. We begin training next week with a view to undertaking our first census week in early September 2023 and a follow up census week is planned in November 2023. Once we have data from two separate weeks it will enable us to consider the staffing levels of the Neighbourhood Teams. There are about 600 staff that require training. Initially we aim to train those present during the census weeks quickly, then moving onto the remainder of the Neighbourhood Teams, with a longer-term plan then to be formulated.

Phase 1 of the leadership review has completed and has resulted in some significant change for the business unit; however, we now feel we are in a more stable and equitable position. Phase 2 (focusing on those in B7 and B6 roles) is underway and expected to complete by September 2023. Having the right leadership in place for our services enables clearer roles and responsibilities, improved retention and better oversight and management of staffing positions. Work on the roles and responsibilities of senior clinicians is underway, and the scope of practice for Therapy Assistant Practitioners has been reviewed – competencies are now being tested. Clinical leaders now have an established day in practice – this improves how they clinically lead teams by ensuring they have a current working knowledge of our practices and can look for areas where we can be more efficient and effective.

Our recruitment position is improving, though still challenging across some teams and roles – including registered nurses, advanced clinical practitioners, and therapists, which reflects the national picture. We are seeing reduced agency usage and are expecting this to reduce further going forward (also impacted by the financial position) which we expect to improve our recruitment prospects. Historically the staffing position in the NTs has been of the most concern, reflected on the Trust's risk register and some of the figures above. We have built on the success of hyper local recruitment, originally conducted for Wharfedale Recovery Hub, and in the next period are commencing our 12-month ABU resourcing project, reflecting our priorities within the 23/24 business plan. The resourcing project is a joint approach between ABU and Workforce, aiming to improve the process from the early stages of recruitment right through to induction, with a real focus on retention of new recruits. In our NTs the greatest vacancies appear in our non-registered workforce. This is where we see the greatest response with hyper-local recruitment so we will be continuing to embed this into our recruitment strategy

Workforce planning is also a priority this year – we recognise the need for an all-encompassing workforce plan from B3 to B8a and are segmenting this rather than doing as a whole for the business unit. The initial priorities are self-management and services in patient flow. This needs to be supported by data and the Workforce team, working with ABU colleagues, are developing a 12-month forecasted rolling

position on staffing. The work also involves a shift in culture from recruiting 'like for like' when vacancies arise, to considering opportunities to skill mix or move posts across an area/portfolio to better meet demand. This includes a consideration of a greater breadth of roles such as the development posts described below, doing more work that is proactive and preventative, and ensuring the most skilled colleagues are delivering the most complex care.

We continue to support international recruitment within NTs and the Recovery Hubs – 20 nurses commenced late March/early April 2023 (cohort 2) and have undergone their OSCE training and taken their first exam. Approval has been granted for an additional 10 international nurses to commence approximately September 2023. We have learned a significant amount from the first cohort in terms of the support needed when moving cross-continent to new roles.

Additional funding sourced from the system has allowed for the further recruitment of self-management facilitators, night sitters and therapists. The recruitment to non-registered roles in Nights has been successful and this additional funding is nearly fully utilised – though it's important to recognise this has been a long process of repeat recruiting and implementing successful induction periods. Work with self-management has also extended as an in-reach to LTHT to support patients to independently manage their own care and reduce referrals into the NTs.

Staffing is monitored and managed on a twice daily basis through the capacity and demand reporting tool with senior clinical and operational oversight seven days a week. At times during this period ABU has been in an escalated 3E position which includes additional oversight of capacity and demand to ensure patient and staff safety is maintained. Staffing levels are also reviewed within the ABU monthly performance process and any additional actions required are considered by the ABU senior leadership team. We are currently implementing some improvements to our performance process which includes a more robust focus on data, including budget and vacancy positions, the number of new starters and themes from exit interviews. We continue to use the NT unavailability report, produced using data from the e-roster system and distributed on a weekly basis.

We acknowledge that retention of staff is the biggest priority for ensuring safe staffing levels. Staff experience and morale remains variable and is influenced by a number of factors. Staff engagement is ongoing in all teams and a range of local initiatives continue to be implemented to improve staff experience and engagement. We have continued to embed our ABU Live sessions and are supporting teams to host these to showcase their service and celebrate success. We also recognise the longer-term benefits of investing in staff development - work includes cohort 2 of the band 4 senior NCA role (individuals have almost completed their training), cohort 8 of the senior nurse development role which commenced in April 2023 (cohort 7 are in their consolidation period due to complete at the end of June), and introducing a band 6 development operational lead role to prepare future leaders – 4 individuals are in post. We have also supported two individuals to undertake the Florence Nightingale Leadership programme. Workforce reports demonstrate the significant amount of internal movement in the ABU which reflects the development and progression we offer. ABU are also reviewing our offer to support the ongoing development of our Advanced Practitioner workforce and our support for their period of consolidation once qualifying in these and District Nursing roles.

Several key priorities within our 23/24 business plan are specifically focused on improving our demand and safe and effective staffing position – this includes

planned and unplanned work in NTs, self-management in reach into hospitals to reduce demand, efficiency and effectiveness work in therapy and the work Newton Europe have supported in the North West Recovery Hub to understand demand and activity.

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

## **6 Conclusion**

This paper presents the six-monthly review to Committee and Board in relation to safe staffing. It is clear that there are many challenges in relation to staffing across a range of services and it is a daily challenge to maintain patient safety. The paper demonstrates that the Trust has maintained safe staffing in the six-month reporting period, despite the many challenges. This paper has attempted for the first time to articulate the effectiveness of care delivery in the context of staffing gaps. This is not easy to do, and this has been recognised. There is a planned deep dive into this at the next Quality Assurance and Improvement Group (QAIG), with the intention to improve reporting of effectiveness of care delivery in the next 6 monthly paper. This will include things such as are we able to deliver all aspects of care – holistic person-centred care or are we delivering in a task focussed way. It will also consider triangulation with other factors e.g., cancelling or re-prioritising visits which we know still occurs, although has been seen to be reducing over recent months.

## **7 Recommendations**

Committees and Board are asked to receive this report, note the plans for further work on how effective care delivery is and agree the level of assurance provided.

**Trust Board Meeting held in public: 4 August 2023**

**Agenda item number: 2022-23 (40)**

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**Title: Professional registration: Nursing and Allied Health Professions**

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**Category of paper: For information**  
**History: N/A**

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**Responsible director: Executive Director of Nursing and Allied Health  
Professionals**  
**Report author: Assistant Director of AHPs**

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## **Executive summary (Purpose and main points)**

### **Purpose of the report**

This report provides an update on professions regulated by Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC) as a statutory requirement within the organisation considering compliance and any fitness to practice concerns.

### **Main points**

- Staff that are required to be registered with statutory regulators NMC and HCPC are appropriately registered.
- There remains a lack of clarity in relation to the regulation of roles in LMWS and CAMHs that would be better addressed through the creation of a professional lead role for psychological therapies.
- The organisation is aware of referrals to regulators and the processes to manage these situations as detailed in the professional registration policy are being followed.

### **Recommendations**

#### **The Board is recommended to:**

Note the positive position of nursing and AHP registration.

## **Professional Registration**

### **1 Introduction**

- 1.1 This paper is the annual assurance to board that the statutory requirement for nurses practicing as a nurse to be on the Nursing and Midwifery (NMC) register and for an Allied Health Professional (AHP) using a protected title to be on the Health and Care Professions Council (HCPC) register is met by relevant staff in the organisation.
- 1.2 In 2019, NHS England published its vision for psychological professions in England 2019-2024. This included an enabling workstream aimed at expanding the workforce and “ensuring all psychological professional roles are appropriately governed and accredited.” This paper notes the progress in relation to this ambition and the implications for LCH.

### **2 Background**

- 2.1 As noted in previous papers, nurses and nursing associates are regulated by the NMC and the AHPs are regulated by HCPC. There is a requirement on individual professionals to be cognisant of and accountable for their individual requirements and actions to maintain their registration and this is reflected in the Professional Registration policy. Staff are supported in this through regular notifications from the relevant regulatory body and notifications from the Electronic Staff Register (ESR) in the months prior to their registration expiring.
- 2.2 Nurses and nursing associates revalidate every 3 years on an individual basis. AHPs registration is done every 2 years for the whole professional group. During the last year Podiatrist and Psychological Practitioners have renewed their registration. Paramedics and Speech and Language Therapists are currently in the process of re registering and Occupational Therapists will need to renew from 1<sup>st</sup> August this year.

### **3 Current position**

- 3.1 LCH employ 1,309 staff in the staff group “nursing and midwifery” on ESR indicating that they require NMC registration for that post. This is an increase of 22% since last year. ESR shows that 1,297 are on the NMC register with current registration.
- 3.2 Twelve (12) have an expired or missing registration date on ESR. On checking the NMC register, one (1) has current registration. The service has been advised to update ESR. Nine (9) are currently employed in roles that do not require registration with a statutory register such as admin, service improvement and drivers. One (1) is employed as a high intensity therapist within Leeds Mental Wellbeing Service (LMWS). This role does not require statutory regulation, but best practice is that they are registered with an accredited register. This person is appropriately registered with the British Association of Behavioural and Cognitive Psychotherapies (BABCP). The final person is currently on maternity leave. Their manager has been

advised that registration will need to be current at the time of their return to work.

- 3.3 LCH employ 597 staff in the staff group "Allied Health Professional" meaning they require registration with HCPC. This is a 7% increase on last year. All AHP staff have current, in date registration.
- 3.4 The organisation employees 27 social workers in a variety of roles. Social workers have previously been regulated by HCPC however a separate regulating body, Social Work England (SWE), was created in 2018. Only two (2) of the 27 social workers are showing as having current registration on ESR. On checking the SWE register, 17 have current registration and services have been advised to amend ESR accordingly. Of the remaining eight (8), one (1) is a duplication and seven (7) are in administration or corporate roles that do not require registration.
- 3.5 The Trust currently has 20 staff showing as being registered with an accredited register however all registration dates have expired. Seven (7) work in CBU in CAMHs. One (1) is a duplicate record and the member of staff appropriately registered with HCPC; a further two (2) are also registered with HCPC; one (1) is on an accredited register; three (3) are going through processes to become eligible to join an accredited register as previously agreed with the organisation. Eleven work in LMWS in SBU. Seven (7) are appropriately registered with an accredited register; two (2) are in roles not currently requiring registration; one (1) is on maternity leave. We are still to establish the registration requirement and status of one post. The manager is fully briefed on the professional registration policy and the actions to take to address this. The remaining two (2) staff work in corporate services in managerial roles.
- 3.6 The regulatory landscape for psychological professions is changing with the introduction of accreditation for Psychological Wellbeing Practitioners (PWP), Children's Wellbeing Practitioners (CWP) and Education mental Health Practitioners (EMHP) roles over the next couple of years. As the organisation engages in the community mental health transformation programme, the organisation is considering what professional leadership in relation to regulatory matters for this professional group needs to look like.
- 3.7 Between August 2022 and July 2023, the trust has made one (1) referrals to the NMC and one (1) referral to HCPC. The first NMC referral related to the conduct of a nurse who was employed through an agency delivering care in the neighbourhood team. This case remains with the NMC. The second referral to NMC was made recently so we are awaiting a response. The concern related to the nurse accessing a family members medical record without consent. The HCPC referral related to a physiotherapist accessing records. This has been fully investigated by the HCPC and was found to be no case to answer.
- 3.8 Three (3) LCH staff have been referred to the regulator in the last year by the public. Two (2) nurses were referred to NMC by a patient's daughter. LCH have investigated the daughter's concerns through our complaints route and are happy that both staff are safe to continue to practice. Both these cases remain open with the NMC. LCH has logged concern with NMC over the length of time the cases are taking to progress and the

additional stress this is causing to staff. One (1) physiotherapist was referred to HCPC over concerns with care and treatment. This concern has also been investigated through LCH complaints process and the physiotherapist remains in practice. The case is still open with the HCPC.

#### **4. Conclusion**

- 4.1 Staff that are required to be registered with statutory regulators NMC and HCPC are appropriately registered.
- 4.2 There remains a lack of clarity in relation to the regulation of roles in LMWS and CAMHs that would be better addressed through the creation of a professional lead role for psychological therapies.
- 4.3 The organisation is aware of referrals to regulators and the processes to manage these situations as detailed in the professional registration policy are being followed.

#### **5.0 Recommendations**

- 5.1 The Board is recommended to note the above position

**Trust Board Meeting held in public: 4 August 2023**

**Agenda item number: 2023-24: (41)**

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**Title: Update on the delivery of LCH Health Equity Strategy**

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***Category of paper: For approval***  
***History: SMT***

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

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## *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. We are now in year 3 of this more coordinated approach to identifying and tackling inequity. This paper provides an update on delivery of the strategy and plans for 2023/4 that will support a Board workshop at the end of the year to plan how we continue to embed equity in our care, pathways and corporate activity that supports them.

### 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:
  - Delivery of trust-wide communication improvements as identified through the equity QI programme focussed on communication
  - Use of equity data, including delivery of data discovery sessions with services and at Leaders' Network Live through the lens of a patient journey to identify where inequity starts along that journey.
  - 4 LCH staff have started ICB Health Equity Fellowships and another member of staff has been awarded one of 10 places nationally on the British Society for Heart failure quality improvement academy
  - Equity embedded in quality and safety through the inclusion of equity in the revised Quality Challenge + and the developing CQC evidence framework.
- Based on the evaluation of year 2 of the Health Equity strategy, output and impact measures have been developed to increase understanding of the impact of the current Health Equity strategy (2021-24) with a view to informing what happens in future years to identify and address inequity.

### *Recommendations*

Board is recommended to:

- Receive and note the update on strategy delivery and action plans for the next reporting period, including the new core indicators for the equity objectives
- Receive and note the increased system-level focus on delivery of person-centred care, including achievement of Accessible Information Standards, and the development of reporting requirements for providers to the Health and Wellbeing Board
- Support delivery of the 2023/4 equity QI programme focussed on communication

# Health Equity Board update, August 2023

## 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. These can be described through our 'building blocks' of conditions for change, outputs and impact:



This paper provides an update on delivery of the strategy and plans for 2023/4 that will support a Board workshop at the end of the year to plan how we continue to embed equity in our care, pathways and corporate activity that supports them.

## 2. National and system contexts

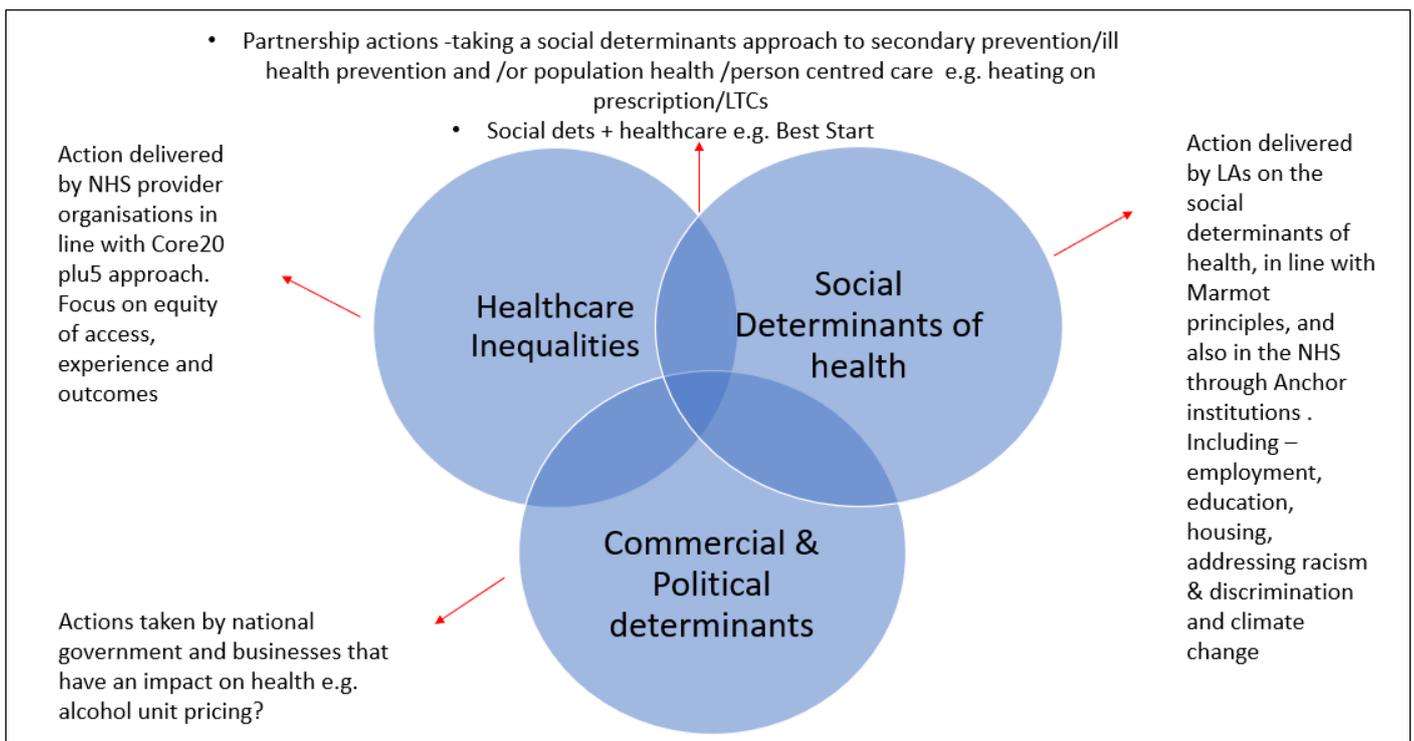
### 2.1 National contexts

Our focus on identifying and addressing inequity reflects national focus and delivery, working with system and partners to turn around the trajectory of worsening inequalities.

<b>Purpose</b>	The Healthcare Inequalities Improvement Programme works across the NHS and with partners to: <ul style="list-style-type: none"> <li>• support the government’s ambition to increase healthy life expectancy by five years by 2035 while narrowing the gap between the richest and poorest</li> <li>• achieve the NHS Constitutional promise of delivering services ‘to all’</li> <li>• realise the NHS Long Term Plan commitment to stronger action on health inequalities</li> </ul>							
<b>Vision</b>	Exceptional quality healthcare for all through equitable access, excellent experience and optimal outcomes							
<b>Priorities (in planning guidance)</b>	1. Restore NHS services inclusively	2. Mitigate against “digital exclusion”	3. Ensure datasets are complete and timely	4. Accelerate preventative programmes	5. Strengthen leadership and accountability			
<b>Framework for delivery</b>	Core20PLUS5 approach, designed to guide national and system efforts on healthcare inequalities defines our target population and five clinical areas of focus							
<b>Strategic drivers</b>	COVID-19 pandemic: urgent actions	NHS Long Term Plan	NHS System Oversight Framework	ICB Joint Forward Plans	ICS Multi Year Guidance	Health and Care Act 2022, incl integration duties	Levelling up	Government Mandate to NHSEI

## 2.2 System contexts

2.2.1 Our Health Equity strategy is focussed is on equity in care and pathways that we have responsibility for and influence over. Through partnerships we also connect to work to address the wider social determinants of health.



The current financial climate creates risk across the system to this work, including that the Core20PLUS5 Health Inequalities funding will not be released in the ICB in Leeds until a balanced financial plan is achieved. There is therefore an increasing focus on how to embed equitable approaches in planning and

delivery as ‘business as usual’ rather than through additional short-term funding. This shift in approach can be described as ‘business *better than* usual’.

### 2.2.2 Leeds system approaches to person-centred care

Person-centred care, including achievement of Accessible Information Standards, is also being taken forward in a more structured and coordinated approach at system-level in Leeds. Following a Health and Wellbeing Board workshop, it was agreed that progress would be reported through the Person Centred Care Expert Advisory Group, chaired by the Chief Executive of Leeds GP Confederation, to the Health and Wellbeing Board. Delivery/reporting measures are currently being developed based on the Accessible Information Standard Good Practice checklist (Appendix 1). Options for self-assessment are being discussed at LCH’s Health Equity Leadership Group and Senior Ops strategy group in August 2023.

**Recommendation:** Board is recommended to receive and note increased system-level focus on delivery of person-centred care, including achievement of Accessible Information Standards, and the development of reporting requirements for providers to the Health and Wellbeing Board

## 3. Measuring success and progress in year 3

### 3.1 Development of core indicators

Following the evaluation of year 2 of the strategy in line with Leeds Health and Care Partnership’s evaluation approach (Appendix 2), reported in March 2023 update, new core indicators are being developed for LCH’s 6 equity strategy objectives relating to impact and output.

We continue to use our output measures (reported in detail in Appendix 3), and have now also developed impact measures for our equity objectives.

Equity objective	Output measure	Impact measure
Person-centred care	No. LCH staff attending Health Literacy awareness sessions	AIS compliance (tbc - as defined by CQC pending completion of AIS review, summer 2023)
Quality and Safety	% Quality Challenge+ self-assessments including equity	Reduction in difference between IMD1-2 and IMD 3-10 for incidents
Different ways of working	Measure of success for communication improvements: % interpreter requirements recorded on communication template	TBC in developing plans for in-depth understanding of equity in patient journeys through 1 prioritised service per BU
Data	No. equity reports	% Board reports using equity lenses on papers with data relating to patient care
Tools and resources	Views of MyLCH equity pages	% EQIA successfully mitigated equity risks
Sharing success and progress	No. content on sharing success MyLCH page	% Making Stuff Better shout-out presentations that include equity

For two of these we have used 2022/3 data to provide a benchmark, against which we monitor impact this year:

Equity objective	Descriptor	Benchmark (2022/3)	2023/4 YTD
Data	% Board reports about patient care using equity data	36%	80%

Sharing success	% Making Stuff Better presentations with an equity focus	41%	60%
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Other impact measures will also be benchmarked against 2022/3 data where available or await further clarification to align with national or local measures.

### 3.2 Change stories

In addition to the development of core measures, impact of LCH's focus on equity is also understood through changes that improve access, experience and outcomes for groups/communities who experience inequity in health:

- ENHANCE project review and redesign has had positive impact in year one supporting people in areas of higher deprivation. This focus has meant that 56% of Neighbourhood Team referrals to Enhance are in IMD1-2 compared to 36% on their caseload. The budget has been weighted towards deprivation rather than a broad overview based on population size with 48% of funding is now reserved for the 20% most deprived populations.
- Baby Bubble Facebook page. A closed page for parents pre-birth in the most deprived areas of Leeds, launched in June at Temple Newsam.
- Liaison and Diversion in Hull and Humber have developed an older people's pathway on discharge from prison as the needs of this group were previously unconsidered.
- Leeds Sexual Health have introduced online contraception to improve access and also increase capacity for face-face appointments for people who need them.
- The Referral to Treatment (RTT) access policy has been reviewed as part of the Improving Patient Flow Programme (IPFP) and now includes more specific actions around what services can and should be taking to address inequity in waiting lists.

### 3.3 External awards

Five LCH staff have been awarded external fellowships and are currently working on projects focussed on equity.

Name	Service/BU	Awarded	Focus of project
Nina Davies	Diabetes	WY Health Equity Fellowship	The project has two arms and is led by two health equity fellows. It will first explore the barriers and facilitators in accessing flash blood glucose monitoring (FBGM), a wearable technology for people living with diabetes. The second part of the project will improve access to FBGM utilising the information gathered from the first round. The developing research area has found FBGM increases treatment satisfaction and significantly reduces glucose levels (HbA1c
Temba Ndirigu	ABU	WY Health Equity Fellowship	Having reviewed the mortality data for NTs, the project is focussing on engaging with Black and Black British

			communities to increase achievement in Preferred Place of Death.
Dawn Benge	HHIT	WY Health Equity Fellowship	Reducing self-discharges from hospital for the homeless population patient group by increasing voice and involvement in their healthcare. This is intended to reduce reattending for the same health issue, encourage better health outcomes and more importantly help them to feel valued.
Nicola Worrall	Speech and Swallowing	WY Health Equity Fellowship	Speech and Swallowing service is city wide and has been centralised for a few years, making it difficult to work with population groups. Plans to move back into neighbourhoods bring opportunities to build a more localised approach to address inequity. The project aims to build some strong foundations for this by understanding the community and our caseload, identifying groups that are not accessing the service as we would expect and targeting these through proactive projects.
Bev Calvert	Cardiac	British Society for Heart Failure	Awarded one of 10 places nationally on the British Society for Heart failure quality improvement academy, using data for cardiac service to identify and address inequity in access for Leeds population to cardiac rehab.

LCH's Workforce EDI lead and Health Equity Lead have also been awarded places on the ICB cultural competency train the trainers pilot.

#### 4. Equity QI programme: focus on communication

In line with our trust-wide approach to quality improvement and 'Making Stuff Better', our equity objective to test out different ways of working was delivered through a programme of equity QI projects. The first round of projects delivered in 2022/3 focussed on improving communication for groups experiencing inequity. 14 projects have taken place across Business Units, individual and groups of services (summary of projects provided in Appendix 4). This has enabled 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.



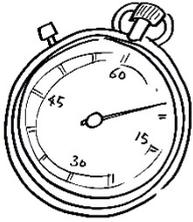
Key successes from the projects include:

- 42,049 new communication templates created
- recording of main language increased from 89.4% to 90% in November, 91.9% in January and 92.4% in April
- recording of interpreter requirements increased from 67.7% to 69.2% in November, 73.2% in January and 76.3% in April
- earlier recording of communication needs (interpreter requirements unknown of people on waiting list down from 74.3% in March 2022 to 47% in May 2023)
- greater staff awareness of the impact of communication leading to increased uptake of Health Literacy awareness sessions (18 LCH staff attended in Q1 2023/4 compared to 2 in Q1 2022/3)
- Improved communication through the development of Plain English, Easy Read and translated letters, leaflets and patient information such as [Diabetes - Learning Disability Service \(learningdisabilityservice-leeds.nhs.uk\)](#)

[Diabetes - Learning Disability Service \(learningdisabilityservice-leeds.nhs.uk\)](#)

Projects were individually and cumulatively evaluated at a 'Celebration and Learning' event in March, attended by people with additional communication needs, 3<sup>rd</sup> sector partners and LCH clinicians, admin, service and corporate leaders and Board members. Learning included:

WE DON'T HAVE  
**TIME**  
TO GET THINGS  
WRONG!



- The urgency of improving communication as well as importance
- Posters are useful ways to feedback on changes being made, but care needs to be taken that feedback is also in Plain English and avoids use of jargon and acronyms
- Moving through PDSA cycles faster with more time in the programme spent on making, reviewing and embedding change
- Increasing focus on engagement with patients, carers and communities to identify solutions and understand impact of change
- The value of a principled approach to 3<sup>rd</sup> sector engagement, with a clear proposal and funding provided to deliver the work. Positive feedback was received from partners on the approach taken “really appreciate receiving something so clear and respectful in approach as that combination is a rarity” and the demonstration that “LCH are definitely making change happen and are doing some great work to improve communication”.

As a result of this learning, the 2023/4 equity QI programme will benefit from:

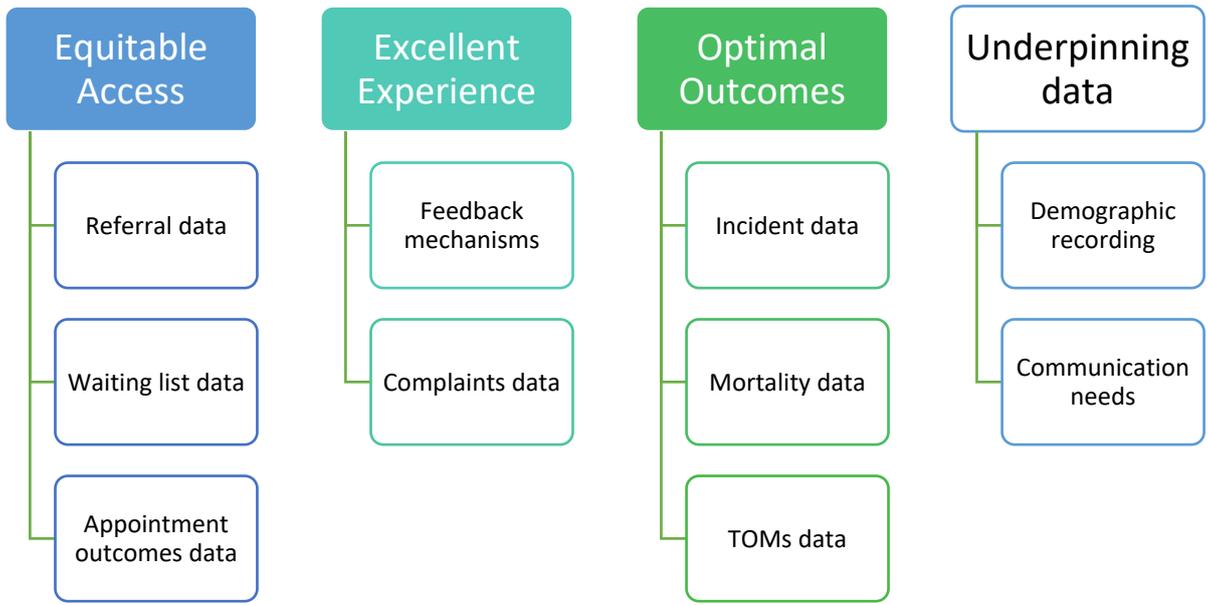
- Support from ODI and access to QI training
- Continued links with 3<sup>rd</sup> sector through LCH 3<sup>rd</sup> sector strategy group and Communities of Interest Network and 3<sup>rd</sup> sector partnerships focussed on communication including coproduced communication training
- Revised [Accessible Patient Information resource](#) on MyLCH bringing together information on Accessible Information Standards, interpreting and translation and digital inclusion
- Improvements being taken forward trust-wide, including:
  - Plain English appointment letter template with further letters to undergo same review process for rollout across LCH
  - Revised communication template (pilot, July 2023)
  - Ongoing focus on improved recording of communication needs
  - Create actionable insights through use of interpreter requirements in equity reports
  - Equity and communication embedded in Quality Challenge +

The 2023/4 equity QI programme will continue to focus on communication with this round of projects being chosen from:

- a new communication improvement identified from patient/carer feedback or equity data
- shared learning from other projects
- a step-change from the first round of projects

**Recommendation:** Board are asked to support delivery of the 2023/4 equity QI programme

## 5. Using our equity data



Equity data is divided into four areas: access; experience; outcomes and; underpinning data. As described previously, our focus in previous years of the health equity strategy has been the development and availability of data with equity lenses. To this end, all reports are now on, or linked from, a central equity reporting suite on PIP.

We are now shifting focus onto how we use that data to create actionable insights. Supporting this is the delivery of data discovery sessions to provide experiential training for services on using equity data. In the last quarter, these have been delivered with:

- SBU leadership team
- Health Equity Leadership Group
- Learning Disability Lead
- Leaders' Network
- Cardiac Service
- Speech and Swallowing Team

Learning from feedback from these sessions and to support a more patient-focussed approach to equity data, a new tool has been developed to share data (Appendix 5) identifying how different groups/communities journeys differ through LCH services. This has initially been focussed on trust-wide data for services to use as a prompt and comparator for their own service data. Since then, this approach has been used with SBU data, with future plans being to use data with ABU and CBU and to test this approach for data relating to people with Learning Disabilities.

**6. 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	<ul style="list-style-type: none"> <li>• Links to SharePoint reports are now all available through one centralised Service Equity Reporting Suite on PIP</li> <li>• 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.</li> </ul>

	<p>data. Any delay would also further reduce capacity of BI to support analysis. To note that Power BI is the tool of choice for partners across the ICB to analyse health equity data</p>	<ul style="list-style-type: none"> <li>• The roll-out of PowerBI is dependent on software being added to the server. This is now aligned to move to White Rose.</li> <li>• Implementation plan with timescales under development</li> </ul>
<p>BI capacity, both to develop equity reporting as well as the capacity and skills to analyse data</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Capacity limitations mean reporting development is predominantly linked to SystemOne and that services on different clinical systems do not have the same capabilities around equity reporting or analysis.</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of the BI strategy “delivering insight and intelligence” to shift from data provision to strategically aligned analytics, particularly delivery of: <ul style="list-style-type: none"> <li>- The ability to assess each of the organisation-wide measures for different populations to assess health equity</li> <li>- Business Intelligence technologies and processes that have freed up resources to provide more in depth, specialist support</li> <li>- More efficient and better aligned Business Intelligence resource within the existing Business Intelligence team and wider corporate teams</li> <li>- 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</li> </ul> </li> <li>• Ongoing discussions about the role of Office of Data Analytics in supporting providers.</li> </ul>
<p>Action to reduce waiting lists is not equitable</p>	<p>Action to address waiting lists does not improve waiting times equitably across all populations, meaning that inequity can increase (deprivation, ethnicity and interpreter requirement) during improvement work, worsening access for some groups.</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Previous mitigation was through the Improving Patient Flow Programme. This will now be picked up through Performance Brief.</li> </ul>
<p>Service capacity to engage in health equity work and action to address inequity</p>	<p>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.</p>	<ul style="list-style-type: none"> <li>• Promote the value proposition around health inequalities, understanding and acting on opportunities to improve service efficiency and effectiveness by addressing inequity</li> <li>• 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’.</li> <li>• Breaking action into small manageable ‘chunks’ such as the equity QI projects across all services, focussed on communication</li> </ul>
<p>Resource for the delivery of the strategy</p>	<ul style="list-style-type: none"> <li>• 0.4 PSO capacity is committed until December 2023.</li> <li>• Public health consultant role agreed as permanent.</li> <li>• There is no agreed budget outside staffing costs for equity work</li> </ul>	<ul style="list-style-type: none"> <li>• Funding is provided 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.</li> <li>• Budget requests such as the equity QI programme are submitted on an ad-hoc basis to SMT</li> </ul>

## **6. Next steps**

To inform a Board workshop in Q4 to review the current Health Equity Strategy (2021-4) and the strategy for 2024 onwards, the next steps are to:

- Deliver and evaluate the second equity QI programme
- Finalise and use output and outcome measures for the equity strategic objectives to evaluate impact of the strategy
- Stakeholder engagement, linked to LCH engagement principles and delivery

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.

### Accessible Information Standard Good Practice Checklist

**Name of organisation completing the checklist:**

The Accessible Information Standard aims to make sure that disabled people have access to information they can understand and any communication support needs they might need. This includes patients, their carers and parents.

We now have to make sure that people get information in different formats, if they need it, such as: Large print; Braille; Easy read; or via email. In addition we must make sure we support people's communication needs, for example by offering support from a British Sign Language (BSL) interpreter; deafblind manual interpreter or an advocate.

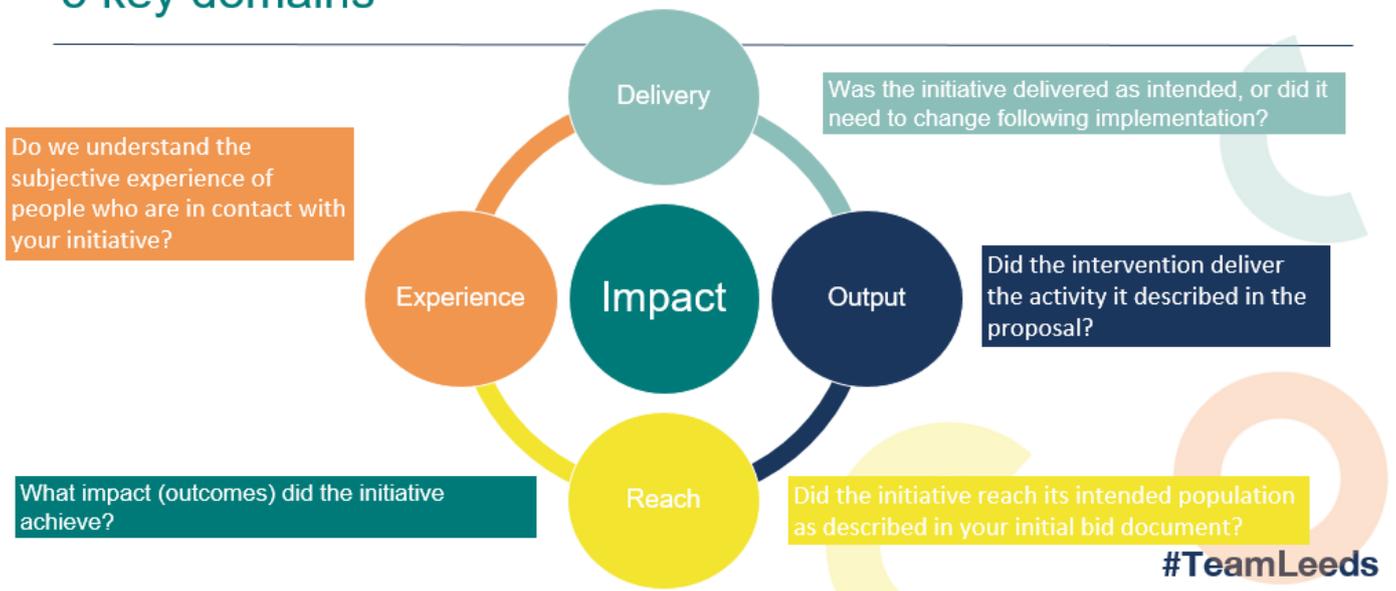
The table below provides a checklist of what should be in place to meet the requirements of the standard. Please provide details of your current position, any plans you have in place in relation to meeting the requirements of the standard and a RAG rate for each section.

<b>RAG RATES:</b>	Achieving 	Developing 	Undeveloped 
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	What you should have in place	Yes/No	If No –What plans do you have/ actions you are going to take	RAG Rate
1.	Visible posters alerting patients, <u>carers</u> and parents to the Accessible Information Standard near the reception area			
2.	Information on our website alerting patients, <u>carers</u> and parents to the Accessible Information Standard			
3.	Communication and information <u>needs</u> and how these can be met is included on the new patient registration form			
4.	A system is in place to ask existing patients if they have any communication and information needs and how these can be met			
5.	A system in place to record any communication and information needs of patients and how these needs can be met.			
6.	A system that highlights/flags patient's files so it is clear they have information or communication needs and details of how these needs should be met			
7.	Informed consent/permission to share the information with other NHS and adult social care providers is requested from patients			
8.	Information about <u>patients</u> communication and information needs and how these can be met is shared with other NHS and adult social care providers, with consent from the patient			
9.	Patients get information in an accessible way and communication support if they need it by providing alternative methods of communication and information in different ways. For example: <ul style="list-style-type: none"> <li>• Easy Read documents</li> <li>• Communicating using email/SMS</li> <li>• Documents in large print</li> <li>• Documents in Braille</li> <li>• British Sign Language interpreters</li> <li>• Deafblind manual interpreters</li> </ul>			
10.	Processes in place to review and revise all patients' information and communication needs in a systematic way to ensure patient records are kept up to date in respect of their needs.			

# Evidence and Evaluation

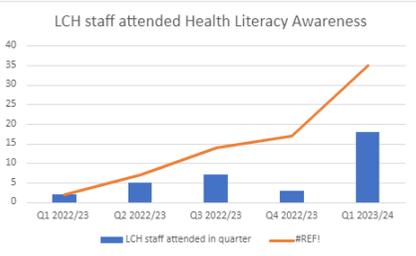
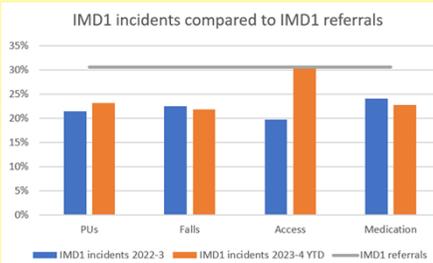
## 5 key domains

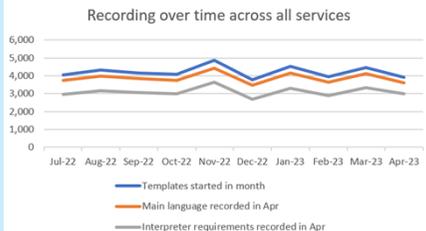


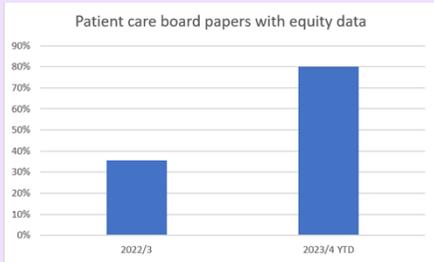
A deep dive into 'reach' from the evaluation of the 2022/3 Core20PLUS5 funded projects identified 5 themes that enabled reach into communities who are experiencing the greatest health inequalities:

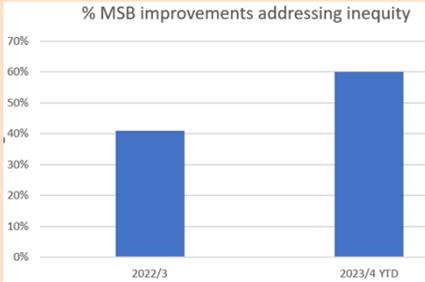
- Trust
- A flexible service delivery model
- Community led approach
- Working in partnership
- Data driven approach

Appendix 3: strategy update

		Year 3 focus	Output measure	Impact measure	Update, including plans for next reporting period																				
	<p>Address inequity through person-centred care</p>	<p>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.</p>	<ul style="list-style-type: none"> <li>No. LCH staff attending health literacy awareness sessions</li> </ul>  <table border="1"> <caption>LCH staff attended Health Literacy Awareness</caption> <thead> <tr> <th>Quarter</th> <th>LCH staff attended in quarter</th> <th>BREFI</th> </tr> </thead> <tbody> <tr> <td>Q1 2022/23</td> <td>~2</td> <td>~5</td> </tr> <tr> <td>Q2 2022/23</td> <td>~5</td> <td>~10</td> </tr> <tr> <td>Q3 2022/23</td> <td>~8</td> <td>~15</td> </tr> <tr> <td>Q4 2022/23</td> <td>~5</td> <td>~18</td> </tr> <tr> <td>Q1 2023/24</td> <td>~18</td> <td>~35</td> </tr> </tbody> </table>	Quarter	LCH staff attended in quarter	BREFI	Q1 2022/23	~2	~5	Q2 2022/23	~5	~10	Q3 2022/23	~8	~15	Q4 2022/23	~5	~18	Q1 2023/24	~18	~35	<ul style="list-style-type: none"> <li>AIS compliance (tbc - as defined by CQC pending completion of AIS review, summer 2023)</li> </ul>	<ul style="list-style-type: none"> <li>Scope service self-assessment for person-centred care</li> <li>Test inclusion of person-centred language in documentation audit in a selection of SBU services</li> </ul>		
Quarter	LCH staff attended in quarter	BREFI																							
Q1 2022/23	~2	~5																							
Q2 2022/23	~5	~10																							
Q3 2022/23	~8	~15																							
Q4 2022/23	~5	~18																							
Q1 2023/24	~18	~35																							
	<p>Focus on equity in quality and safety</p>	<p>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.</p>	<ul style="list-style-type: none"> <li>% Quality Challenge+ self-assessments including equity</li> </ul> <p>Benchmark based on 2023/4 QC+ submissions to be identified for measuring against in future years.</p>	<ul style="list-style-type: none"> <li>Reduction in difference between IMD1-2 and IMD 3-10 for incidents</li> </ul>  <table border="1"> <caption>IMD1 incidents compared to IMD1 referrals</caption> <thead> <tr> <th>Category</th> <th>IMD1 incidents 2022-3</th> <th>IMD1 incidents 2023-4 YTD</th> <th>IMD1 referrals</th> </tr> </thead> <tbody> <tr> <td>PUs</td> <td>~22%</td> <td>~25%</td> <td>~30%</td> </tr> <tr> <td>Falls</td> <td>~22%</td> <td>~22%</td> <td>~30%</td> </tr> <tr> <td>Access</td> <td>~20%</td> <td>~30%</td> <td>~30%</td> </tr> <tr> <td>Medication</td> <td>~25%</td> <td>~22%</td> <td>~30%</td> </tr> </tbody> </table>	Category	IMD1 incidents 2022-3	IMD1 incidents 2023-4 YTD	IMD1 referrals	PUs	~22%	~25%	~30%	Falls	~22%	~22%	~30%	Access	~20%	~30%	~30%	Medication	~25%	~22%	~30%	<ul style="list-style-type: none"> <li>Development of actionable insights around inequity in incidents</li> <li>EIA in policies and SOPs</li> <li>Evaluate success of EQIAs in mitigating equity risks</li> <li>Implementation of NICE guidance</li> <li>Inclusion of equity in new CQC evidence framework</li> </ul>
Category	IMD1 incidents 2022-3	IMD1 incidents 2023-4 YTD	IMD1 referrals																						
PUs	~22%	~25%	~30%																						
Falls	~22%	~22%	~30%																						
Access	~20%	~30%	~30%																						
Medication	~25%	~22%	~30%																						

		Year 3 focus	Output measure	Impact measure	Update, including plans for next reporting period
	Test different ways of working	Test having a consistent area of focus (communication) in QI projects across all services. Review learning from delivery to plan for next round of equity QI programme.	<ul style="list-style-type: none"> <li>% interpreter requirements recorded on communication template</li> </ul> 	<ul style="list-style-type: none"> <li>TBC in developing plans for in-depth understanding of equity in patient journeys through 1 prioritised service per BU</li> </ul>	<ul style="list-style-type: none"> <li>Increase completion of communication template, including pilot of revised template</li> <li>Deliver 2023/4 equity QI programme including next round of projects, training and engagement activities</li> <li>Identification of services for in-depth understanding of equity data</li> </ul>

		Year 3 focus	Output measure	Impact measure	Update, including plans for next reporting period						
	<p>Increase understanding of health equity in our services</p>	<p>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.</p>	<p>Availability of equity reports:</p> <ul style="list-style-type: none"> <li>19 reports equity reports now available, with lenses for deprivation, ethnicity, age, interpreter requirements, LD and autism</li> </ul>	<ul style="list-style-type: none"> <li>% Board reports using equity lenses on papers with data relating to patient care</li> </ul>  <table border="1"> <caption>Patient care board papers with equity data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2022/3</td> <td>35%</td> </tr> <tr> <td>2023/4 YTD</td> <td>75%</td> </tr> </tbody> </table>	Year	Percentage	2022/3	35%	2023/4 YTD	75%	<ul style="list-style-type: none"> <li>Alignment of data development with implementation of BI strategy and new PowerBI dashboard developments</li> <li>Continued delivery of data discovery sessions</li> <li>Test patient-journey approach to data</li> <li>Develop mortality equity report</li> </ul>
Year	Percentage										
2022/3	35%										
2023/4 YTD	75%										

		Year 3 focus	Output measure	Impact measure	Update, including plans for next reporting period						
	Develop tools and resources	<p>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.</p>	<ul style="list-style-type: none"> <li>Views of MyLCH <a href="#">Health Equity pages</a> to be used as output measure.</li> </ul>	<ul style="list-style-type: none"> <li>% EQIA successfully mitigated equity risks</li> </ul> <p>Confirmation of successful mitigation added to review panel template. Analysis of 2023/4 reviews to provide benchmark.</p>	<ul style="list-style-type: none"> <li>Changes to incorporate EIA into QIA main documents following EQIA review</li> <li>Ongoing work on No Bystanders</li> <li>Development, delivery and evaluation of phase 1 of 'cultural conversations' programme</li> </ul>						
	Share successes and progress	<p>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.</p>	<ul style="list-style-type: none"> <li>MyLCH Health Equity page to share successes and change stories under development. As new examples added, to be shared as new stories on MyLCH and in LCHToday. The number of that content on the sharing success MyLCH page will be used as an output measure.</li> </ul>	<ul style="list-style-type: none"> <li>% Making Stuff Better shout-out presentations that include equity</li> </ul>  <table border="1"> <caption>% MSB improvements addressing inequity</caption> <thead> <tr> <th>Year</th> <th>% MSB improvements addressing inequity</th> </tr> </thead> <tbody> <tr> <td>2022/3</td> <td>40%</td> </tr> <tr> <td>2023/4 YTD</td> <td>60%</td> </tr> </tbody> </table>	Year	% MSB improvements addressing inequity	2022/3	40%	2023/4 YTD	60%	<ul style="list-style-type: none"> <li>Learning and impact of equity QI projects</li> <li>EDS22 – Outcome 1 delivery in Q2-3</li> <li>Delivery of presentations, workshops and stalls at conferences</li> </ul>
Year	% MSB improvements addressing inequity										
2022/3	40%										
2023/4 YTD	60%										



#### Appendix 4: summary of communication QI projects

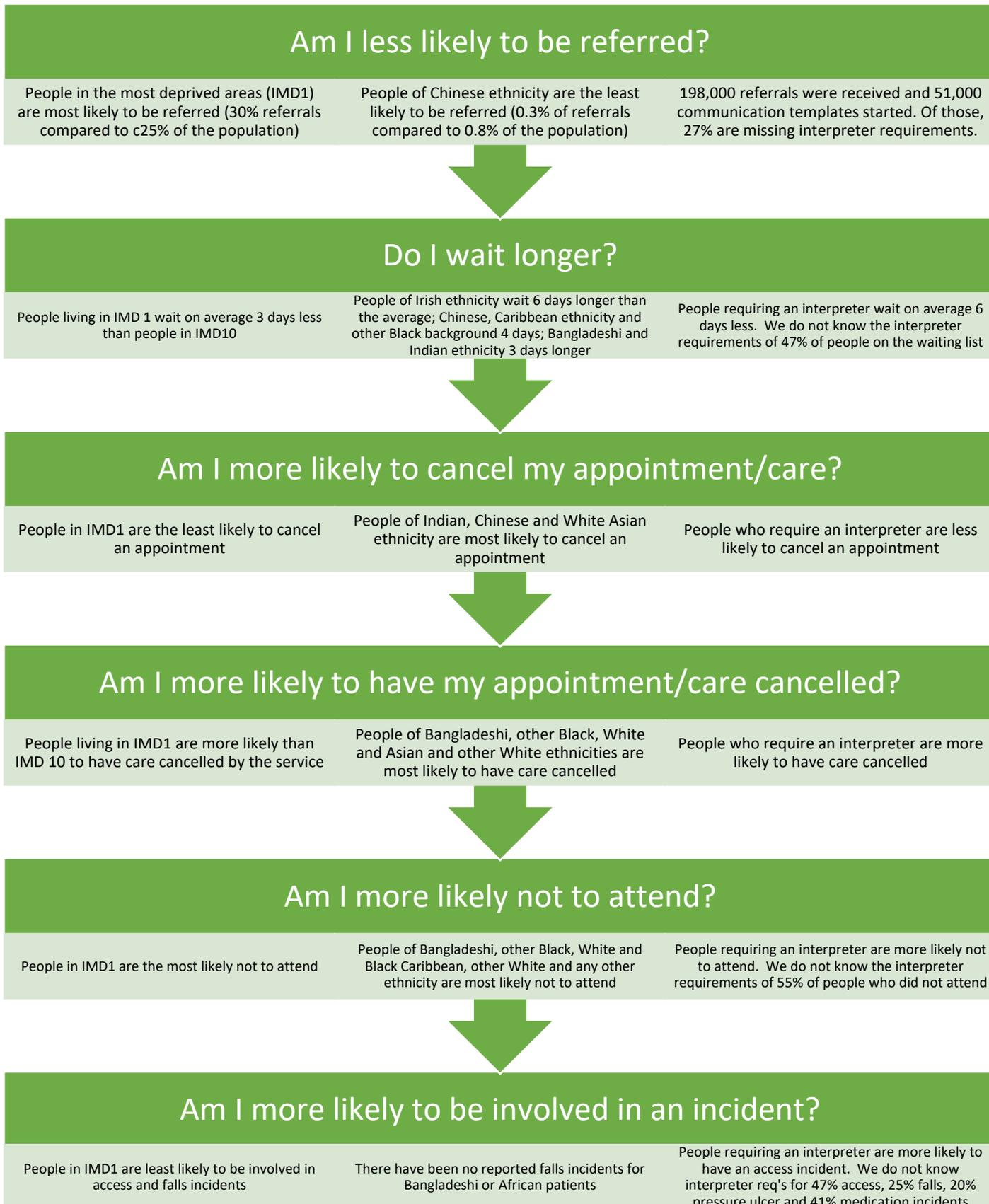
BU/Service	Project	Impact
NTs and HCM	For triage Hubs to complete the communication template at point of triage rather than at point of first assessment. Include communication template within triage template for ease of access and within triage training programme.	By completing the template at point of triage rather than first assessment supports the initial visiting clinician to ensure that any relevant support is organised prior to the visit, ensure that any relevant reading material is in the appropriate language and that if a Virtual Consultation is not appropriate then this is not undertaken as part of the Initial Assessment. The outcome of these actions is that the patient receives an appropriate initial assessment.
Cardiac	To improve recording of communication needs and staff awareness of tools to improve communication.	Improved recording of interpreter requirements. Multidisciplinary team of three staff across service streams to champion communication.
CBU	To increase recording of communication needs by sending out an A4 leaflet about communication needs with all first letters, including a strapline in the top 10 languages spoken by our service users.	Review of initial letters across CBU identified not all of them inform service users of their rights to access communication in a range of formats. Standardised information aims to ensure that we create equity across services.
CIVAS	To improve staff awareness of different methods of communication and increase recording of communication needs.	Bringing our QI project now to our team meetings so we can all share experiences, challenges and reflect. Have an open and honest service and work collaboratively with our partners and MDT.
Dietetics and T3 Weight Management	Communication requirements will be documented on S1 at the earliest appropriate contact with the service.	Staff are clear about the importance of having conversations with patients/carers about communication needs and then that this is documented to ensure the patients needs are being met.
Diabetes	Promote and signpost people to diabetes care offers through information that is inclusive to the whole population, including better accessibility of websites, digital comms, structured education, letters, advice leaflets and posters.	All Community Diabetes Service letters are in font 14-16 as minimum. All letters are in Plain English or easier. Our website videos include BSL. Diabetes easy read and videos have been enhanced and stored centrally on the Get Checked Out website.
Homeless and Health Inclusion Team	Staff to complete eLearning on identifying communication issues and autism spectrum disorders. If we suspect that there may be an underlying communication issue, we will raise concerns with the ward to advocate on the patient behalf.	Reduce uninvestigated or undiagnosed communication issues which affects patient ability to be understood or understand and can affect their ability to stay in hospital. Improved patient experience through reduction in patients not knowing when something is going to happen, being kept waiting for procedures

		without any communication or being asked to leave before treatment is completed.
Liaison and Diversion	A clear and robust communication offer within Liaison and Diversion, by taking a whole service overview to ensure that our service users and potential service users are able to know about and access our service regardless of setting.	Feedback from our team and the police in custody suites on a couple of individual cases has shown us the value of ensuring that individual communication needs are met and what happens when they are not. Impact on individual service users and their access to support in custody. We have also learned what we don't do as well and how we can improve our communications to ensure that we create equity of service.
LMWS	Ensure that people who do not have English as a first language are able to access the same therapy resources as other clients	Purchase Psychology Tools – a resource of therapy tools available in English and many other languages.
Long-Covid	With a change in first assessment practice and the introduction of Video Group assessment (VGA) clinics to support / provide earlier peer support and reduce service waiting times, we wanted to ensure equity and quality of assessment for everyone, especially in the subgroups above whom might find the format of video groups inaccessible and inappropriate.	Virtual Group Assessment isn't appropriate for all patient groups so alternative provision has been developed to support quality initial assessment Some patients that have a 1-2-1 first assessment where their needs are explored in more detail are then able to go onto access other digital groups, e.g. virtual course.
MSK	Increase compliance of completion communication template on SystemOne. Review /improve service user written comms sent prior to first appointment.	Four languages (Polish, Urdu, Punjabi and Arabic) were selected out of most common non-English languages spoken in Leeds to trial translation of initial communication letters. Appointed two new dedicated Patient Experience Engagement and Participation Officer posts. These posts (non-clinical background) will enable the service to take patient engagement to the next level, with a focus on equity and communication.
Podiatry	Optimise the inclusive literature we already have so that staff can provide this information to patients. Ensure staff know about easy read leaflets and leaflets in other languages.	The leaflets in other languages and easy read were approved by the CCG working group and LYPFT. Staff were not aware we have inclusive leaflets as many are new to the team so the leaflets have been centralised on the shared drive as staff finding them was one of the barriers. This is being reviewed at the staff meeting about access to resources.
Respiratory	Increase recording of communication needs and improve staff awareness of tools to improve	Documentation audit highlighted that there was already good use of the communication tab on SystemOne, but need to fully utilise communication tabs, we need improvement in

	communication, e.g. Language Line interpreter services, easy read language, contact method.	the numbers of patients that have been asked about text, email, preferred language.
TB	Before this project, the service would invite people that were eligible for new entrant screening by means of a letter. We wanted to improve the uptake, so we looked at other communication modalities we could utilise. In doing this, we hoped to make our offer more inclusive and equitable to vulnerable, hard to reach groups of people and reduce health inequalities.	By recording the modality of which people have used to contact the service by, we measured if the new methods are making a difference. Early data shows that the response rate via email has been the most popular. We have found people have responded via email and informed us, for example, they are no longer in the Leeds area. This is additional information that we previously would not have had. We are therefore able to record this data and remove them from our cohort of 'eligible patients' – reducing follow up work, as we previously would send follow up letters to people who had failed initially to respond to the first invitation for screening.

**Would you rather not know?**

What does our data\* tell us about patient journeys? Are groups who already experience inequity also having worse access to services and outcomes in them? Where does the inequity start in patient journeys?



\*Trustwide data from PIP [1.1 Equality Services - Report Viewer](#), for Apr 2022-Mar 2023. Aggregated data at this level can mask variation/inequity at service level.

**Board Meeting in Public: 4 August 2023**

**Agenda item number: 2022-23 (42)**

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**Title:** 3<sup>rd</sup> Sector Strategy Progress Update

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**Category of paper:** Assurance

**History:**  
26 July 2023 Business Committee

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**Responsible Director:** Executive Director of Operations

**Report author:** LCH Partnership Development Manager, Volition Director (on behalf of Forum Central)

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## Executive Summary (Purpose and main points)

The paper provides an overview of

- The very significant changes in the landscape of Leeds' third sector over recent years, the current funding context and risks and threats resulting from that for the sector, the communities and population the sector serves and supports and realisation of key Leeds strategies and plans. Some third sector organisations are expected to lose staff, services or fold.
- discussions and actions plans from March 2023 LCH Board workshop with which focussed on how LCH could bolster resilience of the third by ensuring better sustainability and viability of contracts, improving information sharing and information governance arrangements with the sector, and strengthening lead provider arrangements with charities across Leeds.
- Progress in implementing LCH's 3<sup>rd</sup> Sector Strategy – Appendix 1. Notable developments since the last update including:
  - Developing Inclusive, Accessible Services Workstream – Integrated Clinic Social Model. Clinics now being delivered in 3 third sector partners premises alongside social activities, including providing wound care for vulnerable people who have high incidence of severe wounds
  - Enable More Effective Self-Management Workstream - developing closer working across services with 100% Digital to support digital inclusion.
  - Connect Better workstream – Enhance programme. Year 2 budgets for the 14 third sector Delivery Partners have been weighted for deprivation. Changes are being introduced to support growth in NT referrals informed by feedback from NTs and Delivery Partners. There will also be a stronger focus on increasing hospital discharge referrals
  - Work is underway on developing a Partnership (third sector, LCP and PCN) intranet site and planning for a market place event in the autumn to enable and encourage connections and partnership working
- Examples of development of partnership working with third sector that isn't a focus of the Implementation Plan:
  - Hyper local recruitment – links established with Community Anchor Networks who are sharing population data and intelligence which will inform hyper-local recruitment forward plans. Links established with Forward Leeds and Women's Health Matters enabling reach and better connection with local communities and more diverse population groups.
  - Liaison and Diversion Service (L&D) – currently working with our third sector partner, Community Links, to mobilise a new element of the service - Peer Support Workers providing holistic care to an often chaotic client group on release from prison supporting long term rehabilitation into the community.

Business Committee is asked to consider whether it is assured about progress in implementing the 3<sup>rd</sup> Sector Strategy.

## Purpose

The paper provides an update on progress over the past 6 months in implementing LCH's 3<sup>rd</sup> Sector Strategy.

## Background

The 3 year LCH Third Sector Strategy, co-produced with Forum Central which represents and provides a collective voice for Leeds' third sector in health and care, was approved by LCH Board in August 2020.

**Forum Central** is a key partner working as part of the Leeds Integrated Health and Care Partnership and a member-based network representing around 300 of the third sector organisations working in health and care, with strong links networks supporting the 3,000+ not for profit organisations across in Leeds.

Forum Central connects third sector organisations with work happening across the city and with strategic developments across health and social care; promotes and supports partnership working and provides information for and about the third sector through our specialist networks.

The aim of the strategy is:

*to deliver outstanding care to the people we serve by developing effective partnership working with the third sector, maximising use of their expertise and contribution, achieve a culture change in LCH where our people fully recognise their value and support third sector resilience.*

The strategy has 7 objectives:

- **Objective 1:** develop integrated working and co-delivery between LCH and the 3<sup>rd</sup> sector
- **Objective 2:** use the health inequalities expertise of the third sector to support the poorest to improve their health the fastest
- **Objective 3:** develop shared agendas to maximise effort and impact on improving health outcomes
- **Objective 4:** develop an LCH offer that helps develop a resilient, thriving and successful third sector
- **Objective 5:** champion a 'one health system' where infrastructure is aligned to enable all partners, including the third sector to successfully contribute
- **Objective 6:** design a fair and equal approach to business development, contracting and partnership working that supports growth, sustainability and viability in the third sector with a diverse range of organisations
- **Objective 7:** LCH and the third sector to work with other system partners to improve how we enable clear navigation of the health system in Leeds

A Steering Group, which has equal LCH and 3<sup>rd</sup> sector representation and co-chaired by LCH Exec Dir of Operations and Volition Director, on behalf of Forum Central (partnership of Volition and Leeds Older People's Forum) developed an implementation plan and oversees implementation. The pace of progress was impacted by operational pressures resulting from the pandemic with the Steering

Group and focus on many actions paused. The Steering Group agreed the year 2 implementation plan in November 2022.

### **Third Sector Context and Background**

In the last five years, there have been seismic shifts and developments (in Leeds and beyond) that have changed the way that the third sector operates, both in itself and within the wider system in the city. The pandemic impacted hugely on third sector organisations - challenging the sector's viability through changes in income and expenditure; pressures on communities and changes in volunteering. We saw the third sector's ability to adapt to changing circumstances and this included positive shifts in terms of increased partnership and visibility of the community sector, along with significantly increased demand and complexity, as described in the Volunteering and Covid-19 in Leeds report.

The State of the Sector reports ([2021](#) and 2023 about to be launched) help us understand and describe what the third sector looks like in Leeds, and articulate the sector's value as a connected ecosystem, where the whole is greater than the sum of its parts that brings huge value to the wider system, but is currently at risk.

[State of the sector - Forum Central](#)

[Cost-of-Living and Cost Pressures - Forum Central](#)

[Third Sector Cost Pressures: Survey Results June 2023](#)

A resilient, thriving third sector that is an equal partner in developing and implementing plans, underpinned by increased investment to deliver left shift and reduction of health inequalities, is central to Leeds key strategies including the [Inclusive Growth Strategy](#); Healthy Leeds Plan; the Refreshed Leeds Health and Wellbeing Strategy 2023-2030 [Healthy Leeds Plan Overview](#); Home First - Hospital Discharge and [The Leeds Marmot partnership](#).

Forum Central, alongside Voluntary Action Leeds, works to ensure the resilience of the sector throughout the pandemic and cost-of-living crisis, to enable the third sector to continue supporting communities. Through Third Sector Leeds (the Leeds Third Sector Assembly) we published a position statement in September 2022 which led to a workshop being convened with senior officers from key departments across Leeds City Council and health authorities, and the following shared principles were agreed as a way of working:

- Working in a way that ultimately benefits people and communities living in Leeds
- The importance of delivering preventative measures where possible
- Investment in resilience
- The importance of working together in partnership
- A commitment to 'one workforce'
- The third sector being an equal partner as part of both the WY Health and Care Partnership, 'Team Leeds' approach and WYCA

Given the size of the population, third sector and levels of contracting and delivery Forum Central's infrastructure is lean. It is well networked, and along with Voluntary Action Leeds (VAL) and Leeds Community Foundation (LCF), creates channels for

funding to flow through to frontline VCSE organisations, and for insight to flow back up to city leaders. This approach enables Leeds to maximise grant funding reaching a wider range of community organisations supporting minoritised [communities of interest](#) - including Disabled and Older people and Black, Asian and Minority Ethnic and other groups facing greatest health inequalities - as well as our aspiration to facilitate better intersectional working.

The West Yorkshire (WY) Integrated Care System is nationally recognised for the strength of its approach in working with our VCSE sector demonstrated by investment in a dedicated Harnessing the Power of Communities Programme and through our Memorandum of Understanding which “recognises that the VCSE sector are a key and equal partner in achieving the [West Yorkshire Partnership ambitions and vision](#).”

Forum Central has been working with system partners to develop sustainable funding for the Health and Care VCSE sector to ensure we reach those people not supported elsewhere in the system as well as delivering partnership contracts. Throughout this journey FC has engaged frontline organisations enabling a different voice to help shape the Leeds Office of the Integrated Care Board (ICB) through building on ‘[Shaping our future](#)’. The Leeds ICB team collaborated with FC to co-produce a business case in mid 2022 for Third Sector infrastructure to meet the needs of the ICB and Leeds Health & Care Partners. 2023 financial position meant that only partial funding for one year was approved and that some of the work that partners value most including supporting rep/advocates on Population Health and Care Delivery Boards couldn’t be funded and is therefore now at risk.

West Yorkshire and Leeds Power of Communities work has helped Forum Central to channel funding from the NHS, Leeds City Council Public Health, and Adults and Health to small and emerging groups working with Communities of Interest. Funding has included the HPoC small grants programme, Covid response and vaccination grant funds, Household Support Fund, Hey Neighbour, 23/4 HI Fund and PCN funding as well as the planned Core20+5 funding. In partnership with Leeds Community Foundation, Forum Central has supported diverse organisations to access around £1.6M funding to enable them to engage with key agendas including LCP development, Synergi, suicide prevention, trauma informed approaches. In the last five years, we have increased funding to culturally diverse and hyperlocal organisations including through Synergi, Trauma Informed approaches and Community Mental Health Transformation. If we lose this infrastructure, then we lose the system capability of the third sector to ensure the maximum number of organisations do continue to secure funding and development support from various health and care (and wider determinants of care) sources.

In March 2023 one-off funding was secured by WY Power of Communities of £1M (with £309k allocated to Leeds) to address challenges around cost of operating/recruitment and reduction in funding and build on recommendations highlighted in the [March ICB Paper](#). Having consulted with partners at pace, Forum Central is proposing to use half of this one-off Leeds allocation to resource two key areas: Neighbourhood work/ Locality Models and culturally diverse and faith groups and consortia/partnership working to increase sustainable and strategic approaches targeting small, diverse and faith orgs and offer capacity building to maximise funding and resilience. The other half of the allocation will be used to fund work in

line with our previous business case on third sector representation, engagement and system change including the work on sector visibility, workforce, digital and developing third sector proposals for cost-saving schemes outlined in a Financial Challenge paper sent from Tim Ryley, Leeds Place Lead, to partners at the end of May. This Leeds approach is being developed in partnership with Leeds and WY third sector colleagues including the WY Voices and will have an agreed strategic framework to support decision making

Some organisations will lose staff, services or even fold. Small, non-recurrent grants from this allocation will not prevent that from happening in all cases but will at least enable some to weather the current challenges - we need to be the best we can with the resources that we have.

Third Sector Leeds is currently undertaking work to complete a citywide Third Sector Strategy: [Third Sector Strategy - Draft](#). There is synergy with LCH's Third Sector Strategy and Anchor Network focus. The Anchor Network will be considering the Strategy and Network member individual and collective support.

### **Third Sector Strategy Implementation**

Understanding the challenges LCH and 3rd sector organisations face in the current climate of financial pressures, increased and more acute demand and the impact on staff health and well-being, recruitment and retention and the potential to address those challenges through partnership working bilaterally and with system partners remains a key focus of the Steering Group.

In March 2023 the LCH Board hosted a workshop with board members and key LCH corporate heads of function to discuss and agree how LCH's approach to working with the third sector could bolster resilience with charities across Leeds. The discussions had three main areas of focus ensuring better sustainability and viability of contracts, improving information sharing and information governance arrangements with the sector, and strengthening lead provider arrangements when working in partnership with the third sector. The resulting action plan is now being worked through and includes:

#### Contract sustainability

The LCH Business Managers, aligned to each business unit are tasked with mapping the contracts LCH holds with the third sector and ensuring these are sustainable. Longer, more sustainable contracts create a more stable and resilient third sector. To date this has included scrutinising and challenging the rationale where third sector contracts do not align with the head contract, such as the Northpoint contracts in Mindmate SPA, which have since been extended as a result. Established contract review mechanisms are also being used to check sustainability of contracts on an ongoing basis, for example as the cost of living increases, ensuring that the funding being received is able to cover a living wage for the staff employed through the contract. Externally, LCH continues to be a strong advocate for the sector by promoting the benefits of sustainable contracts, and challenging the perception that the third sector is a cheaper option, through groups such as Partnership Executive Group, the Population Boards and Tackling Health Inequalities Group.

2-way understanding of the challenges LCH and 3rd sector organisations face in the current climate of financial pressures, increased and more acute demand and the impact of that on staff health and well-being, recruitment and retention, and the potential to address those challenges through partnership working bilaterally and with system partners remains a key focus of the Steering Group.

#### Information sharing

Work over recent months on the Enhance project and Home Plus service provided by Age UK as part of the Home First programme has highlighted barriers that prevent sharing of LCH patient information with third sector partners. The 14 Enhance third sector partners and Age UK provide non clinical holistic support to aid rehabilitation and recovery, keep patients safe and maintain health, wellbeing and independence of patients on NT and Home Ward caseloads. Access to the clinical system would enable joined up, timely and more informed care and more efficient use of resource.

The discussion agreed that one of the main barriers to granting access was around whether the care being delivered by the third sector constituted 'direct care' or not and that this national definition was outdated and needs reviewing to reflect the multidisciplinary expertise of all partners involved in the health and care system. It was also agreed that overcoming information governance challenges was a wicked issue shared by the whole system and that LCH should work with partners to address this collectively, rather than in isolation. Internally, LCH has been continuing to work with Enhance partners to scope what information they require. The IG Lead is developing a standard framework which will ensure a consistent approach for managing requests from external partners to access LCH patient records, including what due diligence information is required by organisations in order for them to complete the Data Protection Security Toolkit (DSPT) in a more streamlined way. The national DSPT requirements for some organisations, including the third sector, have increased, also creating a significant barrier for third sector organisations unless they have already met the DSPT requirements in relation to partnership work with another statutory health care provider.

#### Lead provider

LCH is the lead provider of a number of services delivered in partnership with the third sector, including Leeds Mental Wellbeing Service, Leeds Sexual Health and Humberside Liaison and Diversion. This discussion explored how LCH could be a better lead provider. It was agreed that LCH didn't always need to be lead provider and that each opportunity should be looked at objectively and opportunities identified for the third sector to lead on as well. Finally, there was an ask that LCH is more proactive about how partnerships and lead provider arrangements are agreed when services go out to tender, to avoid rushed decisions being made due to tight timescales. As a result a pipeline of opportunities is already being scoped by the Head of Strategy and Senior Business Manager.

An overview of progress against the Implementation Plan is attached at Appendix 1. Notable developments since the last update include:

### **Develop Inclusive, Accessible Services Workstream – Integrated Clinic Social Model**

In addition to the weekly Integrated Clinic, providing wound, line and catheter care alongside social activities at OPAL, and a leg club provided in collaboration with LS25/26PCN and NET Garforth, there is now a second leg club in LS25/26 PCN and a wound clinic pilot in Forward Leeds premises 2 afternoons per week at Kirkgate clinic and alternate weeks in Armley and Seacroft for people who are homeless, sex workers and/or have an addiction for patients known to Forward Leeds via BEVAN, the Homeless Health and Inclusion Team, BASIS, St Anne's and The Crypt improving access and provision for some of the most vulnerable people who have high incidence of severe wounds. This supports objectives 2 and 3. There continue to be challenges staffing the Integrated Clinics since staffing for each clinic was transferred to the respective NT in April 23. Adult Business Unit are considering the future model for Integrated Clinics and self management Health Hubs.

### **Enable more effective self-management workstream - Developing Closer Working with 100% Digital to Support Digital Inclusion.**

Since the start of the year there has been a focus on raising awareness across services about the support 100% Digital can provide to enable digital inclusion, to both services and patients, including the support available to patients, carers and families through the Digital Health Hubs that are being rolled out across the city. Digital Health Hubs offer loaning of devices, data gifting, training, including drop-in sessions and home visits to develop confidence and skills in using digital devices to access health care resources, make appointments and for non health care related use e.g. social media, shopping apps.

100% Digital have attended ABU Round Table, Leaders Network, Digital Champions meeting and resources cascaded via My LCH bulletin. As a result, 100% Digital are providing digital awareness training sessions to the Respiratory service, will be attending the Stroke team meeting in September, are providing digital awareness training to the 0-19 service and ABU identifying forums to invite 100% Digital to. LCH Digital Innovations Lead meets regularly with 100% Digital to ensure digital inclusion is maximised in digital innovations. This supports objectives 2 and 3.

**Connect Better workstream – Enhance programme.** All 14 Enhance delivery partners have now signed a new partnership agreement for year 2. Year 2 budgets have been weighted for deprivation: 48% of the funding is for the 20% most deprived areas.

Changes (being) introduced that should support growth in NT referrals and informed by feedback from NTs and Enhance Delivery Partners include:

- Enhance partners established in Morley and Pudsey aligned to NT footprints: Health for All and Armley Helping Hands – in year 1 there was no dedicated Enhance provision
- Core offer established that is provided by all Enhance delivery partners along with visual comms about the Enhance offer tailored for each NT portfolio
- ICB supporting with developing a post-code look-up tool as in most areas Enhance Partner boundaries don't align with NT boundaries
- NTs and delivery partners co-produced a revised referral form

The med prompt pilot has not resulted in referrals reflecting a range of approaches having now been developed that negate the need for this.

There is a stronger focus in year 2 on increasing hospital discharge referrals through linking with ToC, CDAT and LTHT discharge teams. This supports objectives 1,2,4,5,6,7

**Third Sector Strategy Communications** is a priority focus for year 2 as a key enabler for encouraging and enabling development and widening of 3<sup>rd</sup> sector partnerships and delivery of all 7 strategy objectives. Work is underway on:

- i. developing Partnership (third sector, LCP and PCN) pages on LCH intranet with
  - links to 3<sup>rd</sup> sector directories, networks and forums to enable navigation and making connections
  - case studies, vlogs and testimonials of innovative partnership working
  - trustee and other volunteering vacancies and staff reflections about positive personal and professional impact
- ii. Co-producing with LCH and third sector colleagues a market place event to take place in the autumn to develop 2-way understanding across LCH and 3<sup>rd</sup> sector organisations, enable navigation and making connections.

There is a wealth of development of partnership working with third sector that isn't a focus of the Implementation Plan. A couple of examples of this include:

- **Hyper local recruitment** – since the last report, the LCH Workforce Lead has connected with Community Anchor Networks and the Good Jobs, Heathier Lives, Fairer Futures project Steering Group. The Community Anchor Networks have shared population data and intelligence which will inform development of the hyper-local recruitment forward plan. Attending the Good Jobs, Heathier Lives, Fairer Futures project Steering Group enabled linking with Forward Leeds and Women's Health Matters who are both sharing vacancies and the support available with their networks and encouraging take-up. Forward Leeds have already referred 6 people. Such links enable LCH to reach and connect better with local communities and specific population groups, recruitment of a more diverse, representative workforce and enabling people to enter in to or progress in employment, helping reduce health inequalities. This supports objective 2.
- **Liaison and Diversion Service (L&D)** – the L&D service works with people from point of entry into the criminal justice system, working with them to help them reduce their offending behaviours by improving health and social outcomes, supporting people through the court process and providing information for transfer to prison if appropriate. The reconnect model will prevent a gap in this support by providing the holistic care required to an often chaotic client group on release from prison. It is very possible that we will have worked with the prisoners being released from prison, thereby closing the circle of support.

- We are currently mobilising the service with our third sector L&D partner, Community Links, through the provision of two Peer Support Workers. The peer support element of the service will be crucial to its success and enabling long term rehabilitation into the community. We envisage the peer support workers providing 1-to-1 support, facilitating support groups, sharing experiences and supporting access to services and resources. They will also perform a wide range of tasks to support individuals in living their own lives and directing their own treatment and recovery process. The peer workers will be able to provide some of the more transformative elements of support and will be the golden thread that runs throughout the persons time with the service.

Positive partnership working with Community links continues across the wider service on every level including joint training with a focus on adopting a trauma informed way of working to ensure that we collectively provide the best support options for the individuals within our service. We have implemented joint working practices to ensure that the appropriate level of support is offered to the service users, for example the children and young people pathway is developed to promote engagement at the earliest opportunity. Community links children and young people's practitioner attends the initial assessment to prevent retraumatising and promote engagement from the start and avoid the young person having to tell their story to multiple people. This supports objectives 1, 2, 4, 5 and 6.

## **Recommendations**

Business Committee is asked to consider whether it is assured about progress in implementing the 3<sup>rd</sup> Sector Strategy

1. DEVELOP A 'ONE HEALTH SYSTEM' INFRASTRUCTURE		PROGRESS	RAG
Enable information sharing with 3 <sup>rd</sup> sector	<p>National IG requirements prevent LCH allowing Enhance and Home Plus third sector partners accessing LCH patient records which would enable joined up, timely and more informed care and more efficient use of resource: national definition of 'direct care' does not include third sector partners unless providing clinical care and DSPT requirements have increased and are extremely onerous. Agreement at March Board workshop that overcoming information governance challenges requires whole system support. LCH leadership to lobby nationally for greater flexibility re definition of direct care.</p> <p>Experience of Community MH Transformation Programme points towards Leeds Care Record and YHCR being the only solutions for enabling information sharing system wide, neither appear to be solutions in the near future.</p> <p>LCH IG Lead to develop a standard framework that ensures a consistent, streamlined approach for managing requests from external partners to access LCH patient records and ensures effective information governance.</p>		
2. SUPPORT 3 <sup>RD</sup> SECTOR GROWTH, SUSTAINABILITY			
3 <sup>rd</sup> sector funding & contracting support resilience	<p>Focus at Board workshop in March on supporting 3<sup>rd</sup> sector resilience through our approach in relation to being a lead provider and contracting. Actions agreed :</p> <ul style="list-style-type: none"> <li>• review alignment of length of 3<sup>rd</sup> sector contracts with LCH contracts – as a result have extended the Northpoint contracts in Mindmate SPA,</li> <li>• Commitment to review objectively opportunities for third sector partners to lead, as we have done with the Sexual Health service tender where FC will lead a 3<sup>rd</sup> Sector Network</li> <li>• Be more proactive about how partnerships and lead provider arrangements are agreed when services go out to tender to avoid rushed decisions being made due to tight timescales. A pipeline of opportunities is already being scoped</li> <li>• Where LCH is the lead provider ensure more rigour in mapping corporate infrastructure requirements from the start</li> </ul> <p>We have introduced a focus at contract review meetings with 3<sup>rd</sup> sector partners on the impact of contracts on partner's resilience and will share and implement good practice that supports resilience.</p>		
Provide warm spaces for 3 <sup>rd</sup> sector	<p>As part of LCC led City group developing the city 'warm spaces' offer, LCH agreed to provide access to space in LCH premises where possible for 3<sup>rd</sup> sector partners who can not afford to pay for space with the group monitoring and notifying LCH if 3<sup>rd</sup> sector partners couldn't afford additional space to deliver sessions. No requests received.</p>		
3. DEVELOP INCLUSIVE, ACCESSIBLE SERVICES			
Support People with Sensory Impairment (PSI) to 'bridge the last 10 metres'	<p><b>Sensory awareness training:</b> Over 60 front of house and admin staff trained plus a small number of clinical staff: future sessions will be for front of house and admin team new starters. Feedback has been exceptionally positive. Posters now displayed in Health Centres advising PSI that staff have been trained. SMT training took place in March. As a result a working group has been set up to develop a telephone facility to arrange meet and greet support on arrival at Health Centres:</p> <p><b>Audit access in health centres:</b> liaising with the GP Confed about inclusion of access audits in work on accessibility and AIS standards across the providers including GP practices, directed by PEG Advisory Group. Will need to consider capacity implications for BID.</p>		

## DEVELOP INCLUSIVE, ACCESSIBLE SERVICES

Lead

RAG

Develop easy read information	Easy read documents and information continues to be developed across LCH services. Recruiting an LD project manager whose role will include leading on development of easy read information which will enable this work to progress more quickly. LCH Learning Disabilities Lead meets with Forum Central LD Lead monthly.	
Better meet vulnerable groups communication needs	LCH funded 3rd sector support for developing the 1st round of QI Communication projects and involved in celebration and learning event at end of March - provided insight into patient and community experience of communication, training to staff and input into programme evaluation. Health Equity Lead engaged with the 3rd sector through the Community of Interest Network. Trust-wide developments being taken forward while plans for the next round of projects are being developed: plain English appointment letter template; revised communication template; ongoing focus on improved recording of communication needs; equity and communication embedded in Quality Challenge +	
Develop equality of representation in services	Trialling 3rd sector involvement to ensure focus on vulnerable communities when implementing NICE guidance. NICE guidance identified to trial the approach. Provisional plan agreed with LCH Clinical Governance lead, FC and Specialist and Adult Business Unit leads in March - await follow on contact from FC to arrange next steps. Due to timescales for reviewing and implementing NICE guidance, services are now progressing with work on both sets of guidance. If we want to test both a prospective and retrospective approach we will need to identify more recent Guidance. Budget assessed to support people with lived experience or 3rd sector colleagues to attend meetings.	
Deliver more services in / co-deliver with 3rd sector partners	<b>Integrated clinics – wound, catheter and line care:</b> weekly clinics now delivered alongside social activities at OPAL and 2 leg clubs in collaboration with NET Garforth that are jointly staffed by LCH and LS25/26PCN. A wound clinic pilot started in April at Forward Leeds premises for people who are homeless, sex workers and/or have an addiction 2 afternoons per week at Kirkgate clinic and alternate weeks in Armley and Seacroft, enabling better provision for some of the most vulnerable people who often have severe wounds.	

## 4. CONNECT BETTER

Optimise NT ability to connect service users, carers to local services, support	Redefining and relaunching the NT Co-Ordinator role, re-establishing focus on developing links with local 3rd sector and providing a central contact point within NTs. This has not progressed due to NT competing priorities and operational pressures and waiting on Triage Hubs further evolving.	
Enhance programme	<p>Delivery partners have now signed year 2 contracts: budgets have been weighted for deprivation: 48% of the funding is for the 20% most deprived areas. Changes (being) introduced are informed by feedback from NTs and Enhance Delivery Partners and should support growth in NT referrals :</p> <ul style="list-style-type: none"> <li>• Enhance partners established in Morley and Pudsey aligned to NT footprints– in year 1 there was no dedicated Enhance provision</li> <li>• Core offer established that is provided by all Enhance delivery partners. Visual comms about the Enhance offer tailored for each NT portfolio</li> <li>• ICB is supporting with developing a post-code look-up tool as in most areas Enhance Partner boundaries don't align with NT boundaries</li> <li>• NTs and delivery partners co-produced a revised referral form</li> </ul> <p>The med prompt pilot has not resulted in referrals reflecting a range of approaches having now been developed that negate the need for this. Increased focus in year 2 on supporting hospital discharge referrals. LOPF is representing the Enhance Delivery Partners for Seacroft NT in the Active Recovery Programme pilot</p>	2.

#### 4. CONNECT BETTER

Optimise LCP & social prescriber links	Connections made across all 3 Business Units including 0-19 service connecting with Armley LCP project to review baby packs for new mums in the Armley area and ensure consistency with the service and regional Public Health messaging; cascading information about BARCA's social prescribing offer for children & young people to Childrens services; linking the Integrated Clinic lead with Linking Leeds and LMWS Co-Production lead connecting with HATCH LCP to encourage involvement in co-production projects through LCP networks.
Ensure effective 2-way information flows with vulnerable communities	Patient experience team now attend Community of Interest Network meetings enabling 2-way information flows. Communication was the focus of the LCH Engagement Champion Meeting in February which led to a review and update of the MyLCH Patient Information and Accessibility pages. The Patient Engagement Lead is connecting with services through various forums to encourage and support services to develop relationships and communicate messages, engage appropriately with communities, community leaders or third sector networks

#### 5. ENABLE MORE EFFECTIVE SELF MANAGEMENT

2-way sharing of self-management approaches and resources	100% Digital presented at Leaders Network in February to raise awareness about support from 100% Digital and the Digital Health Hubs for clinicians, patients and carers. Since then the following services have connected with 100% Digital: <ul style="list-style-type: none"><li>• attended ABU Round Table and planning for 100% Digital to attend other ABU forums</li><li>• Respiratory: providing training sessions with the whole team about digital awareness and confidence</li><li>• Stroke: attending team meeting in September</li><li>• 0-19: providing digital awareness training; provided data gifting to the Baby Bubble Facebook group</li></ul>
Develop NT collaboration with 3rd sector	Following a successful pilot community Health Hubs running in OPAL, The Green residential care home and Burmantofts Elderly Action. Plan to open further Hubs in the South: not progressed due to other demands and team restructuring. Self management team are present in TOC and refer patients to Enhance partners, Integrated Clinics and Health Hubs. Self management team lead is providing training around conversations and personalised care which encourages linking with 3rd sector.

#### 6. CO-PRODUCE SERVICES

Childrens services to engage more inclusively	Development of links to 3 <sup>rd</sup> sector organisations and networks has led to an increase in membership and diversity of the Youth Board and Parent and Carer Forum and wider 3 <sup>rd</sup> sector involvement in CBU service improvement and development, including development of the CBU Communication Offer. Very positive engagement with GATE around access to CBU services for the Gypsy and Traveller community and the development of the QI project on contacting families in a timely and safe manner: video /image branding To ask for 3 <sup>rd</sup> sector organisation support as key stakeholders in the Community Childrens Eye Service review
Co-produce the remote monitored Home Ward mobilisation	Change in strategic direction on remote health monitoring. LTHT will now lead Phase 1 development within LTHT. Programme manager to encourage LTHT to co-produce the approach and share planning discussions with LOPF about approach. Phase 2 development will scope integration with the Home Wards (previously known as Virtual Wards) /other community or primary care pathways for any implementation in 24/25.

## 6. CO-PRODUCE SERVICES

Co-produce Specialist Business Unit service delivery models with 3<sup>rd</sup> sector

LCH has been committed to co-producing the Leeds Sexual Health tender through 3rd sector partnership working.

Develop a culture that supports co-production

Patient Engagement Principles are being developed which will support the development of an environment where coproduction is possible. Approved principles are: Person Centred, Accessible, Inclusive, Active, Facilitative, and Outcomes- update to LCH Quality Committee September 23. Patient experience team have linked with LMWS Coproduction coordinator and team: Coproduction coordinator attended the LCH Engagement Champion meeting June 23- links to continue to be built and sustained to include sharing of training and skills

**Trust Board meeting held in public: 4 August 2023**

**Agenda item number: (43)**

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**Title: Medical Directors Annual Report (including Statement of Compliance)**

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**Category of paper: Assurance/approval  
History:**

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**Responsible director: Executive Medical Director  
Report author: Executive Medical Director**

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## Executive summary (Purpose and main points)

### Purpose of the Report:

To provide Trust Board with an update and overview regarding our responsibilities as an employer of Medical and Dental staff within the Trust, including:

- Appraisal and medical revalidation
- Managing concerns
- Pre-employment checks.

It fulfils the requirements set by NHS England in relation to:

- Annual Organisational Audit
- Designated Body Annual Board Report
- Statement of Compliance

This Executive Medical Director's report covers the period 01/04/22 to 31/03/23 and includes information and activity relating to the Trust responsibilities regarding employment of medical and dental staff; based on the four key principles identified in the handbook and guidance regarding "Effective Clinical Governance for the Medical Profession"<sup>1</sup> published by the GMC in 2018. It is accompanied by the recommended template for the Statement of Compliance for 22/23, encompasses elements previous included in both the Statement of Compliance and the Annual Organisational Audit (AOA). Whilst this template formally refers to our employment of medical professionals, for the purpose of the Board report it also references our employment of dentists, unless specifically noted otherwise.

The report details key areas of progress and further identified work against each of the four key principles identified in the GMC document of 2018 as those that underpin effective clinical governance in this context. These are:

- **Principle 1: An effective environment**  
Organisations create an environment which delivers effective clinical governance for doctors
- **Principle 2: Continuous Improvement**  
Clinical governance processes for doctors are managed and monitored with a view to continuous improvement
- **Principle 3: Fairness**  
Safeguards are in place to ensure clinical governance arrangements for doctors are fair and free from bias and discrimination
- **Principle 4: Supporting Process**  
Organisations deliver clinical governance processes required to support medical revalidation and the evaluation of doctors' fitness to practice

The Trust has continued to provide high quality appraisal, supported, and developed doctors and dentists, in regard to both appraisal and their general wellbeing. In the last year the directorate has introduced a new appraisal system - SARD which replaced Prep – its introduction has been uneventful. As a consequence of COVID and pressures in the system the Trust has continued to give flexibility in the

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<sup>1</sup> [Effective Clinical Governance for the Medical Profession](#)

appraisal process in line with GMC guidance, whilst encouraging all eligible doctors to have an annual appraisal every twelve months.

Leeds Community Healthcare NHS Trust has a robust system in place for ensuring appraisal and revalidation of doctors employed by the Trust, for the appraisal of dentists and ensuring appropriate fitness to practice and fitness for role of other medical staff who work for the Trust. 39 doctors were due an appraisal within the reporting period, 89% (35 doctors) completed their appraisal within the reporting period. 8 dentists were due an annual appraisal for 22/23 of which 100% were completed. 6 doctors have been successfully revalidated.

Work identified in the 21/22 Medical Directors report to further strengthen our systems and processes regarding effective clinical governance of the medical profession has continued, and further steps are identified for progress during 22/23. Developments over the last year 2022/23 include:

- Dental appraisal is now aligned with guidance from NHS Employers and the British Dental Association, distinct from that of doctors.
- A new appraisal system has been procured for the Trust and was implemented in June 2022. This is the same system that used at Leeds Teaching Hospitals Trust, facilitating shared training across the Trusts.
- We have developed policies this year which will aid our ability to employ staff who normally work in primary care and better enable substantive staff to undertake additional work.
- We offered appraisal to doctors working on bank alone without an LCH substantive contract; the one doctor who this was suitable for retired before utilising this process. This opportunity will be offered to other doctors who retire from LCH and return on CLASS, or whose practice changes to only have work in LCH.
- Review of the appraisal process; in line with national guidance a relatively light touch was maintained.

The Annual Statement of Compliance is attached to this report.

## **Recommendations**

Board is recommended to:

- Note the contents of the 2022/23 Annual Executive Medical Director's Report
- Note the requirements by NHS England to include the 'Statement of compliance' which will not be presented in its entirety and the opportunity for Board members to view this online on request. The 'Statement of compliance' will be approved by the Trust Chair.
- Support the development of appropriate clinician and service level information from Business Intelligence
- Support the implementation of the recommendations from the Paterson report.

## 1 Introduction

Leeds Community Healthcare NHS Trust is a Designated Body responsible for the appraisals of all doctors employed by the Trust. Regulations require that all Designated Bodies must nominate or appoint a Responsible Officer, who must be a licensed doctor. This post is held in LCH by the Executive Medical Director and is therefore represented on the Board.

The Responsible Officer is supported by a Deputy Medical Director (Professional Standards) and a Head of Medical Education and Revalidation. The Deputy Medical Director post has been held by an individual holding consultant status since Sept 2019. This individual has undergone NHSE approved Responsible Officer training.

This report covers the period of 01/04/22 - 31/03/23. During this period LCH had a prescribed connection with 39 doctors, and responsibilities to 8 dentists who undergo annual appraisal but whose regulatory body the General Dental Council (GDC) does not currently have a revalidation process.

Of the 39 doctors that were due an appraisal, 89% (35 doctors) completed their appraisal within 22/23. Two doctors were absent for the reporting period, one due to long term sickness, and one due to parental leave. The two remaining doctors completed their 22/23 appraisal shortly after the reporting period ended. 8 dentists were due an annual appraisal for 22/23 of which 100% were completed. 6 doctors were due for revalidation in 22/23, 100% of which were successfully revalidated.

The Trust also has responsibilities to doctors working in LCH who are self-employed or work via an agency but conduct regular work for the Trust. LCH currently provides appraisal and revalidation services for one doctor with no other prescribed connection who works via the bank. For other doctors who work via bank or via agency LCH supports them to ensure they have appropriate alternative arrangements for appraisal and Responsible Officer alignment, as well as ensuring other employment checks have taken place.

In the last financial year LCH has appointed three new consultant doctors, and two new dentists.

LCH had two doctors in a remediation or MHPS process during 22/23. The Trust Board have been regularly updated in private session.

### Analysis of the Medical and Dental Workforce in LCH

Age Band	Headcount	%	FTE
26-30	6	8.33	4.20
31-35	7	9.72	4.60
36-40	12	16.67	6.36
41-45	9	12.50	5.45
46-50	18	25.00	9.97
51-55	8	11.11	5.30
56-60	6	8.33	4.38
61-65	5	6.94	2.55

66-70	1	1.39	0.00
<b>Grand Total</b>	<b>72</b>	<b>100.00</b>	<b>42.81</b>

The number of individuals over the age of 56 (12) represents 17% of the workforce; compared to 20% in the previous year. In the last year two experienced consultants retired from ICAN taking a considerable experience with them.

<b>Ethnic Group</b>	<b>Headcount</b>	<b>%</b>	<b>FTE</b>
A White - British	21	29.17%	12.38
B White - Irish	1	1.39%	0.00
C White - Any other White background	2	2.78%	1.50
CF White Greek	1	1.39%	0.60
CP White Polish	1	1.39%	1.00
E Mixed - White & Black African	1	1.39%	0.00
F Mixed - White & Asian	1	1.39%	0.65
GA Mixed - Black & Asian	1	1.39%	0.00
H Asian or Asian British - Indian	5	6.94%	4.15
J Asian or Asian British - Pakistani	4	5.56%	2.90
LK Asian Unspecified	1	1.39%	1.00
N Black or Black British - African	1	1.39%	1.00
Unspecified	20	27.78%	9.26
Z Not Stated	12	16.67%	8.37
<b>Grand Total</b>	<b>72</b>	<b>100.00%</b>	<b>42.81</b>

The analysis of the workforce based on ethnicity demonstrates a highly diverse workforce.

In all interviews for medical staff (consultants and role of ADTSS) the interview panel was ethnically diverse.

Over the last year CLASS has supported services with staff as follows

<b>Service Worked for</b>	<b>Total Hours worked (previous year)</b>
Community CAMHS	1984(2280)
Leeds Sexual Health	330(18.5)
Covid Vaccinations (Medic Duties)	0(469)
ICAN Service	21(536)
Clinical Services LTC'S	0(49.75)
Community Diabetes Service	0 (20)
Community Dental Service	0(1220.5)
<b>Total Hours</b>	<b>2692.5(4593.75)</b>

This largely reflects recruitment to establishment in the dental service reducing the reliance on a locum and ongoing gaps in the doctor in training rota in CAMHS. The sexual health service currently employs a number of doctors via CLASS to support clinical activity and options are being explored to formalise this.

In the year 22/23 Leeds Community Healthcare was able to offer the following educational placements:

<b>Medical Education Undergraduate and Postgraduate Placement Figures 2022-2023</b>		
<b>Service</b>	<b>Undergraduate</b>	<b>Postgraduate</b>
<b>ICAN</b>	190	8
<b>LSH</b>	40	2
<b>CAMHS/Psychiatry</b>	25	8
<b>Elderly Medicine/Neuro Rehabilitation</b>	48	-
<b>GP VTS Trainees</b>	-	3
<b>MSK</b>	100	-
<b>Total</b>	<b>403</b>	<b>21</b>

LCH provides clinical leadership for Postgraduate and Undergraduate Medical Education working in partnership with NHS England and the University of Leeds, to oversee clinical training for all levels of medical students and doctors in training.

The Trust has a medical education governance structure, led by the Medical Director, and supported by the Associate Director for Teaching and Student Support (ADSST) for undergraduates and Director Medical Education (DME) for postgraduates, clinical staff, trainers and a dedicated administration team focussed on delivering and supporting high quality education and training.

LCH hosts over 400 Undergraduate Medical Students and 21 Postgraduate Doctors in training across 5 different services per year. Community placements provide experience of delivering care in a wide range of settings including in people’s own homes as well as in clinics, community centres and schools.

Teaching and training standards, and support are reviewed annually via the HEE Self-Assessment, in which organisations carry out their own quality evaluation against the National Quality Framework. It is based on continuous quality improvement, the identification of quality improvement potential, the development of action plans, implementation, and subsequent evaluation.

The Quality Framework identifies the standards that organisations are expected to meet to provide high quality learning environments. The NHS Education Contract (2021-24) requests providers to fulfil the obligations of its roles and responsibilities set out in the Quality Framework and to submit a return to HEE on their compliance with the contract. The education placements offered by LCH has been reviewed by Leeds University for undergraduate placements and by NHSE for postgraduate and these reviews have been very favourable. “The NHS England team commended the trust on the excellent amount of work being undertaken” – Executive Summary NHSE Senior Leader Engagement meeting Report.

## Position statement for 22/23

### **Principle 1: An effective environment (Organisations create an environment which delivers effective clinical governance for doctors)**

Board, knowledge, skills, and competencies

The Medical Director is a board member and has received training to support oversight of the clinical governance arrangements for doctors. They ensure the board is kept up to date on changes to clinical governance processes for doctors and the impact of those changes.

While there is a designated NED for doctors in an MHPS, there is no explicitly identified NED whose role encompasses providing support and challenge to the board on clinical governance systems for doctors including revalidation and management of concerns.

The board engages with clinical/medical leaders via regular meetings both virtually and face to face.

LCH has a combination of individual service and central mechanisms which hold information pertinent to effective clinical governance for medical and dental staff. Each service is responsible for meetings and discussions regarding these, and medical and dental staff of all employment status are encouraged to participate and actively contribute.

When things that go wrong are reported, there are robust processes in place to investigate incidents, respond appropriately to the patient and support the individuals involved in the incident. This response is managed by the clinical governance team with the quality leads in the business unit. This process is responsive but improved information about performance and outcome could facilitate a more proactive approach. The ability to proactively link this data to medical professional standards oversight could be improved and work is underway to facilitate this during 23/24.

The four Trust policies related specifically to the employment of medical and dental staff were approved by SMT in 2021 and are in place:

- Appraisal and Revalidation Policy
- Medical and Dental Job Planning Policy
- Remediation, Reskilling and Rehabilitation Policy
- Maintaining High Professional Standards (MHPS) Policy

The policies are due for review by June 2024

The Trust has robust processes in place to ensure appropriate checks are undertaken to confirm all doctors and dentists undertaking employed work in the Trust are appropriately qualified and fit for role.

The Revalidation Teamwork coordinate with Workforce and QPD colleagues to share information in order to provide central assurance of any issues relating to medical and dental staff. Revalidation Panels were carried out as required during 22/23, linking with Trust systems to ensure that appropriate submission and reflection on incidents and complaints was included in the relevant appraisals.

The Trust has strong processes in place to support individuals who speak up and raise concerns; from the operational or clinical line manager of the individual, directly with an Executive Director or with the Freedom to Speak up Guardian.

The Board is aware of the risks associated with clinical governance systems for doctors through the reports into the Quality Committee, this report and due to the oversight of the MHPS process.

**Previous years priorities:**

- Embed the revised recruitment processes for medical and dental staff.
- Embed the new appraisal software system and deliver training to all doctors
- Standardise job description for Medical/Dental Lead role across LCH including emphasising the importance of Clinical Governance.

**Comments:**

- Only a limited number of staff have been recruited in the last year – while we were able to recruit successfully to the posts in ICAN an attempt to recruit to CAMHS was not successful in attracting candidates suitable for the role. Further recruitment is planned for 2023.
- The SARD system for medical appraisal has been successfully implemented and received good feedback from medical staff.
- A standard job description for the Medical and Dental lead role has been implemented
- Dental appraisal is now aligned with guidance from NHS Employers and the British Dental Association.
- LCH is able to support appraisal for doctors employed via CLASS and offer a scope of work letter completed to support doctors full scope of work when employed elsewhere when requested.

**Identified priorities for 23/24:**

- Support the development of a system that provides information about medical and dental activity and outcomes at a service and individual level. This will align with the recommendations from the Paterson report.
- Review policies relevant to the employment of medical and dental staff prior to renewal in 2024
- Work with QPD to explore methods of proactively linking incident and complaint/concern data with individual clinicians in a way that supports professional standards but maintains an appropriate human factors approach for organisational learning

**Principle 2: Continuous Improvement (Clinical governance processes for doctors are managed and monitored with a view to continuous improvement)**

Leeds Community Healthcare meets regularly with the GMC to discuss issues with the GMC relating to incidents relating to doctors and doctors in an MHPS process. Verbal feedback at the last meeting was complimentary of the processes in place and the open nature of the discussion, also reflective of the complexity of cases seen in this environment. The clinical governance team is reviewing the possibility of a patient representative at an appropriate meeting reviewing quality processes in the Trust.

The Trust has presented information to both the University and NHSE on the quality of education provided at both an undergraduate and postgraduate level. There has been positive feedback from both meetings. Doctors are supported in their job plan to participate in education and training.

**Previous years priorities:**

- Identify opportunities for doctors to benchmark against their peers.
- Encourage services to explore appropriate outcome measures for clinical staff.
- Roll out e-job planning and ensure appropriate objectives in place in all consultant job plans, that align with the strategic goals of the service.
- A review of the feasibility of conducting an annual cross-verification of the Trust systems for recording incidents and patient feedback to ascertain whether it is feasible to conduct this annually. It is currently conducted every 5 years ahead of revalidation. This is consistent with an anticipated move to Trust responsibility to provide this data for individual clinician appraisal from 22/23.

**Comments:**

- It has not been feasible to progress the benchmarking of individual consultants this year. Discussion has taken place with Business Intelligence being able to provide activity data for individual clinicians and services while feasible with data already available this will require additional investment and resources.
- Individual data could form part of an appraisal pack which would contain information relevant to a consultant's practice.
- Job planning is progressing with work undertaken with most business units and most doctors are now on the system.

**Identified priorities for 23/24:**

- Embed and utilise electronic job planning for medical and dental staff – this will allow alignment of Trust and service priorities and objectives with individual objectives.
- Development of supporting information for all medical and dental staff bringing together data on activity and performance.

This will align with the response to the Patersen enquiry where we would aim to

- Provide benchmarking data to the public on procedures (in this setting there is a need to explore non-procedure based areas which is often more difficult)
- Ensure compliance with GIRFT recommendations applicable to our services
- Appropriate and timely reflection on incidents and concerns
- Declaration of interests for all appropriate staff

**Principle 3: Fairness (Safeguards are in place to ensure clinical governance arrangements for doctors are fair and free from bias and discrimination)**

Revalidation Panels ensure that all revalidation recommendations are supported by a thorough consideration of all aspects of the five years of appraisal preceding the recommendation. Introduction of these panels during 18/19 has strengthened the Trust processes and reduces the possibility of bias or discrimination.

The Trust has a Freedom to Speak Up Guardian (FTSUG). In the previous year (21/22) there had been one individual from doctors, doctors in training and dentists contacted the FTSUG. No concern was raised formally but support was offered by the Guardian. There have been three members of staff from the medical and dental workforce who have contacted the FTSUG from April 1st 2022 to March 31st 2023. No issues were formally raised as concerns and all individuals were supported to think through the issues and ensure that their voice was heard in the services in which they worked

Junior medical staff can also raise issues or concerns via the Guardian of Safe Working Hours (GSWH), the Guardian produces regular Board papers on issues raised.

There is a strong focus on EDI in LCH -the Race Equality Network recently spoke at the junior doctor forum and attempts are made to ensure policies and systems do not minimise opportunities for any staff group or anyone with a protected characteristic. Recent feedback related to NHSE highlighted that there are no opportunities denied to SAS doctors.

In relation to decisions relating to clinical governance of doctors no concerns have been raised by any doctor; decisions relating to deferral of revalidation are usually made in conjunction with the doctors and in line with GMC guidance.

During 22/23 there has not been a grievance raised by a doctor or dentist employed by LCH and there has been one exception report raised by a doctor which was dealt with by the Guardian of Safe Working hours.

**Previous years priorities:**

- Embed the new system of appraisal, training arranged for all doctors for July 2022.
- Recruitment of new appraisers to support the system in light of anticipated retirements.
- Reintroduction of regular face to face appraisal updates following the pandemic.
- Investigate the possibility of including patient representation at Revalidation panels.

**Comments:**

- All doctors were supported to have a Medical Appraisal within the SARD system, and appropriate training was supplied by the Revalidation Team.
- The programme of meetings with medical and dental staff, started before the pandemic has been reintroduced with quarterly face to face 'Medical and Dental Engagement' meetings, online 'Appraiser Updates' and 'Medical and Dental Leads' meetings planned throughout 2023/24.
- Consideration has been given to a patient representative based on input in other services and the need for a degree of prior knowledge.

**Priorities for 23/24:**

- Recruitment of new appraisers to support the system in light of anticipated changes.
- Reintroduction of regular face to face appraisal updates following the pandemic in line with the new meeting plan

#### **Principle 4: Supporting Process (Organisations deliver clinical governance processes required to support medical revalidation and the evaluation of doctors' fitness to practice)**

LCH has a longstanding history of robust clinical governance processes to support medical revalidation and has continued to perform well in this regard. Revalidation submission and recommendations are similar or better than other bodies.

( <https://data.gmc-uk.org/gmcdata/home/#/reports/Revalidation/Revalidation%20submissions/report> )

LCH adopted the recommended MAG 2020 model of appraisal and supported the implementation through regular contact with Trust doctors. There has been a return to business as usual over the last year although with a continued focus during the 22/23 cycle on the doctor's health and wellbeing and verbal reflection during the appraisal meeting, rather than on a requirement to upload supporting evidence.

LCH has a Responsible Officer who is appropriately trained to undertake their responsibilities having undergone the training with NHSE. The RO is able to participate in the regular RO network activities which have recommenced this year and undertake shared learning across the region.

The duties of the RO are supported by information provided by the appraisal process and regular meetings with the GMC.

There are systems in place to respond and manage concerns related to the fitness to practice of doctors. These systems work in conjunction with the GMC and the Practitioners Performance Advice, part of NHS Resolution. This system will also address concerns related to locum doctors and doctors in training in conjunction with NHS England

#### **Previous years priorities:**

- Review the appraisal model in conjunction with guidance from NHSE and the GMC, continue to ensure we follow the best practice guidance and that this is cascaded and discussed appropriately with both appraisers and appraisees.
- Audit information held by the Trust on doctors who have a responsible body other than LCH
- A further quality assurance exercise is planned for 22/23.

#### **Comments:**

- NHSE did not instigate peer review of appraisal processes with another organisation in year.
- Doctors working for the Trust who have an alternative Responsible Officer connection to their locum agency or alternative employer are offered support for appraisal and revalidation in the form of a "Scope of Work" letter provided by their Medical or Dental lead, detailing their work within the Trust. LCH provides appraisal and revalidation support for all doctors with a designated connection to the organisation. During 22/23 the Trust employed one doctor working exclusively via bank, the Trust agreed to act as their Designated Body.
- No new guidance has been issued by NHSE or GMC with regards to the appraisal model and the RO has attended the regional update meeting

- During 22/23 a quality assurance exercise was conducted utilising the NHSE approved “Appraisal Summary and PDP Audit Tool” (ASPAT) for the 22/23 appraisal cycles. No significant issues were identified, although areas for learning and improvement identified were discussed at the appraisal meeting for appraisers.

**Priorities for 23/24:**

- Continue to review the appraisal model in conjunction with guidance from NHSE and the GMC, continue to ensure we follow the best practice guidance and that this is cascaded and discussed appropriately with both appraisers and appraisees.
- Audit information held by the Trust on doctors who have a responsible body other than LCH.

## **2 Recommendations**

Board is recommended to:

- Note the contents of the 2022/23 Annual Executive Medical Director’s Report
- Note the requirements by NHS England to include the ‘Statement of compliance’ which will not be presented in its entirety and the opportunity for Board members to view this online on request. The ‘Statement of compliance’ will be approved by the Trust Chair.
- Support the development of appropriate clinician and service level information from Business Intelligence
- Support the implementation of the recommendations from the Paterson report.

**Trust Board meeting held in public: 4 August 2023**

**Agenda item number: 2023-24 (44)**

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**Title: Safeguarding Combined Annual Report 2022-23**

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**Category of paper: For approval**  
**History: Quality Committee 24 July 2023**

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**Responsible director: Executive Director of Nursing and Allied Health professionals.**

**Report author: Head of Safeguarding**

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## **Executive summary (Purpose and main points)**

This document forms the Safeguarding Annual Report for Leeds Community Healthcare NHS Trust (LCH) 2023-23.

The purpose of the Safeguarding Annual Report is to provide LCH Quality Committee and LCH Board with a brief overview of the Safeguarding achievements and challenges in 2022 – 2023 and outline key ambitions for 2023-24.

The report covers the period 2022-2023 and provides information on:

- Safeguarding Adults
- Prevent
- Mental Capacity, Deprivation of Liberty Safeguards (DoLS) and Dementia
- Safeguarding Children
- Specialist Child Protection Medical Services
- Sudden Unexpected Death in Infancy and Childhood (SUDIC)
- Children Looked After and Care Leavers

### **Main issues for consideration**

- Staff long-term sickness is an ongoing issue, but the team must be commended for their constant resilience and support of each other, often stepping into roles across the service to ensure staff support and patient safety.
- Service review for CLA/child protection and SUDIC doctors has been ongoing for a long time but hope to have a conclusion this year.
- Commitment to continue to work with partners to address ongoing and emergent themes is high.
- Preparation for implementation of Liberty Protection Safeguards (LPS) (now deferred) will remain on the team agenda.
- Focus on increasing staff knowledge and awareness of executive capacity and the impact on decision making.
- Ongoing review of the content and method of delivery of training packages, alongside delivery of further training packages to inform and raise awareness of new themes (e.g. executive capacity).

Changes within LSCP mean they may no longer provide level 3 safeguarding children's training/refreshers. Childrens team have plans to provide our own package.

### **Recommendations**

LCH Board is recommended to note the contents of this report and approve its publication.

# **Safeguarding - combined Annual Report 2022/23 V3**

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## **Introduction and Executive Summary**

Leeds Community Healthcare NHS Trust (LCH) places high priority on the safety of all children and adults at risk who are or whose parents or carers are in receipt of services. The Safeguarding Team ensure LCH meets its statutory requirements outlined in Working Together 2018, The Care Act 2014 and the Mental Capacity Act 2005.

The purpose of this suite of reports is to provide LCH Quality Committee and LCH Board with a brief overview of the Safeguarding achievements and challenges in 2022 – 2023 and outline key ambitions for 2023-24.

## **Team Structure**

The Safeguarding Team based at Stockdale House provides both corporate and operational functions and sits within the Quality and Professional Development directorate providing safeguarding advice, guidance, support, supervision and training for all LCH employees.

The team consists of Named and Designated Professionals including doctors and nurses, Lead Professionals, Safeguarding Advisors and Specialist Practitioners with responsibility for:

- Safeguarding Adults
- Mental Capacity, Deprivation of Liberty Safeguards and Dementia
- Prevent
- Safeguarding Children
- Specialist Child Protection Medical Services
- Sudden Unexpected Death in Infancy and Childhood
- Children Looked After and Care Leavers

The focus for 2022/23 has been to ensure Safeguarding has remained a priority, with ongoing revision and development of training, and changes to the way we deliver this, to enable staff to keep up-to-date and to ensure our patients are safe and free from abuse wherever possible. The team have continued to support and advise staff and managers when required. It is imperative that we encourage our safeguarding workforce to maintain resilience throughout this challenging period of increased safeguarding activity. The team continue to work in a hybrid model, with a balance of working from an office space and also remotely with regular check ins, 1-1's and appraisals a priority.

## **Partnership Working**

The team works closely with the designated and named professionals within community paediatrics, Leeds Office of the West Yorkshire Integrated Care Board (ICB), and across other health care providers as well as colleagues in Social Care and 3<sup>rd</sup> sector organisations to ensure our work force have the skills and support, they need to safeguard all those in our care.

## **Governance Arrangements**

LCH Safeguarding strategy is due for review June 2023, once completed, bi-annual up-dates on the current strategy are submitted twice a year to the Quality Committee who also receive the minutes of our bi-monthly safeguarding committee after each meeting including any escalations. In addition, outcomes from safeguarding committee are shared with the ICB who, are core members of the group, and this is followed by an assurance meeting with the HoS for safeguarding and the Designated Nurse for adults and Children at the ICB. We also have membership of the Children's and Adults Advisory groups and with Leeds Safeguarding Children Partnership (LSCP) and Leeds Safeguarding Adults Board (LSAB) and are subscribed to the relevant sub-groups.

Safeguarding priorities are set down in an annual work plan which is reviewed bi-monthly and shared via the Safeguarding Committee.

The Safeguarding Team is continually learning, improving, and disseminating best practice. Through our contributions to Leeds Safeguarding Partnership (LSCP) practice audits, the continuous cycle of preparation for Ofsted Joint Targeted Area Inspection (JTAI) and Care quality Commission (CQC), as well as through collaboration with agencies in the Leeds Safeguarding Children Partnership, Leeds Safeguarding Adults Board and Safer Stronger Communities (previously known as Safer Leeds), we have scrutinised, analysed and identified practice learning points as we strive to ensure the people of Leeds receive the best possible care.

A further layer of safeguarding assurance is provided through a series of yearly audits, section 11 audit for LSCP, self-assessment to the LSAB and a Safeguarding Annual Declaration to the ICB.

**Commitment**

LCH has a responsibility to prevent and stop all forms of abuse or neglect happening wherever possible and to keep vulnerable adults safe, meeting statutory obligations and our duty of care.

LCH safeguarding team focuses on creating an environment where abuse is not tolerated, and safeguarding is everybody's business.

The safeguarding team offer guidance, support, and training to all staff in LCH to develop a workforce with the confidence and capability to meet our duty to safeguard; we work with all staff, across all business units, but particularly with front line staff to ensure our patients can live free from abuse within their own homes. The team is committed to continue to provide a high level of support and guidance for staff and managers.

It is acknowledged that some people require more support than others to make choices and manage risks; therefore, strong communication skills and quality mental capacity assessments remain key to ensuring a shared understanding of risk and action in the best interests of vulnerable adults.

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## Key achievements are set out at the head of each report.

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### Safeguarding Adults

#### Key achievements 2022-2023:

- Worked with partners of the LSAB to develop a self-neglect strategy.
- The Team achieved a high assurance for Self-neglect following an audit examining the trust's arrangements for managing safeguarding adults-self neglect.
- Participated in an LSAB subgroup to develop and deliver a well-received appreciative enquiry event (self-neglect) Oct 22.
- Developed and commenced delivery of safeguarding supervision training initially aimed at LCH managers.
- Safeguarding Adults level 3 training now at 82% and continues an upward trajectory.
- Continued to embed 'talk to me, hear my voice' keeping the patient at the centre/focus of all safeguarding processes.
- Maintained positive engagement with partners to ensure open, honest, and transparent conversations, looking to address any emerging safeguarding themes.
- Short listed for Health Service Journal Award 2022 for Health and Wellbeing-Social Media group for LCH staff.
- Successful participation in Safeguarding week and the White ribbon campaign. Successful implementation of the Routine enquiry for domestic abuse template on electronic patient record system for adults.
- Welcomed an additional member the safeguarding adult team following the addition of LCH's new rehab unit at Wharfedale.
- Worked with the project team to facilitate a smooth and safe transition of the Wharfedale Hub into LCH with a focus on safeguarding training and support.
- Member of the safeguarding team is a core and active member of the LCH NHS Health and Wellbeing Facebook group which received a project of the year award from the trust.

#### Key ambitions 2023-2024:

- Production and launch of a Safeguarding newsletter.
- Raising awareness of the use of the Routine Enquiry for domestic abuse template on the electronic record system.
- Raise awareness and embed the value of Professional curiosity.
- Work in partnership with LSAB to contribute to the Citizen Audit panel.
- Participate in national and local safeguarding campaigns.
- Continue to facilitate and embed the Safeguarding supervision training within LCH.
- Continue to work with the LSAB and partners to embed the self-neglect strategy.
- Working towards the addition of an electronic SA1 safeguarding referral form for S1

A key priority for LCH is to raise awareness and empower staff to recognise the signs and symptoms of abuse. The aim is for all staff to feel informed and confident to access the team for support and advice. The Safeguarding Adults Team does this by continuing to provide advice, training, and support to staff, in line with our statutory duties. We recognise that there are many different platforms for learning and always incorporate different techniques to help facilitate learning, there are also many different aspects of safeguarding.

#### Training

The team prioritised and worked hard to create and facilitate the introduction of Level 3 Safeguarding Training as per [Adult Safeguarding: Roles and Competencies for Health Care Staff | Royal College of Nursing \(rcn.org.uk\)](#). The team are continuously reviewing and developing training packages in line with the changing horizon of safeguarding in Leeds and Nationwide. Despite the pressures of staff capacity, Safeguarding is prioritised within LCH, and compliance currently sits at 82% with an aim to achieve over 85% by the end of Q2 this year.

### Safeguarding Supervision Training

Safeguarding supervision training is not mandatory but deemed crucial to help staff to reflect, process and understand their role in safeguarding patients. It allows an opportunity to:

- Discuss individual cases.
- Reflect, review and change practice if needed.
- Identify areas of good practice.
- Identify gaps in learning.

Leeds Community Healthcare recognises the importance of this and has commenced delivery of this training to clinical managers within the trust as per LCH strategy 2020/23. Leeds Community Healthcare are proud to be the only member of the Leeds Health economy who is currently offering regular formal Safeguarding supervision training to its staff.

### Examples of Campaigns facilitated by safeguarding.

16 days of action campaign to end violence against women held each November.



Safeguarding week in Leeds is held in June each year and gives the health economy and partners the opportunity to highlight Safeguarding by offering additional opportunities for staff learning on current safeguarding issues. Last year sessions were facilitated in person, virtually and by use of social media platforms. We are currently planning the event for 2023.

### Additional campaigns to raise awareness across the trust.



*This is a policy which sets out what staff should do if children, young people or adults are not brought to appointments, or if adults repeatedly do not attend appointments.*

*Developed by citizens of Leeds to ensure person centred safeguarding practices.*

- *Talk to me, hear my voice.*
- *Work with me, to support me to be safe.*
- *Work together, with me*
- *Work with me, to resolve my concerns and let me move on with my life.*
- *Support me to be safe now and in the future.*
- *Work with me, knowing you have done all you should.*

**Multi-agency working** is a crucial element of safeguarding, and the safeguarding team works in partnership within the health economy and with colleagues in other provider organisations, Adult Social Care, West Yorkshire Police, and voluntary and private sector organisations to safeguard and protect the people of Leeds. Multi-agency working in safeguarding is a key benefit that can dramatically reduce the risk of abuse, by enabling different services to join forces to prevent problems occurring in the first place. The key principles of multi-agency working are the commitment to hold each other to account, to understand interlinking risks and needs from all perspectives, and to take collective responsibility to help and protect all involved. Multi-agency working is evident with our involvement in the Citizen Audit panel. This is led by the Leeds Safeguarding Adult Board and the current and ongoing theme is **Self-neglect**. This theme links in with our inter-agency Policy and Procedure and is a subject the team are passionate about.

### **Inter-agency Policy and Procedure**

In response to lessons learned from previous and current Safeguarding Adult Reviews (SAR) it was highlighted that as a city we need to do more around self-neglect. Staff questionnaires across the whole health economy, social care, police, housing and third sector, emphasised the need for more training, more time to build a relationship with the patient. Recognition that self-neglect is a complex subject which often requires a multi-agency response. The LSAB board members (including LCH) worked with developed a city wide, self-neglect policy [LSAB Self neglect policy \(v1\).pdf \(leedssafeguardingadults.org.uk\)](https://leedssafeguardingadults.org.uk) and a self-neglect strategy [Leeds Self-neglect Strategy \(leedssafeguardingadults.org.uk\)](https://leedssafeguardingadults.org.uk).

The Leeds Safeguarding Adults Board self-neglect strategy is based around four core pillars: People, Prevention, Partnership and Practice. These four P's build upon the learning from citizens, practitioners, services, and our Safeguarding Adult Reviews in Leeds and reflect the areas of development that need to be taken forward across the city. The Exceptional Risk Forum (ERF) continues to take place having been established by the Leeds Safeguarding Adults Board in recognition that sometimes, despite the best efforts of agencies, an exceptional risk to their safety can remain. The LSAB Exceptional Risk Forum can offer agencies with a fresh perspective and multi-agency advice and recommendations as to how that person's risk could be reduced. LSAB (2021). [LSAB Exceptional Risk Forum \(leedssafeguardingadults.org.uk\)](https://leedssafeguardingadults.org.uk) link to guidance, checklist, and referral forms. Thinking outside the box, LCH safeguarding adults team suggest our staff use the referral checklist as an aide memoire when managing complex cases of self-neglect in the community. This assures and reminds staff of all expected actions prior to referral to ERF and often solves issues before it gets to that critical point. The ERF panel has a core membership of Health, Social Care, Housing and Forward Leeds with the option of co-opting in any other agencies deemed relevant e.g., West Yorkshire Fire Service, Police, Yorkshire Ambulance service etc. LCH are a core member of this group.

The Care and Support Statutory Guidance (March 2020) states that self-neglect is a form of abuse and neglect. It defines self-neglect as: "a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding" (Section 14.17). This may include people, either with or without mental capacity, who demonstrate:

- Lack of self-care (neglect of personal hygiene, nutrition, hydration and/health, thereby endangering their safety and wellbeing)
- Lack of care of one's environment (squalor and hoarding)
- Refusal of services that would mitigate the risk of harm.

**Leeds Community Healthcare gained an overall opinion of High Assurance following an external audit relation to the controls in place to manage Safeguarding Adult cases of self-neglect.**



## Domestic Violence/Abuse

**The Domestic Violence/Abuse agenda** continues to be a priority area for Safeguarding and the Trust. The team have continued to work hard to fulfil the requirements. needed to provide support and guidance to staff for their patients and in some cases for themselves. Last year we were proud to say we achieved the Domestic Violence Quality Mark awarded by Safer Stronger Communities. We have continued to build on this achievement and now have a template on our electronic records which acts a reminder for staff to undertake Routine enquiry questioning with patients and record the outcome. Routine enquiry information sessions are also delivered by our children's counterpart.

LCH continues to be an open and reflective contributor to Domestic Homicide Reviews (DHR) and Safeguarding Adults Reviews (SAR) where required. Both processes allow for analysis of findings from investigations carried out by individual agencies involved in the case, to make recommendations for improving future practice where this is necessary.

## Domestic Violence/Abuse Champions

The Role of Domestic Violence/Abuse Champion role continues to be of significant value within the trust. The role is not specific to the Adult Business Unit, instead incorporating representation from CBU, SBU and Corporate Services. The role focuses as per the adult champion role but will focus solely on Domestic Violence/Abuse. The requirements for Domestic Homicide reviews and the recognition of the new strands in this area highlight the need for our practitioners to share knowledge and expertise to their colleagues. Domestic Violence/Abuse champions working within the trust will increase the level of advice and support to staff, assist with raising awareness of the signs of abuse and help to keep it a high priority. LCH is committed to supporting our patients and staff members who may experience domestic violence or abuse.

## Safeguarding Champions

Safeguarding champions act as ambassadors for safeguarding in LCH, imparting their enhanced safeguarding knowledge to their teams', ensuring safeguarding is on the agenda at team meetings, managing a safeguarding information board, and encouraging staff to maintain alertness to safeguarding in all that we do. Safeguarding Adult champions can be any band, and any speciality (including children's services)

The Safeguarding team continues to engage virtually with LCH Adult Safeguarding Champions; this is set to reach a wider audience supporting staff to learn by sharing identified cases, receiving bespoke training, and developing their knowledge and understanding of the wider safeguarding strategy and agenda. Champions feedback included that they value the meetings, gain a greater understanding of safeguarding issues, themes, and trends, and feel more confident sharing learning to colleagues in their own teams.

## Awards

*"The Group was a well-deserved winner of the Project of the Year in the Trust Thank You Event 2022. Without doubt being a member of the Group makes my work life balance better".*

Staff member - LCH NHS Health and Wellbeing Facebook group (with Safeguarding Membership).



**Project of the Year**

## PREVENT

### Key achievements 2022-23:

- Development of a dedicated Prevent Web page to support staff in fulfilling their Prevent duty.
- Maintained/complied with all Prevent Duty requirements throughout the year.
- Maintained safe adapted services.
- Continued to raise the profile of Prevent across the organisation.
- Maintained training compliance.
- Embedded Leeds Prevent Newsletter within our webpage

### Key ambition 2023-24:

- Continue to maintain the uptake on training.
- Maintain up to date- information and resources on LCH dedicated webpage for Prevent.
- Provide regular updates to staff via briefings.
- Continue to support LCH to work within the Prevent Duty
- Maintain safe adapted services.
- Continue to raise the profile of Prevent across the organisation

Prevent is one strand of the Government's counter terrorism strategy known as CONTEST. The Prevent strategy aims to stop people becoming terrorists or supporting terrorism. Prevent addresses all forms of terrorism but prioritises these according to the threat they pose to our national security. Prevent is delivered in partnership by a wide range of organisations including Health. Together we recognise that the best long-term solution to preventing terrorism is to stop people being drawn into terrorist behaviour in the first place.

The objectives of the Government's Prevent strategy are to:

- Tackle the causes of radicalisation and respond to the ideological challenge of terrorism.
- Safeguard and support those most at risk of radicalisation through early intervention, identifying them and offering support.
- Enable those who have already engaged in terrorism to disengage and rehabilitate.

Safeguarding vulnerable people who may be at risk of being drawn into terrorism is an essential part of the Prevent Strategy. Terrorism is a real and serious threat to us all because terrorists actively seek to harm us, to damage community relations and to undermine the values we share. Throughout the country there is a requirement for Prevent local action plans, to be in place to support vulnerable individuals –hence the necessity for a robust training package.

Health has a key role to play. Partnership involvement ensures that those at risk have access to a wide range of support, from mainstream services, through to specialist mentoring or faith guidance and wider diversionary activities.

A joined-up approach, motivation, and commitment to drive standards forward have resulted in achieving our training compliance expectations and maintain, what has been, an improving figure. Which is a testimony to staff /team's resilience and commitment.

We acknowledge that face-face training generates a conversation and would be the gold-standard in an ideal world. However, within the current climate and risks around extremism, we felt we needed to reach out to all staff, regardless of roles and responsibilities. The e-learning resource is available for all staff members; meeting the WRAP (Workshop to Raise Awareness of Prevent) training requirement for level three practitioners and counts toward the intercollegiate safeguarding competence / training requirements.

Regular meetings continue to take place across the health economy, where a shared learning approach and response has been adopted. This ensures continuity and reassurance around matters such as advice, consent, confidentiality, and documentation as well as support around each other's organisational practice.

LCH now has a dedicated staff intranet Prevent page, with access links to training, information, resources and contact details for concerns. Resources are regularly shared across the health economy to be used for staff dissemination.

It is also important to note that prevent, remains a legal duty and all NHS Trusts continue to be contractually obliged to collate and provide performance data-this is reviewed regionally before scrutiny by the National Safeguarding Steering Group.

### **Local Overview**

The national safeguarding website [www.actearly.uk](http://www.actearly.uk), continues to encourage family and friends to act early, share concerns and seek help if they are worried that a loved one is being radicalised. The website includes case studies, signs to spot, FAQs and details of a new national advice line staffed by trained Prevent officers.

The site also provides toolkits for staff and partners to access a range of support materials, from templates to posters to business cards and tweets.

<https://www.counterterrorism.police.uk/actearlypartners/>

Throughout the last year, prevent concerns have continued to be addressed, regular monthly Channel Panels have continued via Teams and a new Hybrid approach will be adopted moving forward allowing staff to meet face to face or via MStems. The prevent team/police/chair and vice-chair continue to keep in close contact with any concerns across the city adapting practice as the prevent climate continues to shift in complexity and dynamics.

National support for Channel and Prevent comes through the Channel Duty guidance providing a robust framework for building on much of the good work we know is already being delivered, whilst strengthening the quality and consistency of panels and the practice of panel members across England and Wales. This enables us all to manage the vulnerability of individuals at risk of being drawn into terrorism more effectively. The long awaited Prevent review is due and we look forward to the recommendations and challenges I am sure this will bring.

### **Leeds Prevent Referrals**

Referrals into the Prevent local authority and Police team come from many areas, schools, colleges, universities, healthcare professionals, social care members of the public, family members, the police themselves. The Local Authority Prevent team continue to support organisations/schools/educational settings with Prevent training and guidance.

LCH staff remain engaging and vigilant when assessing concerns and are contacting the team for discussions around potential Prevent issues. However, we mustn't become complacent, but ensure we remain professional and always work within our remit of roles and responsibilities and are constantly developing and evolving, to ensure we offer the best experience of channel/prevent for clients/families and people who come through our services.

### **Leeds local Issues**

The demographic of Leeds provides us all with lots of challenges within our practice and daily life, many communities now find themselves within a national if not global financial crisis, touching, not just our deprived areas of Leeds, but working families also, which may lead to an increase in people's susceptibility to being exploited and radicalised. The online space continues to be a focal point for those out to exploit people's vulnerabilities with mis-informed information and ideologies.

The Extreme-right-wing groups in Leeds continue to cause concern feeding off people's anxieties and emotions within the current financial climate, offering mis-guided and ill-informed information and often, what appears help and support to people suffering; however, this always comes with a price and steps into the criminal space.

Vulnerabilities have more opportunity to be preyed upon, and those using the internet for work/school/pleasure maybe taken advantage of, also, there is an increased opportunity for people to self-radicalise in the home.

### **LCH Response**

Safeguarding accessibility remains on full capacity, and we will continue to offer support and advice through a range of media platforms. LCH continues to have representation at Channel and Silver meetings, being an ideal platform for learning, reflection and ensuring that LCH continues to be compliant, effective, and efficient around the Channel Duty.

The PREVENT partners newsletter (from the local authority prevent team) continues to provide partners with a reflective, platform of information around prevent. Highlighting the shared approach to keeping the citizens of Leeds informed and as safe as possible.

Training for staff remains at a constant, which is really reassuring that we have that commitment from staff during these challenging times. Latest quarterly training figures report. **89%** level 3 uptake (B5 staff and above) **91%** level 2 uptake (B4 staff and below). Development of a resources page accessible for all staff is now active, information is available on the safeguarding adult's intranet page, covering a wide range of topics, including, Prevent, domestic violence, cuckooing, modern slavery, with further support available from the safeguarding team.

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### **Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and Dementia**

#### **Key achievements 2022-23:**

- Improved MCA practices in self-neglect cases with facilitation of MCA4 learning sessions.
- Named Nurse's active involvement in self-neglect task & delivery group to further contribute to work around managing self-neglect from MCA perspective.
- Supported dental service review and development of their pathways involving patients who lack capacity to consent to dental interventions involving restrictive practices.
- Developed and launched LCH bespoke MCA e-learning package.
- Readiness for implementation of MCA amendment bill: Liberty Protection Safeguards (LPS) legislation within LCH.
- Facilitated regular dementia training sessions for LCH staff who are carers.
- Launched LCH dementia champions model to support embedding of 3Ds clinical frameworks.
- Supported our new rehab unit at Wharfedale

#### **Key ambition 2023-24:**

- Welcome new MCA lead to the safeguarding team.
- Continue to support the self-neglect agenda.
- Work with partners on 'patients/citizens with dementia experiencing domestic abuse'.
- Work with partners to raise awareness and management of 'executive capacity'.
- Keep up to date and ready for implementation of MCA amendment bill: Liberty Protection Safeguards (LPS) legislation within LCH (currently deferred by government)
- Face to face training and support at our new Wharfedale rehab unit
- Continue to support Dementia and MCA champions.

**Key achievements 2022-23:**

Improving MCA practices in self-neglect cases- following on from MCA themes identified within Rapid Reviews, learning sessions titled 'Use of MCA4 for Unwise Decisions' have been facilitated monthly to support practitioners' knowledge and skills around managing unwise decisions (such as in self-neglect cases) within an MCA framework.

Named Nurse has actively been involvement in self-neglect task & delivery group. This year it involved supporting with facilitation of an appreciative enquiry event to share good practice and learning around managing self-neglect which included learning from an MCA perspective.

The Named Nurse has continued to support the dental service to review and support the development of their best interests' pathways involving patients who lack capacity to consent to dental interventions involving restrictive practices. This has also involved identifying two cases requiring Court of Protection application and approval prior to commencement of dental treatment under general anaesthetic. Both were approved with dental treatment completed and positive outcomes for the patients involved.

MCA stat/mand training has continued to have high demand as all patient-facing staff are required to complete this training. Facilitated virtual training sessions have continued to be available but alone have not been able to meet the demand for number of staff required to achieve compliance each month. This past year the Named Nurse secured CPD funding to develop a bespoke MCA e-learning package which meets the stat/mand training requirements. This launched in January 2023 and is available to all clinical staff who wish to achieve their MCA compliance in this way. The facilitated virtual sessions also continue to be available for staff who prefer learning in a more active session. This e-learning package has resulted in an increase in the trust's MCA stat/mand training compliance which is now above 80% (the expected requirement for stat/mand training compliance).

In November 2022 when the trust took over management of the Wharfedale Recovery Hub, this involved the commencement of a rapid mobilisation plan which included input for MCA and Dementia training to support staff's knowledge and clinical practice. The Named Nurse contributed to the development of the safeguarding action plan which involved ensuring MCA and Dementia training was available to the staff at the recovery hub, as well as support for clinical staff with embedding MCA practices such as DoLS applications and person-centred dementia care.

With the trust now managing Wharfedale Recovery hub, it will result in the trust becoming a 'Responsible Body' in the context of the MCA amendment bill: Liberty Protection Safeguards (LPS) legislation which is due to be implemented in the coming years. The Named Nurse has continued to prepare the trust in readiness for implementation of the new legislation by active membership of the city-wide LPS working group to aid preparations. An impact analysis and options appraisal paper has also been presented to the safeguarding committee in January 2023 to support future decision-making on internal governance structure required and resource to support the trust to fulfil its new legal duty when depriving people of their liberty. Recent information received from Government has advised that there will be a delay in the roll out of LPS (timeframe not supplied) however LCH will continue to monitor and prepare in readiness for next steps.

The dementia workplan has had a refocus this past year and has been coproduced with clinical leads across the Adult and Specialist business units with agreed priorities to focus on for the year ahead. This has included the launch of the trust's dementia champions forum to support embedding evidence-based practices and person-centred care across the clinical teams. The dementia champions forum had sign-up from 21 champions across the trust who shared a passion for improving care delivery for people living with dementia.

The Named Nurse has also continued to be an active member of the trust's carer's steering group which has included providing dementia training sessions for LCH staff who are caring for someone living with dementia in a personal capacity. These sessions have been facilitated quarterly with positive feedback. Collaborative working has also continued with our external partners with the Named Nurse continuing to be an active member of the MCA Local Implementation Network (LIN) which is a sub-group of the Leeds Safeguarding Adults Board (LSAB), membership to the city-wide dementia partnership and dementia and end of life care city-wide group. The Named Nurse has also collaboratively worked with Carers Leeds to facilitate MCA training for their staff to enable them to give guidance and advice about the MCA to the many carers and families they support across the city.

**Section written by Named Nurse for MCA, DoLS, & Dementia now left the organisation (March 2023).**

Everyone working in health and social care who make decisions for people who lack capacity has a legal responsibility to know and follow the [Mental Capacity Act Code of Practice - GOV.UK \(www.gov.uk\)](http://www.gov.uk). LCH has a statutory duty to ensure we comply with the legislations on consent and MCA (2005), to ensure the care and treatment delivered is lawful and best practice. This is also part of CQC's Key Lines of Enquiry (KLOE) Effectiveness domain which looks for assurances in this area. The safeguarding team support the embedment of MCA (2005) into everyday clinical practices and ensures this can be evidenced for assurance purposes. Routine work that promotes best practice for MCA and dementia includes giving specialist MCA & dementia advice and guidance to staff, including the use of relevant legislations on consent and MCA (2005). Undertaking yearly audit to identify areas of development, facilitation of training and chairing the well-established MCA champions forum. This forum provides vital MCA clinical supervision, relevant case law updates, as well as sharing of learning from Serious Adult Reviews (SARs) where mental capacity has been a feature.

**Key ambitions: 2023/24**

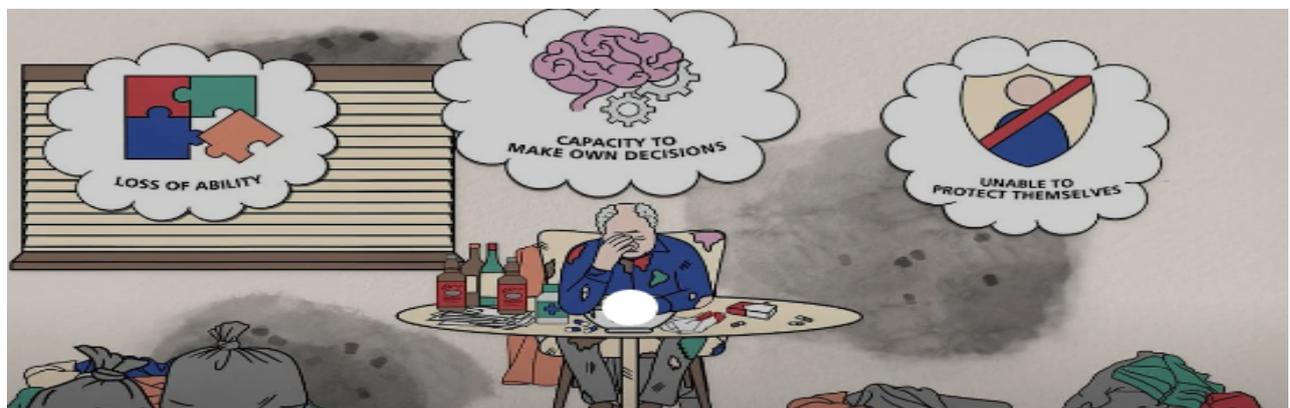
Due to a promotion, we will be welcoming a new MCA/DoLs/Dementia lead to the team who will continue to work and contribute to the coming years agenda. We will continue to work with partners on the self-neglect agenda, to embed the LSAB's self-neglect strategy and support staff when managing complex cases. Together with partners we have recognised and highlighted that patients/citizens experiencing domestic abuse whilst also having a diagnosis of dementia perhaps need an extra level of support with careful MCA assessments and planning to keep them safe. We will work in partnership with ADVONET. ADVONET is a Leeds independent advocacy service that can provide help to make decisions on a person's behalf in their best interests. Help a person understand, say what their choices are and be involved in whatever is required. A task and finish group is currently being developed to enable us to take this piece of work forward.



*'A Care Act Advocates role is to support and represent a person and facilitate their involvement in some process carried out by the local authority'.*  
 Htps: [advonet.org.uk](https://advonet.org.uk)

[The Advonet Group - Providing Independent Advocacy in Leeds](#)

**Executive Capacity** – it is acknowledged that whilst MCA is fully embedded in LCH and capacity assessments are conducted appropriately and timely, including the use of the MCA4 unwise decision template, we could do more on the subject of executive capacity. This topic has been the subject of discussion at the LSAB board meetings and within the MCA LIN meetings.



## Safeguarding Children



Leeds is a diverse city and there are implications for the demand on services, whether that is for school places, early year's provision, complex needs services, or an increase in the number of vulnerable families requiring support. (LSCP 2021) With the latest population estimate of children and young people aged 0-19 being 193,553 in the city. Most will touch one or more of LCH Children's and/or Specialist services. With this in mind it's good to see that the revised LCH Children, Young People and Families Strategy 2022:2025 continues to contain Safeguarding as a Golden thread that underpins all levels of practitioner intervention.

### Children's safeguarding key achievements: 2022-2023

- LCHT Safeguarding Children team continue to maintain a proactive working relationship across the whole Health Economy and with our partner agencies. This continues to include participating with all the LSCP subgroups, Child Safeguarding Practice Reviews & the Early Help Review Process.
- From a Safeguarding Children's perspective, we represent LCH across the city. We contribute to the processes mentioned above, taking forward learning identified, adopting a supportive approach with our practitioners. We are constantly looking to support practitioners in practice for example adding the Local Authority "Record of Contact" form to our I.T system and developing the "Strategy Discussion" Template. We support LCH practitioners attending LSCP Practitioner Learning Events which can be emotionally challenging for practitioners when a child has suffered significant harm.
- As in previous years LCH Safeguarding team made every effort to participate with Safeguarding Week which runs during June.

Session Title	Date & Time	Link	Session Details
Health Care Act: Use of HCA for Service Providers	Monday 20th 10:30-11:30	<a href="#">Click here for more information</a>	To support practitioners to understand the implications of the Health Care Act 2022 on the use of HCA for service providers and the implications of the new provisions of the Act on the use of HCA for service providers.
All sessions related to Safeguarding Children Strategy Partnership	Monday 20th 12:00-1:00	<a href="#">Click here for more information</a>	To support practitioners to understand the implications of the new provisions of the Act on the use of HCA for service providers.
Safeguarding Update: All staff mandatory training	Tuesday 21st 11:00-11:30	<a href="#">Click here for more information</a>	To support practitioners to understand the implications of the new provisions of the Act on the use of HCA for service providers.

Safeguarding Week takes place simultaneously across all West Yorkshire. It's an opportunity to celebrate and share good practice & upskill knowledge on a variety of safeguarding issues. In June 2022 LCH safeguarding team & Children Looked After team offered LCH practitioners a week of time tabled briefing sessions.

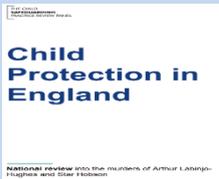


- Throughout Safeguarding week, the LCH Safeguarding team were active on social media and invited practitioners to share useful resources for staff to access, such as informative YouTube videos and links to materials available internally. They also directed practitioners to the LSCP and other external resources.



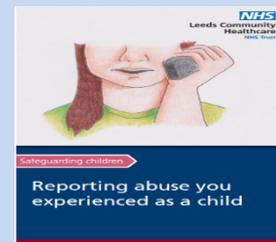
- The Children's Safeguarding team has maintained ongoing support of the Sudden Unexpected Death in Childhood (SUDIC) process. Supporting families and identifying any modifiable factors of a child's death. We identify emerging themes from these tragic events and look to reiterate and enhance health messages and influence change.

- The Domestic Violence and Abuse Champions meeting continues to be co-facilitated by a children’s safeguarding practitioner. Facilitation has included the invitation of external speakers to enhance the learning experience of the participants. The same children’s safeguarding practitioner supports Leeds Domestic Violence Service (LDVS) and their training offer to the city. Offering this multi-agency support is mutually beneficial and contributes to LCH practitioners having the most up to date evidence-based information and allows a health perspective to be shared with other services.
- A Routine Enquiry briefing/training package has also been developed to deliver across all business units in the trust whilst also remaining part of multi-agency arrangements.



- This year saw the National review into the deaths of Arthur Labinjo-Hughes and Star Hobson. The review and “what this means for LCH” was considered by safeguarding and information submitted to Leeds ICB. The outcomes of the national review were summarised and shared with LCH practitioners and invitations to attend learning events organised by NHS England were shared.

This year also saw the conclusion of the IICAS enquiry and its final report - October 2022. Children’s and Adult safeguarding team observed an increase in numbers of calls received for help around this subject matter. The Children’s safeguarding team was able to identify a useful resource, used and developed in NHS Oxfordshire. With Oxfordshire agreement and acknowledgement, the Childrens Safeguarding team have adapted the content to meet the needs of our Leeds population and support our practitioners who support the victims.



- A children’s safeguarding practitioner has co facilitated level 1 & 2 Safeguarding training to the Trust newly acquired Wharfedale unit, offering bespoke sessions with our adult safeguarding colleagues to support the practitioners new to LCH contributing to increased patient safety. That practitioner has also developed a rolling programme of safeguarding messages, covering key themes of learning from internal and external learning processes. This has manifested into the trust having four computer screen savers, on a monthly rolling programme, to help reiterate learning messages and prompt practitioners to consider policies and resources available to them.



### Front Door Safeguarding Hub (FDSH)

- LCH has a safeguarding children’s practitioner who sits within the safeguarding team and whose focus is working with Leeds FDSH. This practitioner is the conduit needed between the rest of the health economy and Leeds Children’s Social Work Service. Having this practitioner in post is another way that LCH demonstrates its commitment to partnership working. Having this resource allows for accurate health data collection produced monthly and helps understand some of the external demands on LCHT service.
- Having a practitioner in this role has allowed safeguarding to audit and improve practice, recognise, and respond to emerging themes & trends which we hope to expand on during 2023/2024.



- The FSDH practitioner along with all other members of the children’s safeguarding team offers child protection supervision, especially around challenging strategy discussions, ensuring good practice & positive learning whilst acknowledging the impact and valuing practitioner emotional health and wellbeing. Child Protection supervision is well established and sort by LCH children’s services and is supported by the trust policy.

GL081 - Criminal and Legal Proceedings Guidance for Staff Assisting Police with Enquiries / Providing Evidence for Legal Proceedings

This year the children’s safeguarding team have observed a significant increase the numbers of statements for court being requested of LCH practitioners. The statement request come from different sources and are time consuming for practitioners. They can often provoke anxiety as court is out of the comfort zone for most health practitioners. LCH safeguarding children team are well versed in this process and offer support to any practitioners being asked to give a statement and potentially then attend the court process. We have LCH Guidance to support us.

Another key achievement for the safeguarding children’s team has been the recruitment of a part time Senior Safeguarding Childrens practitioner. This role includes hours given to LCHT SUDIC team and will support across the parallel processes that can occur between SUDIC and safeguarding children.

**Children’s safeguarding key ambitions 2023-2024:**

- This year the Children’s Safeguarding team are adopting a reflection and audit approach to our work plan. We will look at work undertaken previously and audit how effective and embedded in practice it is. Along this path we will consider implementing new ways of further supporting our services and its practitioners.
- Work with LCHT services and the partnership, to support identification of learning from safeguarding reviews occurring internal and external.
- Explore utilising Datix as a tool for holding safeguarding incident information and evidencing the lessons taken forward within the trust.
- Continue the support of the FSDH and LCH strategy discussions. Ensuring accurate data collection and sharing.
- Work with LCH services and partners to establish a united Early Help registration process and explore a shared data set, this is ongoing from last year.
- Prioritise developing an alternative Level 3 children’s safeguarding training package to accommodate changes within the LSCP that may impact on LCH children’s services. This will also support the diverse services within LCH and the practitioners needing a Safeguarding Children level 3 competency.
- Continue collaboration within LSCP subgroups offering an LCH perspective and utilising information gathered to support the work the children’s safeguarding team undertake.
- Continue to work with and seek support from the trust Named Dr for Safeguarding Children.

**Some of the feedback received:**

Thank you for helping us prep, you were amazing! Everything went well, despite years of experience, you still need to feel supported.  
ICPS Manager

Thank you for the training! yesterday, it was exactly what I needed.  
CLA Nurse

“Thank you, you’ve thrown me an immense lifeline at this tricky time”.  
CTT admin

Thank you for reaching out. I wanted to say a particular thank you for your support throughout this process.  
ICAN ND Team

I really enjoyed working with you and the LCH team and will miss you all.  
LSCP Manager

you had prepared so well and were very articulate, it made it easy for members to reach a consensus of opinion, so thank you.

Risk Advisory Group

Thanks for your support this week for me (and the team). This is the second time in my career I have required this type of support from your team and both times it’s been invaluable. You are very skilled at what you do. None of these situations are easy, but having someone next to you, who is so professional, knowledgeable, and prepared gave me confidence and security. It’s so lovely to know someone has your back.  
SAL Therapist

**Specialist Child Protection Medical Services (SCPMS) June 2023**

**Key achievements 2022-23:**

- Continue to improve our interaction around strategy discussions and Child Protection.
- Continue to engage in regional peer review and Named Doctor regional meetings.
- Continue to learn from patient experiences – giving particular attention to the voice of the child by improving child friendly feedback collection processes, this is being explored but no decision as yet.
- Maintain strong links with the LCH Children Looked After and Safeguarding team.
- Continued to develop the working relationships with acute paediatricians in LTHT.
- Increasing engagement in strategy meetings and case conferences where child abuse or neglect is suspected – many by remote access e.g., teams.
- Involvement with the Risk and Vulnerability Subgroup of Leeds Safeguarding Children Partnership regarding child victims of Female Genital Mutilation (FGM). We also provide an FGM assessment to several other authorities.
- Attendance at Multi-agency Safeguarding Operational Group (MASOG) by Named doctor to look at operational processes for community paediatrics, police, and social care.
- Several team members train on ALSG Child Protection Recognition and Response course
- New named doctor is increasing networking between the Named and Designated doctors for other areas and across Leeds.
- Named Dr joined a national named Dr group set up during lockdown. This continues to run but less frequently- attended irregularly.
- Named Dr – continued to deliver training to a range of professionals – social work, education, police and health including GPs, also front door team.

<ul style="list-style-type: none"> <li>• RCPCH key standards for CP medicals published and we meet all standards apart from one, suggestion to provide paperwork to social work service at time of medicals to aid communication- we have actioned this and now provide paperwork to social work service at end of CP medical. This has been audited and we are gradually improving our provision of the provisional report.</li> </ul>
<p><b>Key ambitions 2023-24:</b></p> <ul style="list-style-type: none"> <li>• To have a full complement of Drs including enough to ensure there is cover for annual and study leave.</li> <li>• Re-establish our psychological support as the previous psychologist left, recruitment options to this post are being explored.</li> <li>• Get more of the team trained to deliver CPRR (Child Protection Recognition and Response-by Advanced Life Support Group) training, in the hope we could run our own course in the future.</li> <li>• Named dr involved in developing new Safeguarding training for paediatric trainees through the region due to significant change from current provision.</li> </ul>

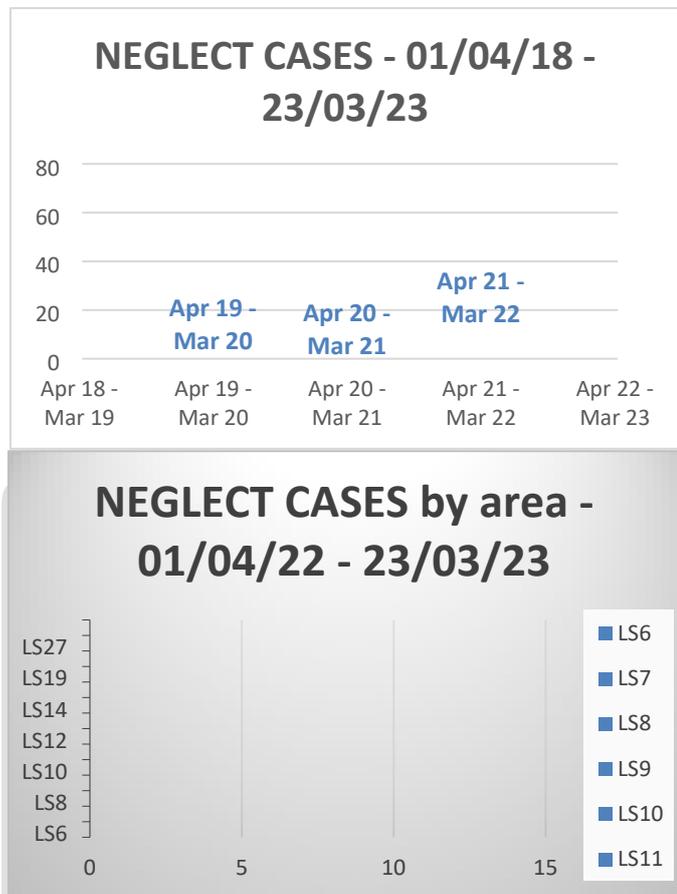
Who are we?	What are we proud of?
<p>8 community paediatricians, band 5 nurses, 1 play therapist and a health care support worker, 2.8 admin staff and 1 clinical services manager</p> <p>Part of ICAN (Integrated Children with Additional Needs) services. commissioned by Leeds CCG</p>	<p>Providing a daily <b>senior doctor led</b> clinic to see children. (0-18) referred for all forms of child abuse.</p> <p><b>Trained and skilled administrative staff</b> to take referrals from 09:00-17:00 on weekdays.</p> <p><b>Compassionate, highly skilled nursing staff</b> to chaperone and support families &amp; medical staff in clinic.</p> <p>Clinical work underpinned by <b>peer review and supervision</b> to challenge practice &amp; offer support.</p> <p><b>Dedicated team</b>, who show great strength and resilience to rise to the many changes this year.</p> <p>Continuing to provide <b>medical training</b> in child protection.</p> <p><b>information sharing</b> and working together to safeguard children.</p> <p><b>Monthly governance programme</b> for continuing professional development and links with the regional peer review programme.</p>

**What we did in 2022-23**

Staffing of the Child Protection (CP) rota became extremely problematic in the autumn due to people leaving or being on prolonged leave. This led to us having to take the unfortunate decision of providing only 4 clinics a week with one day being triaged by us with a view to patients potentially being assessed at Leeds General Infirmary (LGI). The British Medical Association (BMA) were made aware; however, the situation is still not resolved. Despite this:

- We saw 444 children between April 2022-March 2023. This is an increase on the number of children we saw in the previous year for referrals (previous year 411 referrals). We continue to see cases that would have been seen by LGI but were redirected to us on the new SOP. Despite our capacity issues, we have only had to send one child to be seen by the LGI team acutely, we are therefore seeing the more children in less days, leading to increased pressure on the staff and some delays for the children.
- 65% physical abuse; 13 % neglect; 5% anogenital examination for medical issues or Female Genital Mutilation, 1 case for possible physical and sexual abuse- joint examination with SARC: 17% siblings of index children. Clearly many of the children would have neglect alongside the physical abuse. We noted the neglect cases have significantly increased in the last few years, see chart below, likely due to the impact of austerity and Covid.
- We aim to provide child protection medical reports to Social Care in 4 working days. Performance has dropped again in the last year, 28% (previously 53%) reports sent within 4 days to social care; 66% (previously 75%) within 7 days. This is likely due to our significant increase in referrals and the increased number of patients seen on the days we have clinic. This means we have less admin time per case leading to a delay in getting the dictation etc done. The main delay is with the Drs providing the reports to be typed up.
- Clinical governance sessions have been well attended initially remotely and then increasingly face to face.

- We have had some face-to-face sessions from a CSI on taking photographs, safer handling (restraint training); getaway girls (charity organisation) and some sessions remotely topics including –journal article reviews; we had group supervision from the psychologist.
- Held 50 peer review meetings last year.



### Sudden Unexpected Death in Infancy and Childhood (SUDIC)

(Abridged from the report produced for the Local Safeguarding Children Partnership)

#### Key achievements 2022-23:

- Maintained and facilitated the SUDIC process in Leeds to a high standard.
- Successfully recruited additional Lead SUDIC Nurse hours.
- Continual review of systems and processes to support practice.
- SUDIC Strategic Reference Group partners delivery of a West Yorkshire wide SUDIC Conference.
- Development of a SUDIC briefing package for quarterly delivery via the LSCP training Programme.
- Sharing of SUDIC practice with teams across boundaries via the Child Death Peer Network.

#### Key ambitions 2023-24:

- Maintain the high standards of service delivery achieved in previous years and continue to develop practice.
- Stabilise the team following periods of long-term absence and staff changes.
- Embed the new System One SUDIC Template.
- In partnership with The West Yorkshire Police, roll out the SUDIC Training Package.
- SUDIC Practitioners to attend the planned Bristol University SUDIC training once available.

- Team members to have access to regular psychological support to assist with maintaining mental wellbeing.
- Acquire additional medical cover to support current staff within the SUDIC Team.
- Maintain and share SUDIC practice with other key multi-agency organisations.

This report provides a summary of the activity of the Leeds Community Healthcare NHS Trust (LCH) Sudden Unexpected Death in Childhood (SUDIC) Rapid Response Team for the period April 2022 – March 2023.

***‘The death of a child is a devastating loss that profoundly affects all those involved. The process of systematically reviewing the deaths of children is grounded in respect for the rights of children and their families, with the intention of learning what happened and why, and preventing future child deaths’.***

[Working together to safeguard children - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/working-together-to-safeguard-children) chapter 5.

Working Together to Safeguard Children (2018) sets out the framework (Appendix 1) within which the statutory child death review partners (i.e., the Local Authority and the Clinical Commissioning Group) arrange to review the deaths of children. The immediate response to an unexpected child death, the Joint Agency Response (JAR) is facilitated by a multi-agency partnership under the aegis of Leeds Local Safeguarding Children Partnership (LSCP). The LCH SUDIC Team is responsible for facilitating the statutory JAR, also known as the SUDIC Process, when the death of a child, (under the age of 18 years) normally resident in Leeds occurs that:

- *is or could be due to external causes*
- *is sudden and there is no immediately apparent cause*
- *occurs in custody, or where the child was detained under the Mental Health Act*
- *occurs where the initial circumstances raise any suspicions that the death may not have been natural*

Following the Royal College of Paediatric Child Health, Sudden and Unexpected Death in Infancy and Childhood: multi-agency guidelines for care and investigation (2016) the LCH SUDIC team work together with the relevant agencies to respond to child deaths in a thorough, sensitive and supportive manner.

The objectives are to:

- *establish, as far as is possible, the cause of the child's death*
- *identify any modifiable contributory factors*
- *ensure the provision of ongoing appropriate support to the family*
- *learn lessons in order to reduce the risk of future child deaths and promote the health, safety and wellbeing of other children*
- *ensure that all statutory obligations are met*

LCH SUDIC team consists of medical, nursing and administrative staff who are responsible for the co-ordination of the SUDIC process for the city. The team is also supported by LCH Child Safeguarding colleagues when required. Reports on the circumstance of the child's death are provided by the team to His Majesties' Coroner and Leeds LSCP Child Death Overview Panel (CDOP). SUDIC activity is reported into the LCH Child Death Review Group and LCH Performance Monitoring who further report to the West Yorkshire Integrated Care Board care board ICB.

**SUDIC Activity:** Between April 2022 to March 2023 there were 31 deaths of children normally resident in Leeds which met the SUDIC criteria. Some comparative data is set out in the tables below:

**Table 1**

	Under 1yr	Under 5s	5-12	Teenage	Number		Male	Female	Number
2020/21	4 (+1)	5	1	2	12 (+1)	2020-21	8	4 (+1)	12 (+1)

**Table 2**

2021/22	5	2	2	3	12		2021-22	8	4	12
2022/23	10	7	5	9	31		2022-23	19	12	31
Total	19 (+1)	14	8	14	55 (+1)		Total	35	20 (+1)	55 (+1)

Thankfully, the number of sudden or unexplained deaths of children in Leeds remains a small subset of the child population; with children under 1 year tending to be the most vulnerable and boys being more susceptible than girls. No single cause of death predominates, but suicide, road traffic collisions and Strep A are recurrent themes; this is borne out in the 2022-23 data.

The SUDIC process has been completed for 13 children who died during 2022-23. Post-mortem reports, Final Meetings or Child Death Overview Panel (CDOP) meetings remain outstanding for the other 18 children.

### **SUDIC team visits to the scene and the child's family**

Integral to the Joint Agency Response are the visits made by the SUDIC team to the scene of the child's final collapse and/or death (if it occurred out of hospital) and to the family in order to obtain as much detail from them as possible. The visit to the family is also an opportunity to assess for any immediate need for support that the family may have and to explain our roles in finding out, if possible, more about why their child died.

Where appropriate, home or scene of death visits were carried out by the team for all of the children who died during 2022-23. Ideally these occur within 24-48 hours of the child's death; this is not always achievable due to the work pattern of the SUDIC team (Monday – Friday, 08:30 – 17:00), the need to be guided by any police investigative parameters and the wishes of the child's parents.

All contacts were made in line with COVID-19 guidance. The response timeframe for the visits carried out is set out below:

<b>SUDIC Visits to Family 2022-23</b>				
<b>24-48 hours</b>	<b>48-72 hours</b>	<b>over 72 hours</b>	<b>No visit</b>	<b>Total</b>
21	0	7	3	<b>31</b>

### **Initial SUDIC Meetings & 28 Day Reports**

The initial meeting seeks to establish the circumstances of and, if possible, the reasons for the child's death, consider the immediate needs of all family members, and contribute to the identification of any learning about how best to safeguard and promote children's welfare in the future.

Initial multi-agency meetings were held for all 31 of the Leeds childhood unexpected deaths occurring during 2022-23. This is consistent with performance over the preceding two years.

During 2022-23, 28 Day Reports to HM Coroner have been provided by the SUDIC Consultant for 31 of the deceased children.

### **SUDIC Final Case Discussion Meetings & Final Reports**

Final meetings have been held for 13 of the 31 children who died during the 2022-23 period and reports have been provided to HM Coroner and the Child Death Overview Panel (CDOP).

The SUDIC Team are awaiting the Post-mortem Reports for 18 of the children who died during 2022-23. Final Case Discussion meetings will be convened once the PM Reports are available.

### **Governance**

The SUDIC Team are members of the Leeds Safeguarding Children Partnership Child Death Overview Panel (CDOP) which is a statutory group.

The responsibility of CDOP is to review information in relation to the deaths of all Leeds children. The CDOP review seeks to establish whether any modifiable factors were identified in relation to the child's

death and to make recommendations accordingly. Following review, a summary of information is submitted to the National Children's Mortality Database by the CDOP Administrator.

The LCH SUDIC Team is responsible for providing the SUDIC reports for each child to the Leeds CDOP and ensuring that any relevant recommendations made by the panel are fed back to LCH Child Death Review Group.

### **LCH Child Death Review Group**

The SUDIC Team are members of the LCH Child Death Review Group.

All SUDIC deaths are reported into the LCH Child Death Review Group along with the expected deaths of children under the care of LCH services.

The deaths are reviewed with the aim of ensuring that a critical appraisal of LCH input is carried out and where necessary, action is taken, and lessons learned. CDOP recommendations relevant to LCH services are communicated through this group.

Information from this group is reported to the LCH Mortality Review Group which provides assurance to the LCH Trust Board.

**Process & Performance:** The work of the SUDIC Team is reported into LCH Performance systems and to the ICB monthly. Actions related to SUDIC processes are captured within the Safeguarding Teamwork plan which are governed within the Safeguarding Committee. Tailored psychological support to the team has been available, however the post has recently gone out to advert. This is a much needed and appreciated by all team members.

**SUDIC Process Awareness Raising:** A 'Light Bite Session' on Child Death Review Processes in Leeds has been offered via the Leeds LSCP training programme. This gave practitioners across the multi-agency partnership an opportunity to gain some basic understanding of the SUDIC process.

The SUDIC Team attended a one-day training event facilitated by West Yorkshire Police and Dr Folasade Rotimi, SUDIC Paediatrician. This provided an opportunity for multiagency practitioners to discuss and offer a greater understanding of the SUDIC process.

**Family Engagement:** This has remained a key priority. A leaflet is given to grieving families which sets out brief details of the SUDIC process in accessible language, contact details for the team, information on how to give feedback and how we use and look after personal information. Families are also given leaflets detailing a range of bereavement support groups including the Community Bereavement Service offered by Martin House Hospice.

The leaflets have recently been updated to represent the new SUDIC Team members. The quality of the leaflet has also been improved; it is hoped that this will reflect the importance of the leaflet and its content.

**Review of links with partners:** The SUDIC Team has maintained links with the Child Death Peer Network, formed from teams across England. The virtual meetings give participants an opportunity to share practice, discuss common issues and creates the potential to influence local and national practice.

**Partnership working and actions related to identified modifiable factors:** Of the 31 SUDIC cases in 2022/2023, two cases have been taken forward by the LSCP as a Child Safeguarding Practice Review (CSPR).

**Conclusion:** 2022-23 has seen staff changes within the SUDIC team; this has enabled the opportunity to reflect on the team's past success whilst continuing to develop practice within the team and across the multi-agency Child Death Review Partnership.

The SUDIC Team would be unable to carry out their work without the support of colleagues within LCH and across a wide variety of partner agencies; we are grateful for their professional and caring support of bereaved families as well as their co-operation with, and their contributions to this important work.

***'The death of a child is a devastating loss that profoundly affects all those involved. The process of systematically reviewing the deaths of children is grounded in respect for the rights of children and their families, with the intention of learning what happened and why, and preventing future child deaths'*** [Working together to safeguard children - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/working-together-to-safeguard-children)  
chapter 5

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## Children Looked After (CLA) and Care Leavers

### Key Achievements 2022-23

- Review Health Needs Assessments (RHNA) delivery continues to meet Key Performance Indicators (KPI's) and National performance targets, with audit indicating high standard of health assessments. This is despite every service delivering RHNA's being under tremendous capacity pressure.
- Maintaining the delivery of training to those supporting Looked After Children at level three standard as per the Intercollegiate Document 2020. Feedback from training is very good/excellent.
- A bid for service review/restructuring and options appraisal is awaiting consideration. The West Yorkshire Integrated Care Board (WYICB) has been notified of cost pressures for this service by LCH.
- Increase in capacity for Initial Health Needs Assessments (IHNA) clinics, including innovative collaboration with York Street Practice was trialled, this initiative however did not succeed but shows a passion and commitment to exploring all options available to meet the needs of this population of children.
- NICE guidance baseline assessment has been completed and an action plan is in place to work towards meeting full guidance.
- Involvement in Pathways of care development including emotional health and wellbeing, young parents and sexual health, ensuring a focus and understanding of the needs of looked after children and care leavers within service development.
- Development of a West Yorkshire Health and Care Partnership CIC (child in care) and care leaver strategy which aims to; promote equity of service delivery across West Yorkshire ICB in line with guidance, provide Quality assurance and reduce in health inequality.
- Development of a regional strategy for the North, Northeast and Yorkshire region is underway.
- Leeds Children and Young People's population board focused on looked after children and care leavers in January, which has helped to raise the profile of this cohort across the city. Key actions have emerged from this.
- 

### Key Ambitions 2023-24

- To have a successful service review and restructure so that Leeds looked after children and care leavers can expect a similar level of care and support offered in most of our neighbouring areas and to ensure we have the best possible services we can for this extremely vulnerable group.
- To continue to work with our social care colleagues to improve LCH's ability to provide the Initial Health Needs Assessment to inform the planning at the first childcare review, in line with statutory requirements.
- To continue to work with our young people in care and care leavers to give them a voice and influence in health service provision.
- To ensure statutory training from level one to five, Intercollegiate Document 2020, is in place for all staff needing this.
- To meet key targets for Strength and Difficulties Questionnaire (SDQ) completion and improve immunisation rates for looked after children.

This is the annual looked after children and care leavers report 2022-23 for Leeds Community Healthcare (LCH), covering the period from 1<sup>st</sup> June 2022 to 31<sup>st</sup> May 2023. It forms part of Leeds assurance arrangements in relation to services delivered to Leeds children placed in and out of Leeds

and children placed in Leeds by other local authorities. It reflects the priorities set out in the Looked After Health Team Service Level Agreement, “A child of Leeds” Leeds Corporate Parenting Board Strategy 2021- 2024, and The Looked After Children and Care Leavers Health Improvement Plan. The primary objective is to ensure that all looked after children and Leeds care leavers are supported to improve their health outcomes.

#### **Definition of Children Looked After:**

A child is legally defined as looked after by a local authority if he or she:

- is accommodated by the local authority for a continuous period of more than 24 hours,
- is subject to a Care Order to put the child into the care of the local authority (including secure settings),
- is subject to a Placement Order (child placed for adoption)
- is an unaccompanied asylum seeker and under the age of 18.

#### **Definition of a care leaver:**

A care leaver is a young person aged 16-25 years old who has been 'looked after' at some point since they were 14 years old and were in care on or after their 16<sup>th</sup> birthday. Care leavers are entitled to some ongoing help and support from Children's Services after they leave care.

Most of the looked-after children are cared for in foster placements (72%), with 14% in connected care, and 13% in residential care, secure units or semi-independent living accommodation. In addition to these, 7% of looked-after children are placed with birth parents. Although each child or young person will have a unique journey into care, the most common reason for becoming looked after was abuse or neglect (65%). These are major adverse childhood events (ACEs) which can cause trauma leading to long-term damaging effects on children and young people's physical and mental health.

Adverse childhood events experienced by looked-after children and young people include physical abuse (48%), emotional abuse (37%) and sexual abuse (23%). Trauma can also include domestic abuse, serious harm, exposure in the home or community to alcohol, drug misuse or violence. All looked-after children and young people will have experienced trauma in some way, including being separated from their family (Corporate Parenting Dashboard)

The research base for the long-term effects of Adverse Childhood Experiences is striking and strong. The published research evidence, notably Felitti et al (1998) [Relationship of childhood abuse and The \(ACE\) Study - PubMed \(nih.gov\)](#) in the USA and Bellis et al (2014) [National household survey of adverse childhood experiences in England | BMC Medicine | Full Text \(biomedcentral.com\)](#) in the UK, reminds us of the range of experiences which can have an adverse effect on the health and wellbeing of our children, young people, families, and adults for a lifetime. Single experiences can have an adverse impact on the child's health and well-being, but multiple experiences can have a cumulative damaging impact which can compromise the child's prospects of happiness and success for the entirety of their life unless something is done to address this prospect. Children in the care system often have poor educational outcomes, difficulties in making solid trusting relationships with others and disproportionate involvement with the criminal justice system.

#### **Leeds Looked After population:**

The looked after children population who live in Leeds are a mix of those who are under the care of Leeds City Council and those who are under the care of other local authorities and placed in Leeds. A proportion of children and young people who are looked after by Leeds City Council are placed out of area in other authorities.

As of November 2022, there were 82,170 looked-after children and young people in England, up by 2 % on the previous year, with the total number of children being looked after increasing yearly since 2010. The demographics of looked after children in Leeds has changed significantly over the past 5 years and is predicted to continue to change, with a current population of Leeds looked after children of 1445 and a further 265 placed in Leeds by other authorities. This is an increase of 8% over the past 18 months [Children looked after in England including adoptions, Reporting year 2022 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](#)

#### **In summary:**

- 100 additional 15 -18-year-olds came into care and stayed in care in between 2017 and 2021, most have experienced long term neglect and abuse and therefore present with complex health and social care needs.

- A further 100 came into care and stayed in care between October 2021 and October 2022
- 50 more children were placed out of area in the past year compared to previous years. (2022/3 figures will be published in November 2023)

These increased numbers of children have resulted in a rise of over 300 cases to the LCH Children Looked After (CLA) Specialist Nursing Team caseload over the last 5 years, with no increase in capacity.

#### Future forecast:

- The Leeds Needs Assessment for Children Looked After Placements: an analysis of the existing trends and future needs in Leeds (Leeds Children's social work services 2021) has concluded future projections of this population to be:
- Children aged 0-9 years will make up a smaller proportion.
- Children aged 10 years and over will continue to grow.
- Children aged 16 & 17 years are predicted to grow by 14% over the next 4 years.
- It is predicted there will be a further 100 children aged 13 years and older in care by 2026.
- Additionally, it is anticipated there will be a further increase of 43% of UASC's coming to Leeds in line with Home Office increased allocations October 2022, which means that Leeds expects to receive 60 additional UASC's over the coming months.

This is expected to add a further 160 to the Specialist Nurses Caseload over the next 3 years.

#### Looked After Children Health team.

- 1 Designated Dr 2 sessions a week.
- 1 WTE Designated Nurse
- 1 WTE band 7 Professional Lead
- 3.9 WTE permanent band 6 Specialist Nurses.
- Bank temporary staff 1.6 WTE Per week
- Temporary 1 WTE specialist nurse (until March 24)

To meet the health needs of looked after children and care leavers the Looked After Children Health Team collaborate with LCH specialist and universal services; Public Health Integrated Nursing Service (PHIN's), Specialist Inclusive Learning Centre (SILC) nurses, Integrated Children Additional Needs (ICAN) services, sexual health teams, secure setting health teams and services across the health economies and partner agencies; Leeds Teaching Hospital Trust (LTHT), Therapeutic Social Work Team, Children's Social Work Service (CSWS) and Corporate Parenting Board.

Initial Health Needs Assessments (IHNA's) are completed by community paediatricians in the ICAN service.

Implementation and monitoring of health plans and completion of Review Health Needs Assessments (RHNA's) is the responsibility of three services: Specialist CLA Nursing Team, PHIN's and SILC nurses. Current provision for looked after children within LCH across all services is meeting statutory elements, health needs assessments and statutory safeguarding meetings. No other work was being offered by the Specialist Nursing Team due to capacity issues, which means that many areas of the Service Level Agreement and NICE guidance are not being implemented. Delivery of Initial Health Needs Assessments and the impact of capacity issues within the Specialist Looked After Children's nursing team are currently on LCH's Risk Register.

#### Performance V Key Performance Indicators (KPI) and National objectives:

Table one IHNA performance

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Number of eligible children	29	27	28	39	31	38	20	21	19	17	34	41
Number of Children who received an HNA within 20 working days of their CLA status	5	12	5	13	7	8	2	1	5	2	14	5
Percentage of Children who received an HNA within 20 working days of their CLA status	17.2%	44.4%	17.9%	33.3%	22.6%	21.1%	10.0%	4.8%	26.3%	11.8%	41.2%	12.2%
Number of Children who received an HNA within 20 working days of LA notification	9	19	8	22	8	9	3	3	5	2	17	12

LCH has not been able to deliver high proportions of IHNA's in statutory time frames for a number of years. Historically this has been as a result of late requests for the assessments. There is the requirement that social care should request the health assessment by working day four of a child coming into care and that the assessment should be complete and returned to social care by day twenty. Less than half of the requests are received by LCH by day ten, which makes it extremely challenging to meet statutory guidance. As a result of this LCH's new KPI's are - those requests received by day ten should be completed by day twenty and those received after day ten should be completed twenty days after receipt of request. Over previous years LCH has averaged 85%-95% completion of IHNA within KPI timeframes, the new KPI will provide a more accurate reflection of time scales achieved in LCH. Table one shows that this has fallen significantly this year due to consultant clinic capacity issues. A risk assessment was completed and IHNA's placed on LCH's risk register. There was a plan in place to increase clinic capacity and to work with York Street practice to assist with timely assessments. (See IHNA Position statement 30/8/22 for further details) this practice was trialled but unfortunately was unsuccessful due to a number of reasons.

The issue of Late notification for IHNA by social care has been escalated to Director level and Corporate Parenting Board within the Local Authority. A task and finish group has been established to examine barriers within Children's Social Work Services systems to timely request with a view of improving the process and meet statutory guidance. A senior manager from the area teams now represents the area teams on the health – fostering and Adoption subcommittee of the corporate parenting board to improve communication and problem solving.

**Table two RHNA performance**

	Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
0-18	% achieved (including refusals) <b>national target 85%</b>	94.8%	92.4%	93.3%	91.5%	92.4%	92.5%	93.7%	96.3%	95.4%	95.2%	94.4%	95.8%
0-18	% achieved (excluding refusals) <b>local target 90%</b>	95.2%	92.5%	93.3%	91.5%	92.4%	92.5%	93.7%	96.3%	95.4%	95.2%	94.4%	95.8%

The rate of completion of review health assessments within statutory time frames continues to meet National Guidance and KPI's however there is a downward trend from 93.5% in April 2021 to 91.3% in March 2022, rolling annual completion rates. This may fall further due to capacity issues impacting on the delivery of timely assessments. The audit of quality of health assessments continues to show a high standard. This is both for those completed in Leeds and those completed by other authorities.

**Table three - percentage compliance with key health indicators; Immunisations, Dental and emotional health and wellbeing (SDQ.)**

Key indicators	April 2021	April 2022	March 2023
Immunisations up to date Target 85%	72.7%	77.6%	76.9%
Dental checks up to date	68.8%	76.7%	80%
SDQ	53.5%	44%	39.5%

- LCH has a target of 85% of looked after children's immunisations which is in line with the national schedule. 77.6% met this target in April 2022, 76.9% in March 2023. Reduction in

immunisations may be related to CLA Nurses not being in a position to offer outreach immunisations to the 13+ population who are generally harder to reach. This is something we plan to look at following outcome of service review, but currently do not have capacity to offer. There are also issues with data collection and this is being followed up.

- In April 2021, 68.8% of children in care in Leeds had an up-to-date dental check (one completed in the previous 12 months) This is reflective of the reduced dental service offered during the pandemic. In April 2023 80% - This increase in all age groups is related to the variable commissioning of dental service by NHS England for vulnerable groups, which started in Summer 2021.
- The Strength and Difficulty Questionnaire (SDQ) is an evidence-based tool used to assess children and young people's emotional and mental health. National guidance is that all looked after children and young people over the age of 4 have SDQ assessments, which should inform the health assessment. Nurses completing RHNA's are required to facilitate the completion of SDQ for all looked after children between the ages of 11 and 16. Social workers are responsible to ensure the carer SDQ is completed for 4-16-year-olds. In April 2021, 45% of RHNA's requiring the nurse facilitated SDQ score had this included in the assessment, according to data provided from the completion of SDQ template in system one. In April 2023, this was 39.5%. Exploration of reasons for this shows that a proportion (up to 40%) of SDQ outcomes are not inputted into electronic records and so are not captured in the monthly reporting. This is currently being addressed.

#### **Quality Assurance.**

- Monthly reports are produced showing performance against Key Performance Indicators.
- Health Needs Assessments (HNA's) completed out of area are audited for quality against national standards.
- HNA's completed by LCH practitioners are audited every month, with all services audited at least twice a year. This allows any issues around slip in standards to be addressed quickly. Individual practitioners are given feedback for exemplary HNA's and when the standard needs to be improved. If there is a broader issue within a service, training updates are offered, and the service is re audited in the coming months.

#### **Audit outcomes:**

Audits of the quality of health assessments show that they continue to be of a high quality.

#### **Health Improvement Plan update:**

##### **Foetal Alcohol Spectrum Disorder (FASD)**

Last year's annual report highlighted the higher incidence of FASD in the Looked after children population and the need to develop improved diagnostic and support services in Leeds. Work is currently being undertaken to examine how the Neuro diversity Pathway can be improved, which includes exploration of provision for FASD.

##### **Unaccompanied Asylum-Seeking Children (UASC's)**

Leeds continues to be a welcoming host for unaccompanied asylum-seeking children There has been a significant increase in the numbers coming to Leeds in the last 12 months, in line with Home Office revised guidance. There are no extra monies for health, consequently health care has to be sourced from current resources.

##### **Care Leavers**

Care leavers have been one of two safeguarding priorities for NHSE 2022/23. Development of a national flag continues to be discussed but has made little progress. Leeds GP's have re launched the use their own system to alert GP's when they are seeing a young person who has experienced care, so that extra time can be given to complete a more holistic assessment where necessary.

Care leaver health remains a priority in the health Improvement Plan, with input from the Designated Professional supporting the development of pathways of care for Maternity, sexual Health and Parenting.

The Care Leaver Hub at Archway, Roundhay Road, Leeds was delayed in opening, but began offering care leaver services from the beginning of March 2023. This Hub offers support to Carer Leavers 18-

25. There is a creche for children, cooking and washing facilities and also leisure activities where young people can connect with others. There is a recording studio and pool tables and therapeutic quiet rooms which care leavers can utilise. There has been a great deal of discussion about health's offer to this project, with no firm commitments given. The Looked After Health Team do not currently have any capacity to support this project.

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**Conclusion:**

**2022-23** has seen an increase in safeguarding activity in LCH and indeed across the city. We have had some new additions to the team following a service review for SUDIC and the addition of the new rehab unit at Wharfedale, whilst further resource is welcomed, we have yet to see the impact due to significant long-term sickness. Having said that, the team must be commended for their constant resilience and support of each other, often stepping into roles across the service to ensure we provide a seamless service, prioritising staff support and patient safety. Further review of Children Looked After team (including CLA and Child Protection Doctors) is ongoing.

key themes emerging from this report point to the priorities for the team being:

- The setting and maintaining of quality standards across all safeguarding.
- Fast effective responses to emerging safeguarding themes.
- Continuous development of training packages in line with emerging safeguarding themes
- The essential development and maintenance of internal and multi-agency relationships and networks to ensure high quality service delivery with safeguarding of vulnerable children and adults remaining at the core of all we do.
- Robust CLA review and options appraisal paper completed, shared with LCH Senior Management Team, ICB, Children, Young people board, Corporate Parenting board.

**2023-24** will see the Safeguarding Team:

- Continue to provide an excellent service across all areas of safeguarding.
- Continued evaluation of training and support needs of LCH staff
- Continue to work with the Safeguarding Boards to review and develop Safeguarding in Leeds in line with the changing horizon across the country.
- Maintain excellent working relationships with partners.
- Ensure LCH practice in Children Looked After and Safeguarding is of a high standard and responsive to the needs of the people of Leeds.
- Continue to work towards a successful review of CLA to include extra hours for CLA dr and Child Protection dr.
- Recruit a new clinical psychologist.

**Trust Board meeting held in public 4 August 2023**

**Agenda item number: 2023-24 (45)**

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**Title: Infection Prevention and Control Annual Report 2022- 2023**

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**Category of paper: assurance and for information**  
**History: Quality Committee July 2023**

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**Responsible director: Executive Director of Nursing and Allied Health  
Professionals**

**Report author: Head of Infection Prevention and Control and Deputy DIPC**

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## Executive summary

To inform Quality Committee of the achievements in 2022-23 and to comply with the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance.

The report covers the period 1<sup>st</sup> April 2022 to March 31<sup>st</sup> 2023 and provides information on:

- Compliance with the outlined criterion of the Health and Social care Act 2008.
- Healthcare Associated Infections (HCAI) statistics and surveillance.
- IPC activities undertaken within the organisation and collaboratively with partners across the healthcare economy inclusive of the cooperation partnership agreement and additional commissioned services.
- Description of the (IPC) arrangements.
- Forthcoming IPC programme 2022/23.

The following are key elements of the infection prevention activity and performance during the period of April 2022 to the end of March 2023.

- The Trust has had zero methicillin-resistant *Staphylococcus aureus* (MRSA) assigned bacteraemia cases during the year.
- The Trust has had zero assigned *Clostridioides difficile* case during the year.
- The Trust has had zero assigned *Escherichia coli* (E. Coli) gram negative bacillus bacteraemia case during the year.
- The Trust has achieved 92% of all staff members being up to date with statutory and mandatory Infection Prevention and control training for level 1 and level 2.
- The Trust achieved 62% of front-line staff vaccinated against influenza.

## Main issues for consideration

- The continuation of provision in relation to the global pandemic: Covid-19 and the enhanced delivery of IPC throughout the Leeds system.
- The continuation of surveillance of HCAI's throughout Covid-19 including methicillin-resistant *Staphylococcus aureus*, *Clostridioides difficile* and *Escherichia coli*.
- Continued expansion to the 'Cooperation Partnership Agreement' between LCH and LCC for IPC provision and restructuring of the IPC Service.
- The continuation of evolving health inequalities throughout the population we serve that impact on the health promotion in relation to IPC.
- Continuation of the collaborative working that IPC have made with partners across the city and wider, inclusive of the Partnership Cooperation Agreement with Leeds City Council.
- The continuing difficulties that the team face in achieving the 90% target for the seasonal staff influenza programme.
- Work completed around antimicrobial resistance and sepsis prevention.

## Recommendations

- The Board is recommended to note the contents of this report and approve its publication.

# Infection Prevention and Control (IPC)

## Annual Report

2022 – 2023

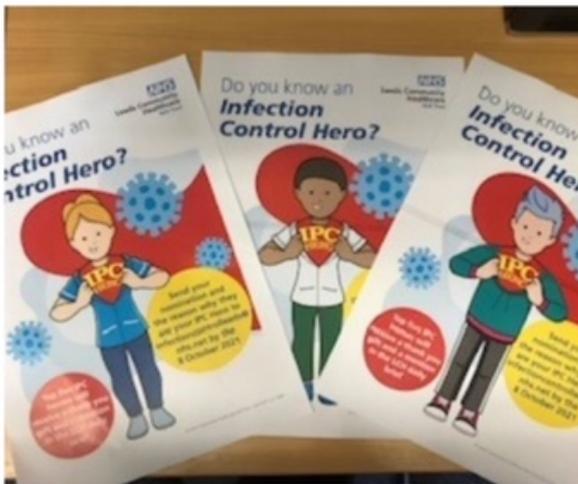


Figure 1: Images of literature, IPC display board, vaccinations and sepsis stand

**Report compiled by Head of IPC and Deputy DIPC with contributions made by members of the IPC Team.**

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<b>12.</b>	<b>Conclusion</b>	<b>42</b>

## **Executive Summary**

This document forms the Infection Prevention and Control (IPC) annual report on Healthcare Associated Infections (HCAI) within Leeds Community Healthcare NHS Trust (LCH).

The aim of this report is to provide information and assurance to the Board that the Infection Prevention and Control Team (IPCT) and all staff within the Trust are committed to reducing HCAI's and that LCH is compliant with current legislation, best practice and evidenced based care in line with Care Quality Commission (CQC) criterion and the Health and Social Care Act (2008).

The report provides information on:

- IPC activities undertaken within the organisation and collaboratively with partners across the healthcare economy during Covid-19.
- Description of the (IPC) arrangements.
- HCAI Surveillance.
- Forthcoming IPC programme 2023-24.

## **Key Achievements 2022/2023**

During the past year the Trust has maintained and achieved in the following areas:

- Increased activity of work in relation to the Covid-19 pandemic, supporting services citywide, including the provision of Covid-19 vaccination.
- Continuing compliance with the CQC criterion relating to Infection Prevention and Control (IPC) and Board Assurance Framework.
- Hugely successful collaborative working across the healthcare system and working towards the Partnership Cooperation Agreement with Leeds City Council.
- Permanent increased funding capacity from Leeds City Council to deliver the Cooperation Partnership Agreement.
- Vaccinating 62.9% of frontline staff in the Seasonal Staff Influenza Campaign and being recorded as highest uptake in West Yorkshire.

## **Key Risks**

- Major infection/outbreak/pandemic – this is a risk for any service. There were several outbreaks of infection this year throughout the healthcare economy including IgAS, Mpx, CPE, Serratia and Avian Influenza.

## **Key plans for 2023-2024**

The IPC programme aims to continuously review and build on existing activity. This is driven by local needs, whilst incorporating and complying with the latest Department of Health (DH), UK Health Security Agency (UKHSA) and relevant strategy and/or regulation(s).

- Continued education on the standards relating to antimicrobial stewardship guidance in line with the UK's five-year national action plan – 'Tackling antimicrobial resistance 2019–2024 from the Department of Health'.

- Co-ordinating the seasonal staff influenza campaign which aimed to vaccinate 65% of frontline staff and ensuring that staff are fully briefed on the prevention, detection and management of Influenza in line with the 2023 - 2024 CQUIN target set by NHS England.
- Collaborate with the Leeds Healthcare economy on the implementation of a work plan to reduce the number of Gram-negative E. coli bacteraemia and aim to reduce incidence by 10% in accordance with Department of Health and NHS England / Improvement programme. We continue to maintain a zero tolerance to preventable healthcare associated infections such as MRSA and *Clostridioides difficile*.
- Continue to promote knowledge and compliance with hand hygiene practice and other standard infection control precautions through education, increased audit activity, risk assessment and planned action in relation to environmental or cleanliness issues.
- Work collaboratively across the Leeds Healthcare Economy to support staff to identify correct detection, reporting and management of sepsis: with an emphasis on improving awareness of sepsis signs, symptoms and management.
- Continued support and guidance provided to front line staff in the use of sharp safety devices and the prevention of needle related incidents. This requires continued engagement with all business units particularly adults and specialists.

## **Annual Infection Prevention and Control Report**

### **1. Background**

This report is a requirement under the 'Code of Practice' of which Criteria 1 states *that 'the nominated Director for Infection Prevention and Control (DIPC) is to prepare an annual report on the state of healthcare associated infections (HCAI) in the organisation for which he or she is responsible and release it publicly.'* This report has been produced by the Head of Infection Prevention and Control and Deputy DIPC on behalf of the DIPC.

Leeds Community Healthcare NHS Trust recognises the obligation placed upon it by the Health Act 2006, (updated 2008, 2012, 2015 and 2022), that the prevention and control of infection continues to be a high priority for the Trust. There is a strong commitment throughout the organisation to prevent all avoidable HCAs. In addition:

- Reporting requirements for the annual report are pre-set by the Department of Health.
- The Trust has registered with the CQC as having appropriate arrangements in place for the prevention and control of healthcare associated infections.

The Trust supports the principle that infections should be prevented wherever possible or, where this is not possible, minimised to an irreducible level and that effective systematic arrangements for the surveillance, prevention and control of infection are provided within the Trust.

The Code of Practice requires that the Trust Board has a collective agreement recognising its responsibilities for Infection Prevention and Control. The DIPC has overall responsibility for the control of infection and this role is undertaken by the Executive Director of Nursing and Allied Health Professionals. The DIPC attends Trust Board meetings with detailed updates on infection prevention and control and escalations as required.

The Trust Infection Prevention and Control Group (IPCG) is held quarterly and is chaired by the head of IPC and Deputy DIPC. IPC performance and concerns are escalated at the quarterly 'Quality Assurance Information Governance' (QAIG) meeting.

The IPC service is provided through a structured annual programme of work which includes expert advice, audit, teaching, education, surveillance, policy development and review as well as advice and support to staff, patients and visitors. The main objective of the annual programme is to maintain the high standard already achieved and enhance or improve on other key areas. The programme addresses national and local priorities and encompasses all aspects of healthcare provided across the Trust. The annual programme is agreed at the IPCG.

The 'Partnership Cooperation Agreement' and annual IPC plan will be monitored through quarterly cooperation review meetings with a governance structure in place, as well as the Infection Prevention and Control Committee (IPCC) and the Quality Assurance and Improvement Group (QAIG). Table 1 outlines several internal and external IPC related meetings.

Quarterly Meetings	Monthly Meetings
IPCG (LCH)	Clinical and Corporate Policy Group (CCPG)
Attendance at HCAI Meeting (Citywide)	
Attendance at Health Protection Board (LCC led)	<b>Annual</b>
Cooperation Review Meeting (LCC/LCH)	IPC Annual Report for approval
Attendance at Quality Assurance Information Governance (QAIG) LCH	IPC Annual Plan for approval
Attendance at Health and Safety Group (LCH)	Cooperation Agreement Governance Annual Review (LCC/LCH)
Attendance at Water Safety Group (LCH)	
Antimicrobial resistance (LCC/ICS)	

figure 1: Governance Meetings

The IPC Board Assurance Framework has been completed by the Head of IPC and shared with Quality Committee and the Board. Gaps in compliance to be highlighted with clear actions in addition to the annual programme of work. A business as usual BAF will be completed during 2022/2023 which is in line with the updated Health and Social care Act 2022.

## 2. Performance

### 2.1 Surveillance of Healthcare Associated Infections (HCAIs)

This section of the annual report provides insight into the current Healthcare Associated Infection (HCAI) burden actions taken to improve practice and patient safety linked to:

- Meticillin-resistant *Staphylococcus aureus* (MRSA) blood stream infections (BSI)
- Gram Negative Bacteria (GNB) specifically *Escherichia coli* (E. coli)
- *Clostridioides difficile* infection (CDI) previously known of as *Clostridium difficile*

Although there are no specific government mandatory targets for individual community care organisations for the incidence of meticillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridioides difficile* infection (CDI), LCH has worked with in locally agreed targets for a number of years. These targets included no more than 2 cases of MRSA bacteraemia and 3 cases of CDI being directly attributed to LCH where a multiagency review identifies lapses in care that have directly contributed to the infection episode.

#### **Meticillin-resistant *Staphylococcus aureus* (MRSA)**

During the report period a total of four MRSA bacteraemia cases described as Community Onset, Community Associated (COCA) have been reviewed by the team, this is the lowest levels of MRSA bacteraemia LCH has seen since recording commenced in 2011.

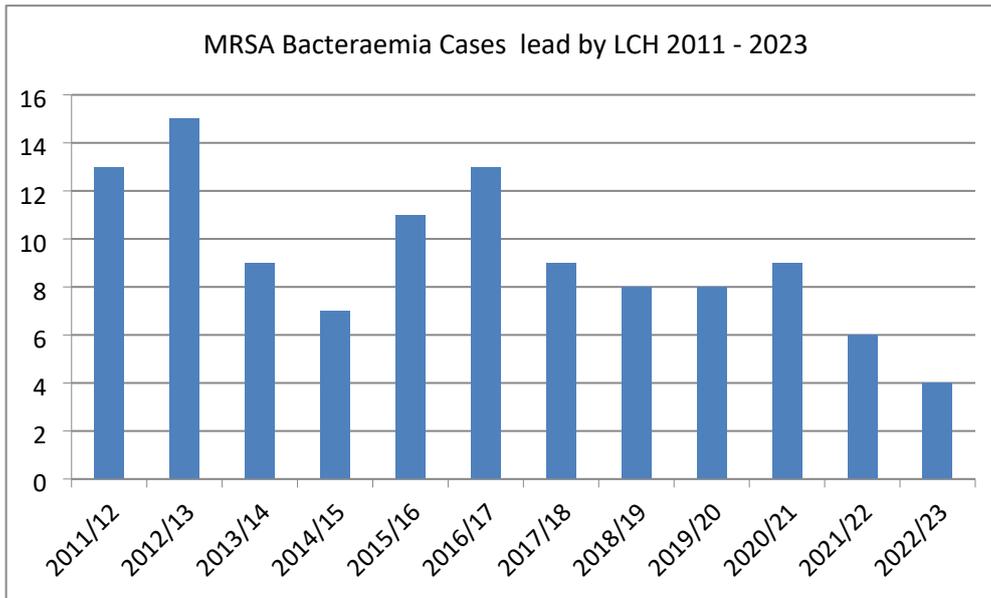


Figure 2: Annual MRSA Bacteraemia cases identified within 48 hours of admission to Secondary Care (2009 – 2023)

During the report period there have been no cases of MRSA bacteraemia (MRSAb) assigned to LCH in which lapses in LCH care have directly contributed to the infection episode. There have been two cases identified as having no lapses in care from any organisation, one cases in which learning was identified but it was not thought to be contributory to the MRSAb acquisition, and one case in which lapses were identified from the wider/ multidisciplinary organisation.

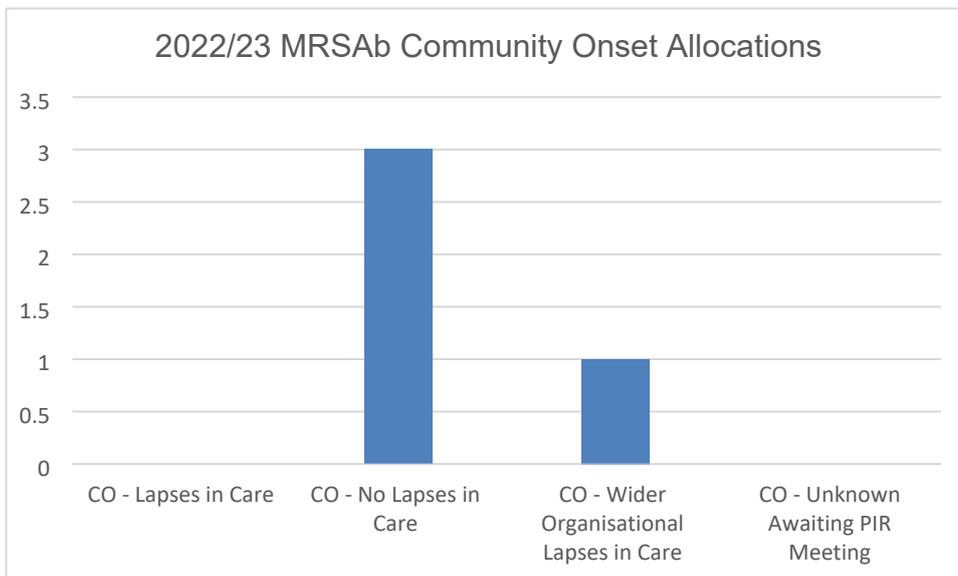


Figure 3: Allocations of community onset MRSA Bacteraemia cases following Post Infection Review (2022/23)

MRSAb continues to be a priority for the HCAI team. Due to pressures throughout the health and social care system at present, it has been difficult to conduct multi-disciplinary PIR meetings within the pre-covid timescale of 14 days, however local ICB and council colleagues are aware of this and happy with the current time scales. It has also been difficult to obtain acute care representation at PIR meetings due to the ongoing pressures in Leeds Teaching Hospital Trust (LTHT) at present. This is being discussed with colleague at LTHT to find a resolution.

The IPCT have also reviewed a further 10 cases identified as having an acute care assignment at LTHT. Since Covid-19, LCH IPC has not been invited to attend acute care

onset PIR meetings, however the community IPC team continues to ask for involvement and share PIR documentation where it is felt necessary.

All COCA MRSAb's have been reported via Datix where completed PIR documents are also uploaded.

### **Identifiable learning from MRSA BSI's**

All learning and subsequent actions are recorded within the PIR documentation and shared with meeting attendees. The PIR document is also uploaded to Datix for future reference if required, and are also held locally by the IPC team on an excel spreadsheet. This enables the IPC team to easily review actions throughout the year, ensuring completion dates are met.

PIR's conducted in 2022/23 have identified a concern in which some primary care physicians appear to be missing soft signs of sepsis and deteriorating patients. This was identified in one of the MRSAb PIR's and also an E. coli BSI PIR in which both patients had clear signs of sepsis (high NEWS2 score, soft signs such as patient stating they just don't feel well) but these were not acted on in a timely manner. Unfortunately, one of the patients has passed away. LCH IPC team is therefore working closely with colleagues at the ICB and will hold further discussions in 2023/24 regarding how this knowledge gap can be filled and prevent future delays in treatment for deteriorating patients and those with signs of sepsis.

Two of the four COCA MRSAb cases in 2022/23 were identified in the IVDU community. There were no links between the patients and no lapses in care were identified which were contributory to the MRSAb acquisition, but these cases have highlighted the possibility for IPC to work more closely with the Homeless and Health Inclusion Team on preventative projects to try and reduce not just MRSAb incidence, but incidence of other potential healthcare associated infections as well.

Other learning identified this financial year includes:

- The importance of submitting hand hygiene/ essential steps audits each quarter to ensure compliance.
- The need to accurately assess and document the competency of family members, friends, carers etc. who are involved in medical interventions such as wound care, catheter management etc. This is to ensure that non-healthcare individuals undertaking these procedures are not putting the patient at increased risk of infection.
- The importance of detailed documentation, written at the time of an event. This both ensures the most accurate account of events is documented and enables readers/ investigators to understand the care pathway in detail.
- To document effectively when a patient does not attend an appointment, consider whether this is a true DNA or whether the patient "Was Not Brought", and act accordingly in regard to arranging further appointments or discharging the patient.

## Clostridioides difficile infection (CDI)

All community apportioned CDI cases identified as Community Onset, Community Associated (COCA) or Community Onset, Intermediate Associated (COIA) are reviewed by the LCH IPCT.

IPC team provides all patients, who have been sampled by the GP, with a CDI information leaflet and identifying card to share their status with health care professionals.

Where prescribing deviates from Leeds Health Pathways, the Leeds Branch, West Yorkshire ICB Medicines Optimisation Team will also review the case and liaise directly with the respective GP practices.

A Post Infection review (PIR) is undertaken where the episode of infection is identified as part of an outbreak, when the patient is identified within an LCH inpatient area, or when CDI is a contributing factor (1a,b,c) in the death of the patient

	Quarter 1 2022 – 23			Quarter 2 2022 – 23			Quarter 3 2022 – 23			Quarter 4 2022 – 23			Year Total
	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
	Community onset community associated (COCA)	4	6	5	9	6	9	5	8	3	4	7	
Community onset intermediate association (COIA)	1	3	4	6	3	2	0	0	1	0	2	0	22
<b>Total Community attribution (COCA + COIA)</b>	<b>5</b>	<b>9</b>	<b>9</b>	<b>15</b>	<b>9</b>	<b>11</b>	<b>5</b>	<b>8</b>	<b>4</b>	<b>4</b>	<b>8</b>	<b>3</b>	<b>90</b>
Cases attributed to LCH	0	0	0	0	0	0	0	0	0	0	0	0	0

Figure 4: Number of community apportioned CDI cases identified and reported to the IPCT during this period.

Within the report period, 90 CDI cases were identified as community onset. This shows an increase in cases over the past 3 years with an increase of 4 cases when compared to 2021/22 and an increase of 16 cases when compared to 2020/21. A multidisciplinary meeting was held to discuss the increase in cases however, no clear rationale was identified, and risk factors remain the same.

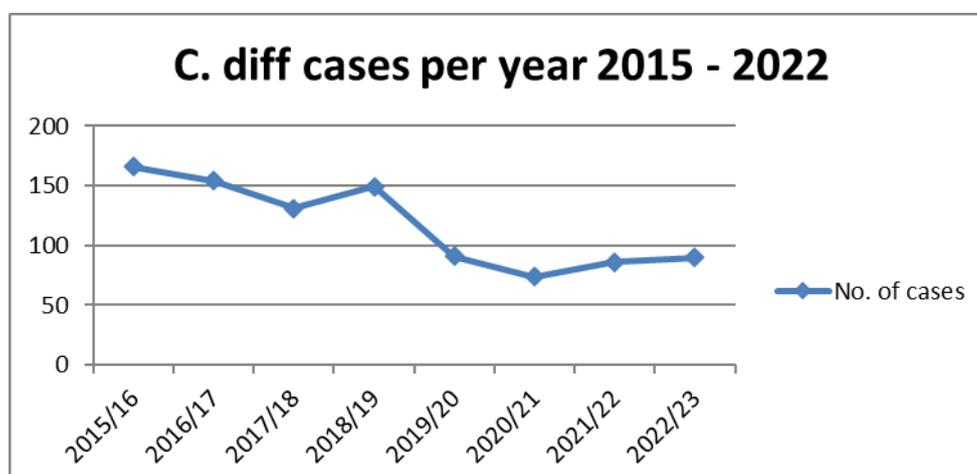


Figure 5: Community onset CDI cases identified each year 2015 – 2023

The 2022/23 financial year saw no cases of CDI assigned to LCH in-patient areas.

Multi agency work continues to address the incidence of CDI infection within the Leeds area, all cases are shared with the ICB medicines management team who review any antimicrobial prescribing and share learning with GP colleagues. The IPC team also continues to conduct RCA's on all community cases, both COCA and Community Onset, Indeterminate Association (COIA), identified with a Leeds GP.

### Identified learning from CDI

#### a. CDI

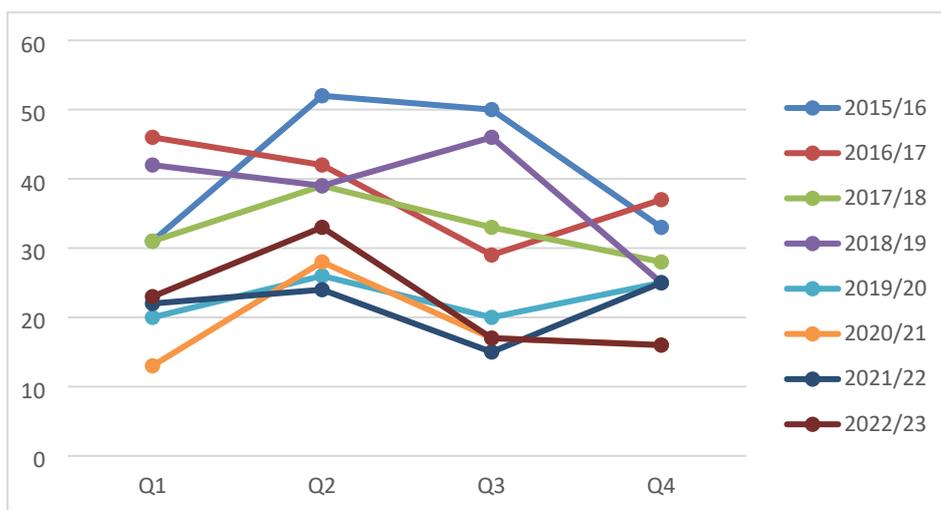


Figure 6: Comparison of C. diff cases per quarter 2015 – 2023

Q4 of 2022/23 has seen a decrease in cases compared to the last four years, Q4 has shown the lowest figures when comparing each Q4 from the last four years. However 2022/23 has seen an increase in overall cases with a return to pre Covid-19 pandemic figures.

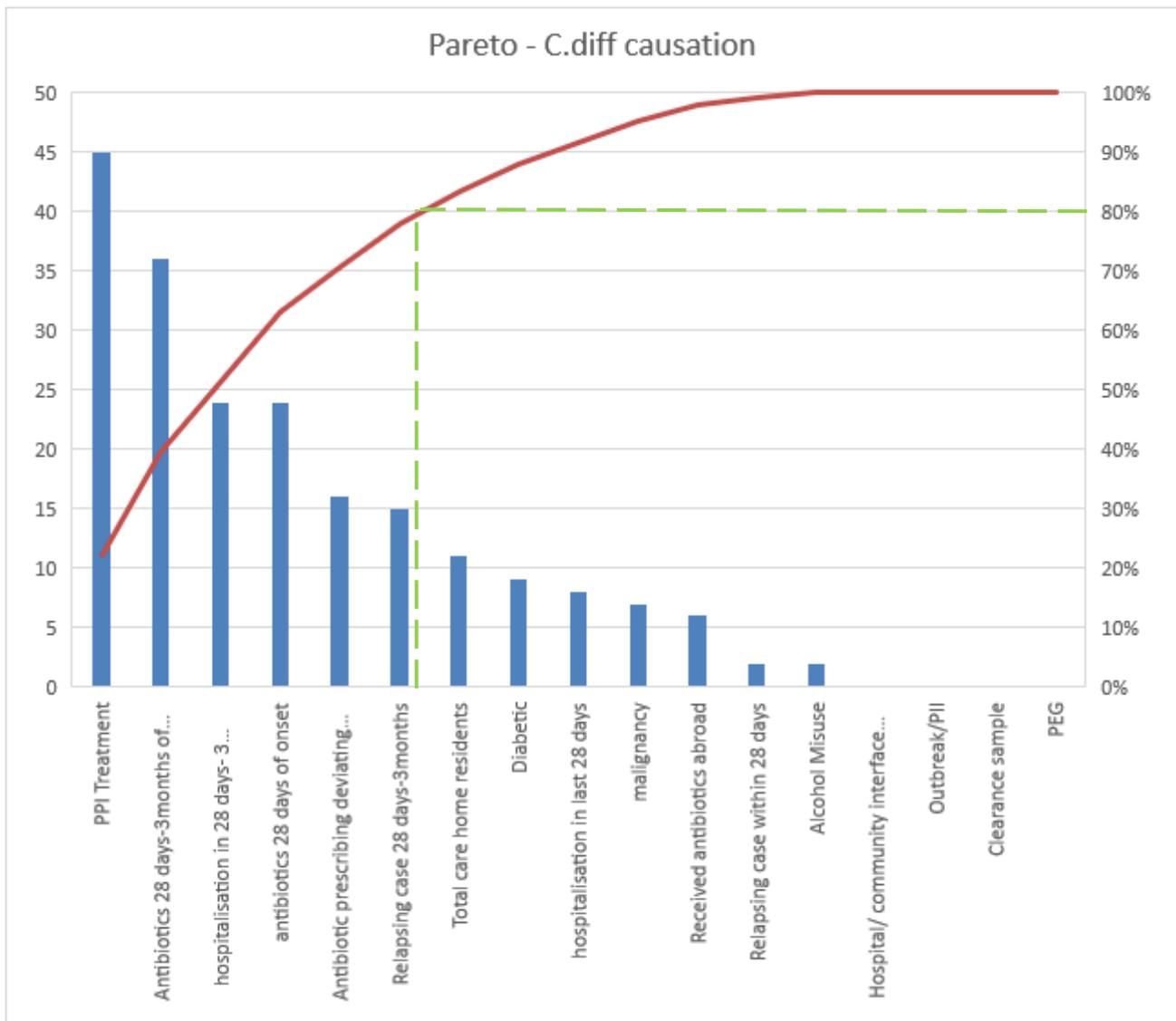


Figure 7: Pareto chart of community CDI likely causation 2022/23

Pareto analysis shows that PPI treatment and antibiotic prescribing within 3 months of infection onset, are present in a large number of CDI cases. Antibiotic prescribing deviating from Leeds Health Pathways (LHP) is also a factor within the “vital few” however, when considering the number of antibiotic prescribing episodes, antibiotic prescribing deviations is in the minority (16/60 cases). Nevertheless, deviations in antibiotic prescribing should not be a factor as all Leeds GP’s should prescribe in line with LHP guidance, therefore, as mentioned previously, these are investigated by the ICB medicines management team and feedback to the GP surgeries.

Hospitalisation within 28 days – three months of infection and relapsing cases within 28 days – 3 months also appear in a significant number of cases in 2022/23, it is believed that since Covid-19, acute care patients are no longer provided with CDI patient leaflets. LCH continues to provide patients with CDI leaflets and discussions will be held within the HCAI group as to recommencing standardised patient information.

### **Gram Negative Blood Stream Infections (GNBSI’s)**

LCH continued to work towards the national ambition of reducing the number of healthcare-associated Gram-Negative BSI by 50% by 2024 as per The UK’s five-year national action plan (HM Government, 2019).

	Quarter 1 2022 – 23			Quarter 2 2022– 23			Quarter 3 2022– 23			Quarter 4 2022– 23			Year Total
	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Community E. coli cases	36	38	33	44	39	39	30	27	33	37	31	29	416
Community Klebsiella cases*	5	7	7	9	11	7	11	8	3	Unable to access DCS data			68
Community Pseudomonas cases**	0	3	0	2	3	2	4	1	1	Unable to access DCS data			16

Figure 8: Outlines the number of community apportioned E. coli BSI cases identified and reported to the IPCT during this period.

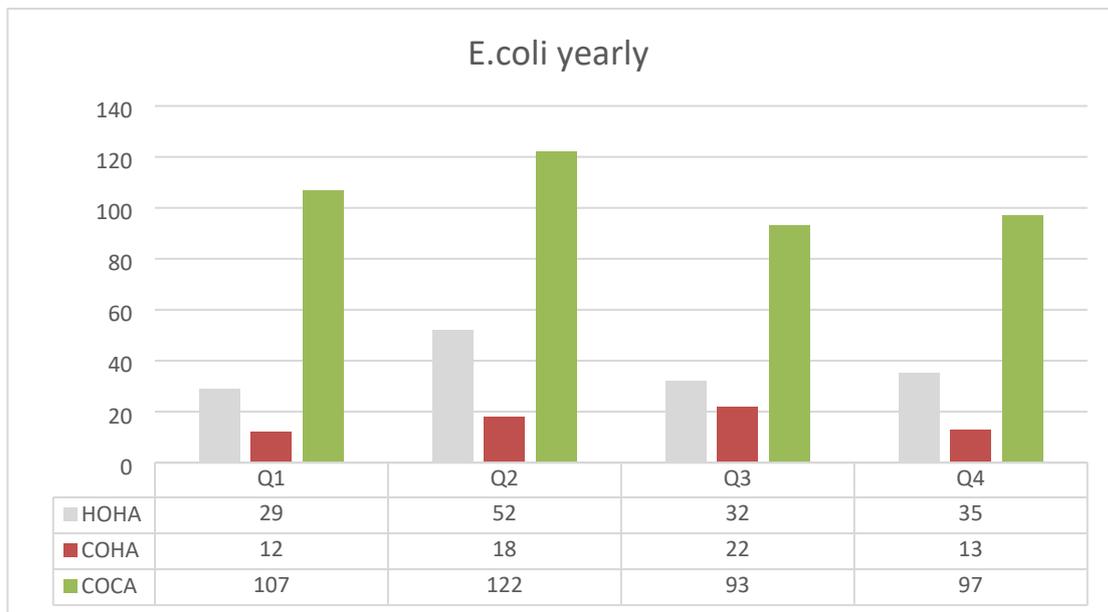


Figure 9: E.coli annual data

All COCA E. coli BSI cases are subject to some information gathering (likely source, geographical location, age, community care involvement), which is used on a local level to identify trends and patterns which can influence reduction work.

However, 10 E. coli BSI's are selected each month for further investigation. These are selected semi-randomly (5 with some form of community care involvement, 5 with no community involvement) and additional information is gathered in line with the national HCAI DCS and shared via this platform. This information helps to create a national picture.

Community cases which have been identified in other local acute trusts such as Mid Yorkshire, Bradford, York etc. not subject to the RCA process and do not undergo any investigation but are included in the recorded yearly total.

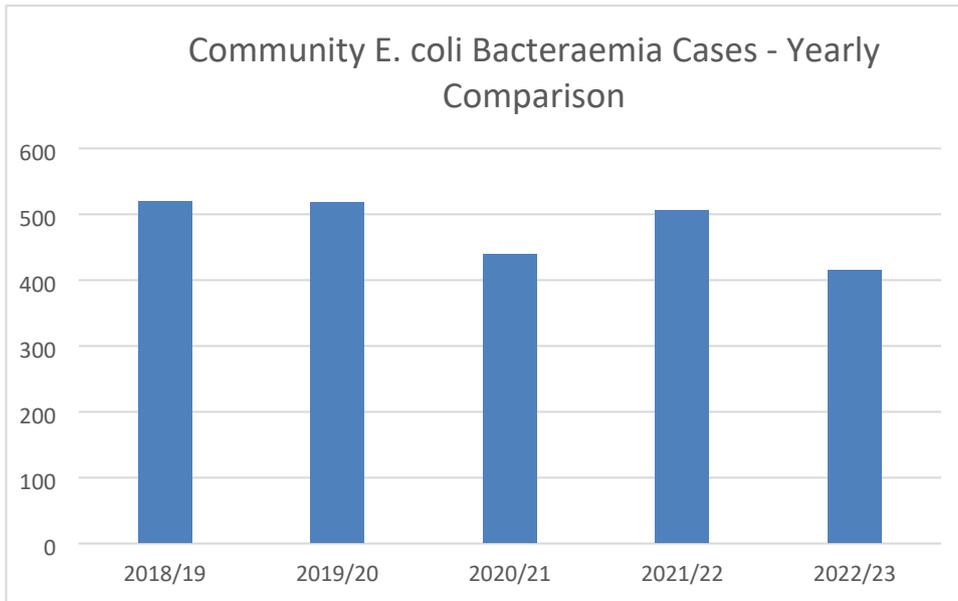


Figure 10: Community onset E. coli bloodstream infections per year 2018/19 - present

2022/23 saw the lowest number of COCA E. coli BSI since reduction work began. A total of 416 cases were recorded, which is a reduction of 91 cases when compared to 2021/22.

### Identified learning from GNBSI's

Within 2022/23 all I Spy...E. coli publications have been updated to include the new locally agreed Leeds Health and Care Partnership and generic NHS logo. Like previously, these logos have been used to ensure publications can be used throughout all health and social care providers in Leeds – therefore creating a joined-up reduction programme with other providers in the city

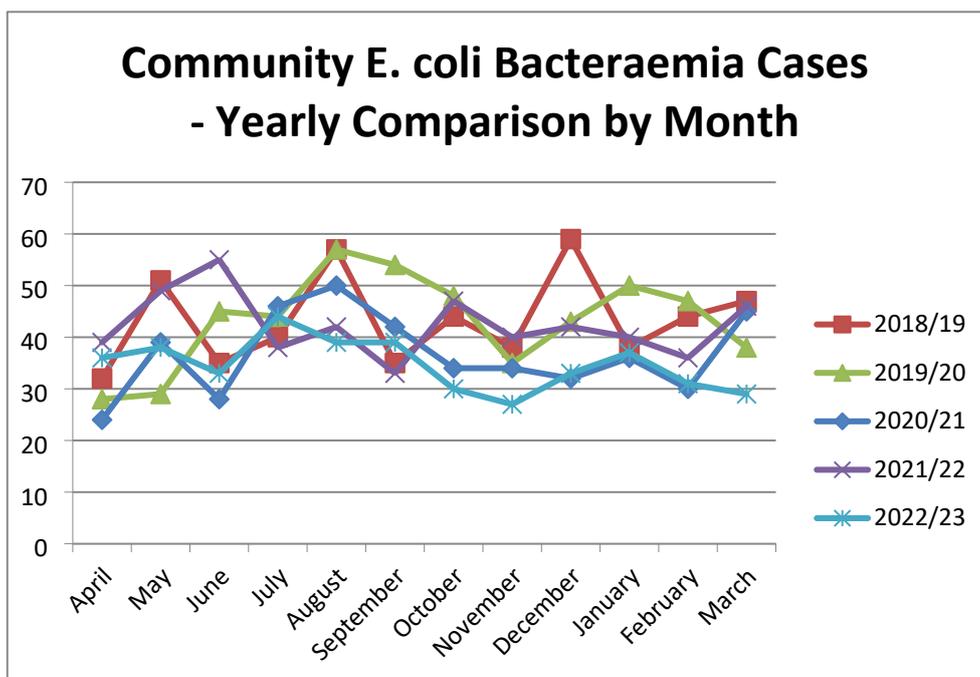


Figure 11: Monthly Community onset E. coli bloodstream infections per year 2018/19 - present

Lunch club work to promote hydration and E. coli bacteraemia concluded in 2022/23 as it was felt that those attending were well informed around the importance of hydration to prevent

infection and a focus was required in the more difficult to reach population who are not supported by other health and social care providers.

Discussions took place regarding conducting public awareness campaigns in “Warm Spaces” and at public events such as freshers and Breeze. The use of warm spaces was felt to be inappropriate as it may undermine the purpose of the warm space and could possibly make users uncomfortable and impact them returning in future.

IPC are working with colleagues in LCC regarding having a presence at Freshers and Breeze events. It is felt that if positive behaviour messaging around hydration and infection prevention is targeted at younger audiences this positive hydration behaviour can be embedded throughout life and continue into older adulthood and the at-risk groups. Messages on hydration can also be relayed to older adults within family groups – especially those who are isolated or not known to health and social care services, increasing and improving their hydration practices.

The Care Home Hydration collaborative continued throughout 2022/23 with two cohorts completing the first three sessions. Unfortunately, due to unforeseen circumstances, session 4 for both cohorts had to be cancelled. Plans were underway to conduct a joint 4<sup>th</sup> session for both cohorts at the end of 2022/23 but due to service pressures and demands, this was not completed but should be completed within 2023/24.

Work planned for the upcoming 2023/24 year which focuses on reducing the incidence of E. coli BSI includes:

- Continuing to undertake patient and staff facing awareness campaigns for E. coli, hydration, and personal hygiene over the winter and summer seasons.
- Continue to link with LCC public health campaigns.
- To create a “I Spy... Hydration Champion”. This champion role is open to colleagues in LCH, Care Homes, and possibly LYPFT. The champion will have a specialist interest in hydration improvement in their area of work and will be a “link worker” between IPC and front-line staff. They will promote good hydration practices in their working environment and disseminate new information to their colleagues.

A joint proposal between IPC and ICB colleagues was submitted to NHSEI for a small amount of funding to be used for hydration improvement work.

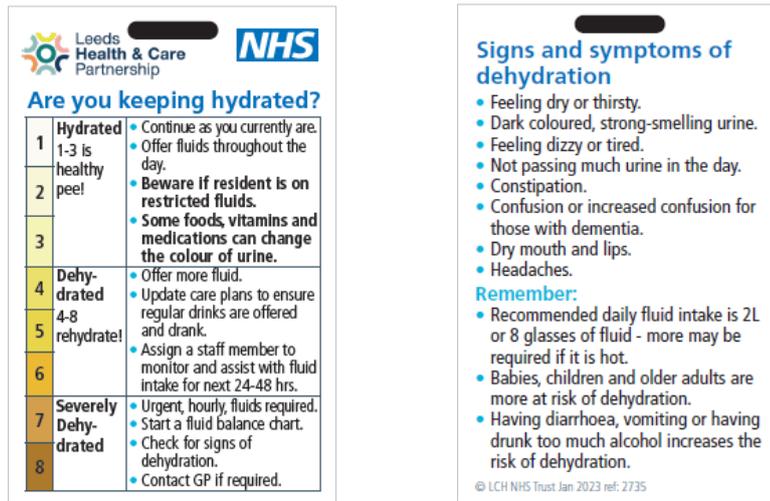


Figure 12: Hydration lanyard for staff.

The proposal was successful and Leeds branch ICB received £1500 to print and disseminate a hydration focused lanyard card, designed by IPC and the ICB, which includes a urine colour chart, to aid health care workers in identifying signs of dehydration, and facts and information about dehydration, to support their decision making.

With £1500, the ICB has managed to obtain 10,000 cards which will be disseminated to health care workers within the Leeds care home community.

LCH IPC team has also paid for a number of cards to be internally shared with neighbourhood team (NT) colleagues.

Feedback from ICB colleagues has so far been positive. The cards will be shared with the care home community in early 2023/24 and further feedback is welcomed.

## 2.2 Personal Protective Equipment (PPE) Provision

### Fit Testing

- Following an update of the IPC guidance in relation to Fit Testing and transmission-based precautions in June 22; The IPCT have reviewed the staff that we have fit tested and will continue to fit test in line with staff who expect to be undertaking AGP's as part of their role.
- Following some benchmarking of other trusts and following HSE guidance, we continue to work on the basis that staff will require re fit testing every 2 years.
- We have done some work with the ESR team to see if we can utilise the ESR platform to manage Fit Testing competency, however this has proved to be difficult and therefore the IPCT will continue to hold and manage Fit Testing records.
- The IPCT have continued supporting the PPE working group in providing specialist clinical advice of PPE and updating the team on PPE requirements as necessary.
- Due to previous issues in obtaining different brands of FFP3 masks, the vast majority of staff are fit tested with the Corpro 1400 half mask.
- A Fit Testing working group is commencing work to arrange a plan going forward to standardise the procedure for Fit Testing within LCH and ongoing monitoring of who is fit tested, following the updated IPC guidance in line with transmission-based precautions.
- There are currently 51 staff across the trust (externally to IPC) who are trained Fit Testers.

- In the period that this report covers, 17 extra staff across LCH have been fit tested, this was predominantly due to the outbreak of Monkeypox (LSH staff were fit tested due to NICE guidance to wear FFP3 initially).
- Please see graph below which demonstrates staff fit tested by Business Unit within LCH currently.

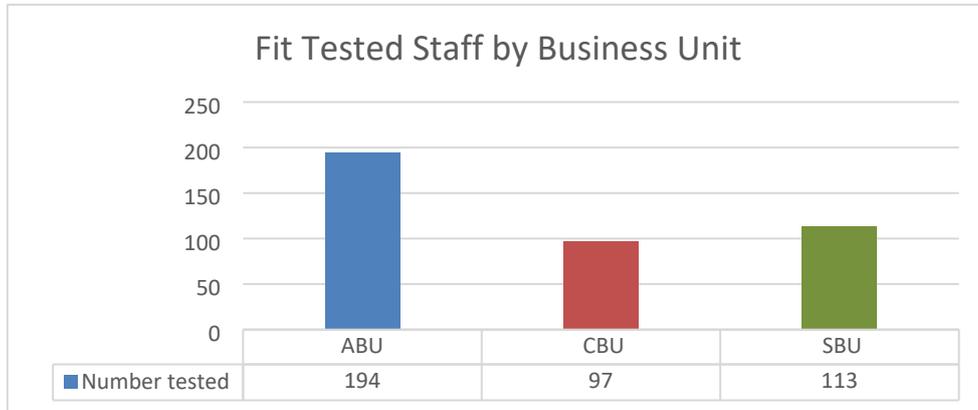


Figure 13: Fit tested staff by business unit

### 2.3 Hand Hygiene and PPE Compliance

Overall we have seen increased return of hand hygiene and PPE audits throughout 2022/2023 from each of the business units.

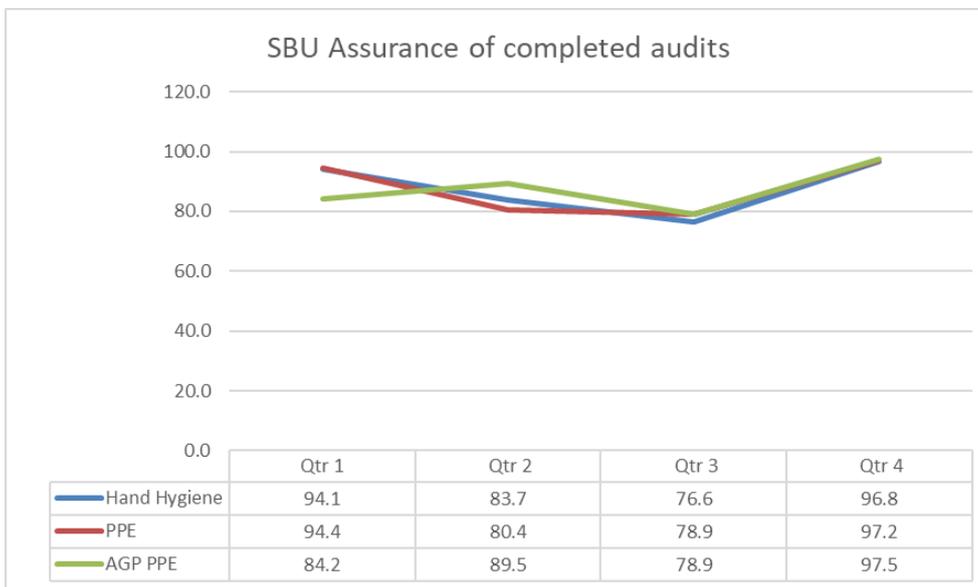


Figure 14: SBU Assurance of completed audits for hand hygiene and PPE.

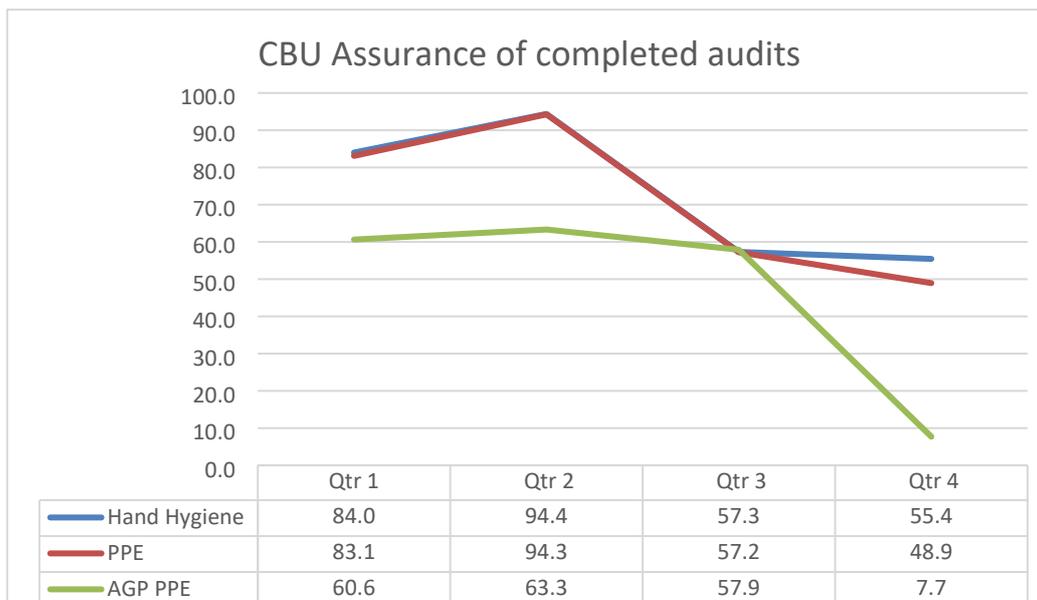


Figure 15: CBU Assurance of completed audits for hand hygiene and PPE.

A reduced number of returns were noted for PPE within CBU for quarter 4.

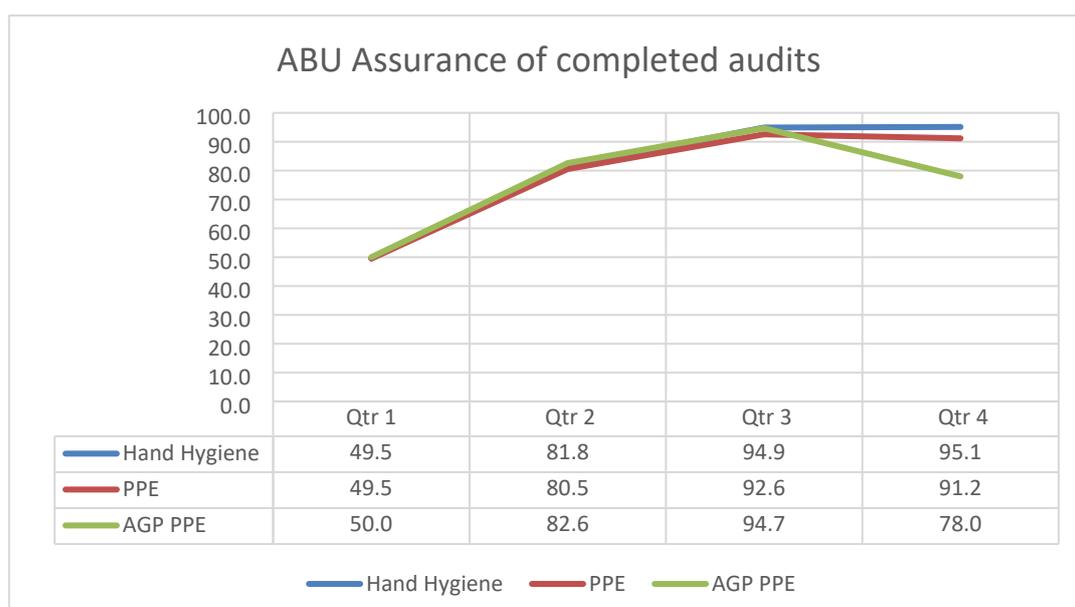


Figure 16: ABU Assurance of completed audits for hand hygiene and PPE.

In 2023/2024 the IPC Team have updated the hand hygiene audit tool to reflect transmission-based precautions and the National IPC Manual, as well as improve useability for staff and to potentially move electronically.

## 2.4 Leeds Health Care Record / PPM+

In November 2019 the reporting of laboratory specimen results migrated from the IC Net system to Leeds Care Record (LCR). All MRSA positive and *Clostridioides difficile* (CDI) positive samples for patients in the LCH community setting are reported to the IPC team on a daily basis through this electronic platform.

Each result was processed by adding a high priority alert/reminder on SystemOne. An IPC information task was sent to any LCH services currently involved with the patient, identified by any services with an open referral. The result was flagged up to the patient's GP by either a task on SystemOne, or a telephone call to those using a different healthcare record system, requesting that the patient be reviewed in light of the result. If the patient was a resident in a care home or nursing home the facility was contacted to inform of the result and offered appropriate infection control advice. GPs were signposted to the MRSA decolonisation guidance, available at Leeds Health Pathways.

Leeds Care Record is a joined-up digital care record which enables clinical and care staff to view real-time health and care information across care providers and between different systems. It is a secure computer system that brings together certain important information about patients who have used services provided by their GP, at a local hospital, community healthcare, social services or mental health teams.

## 2.5 Incident reporting

Every incident or near miss at LCH, whether clinical or non-clinical, must be reported to the Risk Management Team via Datix®.

The IPC team act as Specialist Reviewers with subject matter expertise for those incidents that are categorised as IPC related. IPC team will also identify any themes or trends within the reported incidents and share this both locally and organisationally where appropriate.

NB: The information gathered for this report has been obtained from the LCH Datix® system and is further extrapolated from the wider categories. Any data from non LCH incidents has been excluded. All community MRSA bacteraemia (MRSAb) cases are reported on Datix as an Infection Control Related Incident; however, these cases are not included in the numbers for this report as they are reported within the HCAI report and, due to the bacteraemia's not occurring due to lapses in care from LCH, do not show a true reflection of incidents within LCH. If, in future, an MRSAb PIR identified LCH lapses in care that were contributory to infection acquisition, this would be included within the Infection Control Related Incident numbers.

## Findings

In total, there have been 41 reported incidents within the 2022/23 financial year. This is a reduction of 11 incidents when compared to last year. This year saw a decrease in the number of sharps incidents without harm and infection control related incidents. Much like 2021/22, 2022/23 saw no environmental incidents reported and 24 incidents of sharps with harm.

Category	Q1	Q2	Q3	Q4	Total
Sharps incidents	10	8	8	8	34
Sharps with harm	7	5	5	7	24
Sharps with no harm	3	3	3	1	10
Infection control related incident	1	2	2	2	7
Environmental issues	0	0	0	0	0
Total IPC related Datix reports	11	10	10	10	41

Figure 17: Breakdown of IPC related Datix reports by category 2022/23

In Q3 four Datix® reports were submitted for one incident, therefore, only one report for this incident has been counted in the totals.

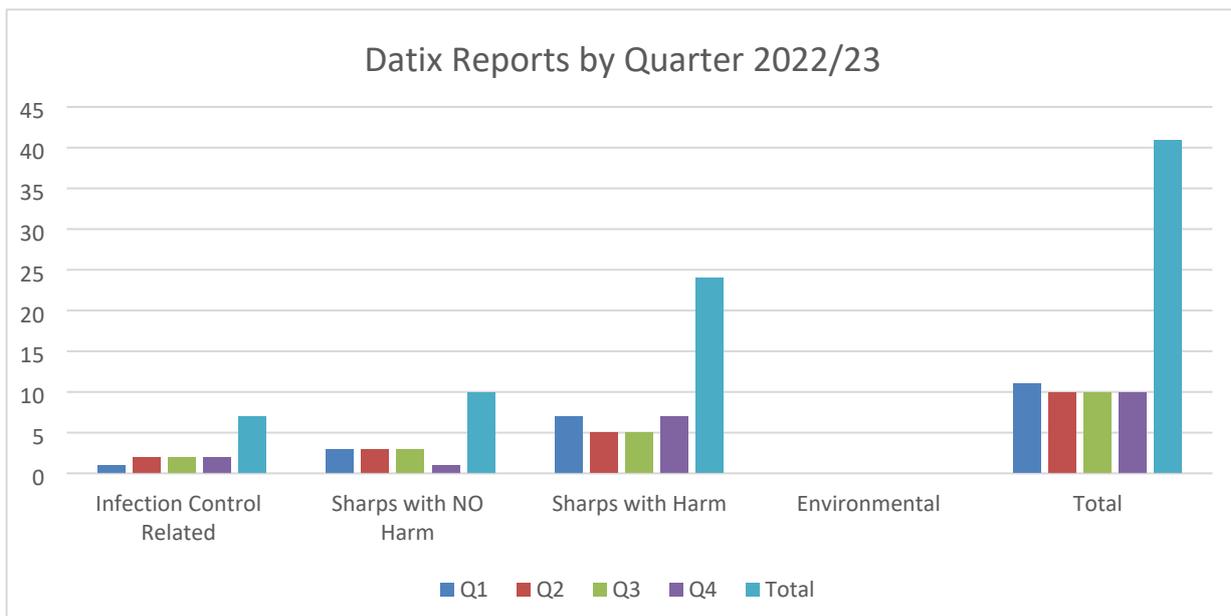


Figure18: Datix report by quarter for 2022/2023

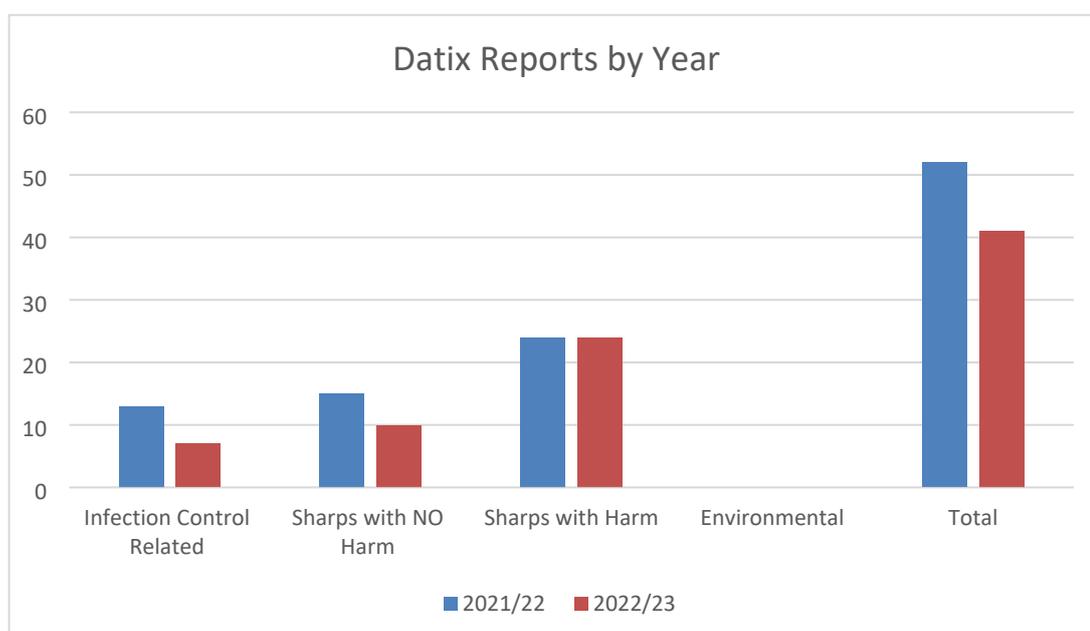


Figure 19: Datix Reports per year 2021/22 and 2022/23

## 2.6 Comparison - Sharps incidents

As noted in the table above, there have been 34 sharps related incidents reported via the Datix® reporting system during 2022/2023. This is a decrease throughout the year and a decrease of 5 incidents when compared to 2021/22.

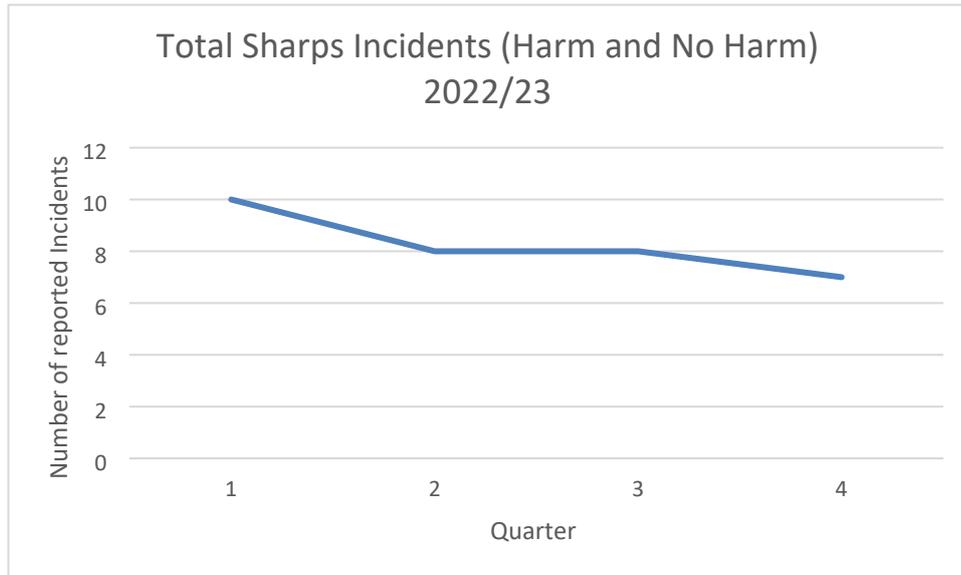


Figure 20: Total sharps 2022/2023

Using pareto analysis, sharps incidents, both with and without harm are identified as the vital few which will continue to be the focus of 2023/24 Datix reporting reduction work.

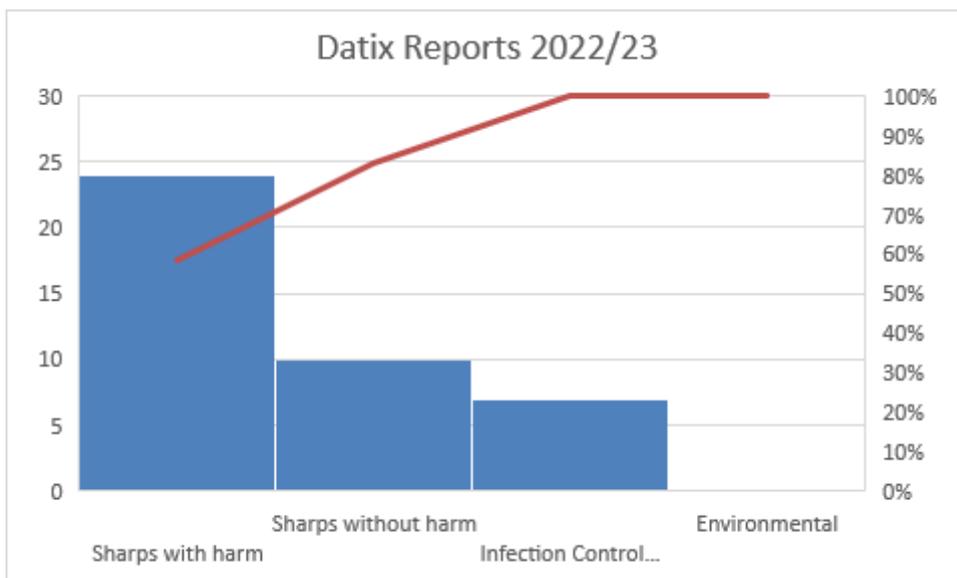


Figure 21: Datix Report with pareto analysis 2022/23

Pareto analysis, of incidence within specific teams identifies that the teams with the biggest sharps injury burden within 2022/23 are the Neighbourhood Teams, podiatry, Sexual Health, CBU, and Custody Suites. An IPC nurse from each business unit contacted the incident reporter to discuss the sharps injury, provide advice and support following the correct procedure and identify any learning.

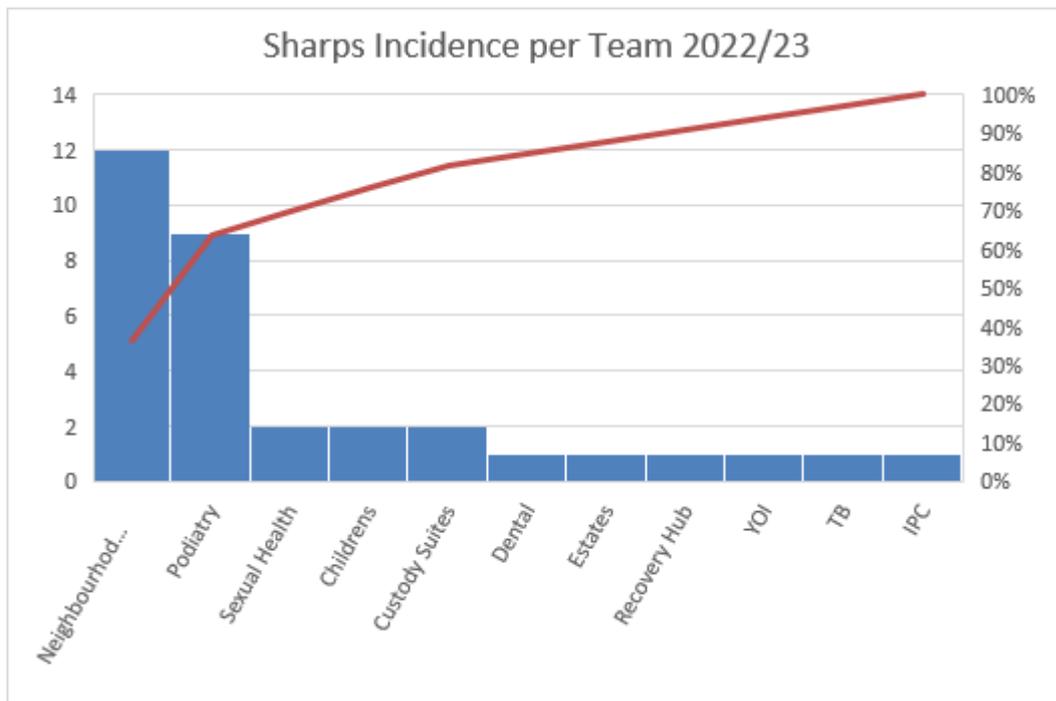


Figure 22: Sharps incidents per team 2022/23

Sharps safety remains a prominent topic when discussing with front line staff and all are advised to carry a 'sharps safety kit' with them, including a sharps container, when conducting home visits. New posters and lanyard cards relating the procedure following a sharps injury have been created and shared throughout the trust. Further information on individual business units' response to sharps injuries can be found the business unit reports.

## 2.7 Infection Control Related Incidents

There has been a decrease of 6 reported infection control related incidents when compared to 2021/22. Each reported infection control related incident in 2022/23 is different, and no patterns or trends have been identified.

Incidents reported in 2022/23 include:

- Wound care practice
- Missed opportunity to share patient infection status on transfer
- Non-compliance with IPC practices
- Foreign bodies found when removing a dressing
- Sepsis acquisition
- Non-compliance with mask wearing requirements

Each of the above incidents was reviewed by an IPC nurse as a specialist reviewer. The IPC team visited the area in which non-compliance with mask wearing was identified several times and found no non-compliance. Mask wearing requirements have since changed and staff are no longer required to wear face masks in public spaces within health centres.

The IPC team also contacted the NT leads in regard to the incident in which non-compliant IPC practices were identified, explained the importance of IPC practices to safeguard both staff and patients, and offered to attend a team meeting to provide extra training around hand

hygiene and PPE requirements. The importance of IPC compliance has been discussed on a number of occasions throughout the financial year with all NT's and at Champions events and this will also be highlighted at the upcoming Hand Hygiene Awareness Day in May 2023.

All staff reporting sharps incidents have been contacted by the IPC team and offered advice and support.

Throughout the year the IPC team has worked with the podiatry team to reduce both sharps injury incidence and the number of incidents in which scalpel blades are left on when equipment is sent for reprocessing. In Q2 the SBU team conducted a visit to the Steris site for assurance and in Q4 the IPC team delivered a session around sharps safety at the podiatry team day and further work has been undertaken around the use of disposable utensils as a method of reducing sharps incidents.

In Q2 the IPC team created a credit card sized lanyard card and two posters aiding staff and managers in the correct process following a sharps injury. This was in response to feedback which highlighted staff difficulty navigating the sharps policy, for the correct procedure, following an injury. These publications also contain a QR code which directs the user to the internal Oak IPC page.

### **3. Outbreaks and other Communicable Disease Control (CDC)**

#### **3.1 Significant outbreaks with IPC response**

An outbreak is categorised when there are two or more cases in the same area that are displaying the same/similar symptoms or microbiological confirmation of the organism. All outbreaks are reported to UK Health Security Agency (UKHSA). The IPC team have provided specialist knowledge in relation to a TB outbreak, Avian Influenza, Norovirus and Covid-19.

#### **Covid-19 Pandemic**

During 2021-2022 the pandemic has continued to demand a substantial amount of support across the Leeds healthcare economy from the IPC team.

#### **3.2 Communicable Disease Control (CDC)**

##### **Outbreaks of gastrointestinal illness**

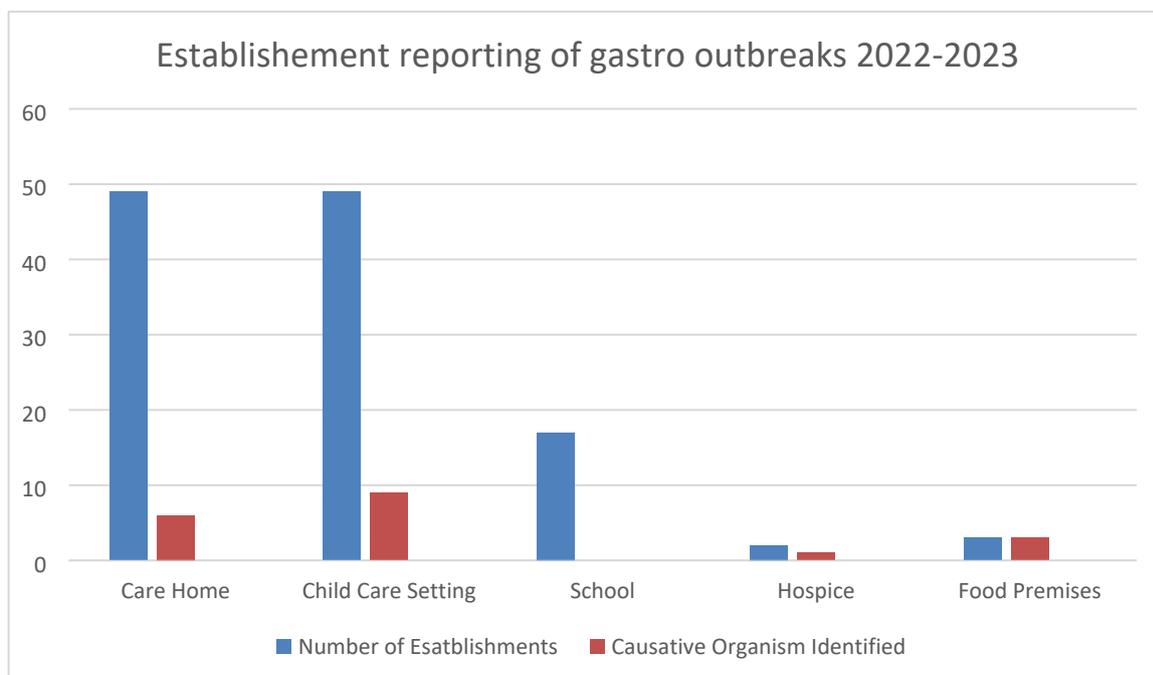
The CDC Team consists of 3 nurses fulfilling 1 WTE role and is based with Leeds City Councils (LCC) Environmental Health Food and Health Team. The team's purpose is to investigate, act and report on all individual cases and larger outbreaks of notifiable gastric diseases within the population of Leeds. The team investigate confirmed and suspected food poisonings and also coordinate outbreaks of viral gastroenteritis within any establishment including Care Homes, Child Care settings, Schools, Day Centres, food premises, etc.

As well as visiting premises who report outbreaks of gastrointestinal illness, CDC also visit people's own homes, and hospital wards if necessary to provide information regarding their illness, collect information to try to establish the source of their illness and where necessary, arrange faecal samples for cases and contacts for clearance and screening. The team work closely with partner agencies including Leeds City Council and UK Health Security Agency (UKHSA).

##### **Outbreaks of Gastrointestinal Illness**

As we begin to live with Covid and return to pre covid activities, there has been an increase in the number of outbreaks of gastrointestinal illness which are now back to pre Covid levels. Symptoms have generally been confirmed as or have been described as viral in nature. There has been a total of 120 compared to 86 in the previous year.

We are of course, mindful that diarrhoea and vomiting can be a soft sign of covid and therefore continue to remind Care Home staff particularly to use LFT's to try to ensure covid is not discounted in the presence of gastric symptoms.



**Figure 23: Establishment reporting of gastro outbreaks 2022/23**

The predominant causative organism detected in sample results from the outbreaks was Norovirus, however, Adenovirus (non-group F), Astrovirus and Sapovirus and Rotavirus were also detected and 3 of the childcare facilities had more than 1 virus causing symptoms concurrently.

All premises were visited and advised regarding management of outbreaks to try and reduce the spread of illness. Daily telephone contact was made with all the premises, Monday to Friday until the outbreaks concluded once 48 hours symptom free.

### Suspected food poisoning

There were 335 reports of suspected food poisoning which were reported electronically, via the FSA, or LCC self-service reporting systems. All suspected food poisoning reports are reviewed each day by the CDC nurse to detect any potential food poisoning outbreaks, and cases are responded to accordingly.

The numbers of reported suspected food poisonings have reduced slightly since last year (380) however this may be due to a change in electronic reporting where anonymous complaints can no longer be submitted as they cannot be substantiated.

### Positive Isolates

The number of positive isolates reported via the laboratories has now returned to pre pandemic levels with an increased number of all organisms except campylobacter which was

slightly lower than last year's figure of 799. Salmonella has almost doubled in comparison to last year's figure of 54, however no link has been established following contact with most cases. The increase may be due to living with Covid and people resuming activities which were previously restricted. Foreign travel restrictions have also been relaxed resulting in people returning to holidays abroad.

Organism	Number of cases 2022/23	Number of cases 2021/22	Number of cases 2020/21
Campylobacter	765	800	663
Salmonella	107	54	46
Shigella	32	6	8
Cryptosporidia	34	41	20
Giardia	68	45	45
Typhoid/Paratyphoid	12	3	2
E.coli STEC	21	12	7
Hepatitis A	3	2	0
Listeria	5	1	2
Yersinia	6	3	3
<b>Total</b>	<b>1053</b>	<b>974</b>	<b>797</b>

Figure 24: Organisms identified through Notification of Infectious Disease 2022-2023

Positives isolates are contacted by telephone to offer advice, information and completion of a questionnaire which is disease specific. Any connection between cases is reported to the Environmental Health response officer for further discussion/investigation.

Significant organisms such as STEC, Typhoid, Paratyphoid and some shigella's require a same day response and may require exclusion from work/Child Care and follow up clearance samples if they are in a "risk group". Some contacts of significant organisms may also require advice regarding exclusion from work/childcare facility etc, until faecal samples have been arranged by the CDC nurse and confirmed as negative, to try to ensure reduced transmission of illness in community.

Quarterly review meetings with UKHSA have also recommenced which provides staff from across Yorkshire and the Humber to network, discuss any new and emerging topics/diseases and update staff with any changes to the management of specific organisms.

### 3.3 Head Start Service

The IPC team continues to provide a specialist service for the management of head lice (Headstart) infestations within the community. The service offers advice, support and treatment in cases of persistent head lice infestation, in particular to families with social services involvement. The main sources of referral come through health visitors and school nurses, with additional referrals via social workers, schools, community paediatricians and GPs.

The Headstart service has seen fluctuations in referrals throughout the year, with 35 of the 61 referrals received in Q3 alone. This unfortunately led to delays in treatment for some families due to staffing capacity and supply issue with the product. 15 referrals were received by the service during 21-22, compared to 61 for 22-23, a 4-fold increase in referral rate.

A total of 45 treatments have been delivered, as a result of those referrals, some were not treated due to being inappropriate referrals, non-engagement of families and aggressive behaviour from family members at attempted visits.

Head lice queries continue to be dealt with through telephone discussion where advice is given on possible reasons for treatment failure, followed up with provision of our head lice resource suite (head lice flowchart, check list, referral form, advice leaflet for health professionals, booklet, posters, and flyers) sent via e-mail. This continues to be effective in aiding schools, health professionals and social workers to support parents in managing their child/children's head lice.

The service continues to encounter complex and challenging cases where children can present with severe head lice infestation in addition to other issues and safeguarding concerns. These families are often hard to engage and repeatedly fail to manage their child/children's head lice. These cases can be hard to resolve. It can be very difficult to get all family members together and frequently adult members of the family are reluctant to have their hair checked.

Access to free Hedrin via the Pharmacy First Minor Ailments Scheme continues to be highly significant in reducing the number of referrals by removing the financial barrier to obtaining treatment, while also directing parents for first-line advice to their local pharmacist rather than attending their GP Practice.

## **4. Environment**

### **4.1 Environmental Audits**

Auditing is a requirement of the Health and Social Care Act 2008, Code of practice for registered providers on the prevention and control of health care associated infections and related guidance. The code states that registered providers must audit compliance to key policies and procedures for infection prevention.

Data from the LCH auditing activity is used to applaud good practice, identify concerns and themes which are used to improve LCH environments, services and staff performance. These improvements will reduce the risk of transmission of healthcare associated infections to patients, staff and visitors.

### **4.2 Audit activity 2022-2023 – LCH premises**

Auditing is a requirement of the Health and Social Care Act 2008, Code of practice for registered providers on the prevention and control of health care associated infections and related guidance. The code states that registered providers must audit compliance to key policies and procedures for infection prevention.

Data from the LCH auditing activity is used to applaud good practice, identify concerns and themes which are used to improve LCH environments, services and staff performance. These improvements will reduce the risk of transmission of healthcare associated infections to patients, staff and visitors.

The aim for 2022-2023 was to audit all 61 LCH premises which comprise of 27 Health Centres and 34 other sites as listed below:

- 27 Health Centres
- Rutland Lodge (Continence Urology and Colorectal/Long COVID)

- Leeds Sexual Health Centre
- Hannah House Residential Unit for children with complex health needs
- St George's Centre for Musculoskeletal (MSK) and Children's Outpatients
- Leeds Assisted Living Centre
- Wetherby Young Offenders Institute (WYOI) and Adel Beck Secure Children's Home (HMPs)
- 17 Police custody suites in North, South, East and West Yorkshire
- Community Neurological Rehab Unit
- 4 Special inclusion learning centre (SILC) schools.
- 3 Recovery hubs
- 2 MSK units: Wharfedale Hospital; MSK Sunfield Medical Centre

Audits of all these sites were completed except for 1 SILC school (John Jamieson) which is scheduled for 9/5/23.

### **4.3 Findings**

Follow-up audits were required at 3 health centres (Kirkstall, Middleton & Rutland) with initial compliance scores below 85%. None of the health centres scored below 75%.

Rutland Lodge required further follow-up due to below par standards of cleaning identified both during the annual audit and iGAS outbreak visit.

A complete modernisation and refurbishment of Seacroft Clinic has been completed creating a much-improved environment and a compliance score of 94.6% achieved.

The health centre causing the most concern was Burmantofts Clinic. An audit of the whole site on 8 March 2023, prior to the CQC inspection, unearthed a number of issues with the site. The main issues identified included repairs required to the internal fabric of the building (e.g., plasterwork, flooring); standards of cleanliness; waste management. Work is ongoing to address these issues and the progress of this work will be monitored.

MSK Sunfield closed on 31<sup>st</sup> March 2023.

Overall compliance across all sites audited was 90.2%. The most common issues identified across the various locations are shown in Table 1 below:

### Most Common Issues

Pos.	Issue	Count	Percentage
1	Waste management poster not on display- Display waste management poster	22	3.79%
2	Temporary closure mechanism not activated. Activate all temporary closure mechanisms. See 'safely managing sharps' poster.	21	3.62%
3	Sharps containers are labelled, with date, locality & signed- sharps containers need to be labelled with date & locality upon assembly. They must also be signed and dated, when locked and on disposal. See 'safely managing sharps' poster	18	3.10%
4	Fabric chair in clinical area. Change to wipeable impervious chair	16	2.76%
5	Hand hygiene sink non- compliant with HTM 64 – Consider changing to HTM 64 compliant sink on next programme of planned works	15	2.59%
6	No Poster to show first aid procedures- display poster for management of BFE	14	2.41%
7	Lime scale build up on taps- Arrange a chemical clean	8	1.38%
8	Dusty portable fan- Clean fan or remove from use. Fans are not to be used during clinical procedures.	6	1.03%
9	Sharps container is out of date. Sharps bins are to be disposed of after 3 months. See 'safely managing sharps' poster.	6	1.03%
10	Curtains out of date- Change curtains & ensure they are a regular changing schedule	5	0.86%

Figure 25: Most common issues highlighted as a result of environmental auditing.

## 4.4 Compliant and Non-compliant areas

Standard compliance across the various sites is highlighted below.

- Health Centres; Overall, there was good compliance across all domains except for cleaning which fell below the required standard.
- Police custody suites; Overall, the police custody suites scored well showing good compliance across all domains with hand hygiene and the environment being the main areas for improvement.
- Prisons; Adel Beck scored highly across all domains. Wetherby YO1 showed good compliance with PPE, Prevention of blood and body fluid exposure incidents, waste management and organisational controls while areas needing improvement were hand hygiene and poor compliance in the environment and cleaning standards.
- Recovery hubs; Good compliance demonstrated with PPE, management of waste and urinary catheter care but poor compliance with mouth care. The other remaining domains require improvement.
- SILC Schools; Overall, the 2 schools audited showed good compliance across most domains but scored below the required standard for the environment and scored poorly for cleanliness and children's equipment management. Broomfields audited 26/4/23 – report in progress. John Jamieson audit scheduled for 9/5/2023 due to staff sickness in LCC.

## 4.5 Future plans and developments

- The IPC team plan to audit all 61 LCH premises during 2023-2024.
- Use of the MEG auditing tool is now well established within the team and the acquisition of iPads has made inputting the data more efficient. Going forward this enables easier input of information during the auditing process.
- Use of Chlor-clean disinfectant has been discontinued and replaced with Peracide which is a more sustainable and environmentally friendly alternative. Peracide posters will be displayed in place of the Chlor-clean posters and will be incorporated into the auditing standard.

## 4.6 Implementation of the National Cleaning Standards

In November 2021, Leeds Community Healthcare NHS Trust (LCH) were required to implement some of the new NHS national cleaning standards, with full implementation by May 2023. Within LCH this requires us to fully implement the standards within the buildings we own/ clean (including tenant areas) and to ensure that our landlords have implemented the standards in the buildings where LCH are the tenant.

The audit team consisted of members of the Domestic services management team, Ops support manager and IPC staff. The audits consisted of a mixture of FR4 (clinic room) and FR6 (office) areas in line with national guidance. The results were captured on to the spreadsheets provided by NHS England and followed the guidance around blended scores.

Site	FR category	Audit frequency	Target (%)	No of rooms audited	Target calculation	Max score	Actual score	% score	Stars
All sites	FR4	3 monthly	85	70	5950	1149	991	0.86	
	FR6	12 monthly	75	44	3300	543	447	0.82	
	FR Blended		81						
	<b>Total</b>			114	9250	1692	1438	0.85	5 star

Figure 26: National Cleaning Audit frequency and ratings.

The current % average score across all sites is 85%, which for our clinical rooms is a 5-star rating. This obviously also exceeds the target for the blended scores (including FR6 areas). The cleaning standards group has refocused several times in the new year to ensure that improvement plans were in place for the sites that did not achieve 4- or 5-star ratings. The 2 sites identified below standard have been identified as Burmantofts and Morley both have action plans for improvement and will be overseen by the cleaning team. There will also be further work carried out to prepare for the efficacy audits and annual review.

## 4.7 Patient Led Assessment of Care Environment (PLACE)

Leeds Community Healthcare NHS Trust had a responsibility to undertake an assessment at Hannah House, which is a purpose built self-contained 'home from home' style facility which provides planned or emergency short break care for children with complex health needs.

### Results

- The standard of cleanliness at the facility has increased from 98.5% (2019) to 100% on the recent review
- The overarching food standard result has increased from 91.7% to 97.5%

- The result for privacy and dignity has increased from 84.4% to 95%
- Unfortunately, there has been a reduction in the site score for Condition appearance and maintenance, with the 2019 score of 100% reducing to 94.5% on the recent review
- The disability score has seen an increase from 89.2% to 92% in the recent inspection.

The demonstrable improvement seen in most review areas is testament to the hard work and dedication of the staff at Hannah House. Work is being undertaken to address the environmental deficits, with a major project ongoing to redevelop the external play area of the facility.

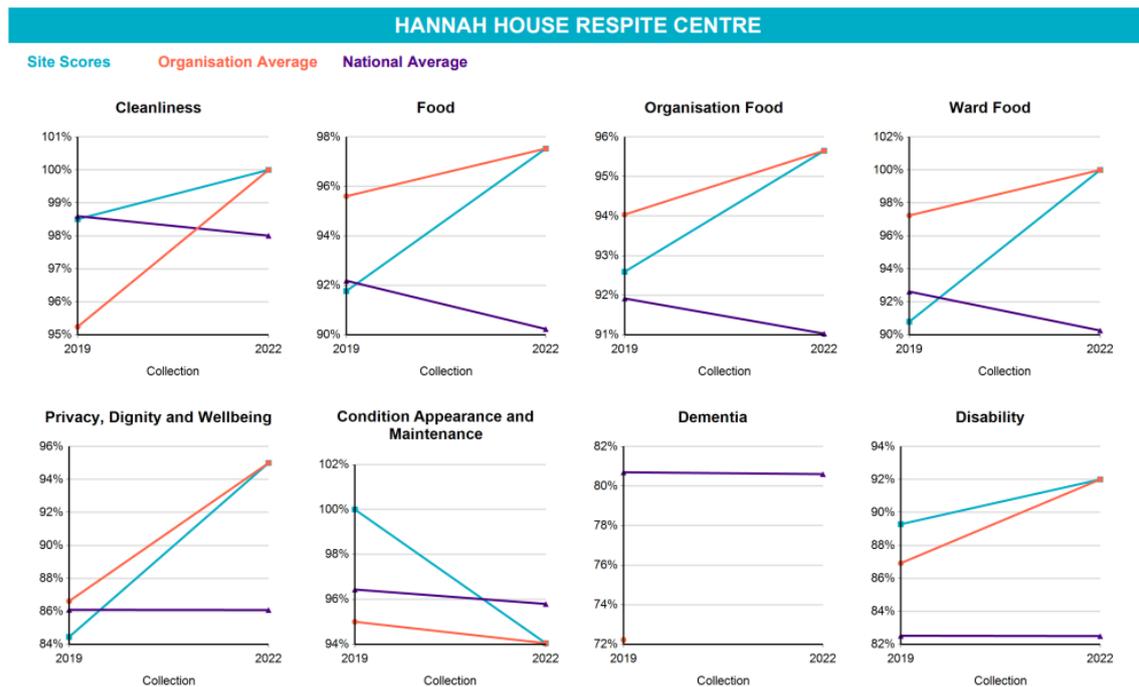


Figure 27: Hannah House PLACE results 2022

## 5. LCH business unit overview

### 5.1 Children's Business Unit (CBU)

The Infection Prevention and Control Team have continued to foster positive working relationships with the teams across Children's Business Unit within LCH and the wider economy, supporting teams with management of outbreaks, implementation of guidance, and general advice. The IPC team has been involved with the following:

- The Hannah House IPC environmental audit took place in January 2023 with the overall score increasing to 93.6% compared to 88.8% last year, with the biggest improvement seen in the following 2 domains: the management of waste and children's equipment.
- Following the implementation of the National Cleaning Standards in November 2022, Hannah House have achieved a 5-star rating in both the initial audit in January 2023 and the first reaudit in March 2023, audits completed in collaboration with IPC and Domestic services managers.
- Continued to work with Hannah House staff and Domestic Managers in relation to domestic staff cover, for planned and unplanned absence at the site. Currently 2 staff cover a 7day service – no provision is available for domestic staff to be provided in

their absence – this is escalated to IPCG each quarter through the quarterly report process.

- Hannah House chosen due to being an in-patient site as a trial area for the GoJo hand hygiene products. The feedback with evaluation of the new products provided by the Hannah House staff has been very positive and the roll out of the products across the Trust will follow in the next few months.
- Discussions on a more transparent and inclusive process for SILC (Specialist Inclusive Learning Centre) schools auditing between the IPC team, LCH and LCC Health and Safety representatives and the Team Leader of the Inclusion Nursing Service were finalised towards the end of the second quarter. This resulted in a significant delay in sharing the environmental audit reports produced in March 2022 with the Head-teachers. Thus, the re-auditing of the areas at SILC sites identified with issues for improvement was not undertaken, as this coincided with the annual environmental audits initially planned for March 2023.
- In March 2023, the annual Infection Prevention Audits were completed at 2 Specialist Inclusive Learning sites, namely Farnley Academy and Pennyfields. The visits to the SILC sites were completed in collaboration with Health and Safety colleagues from LCH and LCC, independent health and safety representatives for academy site and school team representatives. Improvements have been seen in both the environment and cleaning domains at Farnley Academy with the overall score being 88.6% compared to 85.1% last year. Pennyfields Academy saw a significant drop in the overall score of approximately 15% with 4 domains, including environment, equipment, children's equipment management and cleaning, being marked as non-compliant in some areas. The score came down mostly due to issues identified in the physio room and cleaning cupboard and an action plan has since been made with proposed changes to ensure compliance with the IPC requirements. The annual IPC audits in the remaining two SILC sites, Broomfields and John Jamieson, were cancelled due to last minute annual leave and illness (LCC Staff) and rearranged towards the end of April- beginning of May 2023.
- Face to face and online "IPC Champions" meetings were reinstated quarterly from September 2022 onwards with the involvement of IPC staff from all business units, with education and discussions on current IPC subjects such Group A Streptococcus infections, flu and hand hygiene.
- Regular IPC presence in the CBU Quality Meetings to offer a general overview from an IPC point of view following change in guidance particularly regarding COVID and highlight each time the importance of undertaking the hand hygiene audits by each CBU team to ensure best clinical practice by all staff and for assurance purposes. A presentation was given to the group on Sepsis during Sepsis month (September).
- Following an out of season increase in scarlet fever cases and group A streptococcus infections during the period between October and December 2022, the IPC team have worked closely with the local Health Protection Team in contacting the settings with outbreaks and providing IPC advice and support. Of particular concern were the settings with co circulation of pathogens including GAS and chicken pox or Flu, and settings with vulnerable children, in which cases an outbreak visit was completed by the IPC team.
- Following the death of a 5-year-old child, support has been provided by the IPC team to the school by way of a question-and-answer session. The objective was to provide support and enhanced knowledge of GAS infections and sepsis to parents, this was well received.

- The IPC team have continued to offer support and guidance on the effective management of COVID outbreaks within the children's service teams with follow up support as required.
- The IPC team encouraged all staff in the Children business unit to have their seasonal flu vaccine and ensured the vaccine was easily accessible in each team, through working with leaders for teams with lower uptake targeted sessions were provided. This resulted in CBU having the highest uptake of front-line staff vaccine uptake of all business units at 62%.
- The IPC team successfully completed a Hand Hygiene poster competition which was offered out to schools in Leeds. Great posters highlighting the need for effective hand hygiene to stop infections were received from our 3 young winners, who have since received their prizes -book vouchers- kindly sponsored by GoJo.
- Supporting LCC and HPT colleagues at a Learning, Health and Wellbeing Support event at a primary school, and a Summer Fayre at Little London Community Centre, providing information on a range of topics including sepsis, vaccination, hand hygiene and head lice.
- Wellbeing Event took place at a local Primary School with IPC staff delivering six 30-minute Hand Hygiene sessions to Reception and Key Stage 1 pupils. The glitter glow gel and UV lamp were used to bring the session to life for the children.

## 5.2 Specialist Business Unit (SBU)

The Infection Prevention team continue to collaborate closely with the teams within the specialist business unit, supporting them with any outbreaks, general IPC support and advice. Usual activities have been maintained including:

- Annual audits of all Police Custody suites to ensure compliance with IPC standards and to offer support and guidance on environmental issues. LCH staff work within a police custody suite building and alongside non healthcare staff which can be a barrier to good IPC practice. This has been highlighted in some areas where cleaning was found to be inadequate and has been addressed by the clinical team managers with support from the IPC team.
- Annual IPC environmental audits have been undertaken in Adel Beck and WYOI. Adel Beck continues to have a good standard of compliance and cleanliness. It is obvious that LCH clinical staff take ownership and pride of IPC within their environment.
- WYOI has shown a reduction in IPC standards this year as demonstrated within the annual audit scores. These issues have been exacerbated by difficult environmental issues and ongoing staffing constraints. Many of the issues have been identified around the cleaning standards and have been picked up in audits previously. The issues have been continuously highlighted and escalated to the prison management team with continued support from the clinical lead and senior management team. These issues remain ongoing, with the risk escalated and added to the LCH risk register. WYOI staff continue to actively engage with IPC colleagues & are working collaboratively to address these issues, the IPC team are supporting with meetings and regular visits to address the cleaning standards and monthly environmental audits.
- IPC have worked closely with WYOI and Adel Beck to prevent and control outbreaks alongside wider Leeds healthcare economy colleagues. A good relationship has been built with the staff working in these areas and IPC, which will promote and ensure good IPC compliance long term.

- Bi-yearly dental water tests continue to be conducted by the Dental team and overseen by the IPC and Water Safety Group following installation of the sterile straw system. Reginald Centre had an out-of-range result. This was resolved by the Dental & IPC team working together in conjunction with a consultant in microbiology and continue to be monitored.
- CNRU continue to run an outpatient only service, their inpatient unit continues to be closed.
- IPC have worked closely with Podiatry following an increase in sharps incidence reported via the Datix system compared to last year. From the Datix reports 20-21; there were 8 incidents reported, compared to this past year 21-22 there was a slight increase of 9 incidents reported. A short training session was provided to the team during a team meeting to highlight the increase and common themes and issues discussed. There is already a robust action plan & audit system in place to try & reduce the sharps incidences relating to removal of blades, but further work will continue to monitor the incidents and any common themes.
- SBU staff continue to report the quarterly PPE & HH auditing results via the reporting system. There were some initial teething problems however in Q4 SBU achieved 100% returns. IPC applaud all teams within the specialist business unit for their compliance and commitment to this ongoing project even under the significant pressure over the last few months.
- Mpox- In May 22, an emerging threat was identified that potentially would have an impact on the wider Leeds public. The IPC team worked closely with our colleagues in the Sexual Health service to ensure staff safety via FIT testing & a vaccination offer. A citywide vaccination programme was introduced to at risk individuals with LCH sexual health service, LTHT Infectious Diseases team & IPC colleagues working collaboratively, to ensure as many vaccinations as possible were provided in a timely manner. The project is now ending with all identified patient groups being offered a first dose of vaccine by the end of June 2023, with a view to all second doses being administered by the end of July 2023.  
The Mpox clinics were also offered out to further groups of patients within the city that may find accessing services more difficult, these clinics have now been integrated into Sexual health team service more regularly and have been remarkably successful with the uptake and interest in the vaccination programme.
- A service offering specialist wound care management across Leeds opened to include 24 sites. SBU IPC colleagues performed initial IPC audits giving guidance and advice where required. A good working relationship was established with the Senior team. This service has now been handed over to IPC colleagues in ABU who will now oversee the expansion of the clinics across the city giving IPC advice and support where needed with a robust IPC audit plan in place.
- IPC have worked closely, supporting the CIVAS team ensuring that clinically vulnerable patients that follow the specific pathway can access covid antiviral treatments in community settings, ensuring both staff & patient safety. This project is ongoing IPC will continue to lean into the service to support them.
- An annual assurance visit was undertaken in Q3 to Steris decontamination unit who provide sterile services to LCH. Robust practices and processes were evidenced.
- A mixture of proactive supportive visits & outbreak visits has taken place with a wide range of services supporting vulnerable groups, facilitating closer working relationships with the wider community and other public health professionals, ensuring the continuity of service provision following change in guidance and the implementation of the new IPC manual.

## Projects:

In collaboration with colleagues within SBU and GAMA, the IPC team have been working on a trial for an alternative skin cleansing product which would maintain patient safety, increase sustainability, and potentially have cost savings for LCH.

This product was successfully briefly introduced however was withdrawn due to production issues. This will hopefully be revisited this year.

In collaboration with colleagues at Leeds City Council Recovery Hub@South and GAMA, the IPC team worked on a trial to demonstrate the effectiveness of standard terminal cleaning with the addition of UV-C light disinfection. This project was discontinued due to operational pressures.

Trials with the new hand hygiene product in conjunction with the company GOJO have been undertaken in last few months, the CVAS team were happy to take part and to provide feedback with evaluation of the product. The evaluations we have received were positive, we are currently awaiting further feedback and evaluation forms from other teams throughout LCH chosen to undertake the trial. The GOJO Team will then support IPC to roll out the new product within the trust once the evaluations have been provided.

### **5.3 Adult Business Unit (ABU)**

- The IPC team has continued to foster relationships with ABU services in 2022/23. With the introduction of new staff and management within the NT it has been especially important to promote good relationships with staff, dispelling any myths about the purpose of the IPC team, and encouraging new staff to be actively involved in IPC champion roles.
- The IPC ABU nurses have tried to visit as many of the NT's as possible throughout the year, including the nights team. During these visits the IPC nurses have tried to approach all staff on a 1:1 basis for an informal discussion, aiming to identify any IPC issues or corners they have, as well as disseminating and IPC updates.
- Q3 and Q4 saw the IPC team working collaboratively with internal and external partners to control an outbreak of invasive group A strep (iGAS) which was identified within several patients seen by ABU services and within care homes. The IPC team has investigated all cases and undertaken contact tracing which has been shared with the IMT. This information has helped to facilitate outbreak precautions including enhanced PPE requirements, wound swabbing, enhanced environmental cleaning, prophylactic antibiotics etc.
- The IPC team was involved in control measure organisation, through providing an expert opinion on the environmental cleaning standards of a health centre involved and highlighted the requirement for an enhanced clean. The team were also involved in the procurement of long sleeved gowns for staff to wear when conducting lower limb wound care (although it was later decided these were not required), provided frequent face to face support to the teams involved throughout the initial stages of the outbreak, and liaised with colleagues who may have required swabbing and prophylaxis.
- At the end of Q4, two further cases have been identified in Leeds, however, at the request of UKHSA, no investigation or contact tracing has been completed as the IMT are currently awaiting typing results from a number of cases in Leeds to identify whether these are connected through outbreak or whether these are the current circulating strains.
- Within 2022/23, the Wharfedale Recovery Hub has moved from Villa Care to LCH. The ABU IPC team has welcomed colleagues from Wharfedale and spent a number of hours with the team conducting:
  - ✓ Face to face visits with the team to introduce ourselves and how we can be of assistance,
  - ✓ Face to face IPC training due to issues accessing online training packages,
  - ✓ Auditing of the environment to ensure compliance with IPC and cleaning standards,

- ✓ Information sharing on Essential steps/ hand hygiene auditing, mattress auditing, outbreak guidance etc.
- The ABU has reported a total of 36 Covid-19 outbreaks within 2022/23. Each reported outbreak area was provided with guidance around outbreak management, cleaning, hand hygiene and PPE requirements, ventilation, social distancing etc. to try and reduce the outbreak period. All teams were also offered an outbreak visit. The aim of this was to provide IPC advice on environmental factors which may be prolonging the outbreak and offer opportunity for staff to have one to one conversations about any IPC issues they may be experiencing. All outbreak areas were contacted for updates on the outbreak situation three times a week (Monday, Wednesday, Friday) at a minimum however, if the outbreak was deemed more severe (due to length of time or number of staff involved) daily support phone calls were provided.
- The ABU IPC team has also been involved in arranging successful IPC Champion events throughout the year. As previously mentioned, the ABU has undergone some changes throughout the year, new staff have been welcomed and NT base management staff have moved around, therefore the IPC team has been working to ensure all NT's have at least one IPC champion.

## **6. Additional support provided by the IPC team**

### **6.1 Care Home Environmental Auditing**

In April 2019 the team increased their auditing plan, to audit all 150 (now n=148) registered residential and care homes with nursing, over a 2-year rolling programme. This was done either as a face-to-face audit, or as a self-assessment audit submitted by the care home. From April 2020 the team increased their auditing plan to face to face audit, all registered care homes over a rolling 12-month programme. However due to the COVID19 pandemic, the auditing activity in 20/21 and in 21/22 and 22/23 has been disrupted, and the full target of auditing 148 audits was not achieved. All care homes that were not audited by year end are booked in to be audited during quarter 1 of 2022/23.

### **6.2 External Staff flu vaccinations**

During 2022-2023 the IPC team was commissioned by Leeds City Council in delivering free on-site flu vaccines clinics for Leeds health and social care providers, which includes care homes and WAA units. The aim of this is to enhance existing opportunities for staff to obtain a vaccination and to reduce the risk of influenza to the care home residents. Within the 22-23 flu season, the IPC team provided vaccines to 23 care homes and vaccinated 206 staff, which is an increase to last years uptake.

- 778 staff registered using the self-register link sent out via vaccination track, staff vaccinated:
  - Influenza – 601
  - Covid - 532
- Sessions were held at both LCC & LCH bases to ensure the council staff were able to access the vaccinations.
- Weekly communications sent out via the council's managers bulletins
- Targeted myth busting information shared with certain areas

Care homes & Working Age Adults:

- 206 Staff vaccinated (influenza) covid vaccines not offered as part of this campaign.
- Offer to vaccinate all care home and home care providers in Leeds

- Bespoke sessions arranged for all providers that requested a visit (numbers lower than requested for some providers)
- Sessions held for Hospice staff

### **6.3 Covid-19 outbreak advice and outbreak resource pack**

For every care home Covid-19 outbreak, the IPC team give telephone advice in line with national guidance and share the IPC team Covid-19 outbreak pack. The outbreak pack includes local IPC information posters and a regularly updated outbreak check list. The check list provides simplified outbreak management advice which is in line with national guidance, and also includes links to relevant national guidance.

### **6.4 IPC care home web page, IPC audit resource pack, telephone/email advice and invitation to IPC team education events.**

The IPC team maintain the care home IPC resource web page which provides links to national IPC resources and guidance. The team also provide a comprehensive IPC resource pack to assist care home managers in their IPC audit preparation. The pack includes information posters, audit tools, and risk assessment templates.

Care homes also have access IPC advice 7 days a week via the IPC team telephone or email. The IPC team also deliver ad hoc IPC educational events across the city. Care homes are included in the invitation list to attend the events and this includes free allocated places to care homes. In previous years prior to the pandemic, this included the IPC team lead city wide conferences. Once the team conferences recommence, care homes will continue to be allocated free places to attend the conferences.

### **6.5 Implementation of RESTORE 2**

In late summer 2021, the team commenced a pilot of [RESTORE2](#) tool which is an early deterioration warning tool which helps care home staff, help residents get the right care, at the right time and in the right place. The tool has already been successfully and widely used in care homes across the country.

The pilot included the Leeds IPC team liaising with 3 pilot care homes, partners such as the local authority, GP surgeries, community neighbourhood team clinical leads and Yorkshire Ambulance Service. The team delivered the RESTORE2 presentation to the 3 pilot care homes and to care homes at a CCG care home training event.

Dates for face-to-face training in the pilot sites was planned, but unfortunately, due to the 3<sup>rd</sup> wave of Covid-19, the programme was paused. However, the IPC team have appointed a 12-month, fixed term, Sepsis and Deterioration nurse for 2022-23. The nurse will recommence the pilot in spring 2022, and after the pilot has been completed, the nurse will commence rolling out RESTORE2 to all the registered care homes in Leeds. However, it is anticipated that it may take at least 3 years to roll out the RESTORE2 programme to all the local care homes.

### **6.6 External Training Provision**

The IPC Team have provided enhanced education and training within the wider care economy of Leeds. The initial primary focus of this project was to work with care facilities providing both nursing and residential care, Working Age Adult Care Teams, Third Sector providers, Domiciliary Care Providers, Mental Health Providers, and the local authority Adult Social Care Team.

During 2022/23 a total of **110** face to face training sessions were facilitated by the team. In addition to this were several virtual workshops and bespoke training opportunities. This activity was reduced in comparison to the previous year as some resource was diverted to the delivery of a sepsis reduction programme.

## **7. Policies and guidelines**

The overarching policies are written in line with the Trust Governance policy which outlines requirements for responsibility, audit and monitoring of policies to provide assurance that policies are being adhered to. Both policy and manual are available for staff to view on the Trust intranet as well as the Leeds Healthcare Pathway. The IPC team have a rolling programme of policies which require updating each year.

## **8. Education and Training**

### **8.1 Statutory and Mandatory Training**

The Health and Social Care Act (2008) identifies the importance of effective education and training for all staff members. The continued development and implementation of an effective mandatory training programme remains central to the LCH infection prevention strategy. As a result of challenges associated with the Covid-19 pandemic, the majority of internal mandatory training was undertaken remotely and this has continued during 2022-2023.

Training compliance rates were on average 92% at year end for level 1 and level 2 training via E-Learning for Health..

### **8.2 Student placements**

The Infection Prevention and Control Team supported 19 learners throughout the year, comprising first, second- and third-year nursing students, with the majority spending 2 weeks spoke placement with the team. The following comments have been made by students through the PARE evaluation, completed within 2 weeks of conclusion of the placement experience.

*'Every member of staff was so supportive and made me feel part of the team from day 1.'*

*'I could not have wished for a more welcoming team to work with - the IPC staff are so friendly and kind!'*

*'During my two weeks, I had the opportunity to work alongside specialist infection prevention and control nurses who taught me in detail about important aspects of microbiology, best practice in infection control, and the importance of team work and collaboration.'*

*'Before my placement started, the team were extremely welcoming and accommodating via email to introduce themselves and answer my queries. When I arrived, I was shown around and had a full orientation. My practice supervisor had organised a full schedule for my two weeks with each day planned out. The placement area gave me a student booklet outlining the role of the IPC nurse and what was expected from me.'*

## **9. Campaigns and further achievements**

### **9.1 Seasonal Staff Influenza Campaign 2022/2023**

The Code of Practice (2012) for the prevention and control of healthcare associated infections (HCAI) emphasises the need for NHS organisations to ensure that its frontline health care workers are free of and protected from communicable infections (so far as is reasonably practical). Influenza is a highly contagious illness which can be serious, particularly for older people or those with other health conditions. Health and social care workers care for some of the most vulnerable people in our communities and 50% of staff may carry flu and may unknowingly pass flu onto others.

Health care staff are also at increased risk of transmission of infections. Therefore, it is important that staff help protect themselves (and their families) and the patients that they care for by receiving annual flu vaccinations. Staff vaccination also results in lower rates of influenza-like illness and mortality in healthcare settings and helps to ensure vital business continuity in the health and social care sector (by reducing staff flu related illness).

Staff were invited via email to the newly commissioned vaccination booking system (Vaccination Track – a citywide system in Leeds used for flu and covid bookings to ensure a streamlined process for staff who are booking and the vaccinators who were administering) to book both vaccinations together, influenza only or covid only. LCH staff received a 7-day reminder email since the launch of the campaign, reminding them to book a vaccination or inform us they have received a vaccination elsewhere or decline the vaccination offer.

The campaign finished in February 2023 and the total number of frontline staff vaccinated for influenza was 62.9%. As a consequence, the CQUIN target of 95% was not achieved.

Business Unit	Frontline % uptake
CBU	62.0
Corporate	58.8
SBU	53.3
ABU	46.5

Figure 28: Frontline staff vaccinated broken down per business unit

## 9.2 Conferences and awareness campaigns

### 9.2.1 Hand Hygiene Campaign May 2022

An overwhelming successful hand hygiene campaign on 5<sup>th</sup> May 2022 saw the entire IPC team deploy throughout all locations across LCH estate providing awareness to the importance of hand hygiene. The campaign also had a digital footprint where social media was utilised the entire week leading up to 5<sup>th</sup> May.



Figure 29: Images of health care workers throughout LCH on hand hygiene day (permission gained).

### 9.2.2 IPC Week October 2022

The IPC Team celebrated a different aspect of infection prevention during October 2022, different topics of engagement with staff and the general public included hand hygiene, sepsis, influenza and antimicrobial resistance.

### 9.2.3 Sepsis Conference March 2023

The IPC Team led a successful and well attended Sepsis Conference in March 2022, the event welcomed a range of speakers from the acute and community setting to share the principles of sepsis impacting on patient safety. The event showcased the work delivered by the Sepsis and Deterioration Nurse and the implementation of the branded approach around I-Spy Sepsis and I-Spy Deterioration.

## 9.3 Team Development

### 9.3.1 Education and team building

- Team members attended and successfully completed the stand-alone module in communicable disease through the University of Huddersfield.
- Team members successfully completed the QNI Aspirant Leadership Course and the Mary Seacole programme with NHS England.
- Engagement with the Infection Prevention Society (IPS) and 'Institution Membership' was purchased, to support education, learning and networking.

## 10. IPC team structure and celebrations

The team has continued to work at an enhanced capacity with an uplift in funding from Leeds City Council in line with the cooperation partnership agreement.

In March 2023 Carrie Mulvihill's secondment as a Sepsis and Deterioration Nurse was extended by the ICB to deliver a programme of work on a community footprint to reduce sepsis and improve recognition of deteriorating patients.

The IPC Team were shortlisted for the Nursing Times Award and HSJ Award for the Covid-19 Women's Offer in 2021. A poster submitted to HSJ won the Covid-19 Response Category.



## 11. Challenges and forward plan 2023/2024

### 11.1 Forward Plan 2023 - 2024

- IPC will continue to be a high priority for the Trust and the team have set out an ambitious but flexible programme of work over 2022-23.
- Building on pandemic preparedness for future potential outbreaks of novel viruses.
- Embed work around antimicrobial resistance, building on collaborative work with the West Yorkshire ICB incorporating core principles around data, education and sustainability and the impact on climate change.
- Continue to focus our attentions around the collaborative citywide HCAI Improvement Group.
- Aline fit testing to ESR and promote shared organisational responsibility.
- Education and development of IPC team and implementation of the core competencies from the Infection Prevention Society (IPS)
- A focus around Quality Improvement to be implemented by IPC in relation to auditing, hand hygiene compliance, fit testing and HCAI Surveillance.
- Continue to build engagement with the ICS for West Yorkshire for IPC.
- Development of the branded approach to awareness raising and education by building on the 'I-Spy' series.

### 11.2 Challenges for 2023-24 will include:

- Achievement of the HCAI objectives with specific emphasis on the gram-negative agenda and CDI.
- The uncertainty around new and emerging infections.

## **12. Conclusion**

It is evident that 2022-2023 has proven to be a very successful year for the Infection Prevention and Control team within LCH. We have delivered successfully on the third fiscal year of the enhanced 'Partnership Cooperation Agreement' with Leeds City Council, which has now seen a permanent uplift in funding.

This report demonstrates the continued commitment of the Trust and evidence successes and service improvement through the leadership of a dedicated and proactive IPC team. It is also testimony to the commitment of all LCH staff dedicated in keeping IPC high on everyone's agenda.

The year has continued to be dominated by undulating world of infection and the IPC Team workload increased dramatically as a result. Keeping staff and patients safe was priority during this time, as well as the system wide working through the city of Leeds. Throughout this time the IPC team has dedicated their time to the management of the pandemic and should be acknowledged for their unwavering hard work. I personally would like to thank my team for their dedication, tenacity and continuation of their positive spirit during a very challenging period of time.

**Report compiled by Head of Infection prevention and Control and Deputy DIPC, with contributions by members of the Infection Prevention and Control Team.**

**Trust Board meeting held in public: 4 August 2023**

**Agenda item number: 2023-24 (46)**

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**Title: Register of sealings June 2023 to July 2023**

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**Category of paper: for information**  
**History: N/A**

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**Responsible director: Chief Executive**  
**Report author: Company Secretary**

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## **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 corporate seal had been used once in June 2023 and a copy of a section of the register is presented to the Board.

**Outcome:** the Board:

- noted the use of the corporate seal.

**Register of affixing of corporate seal and signatories to legal documents**

<b>OCCASION</b>	<b>PARTIES INVOLVED</b>	<b>DOCUMENT APPROVED &amp; SEAL ATTESTED BY</b>	<b>DATE</b>
Overseas healthcare workforce recruitment contract	Overseas Development and Employment Promotion Consultants Ltd, India And Leeds Community Healthcare	Executive Director of Nursing and AHPs	08.06.2023

**Trust Board meeting held in public: 4 August 2023**

**Agenda item number: 2023-24 (49i)**

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**Title: Mortality Report Quarter 1 2023-24**

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**Category of paper: For assurance**

**History: Quality Committee 24 July 2023**

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**Responsible director: Executive Medical Director**

**Report author: Consultant in Public Health**

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## **Executive summary**

### **Purpose of this report:**

To provide the Committee with assurance regarding the Mortality figures and processes within LCH NHS Trust in Quarter 1 23-24.

### **Main points to note:**

- Quality Assurance & Improvement (QAIG) Group have met regularly and are quorate. The last meeting was the 11<sup>th</sup> July 2023.
- The Adult Business Unit mortality review meetings combined with the Specialist Business Unit, and the Children's Business Unit Learning from Deaths meetings have taken place regularly and have been quorate throughout the quarter.
- Work to improve identification of patients with a learning disability or autism is continuing, and to ensure thematic analysis and learning is shared both within the Trust and from the ICB processes.
- Equity analysis shows ongoing trends in ABU therefore a deep dive has been commissioned to better understand the implications of the data and actions that can be taken.

### **Recommendations:**

- Quality Committee is recommended to receive this assurance regarding Trust mortality processes during Q1 of 23-24
- Working with partners in the EDI group of Leeds Palliative Care Network, we will continue using our analysis to contribute to system-wide understanding of inequity in system-wide pathways.
- Moving forward the proposed plan is to analysis the Trusts mortality data in line with the End-of-Life Population Board outcomes.

## 1. Adults & Specialist

### 1.1 Overview

- Overall, the number of deaths in the Adult Business Unit and Specialist Business Unit has decreased for Q1 2023 (ABU = 720 compared to Q4 800; SBU =262 compared to Q4 339).
- There had been an increase in deaths noted in Adult Nutrition and Dietetics in 2022/23 and in the Speech and Swallowing team in the last four quarters. This is being monitored and has reduced in the first quarter of this year. Deep dive into Speech and Language Therapy (SLT) SLT deaths resulted in no themes or trends identified.
- 86 deaths were reported as unexpected (Q4 100, Q3 71, Q2 52, Q1 92). This reflects a 14% decrease from Q4 22/23. This is being monitored.
- 2 patients died who had a learning disability, (decrease from 5 in Q4 2022/23). A review of all LD deaths is underway by the LD Lead and a thematic review to be provided for Q4.
- There has been 1 serious incident relating to patient deaths in Q1, which did not require Coroner investigations. There will be further investigated over the next quarter and learning to be shared in next report.
- The mortality pilot commenced on the 1st July 2023 (see Appendix for details).
- Within ABU the palliative clinical quality leads are providing a significant contribution to the ABU mortality reviews which includes more sharing of thematic learning.
- During the review of the mortality questionnaires to inform the pilot, it was noted that the wording for 'Serious Mental Illness' was only linked to cause of death. This has been updated to a serious mental illness throughout their life as a pose to being a causative factor. This should ensure data is accurate in future.
- LTHT discharge pathways 1 &2 means there are changes in the proportion of discharges from hospital to home and therefore more acutely unwell patients are being discharged home and community care beds are seeing more frail patients that are not well enough for active rehabilitation.
- Moving forward the proposed plan is to analysis the Trusts mortality data in line with the End-of-Life Population Board outcomes –

*People approaching the end of their life are recognised and supported on time.*

*People approaching the end of life live and die well according to what matters to them.*

*All people approaching the end of life receive high quality, well-coordinated care at the right place at the right time and with the right people.*

*People approaching the end of life and their carers are able to talk about death with those close to them and in their communities. They feel their loved ones are well supported during and after their care.*

## 1.2 Trends/themes

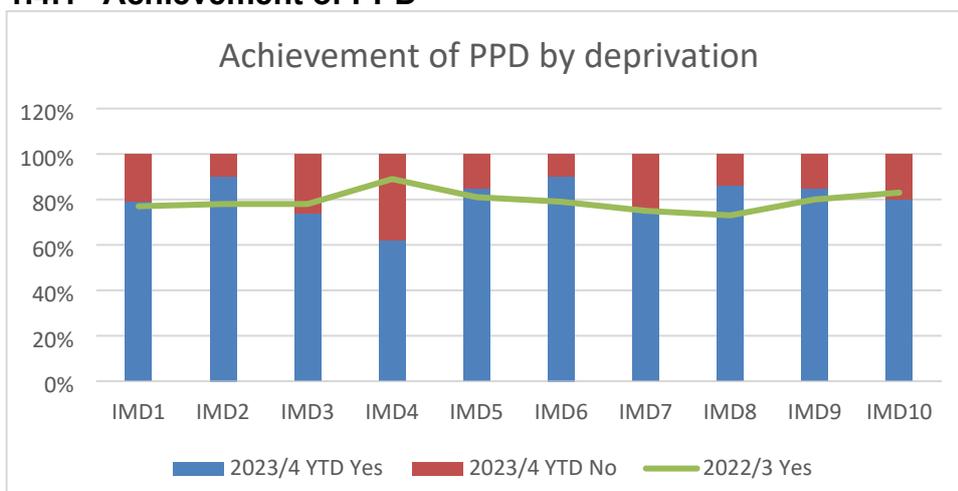
- In the previous quarter it was noted that a number of deaths were not recorded as either expected or unexpected for both ABU and SBU. This has continued into 23/24 Q1. A commitment to undertake a deep dive to understand the recording of expected or unexpected will be incorporated into the new mortality review pilot process.
- Due to the commencement of the Mortality Pilot, themes and trends will be auditable for those teams, the 4 known themes of delayed identification of deteriorating patient, communication, delayed anticipatory medication and lack of advanced care plan can be captured alongside an 'other' box for any new themes/learning/ examples of good practice.
- Q1 level 1 mortality reviews were conducted in 48 % of cases in Neighbourhood Teams, and 36% of cases in Specialist services, both continuing the downward trend. For Level 2 assessments these were completed in 55% of cases in Neighbourhood teams and 56% of specialist services. This will be reviewed with the learning from the Mortality pilot.

## 1.3 Risks

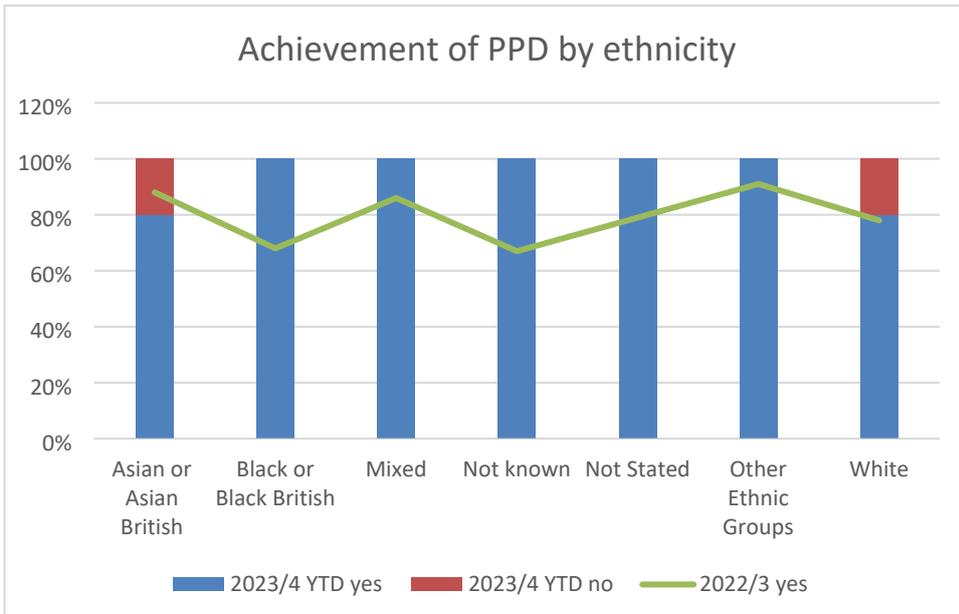
- LTHT discharge pathways 1 &2 means there are changes in the proportion of discharges from hospital to home and therefore acutely unwell patients are being discharged home and community care beds are seeing more frail patients that are not well enough for active rehabilitation. This is being closely monitored and an update will be shared in Q2.
- Whilst piloting the new mortality process, completing ABU mortality level 2 reviews in a timely manner is a challenge. All urgent cases requiring review for assurance are being completed within the month. This includes virtual frailty ward (homeward), community care beds and any escalated for review by the NHT clinical lead.

## 1.4 Equity

### 1.4.1 Achievement of PPD

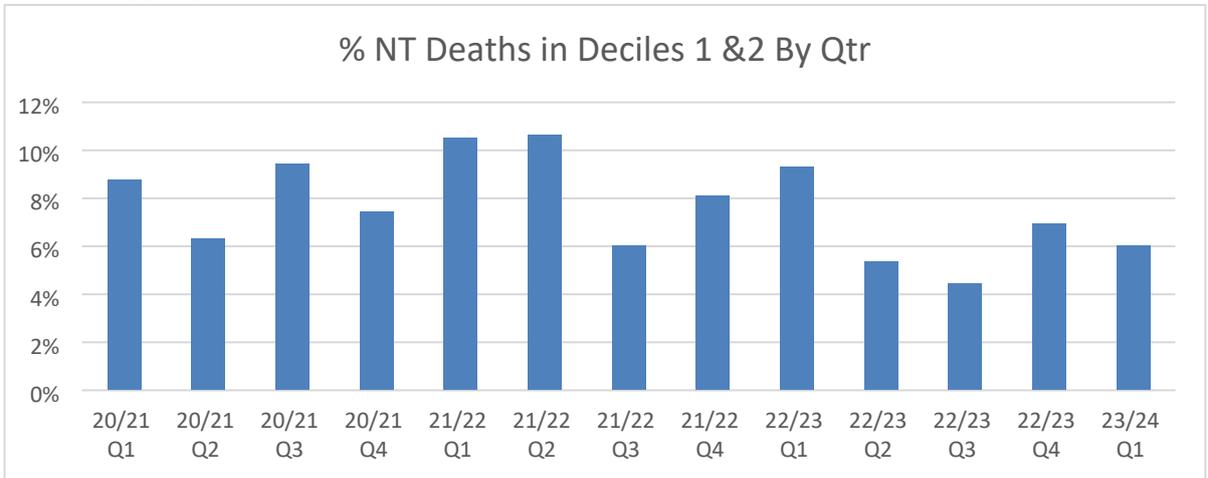


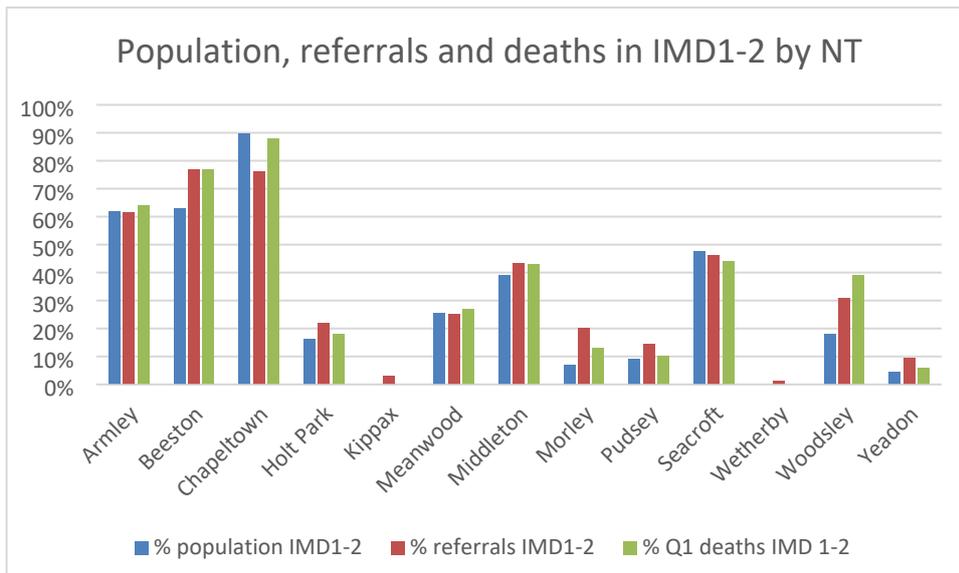
In Q1 2023/4, IMD 1-2 80% achieved PPD (78% in 2022/3); IMD 3-10, 80% achieved PPD (80% in 2022/3)



The ABU Head of Clinical Development, through their Health Equity Fellowship project, will be exploring what in our services drives differences in achievement of preferred place of death for Black and Black British communities in 2022/3, to identify possible solutions to mitigate this. So far in 2023/4, the number of deaths of Black and Black British communities where PPD is known remains small (n = 3), so no trends for this year can yet be identified.

**1.4.2 Deaths in IMD1-2**





In the annual mortality report, analysis of the last 4 years identified 3 NTs had greater than 10 percentage points difference in IMD1-2 deaths to IMD1-2 population: Woodsley (17); Beeston (13) and Morley (12). In Q1 this has then been analysed by comparison to referrals as well as population (see table above), identifying several new lines of inquiry as to whether there is a correlation between percentage of deaths; population percentages and referrals to create actionable insights- for example:

Difference	Example NTs	Actionable insight
Deaths, population and referrals all correlate	Armley Meanwood	Referrals from IMD1-2 are representative of the local population as are deaths.
Deaths in IMD1-2 correlate to population but not referrals	Chapelton	Lower proportion of IMD1-2 referrals than deaths or population. Are more people in IMD1-2 dying at home rather than being referred for other reasons?
	Holt Park	Higher proportion of IMD1-2 referrals than deaths or population. Are fewer people in IMD1-2 dying at home?
Deaths in IMD1-2 correlate to referrals but not population	Middleton Beeston	Population in IMD1-2 is lower than IMD1-2 referrals or deaths. Are there more referrals and deaths in IMD1-2 because of the compounding factors of intersectionality?
IMD1-2 deaths do not correlate with referrals or population.	Woodsley	IMD1-2 deaths are proportionately higher than referrals which are higher than population.

#### 1.4.2 Premature mortality

29% of deaths within Specialist services are under the age of 75 and 27% of those within Neighbourhood teams, which is similar to last year. These remain highest within Chapelton (36%), Beeston (34%) and Seacroft (30%) neighbourhood teams. Although small numbers (24), 100% of deaths under SBU's homeless and health inclusion team were <75 years.

## 1.5 Learning/Development

- Business units and QPD have been working together to develop the improved mortality review process and are now piloting and developing as one integrated team. Within ABU the palliative clinical quality leads are providing a significant contribution to the ABU mortality reviews which includes more sharing of thematic learning.
- During the review of the mortality questionnaires to inform a pilot, it was noted that the wording for 'Serious Mental Illness' was only linked to cause of death. This has been updated to a serious mental illness throughout their life as opposed to it being a causative factor. This is now being shared across all Business Units and should ensure data is accurate in future, and we have a deeper understanding of the gap in premature mortality for people with serious mental illness.
- ASLT- interpreter unavailability and subsequent death SBU. Previous quarters serious incidents relating to death's have been investigated. Main themes and lessons learnt relate to missed triage and assessment opportunities and multi-agency communication barriers and the need for a multiagency process to align and share lessons learnt.
- The 2 cases reported last quarter from ABU have been to coroners' inquest and the trust have not been issued with any regulation of 28 'Prevention of future deaths reports' under the Health and Justice act 2009. The local action plan is being progressed and the learning shared across all NHT's. This will be shared at the Patient Safety Summit on 6th July.
- Learning identified by the Meanwood NT on the 2 incidents they have had (fall with head injury and a sepsis from leg wounds) identified key themes of:
  - Delays in assessing risk and subsequent management of risk
  - repeated visits from non-registered clinicians
  - lack of case management
  - agency allocations inappropriate to skills
- In SBU a deep dive in SLT has identified opportunities for GPs to refer for urgent support earlier which will be shared with primary care
- A case study from the Home and Health Inclusion Team at the mortality review demonstrated flexibility and multi-agency working across health, care and housing as a good example of truly personalised care, rather than 'task-based care'.
- The review of mortality data at QAIG identified future developments around identification of long-term deterioration, linking to evidence around groups most at risk of dying prematurely. Anticipated outcomes from this work includes clinically effective care to deteriorating patients, increase in Advanced Care Planning amongst marginalised communities and therefore achievement of PPD.

## 2. Children

### 2.1 Overview

- There was evidence of a significant rise in deaths last year with the 30/43 reported as SUDICs. The expected deaths were consistent with the previous 3 years. Awaiting National data to be released (released Nov 2022 for 21/22 data).
- There were 7 deaths in quarter 1 which is the average for the previous 24-months.

- The Child Death SOP has been approved and will be circulated with a one-page flowchart for the process as an appendix. This was approved by the Medical Director.
- The child death rapid review form has started to be introduced for child deaths.
- The number of children's still to be reviewed is 28. This is a decrease from last year.

## 2.2 Learning/Development

- From the Child Death Review Meetings there have been discussions that working practices during the pandemic may have impacted on care due to reduced face to face contact and missed opportunity to have eyes on the child. All through the pandemic clinicians were making decisions based on information they had and acting on any concerns.
- Learning from two incidents where the children died because of nappy sacks has now been discussed in the 0-19 PHINS teams and advice will be given at all contacts. To add to the 0-19 PHINS Record Keeping Audit.
- Roll out of "Every sleep a safe sleep" is underway in 0-19 PHINS and will be extended to other staff in CBU.
- All deaths have been reported via Datix since April, this central system is proving for oversight and support further learning.

## 2.3 Risks

- There are currently 28 child deaths to review. This number is lower than other quarters in 2022/23. It has been agreed that the bimonthly meetings will remain, with 8 cases reviewed at each meeting.
- Risk remains of limited number of Paediatricians covering the Service, on the risk register and ongoing work within the Trust and with the ICB to ensure a long-term plan for sustainability in light of the sustained pattern of increased demand.

## 3. People with a Learning Disability

- There were 2 adult deaths recorded in Q1 in patients with a LD, one under the cardiac service and a neighbourhood team and one under the diabetes service and a neighbourhood team.
- A review of all LD deaths is underway by the LD Lead and a thematic review will be carried out within the Trust for Q4 to understand whether we learn from the lives and deaths of people with a learning disability and or Autism.
- The WY ICB feedback generic learning from LeDeR (service improvement programme for learning from deaths in people with learning disability and autism), and is shared with the Trust as themes, rather than specific Trust learning.
- Communication has been shared that there are changes to the LeDeR process and we no longer report on anyone under 18; this should not change data from within LCH.

#### **4. Recommendations:**

- Quality Committee is recommended to receive this assurance regarding Trust mortality processes during Q1 of 23-24
- Working with partners in the EDI group of Leeds Palliative Care Network, we will continue using our analysis to contribute to system-wide understanding of inequity in system-wide pathways.
- Moving forward the proposed plan is to analysis the Trusts mortality data in line with the End-of-Life Population Board outcomes.

**Quality Assurance and Improvement Meeting: 11 July 2023**

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**Title: Mortality Pilot Report to Quality Assurance and Improvement Group**

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**Category of paper: For assurance**  
**History: None**

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**Responsible director: Executive Medical Director**  
**Report author: Head of Clinical Governance**

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## **Executive summary**

### **1. Purpose of the report**

The purpose of the report is to provide a summary of a proposed change to the mortality review process in LCH.

### **2. Main issues for consideration**

A pilot is being proposed to streamline the mortality review process. It is proposed that a step will be removed from the process where the Clinical and Quality Lead in ABU reviews all Level Two mortality reviews after they have been completed by teams.

This creates two key risks: it removes the scrutiny of the completed Level Two mortality reviews. To mitigate this, an audit of the Level Two mortality reviews will be completed. The second key risk is that individual teams may miss themes that are identified by completing the full overarching reviews. To mitigate this the four known key themes have been added to the Level Two mortality review template in addition to an 'Other' box that will be audited to review known and new learning for themes.

The pilot criteria has been developed with colleagues across the relevant clinical and corporate teams to ensure a robust approach has been taken to development of the pilot.

### **3. Recommendations**

Quality Assurance and Improvement Group is recommended to:

Approve the initiation of the pilot.

Provide feedback to support the pilot.

## **Purpose of the report**

The purpose of this report is to provide a summary of the planned change to the mortality review process for Adult and Specialist Business Units during a proposed pilot for Quarter Three of 2023/24.

## **Background**

LCH has a robust approach to reviewing the deaths that occur under its clinical care and follows the 2017 National Guidance on Learning From Deaths.

The guidance outlines three levels of review when a patient dies: Death Certification, Case Record Review, and Investigation. Death Certification is completed by an attending doctor or referred for a coroner to review with a plan for all deaths to be reviewed by the Medical Examiner in future. Case Record Reviews are triggered by specific criteria outlined in the guidance and a more in-depth review of the death is completed. Investigations are initiated within the parameters of the 2015 Serious Incident Framework at any point where the circumstances of the death are assessed to warrant the investigation.

## **Proposed Pilot**

LCH currently completes a review of all deaths against the specific criteria set out in the guidance (locally known as a Level One mortality review) and completes a second more in depth review of those cases that meet the national criteria (locally known as the Level Two mortality review). From there, a detailed case review is completed for any cases where there is an opportunity for learning, and the review presented at a quarterly mortality meeting.

A pilot has been proposed to review the Trusts process within the Level Two and Case Record review element of the guidance.

Currently, the Business Unit's Clinical and Quality Lead re reviews all Level Two mortality reviews completed by teams. The pilot proposes to remove this step for the Adult Business Unit and introduce additional safety measures to ensure oversight of the Level Two mortality review process remains. The pilot will also utilise a standardised case review template to assess the phases of care in line with national guidance.

The pilot was developed with clinical colleagues from the teams involved (Kippax and Middleton Neighbourhood Teams, Adult Speech and Language and Cardiac), Clinical Heads of Service, the Palliative Care Lead, SystemOne Leads, Performance, and the Business Unit Clinical and Quality Leads to ensure each element of the pilot was informed by subject matter experts.

Once the pilot is evaluated the information will inform the Equity and Quality Impact Assessment for the change in practice should the pilot be assessed as successful.

Appendix A provides an overview of the existing process, highlights the changes, and includes the additional measures introduced to mitigate any risk from removing the step detailed above.

### **Recommendations**

Quality Assurance and Improvement Group is recommended to:

Approve the initiation of the pilot.

Provide feedback to support the pilot.

**Trust Board meeting held in public: 4 August 2023**

**Agenda item number: 2022-23 (49ii)**

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**Title: Patient Experience Six Monthly Report.**

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**Category of paper: For approval.**

**History: Quality Committee July 2023**

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**Responsible director: Executive Director of Nursing and Allied Health  
Professionals.**

**Report author: Patient Experience and Engagement Lead.**

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## **Executive summary**

### **Purpose:**

1. This report provides the six-monthly update of Patient Experience within Leeds Community Healthcare NHS Trust (LCH).
2. The report incorporates the information required for the complaints report as laid out in section 18 of The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009).
3. The report provides a review of complaints and concerns, feedback via surveys, engagement activity, and wider feedback for the six-month period 1 January 2023 to 30 June 2023; providing an overview of themes, learning and action. It compares the data and qualitative information with previous years.
4. The report includes Friends and Family Test (FFT) information.

### **Main points:**

1. There has been a decrease of 17.33% in complaints received (from 75 to 62) since the second half of the previous financial year, and an increase in complaints received, from 54 to 62 complaints (14.8%) from the same period in the previous year. This is lower than in 2019 (pre pandemic) complaint figures for the same period where 94 were received.
2. Two of the top 3 themes of complaints received remain consistent with the previous year, with the addition of Appointments (replacing communication in the top 3 subject areas of complaints).
3. LCH has received 3 possible claims between 1 January and 30 June 2023. One claim (clinical negligence) has been closed with no action for the Trust.
4. Work continues to focus on review of the process of managing concerns and complaints in line with national best practice.

## **Recommendations**

The Board is recommended to:

- Receive this report
- Note the updated information

# **PATIENT EXPERIENCE (Complaints and Concerns) SIX MONTHLY REPORT**

## **1. INTRODUCTION**

- 1.1. This report provides the six-monthly update of Patient Experience within Leeds Community Healthcare NHS Trust (LCH).
- 1.2. The report incorporates the information required for the complaints report as laid out in section 18 of The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009).

## **2. BACKGROUND**

- 2.1. This report will focus on the themes and learning emerging from patient feedback, and how this is shared across the Trust to ensure continuous quality improvement.
- 2.2. This report will include comparison to pre- Covid-19 for complaints, concerns, compliments, and patient experience.

## **3. LCH PATIENT EXPERIENCE**

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

## **4. COMPLAINTS, CONCERNS & COMPLIMENTS**

- 4.1. From 01 January to 30 June 2023, LCH received 62 complaints which were managed under the 2009 regulations. There was a decrease in incoming complaints compared to the second half of the previous financial year, when 75 complaints were received. This is a decrease of 17.33%.
- 4.2. In comparison to the same period in the previous year 01 January to 30 June 2022, there has been an increase in complaints received, from 54 to 62 complaints. This is an increase of 14.8%.
- 4.3. However, this is lower than the number of complaints received in the same period in 2019 (pre pandemic) when 94 complaints were received.
- 4.4. We are unable to provide data on complaints being acknowledged within 3 working days due to mis-recording of this information on the Datix system. Work is ongoing with the Datix System Manager to better understand this and to implement clear processes to ensure that this data is captured consistently going forward.

- 4.5. The highest number of complaints were from services in the Specialist Business Unit 40.3% (25), followed by 32.3% (20) from the Children's Business Unit and Adult Business Unit 25.8% (16). Adult Neighbourhood Teams (10), Musculoskeletal and Rehabilitation Service (7) and Community CAMHS (7) received the highest number of complaints during the reporting period. Leeds Mental Wellbeing Service (LMWS) and Leeds Sexual Health Service both received 6 complaints during the period. Corporate services received 1 complaint in the period (1.6%).
- 4.6. Of the 62 complaints received between 1 January and 30 June 2023, 39 have been closed. All closed complaints were responded to within 180 days of receipt. One complaint was passed on to other organisations.
- 4.7. Of the 54 complaints closed during this period, 47 were recorded as fully or partially upheld and 6 were not upheld. One complaint was closed as passed on to another organisation (not for LCH). All closed complaints were responded to within 180 days of receipt.
- 4.8. The average length of time to provide a response to a complainant was 44 days. 61% (33/54) of closed complaints were closed within 40 working days of receipt, the Trust standard, this is a slight increase from the previous reporting period. A number of complaints were responded to well within the internal 40-day timeframe. Of the 21 complaints closed after 40 days; all timeframes were negotiated and agreed with the complainant, and were either due to staff leave within services, time for the service to meet with or speak to the complainant in line with best practice, or on the request of the complainant.
- 4.9. From 1 January to 30 June 2023, the Trust received 215 concerns: a decrease of 59 from the last reporting period. The number of concerns reported for this period is significantly lower than the same period last year (328). The highest number of concerns received (24.2%) related to Appointments (52). The majority of these concerns related to Leeds Sexual Health Services 16 (30.8%), Community CAMHS 12 (23.1%), and Podiatry 5 (9.6%).
- 4.10. The number of concerns received between 1 January to 30 June 2023 is 22.2% higher than the number of concerns received in the same period in 2019 (pre pandemic) when 176 concerns were received.
- 4.11. The Trust has received a total of 437 compliments between 1 January and 30 June 2023. This is 6% lower than the previous report (465).
- 4.12. Work is ongoing to capture and understand the health equity data for patient experience. Health equity data is captured for safety incidents via a link between SystemOne and the Datix module by using a patient/carer's NHS number. Patient Experience do not currently capture or have access to the NHS number for complaints and concerns. An improved equality and diversity survey has been implemented to capture demographic data, and work continues to understand how we can look at this in relation to health equity data.

## **5. PATIENT EXPERIENCE (COMPLAINTS) TRAINING**

- 5.1. Complaint training has been sourced externally and will be delivered to members of the Clinical Governance Team and Clinical services over the coming months, with the first date booked for 26<sup>th</sup> July 2023. The training will focus on Process, Procedure and Information Gathering and Responding to Complaints- Letter and Report Writing. It is envisaged that a revised Managing Concerns and Complaints Training package will be developed following these sessions to be delivered by the Clinical Governance Team going forward.
- 5.2. Support is continued to be provided to teams where needed and guidance given, and bespoke training sessions offered where requested.

## **6. OVERARCHING THEMES FROM CLOSED COMPLAINTS**

6.1. The top three subjects for LCH's complaints closed during period 1 January – 30 June 2023 were:

- Clinical judgement/Treatment
- Appointment
- Attitude, conduct, cultural and dignity issues

Two of the three themes are consistent with the previous six months and the same period last year; however, appointment appears as the second highest subject for complaint with 1 January- 30 June 2023.

### **6.2 Complaints citing Clinical judgement and treatment**

6.2.1 In line with national reports "Clinical judgement and treatment" continues to be one of the top three subject areas for complaints at LCH for the past 5 years. Between 1 January– 30 June 2023, 31.5% (17 out of 54) of complaints received were due to issues around clinical judgement and treatment.

6.2.2 The most complaints citing clinical judgement and treatment were closed within the Specialist Business Unit with 47% of the complaints (8/17). Children's Business Unit accounted for 35% (6/17) of the complaints closed citing clinical judgement and Adult Business Unit 18% (3/17) of these complaints.

6.2.3 An example of learning and improvement in this area comes from a complaint within the Leeds Sexual Health Service regarding a patient who felt they were not provided with clear after care which led to an infection. Following the investigation an action was identified to assure written/relevant information related to the patients care/procedure is sent to patient and documented in the patient records. This has included contacting the EPR SystemOne team to be to explore if an alert/action can be added to records regarding patient information.

### **6.3 Complaints citing Appointment issues**

- 6.3.1 For the period 1 January- 30 June 2023 26% (14 out of 54) of all complaints received highlighted appointment issues.

71% (10/14) of complaints citing appointment issues were in the children's business unit. The ranged across Mindmate, Integrated Children's Additional Needs Service (ICAN), 0-19 Public Health Integrated Nursing Service and Child and Adolescent Mental Health Services (CAMHS).

#### **6.4**

- 6.4.1 An example of learning is a multi-sector complaint made to ICAN East Paediatrics. The complaint related to serious delays in the provision of a sleep system and lack of information throughout this process. The investigation highlighted a need to better inform parents/carers of the process for ordering equipment and expected time frames; to do this the ICAN service will produce written information for families to explain the process for ordering equipment and provide regular updates on expected timeframes. It was identified that Physiotherapy and Occupational Therapy staff must keep families informed of any delays in the equipment ordering process and this learning has been shared at team meetings and via email to all Physiotherapy and Occupational Therapy staff.

#### **6.5 Complaints citing attitude, conduct, cultural and dignity issues**

- 6.5.1 Of received complaints between 1 January- 30 June 2023, 24% (13 out of 54) cited issues concerning attitude, conduct, cultural and dignity, and was the third most common area for complaints received.
- 6.5.2 The Adult Business Unit closed 46% (6/13) of complaints received citing Attitude issues, Children's Business Unit closed 31% (4/13) of complaints related to attitude and Specialist Business Unit closed 23% (3/13) of these complaints.
- 6.5.3 An example of learning following a complaint around this subject is within the 0-19 Public Health Integrated Nursing Service (PHINS). The complaint focussed on a mothers' experience of the 8–12-month review. As an outcome of the investigation the service have carried out a review of the appointments, taking into account how they approach this contact, taking on board the complainant's comments and how they felt this was like a checklist.

### **7. CLAIMS**

- 7.1. LCH has received 3 potential claims between 1 January and 30 June 2023.
- 7.2. Of the three new claims two are under Clinical Negligence Scheme for Trusts and are related to clinical care provided by Morley and Armley Neighbourhood teams.
- 7.3. The third potential claim relates to personal injury sustained following an assault which took place during the Claimant's employment with the Trust.

- 7.4. One potential claim has been closed. The claim for clinical negligence was defended with no damages currently claimed against the Trust. The case was closed due to 3 months passing since liability was repudiated in the letter of response, and no contact from the Claimant's Solicitors.

## 8. FRIENDS AND FAMILY TEST

- 8.1. During the reporting period of 01 January and 30 June 2023 there have been 3198 Friends and Family Test (FFT) responses, this is a 6.8% decrease on the previous six months (3431). The overall percentage of patients or their carers reporting a very good or good experience was 93.53%, this is a 1.4% reduction in satisfaction from the previous reporting period (94.9%). 2.5% of responses reported the experience was poor or very poor and 2.8% neither good nor poor. 1.17% answered 'Don't know' to this question.

- 8.2. We continue to receive comments within the FFT that praise staff members for the care and support provided these comments include:

"A big thank you to all staff working in Heather unit. You looked after my dad with such care and empathy. Sadly, he died at SJUH but mum, myself and all the family wanted to thank you all for your kindness" – Comment from Wharfedale; Heather ward.

"The nurse was excellent, really engaged in conversation and put my son at ease" – Comment from the School Immunisation Team.

I have struggled for many years with my issues & this is the first time that when I've asked for help the person actually took the time to listen to what I needed instead of telling me what I should be doing if I wanted their help! I felt I was able to talk to him & that he understood how important it was to find a solution that I was comfortable with as trust is so important to me"-  
Comment from the Leeds Mental Wellbeing Service.

- 8.3. Work is ongoing to support services to increase accessibility when using the FFT. 35.3% (1129) of our FFT surveys were completed online from 01 January-30 June 2023, and 60.2% (1926) were completed in paper/postcard form either via post or in service.
- 8.4. The FFT is available in a variety of languages and easy read, and services are supported to follow Trust interpretation and translation procedures if requiring language translation and interpretation.
- 8.5. In addition to the FFT, services continue to develop specific surveys with support of the Patient Experience Team, which complement the FFT.
- 8.6. PET have also been delivering 'drop-in sessions' across services to meet with staff and help to generate feedback. Sessions have taken place at Wharfedale, Leeds Sexual Health Service and the Homeless, Health and Inclusion Team and New Wortley community centre.
- 8.7. PET are working with the Children's Community Nursing Service- Looked after Children's Team, to capture feedback on missed appointments. The service

currently has only 60% attendance for initial health assessments and are keen to understand why this is. PET are developing a survey with the service, to gather feedback around why children are missing appointments and to identify any themes. This will include FFT data, and wider patient experience data.

The FFT has been added as a standing item on the Children's Nursing team meeting agenda to discuss this and other feedback.

- 8.8. Through the LCH Carers work a Tablet was recently provided to an unpaid carer who supports their partner who has a diagnosis of Parkinson's with daily living, shopping, and health appointments. The purpose of tablet was to support with access online appointments, exercise classes and to support with self-management.
- 8.9. PET have also provided tablets to the community we serve; this includes The Cardigan Centre – A community setting supporting the warm space hubs and a homework club for children. The tablets will support the community to have digital access at the centre providing a safe space and free Wi-Fi.
- 8.10. PET have supported the Leeds Sexual Health Service to update their young people's survey to collect feedback on experiences of the service, access to it, what times that they would prefer to attend, views around telephone/video appointments and how patients would like to receive their results.

In the period of January-June, thirty-two young people have completed the survey; the survey data shows these have been completed by a diverse group of people. Feedback has been received around waiting times, there has been a mixed response regarding telephone/video appointment and support for receiving results via text message. The feedback gathered has been used to inform service retender and bid.

- 8.11. The survey and evaluation form developed by the Long Covid Community Rehabilitation service created to evaluate the courses on offer to those experiencing psychological impacts of Long Covid. The outcome of this survey included analysis showing that patients found the group helpful and found the information and support helped manage psychological challenges from living with long covid. Despite this, the group has now finished, and the service do not plan to run other groups but are instead developing a new format, taking this feedback into account.

## **9. NEXT STEPS**

- 9.1. The patient experience team have begun benchmarking LCH complaint processes against the Parliamentary and Health Service Ombudsman (PHSO) Complaint Handling standards (2022).

Two surveys have been produced and shared to capture feedback on patient/carers and staff experiences of the complaint process, to help inform the benchmarking and areas for improvement.

- 9.2. Work to support the implementation of the Health Equity and Third Sector Strategies is ongoing and will include a review of process and systems to help

improve access and experience of vulnerable communities and those at highest risk of health inequalities.

## **10. RECOMMENDATIONS**

The Board is recommended to:

- Receive this report
- Note the updated information

**Trust Board meeting held in public:** 4 August 2023

**Agenda item number:** 2023-34 (49iii)

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**Title:** Premises Assurance Model 2023

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**Category of paper:** Assurance

**History:** Business Committee 26 July 2023

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

**Report author:** Head of Facilities Management and Safety

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## **Executive summary**

The NHS Premises Assurance Model (PAM) allows NHS organisations to better understand the efficiency, effectiveness and level of safety of estates and facilities (and related) services. The PAM is a self-assessment tool and trusts must complete this annually providing evidence of compliance and submit it to NHS England.

This report provides an update on the sections of the 2022 PAM where moderate improvement was required.

It also describes the process and timescales for completing and submitting the 2023 PAM.

## **Recommendations**

The Committee is asked to note the PAM update.

## **Introduction**

The NHS Premises Assurance Model (PAM) allows NHS organisations to better understand the efficiency, effectiveness and level of safety of estates and facilities (and related) services, including how that links to patient experience. This is achieved by key contributors from within the Trust completing sections of a self-assessment tool and providing evidence of compliance. This is submitted to NHS England annually.

## **Benefits of the PAM**

The main benefit of the NHS PAM is to allow NHS organisations to demonstrate to their patients, commissioners and regulators that robust systems are in place to assure that their premises and associated services are safe and provide a consistent basis to measure compliance against legislation and guidance. This allows NHS organisations to easily understand how efficiently they are using their premises and prioritise investment decisions to raise standards.

The capital cost of achieving compliance provides the link to the trust's estates strategy, business plan and budget. The intention is that any capital cost associated with reaching compliance can be identified against individual areas, and will give additional granularity to the NHS provider's three- and five-year plans.

## **Structure**

The NHS PAM has two distinct but complementary parts:

- Self-assessment questions (SAQ's): supporting quality and safety compliance
- Metrics: supporting efficiency of the estate and facilities.

Evidence based data is collated following extensive communications and collaborations with relevant service leads across the Trust for the SAQs across the Domains.

The PAM self-assessment questions (SAQs) are grouped into five 'domains', with a separate section for the FM Standard Maturity Framework.

- safety (hard and soft)
- patient experience
- efficiency
- effectiveness
- organisational governance

There are 5 compliance ratings:

<b>Self-assessment rating</b>	<b>% to score in given area</b>
Outstanding: Compliant with no action required, plus evidence of high-quality services and innovation. This Score is likely to be rarely applied.	100%
Good: compliant no action required.	85% or above
Requires minimal improvement: The impact on people who use services, visitors or staff is low.	66% to 85%
Requires moderate improvement: The impact on people who use services, visitors or staff is medium.	45% to 65%
Inadequate	45% or less

### **PAM assessment and submission timeline 2023**

<b>Date</b>	<b>Action</b>	<b>Progress</b>
<b>14 July 2023</b>	Key contributors to the PAM receive requests for completion of their sections of the PAM. Coordination and support is provided by Facilities Management.	2023 PAM self-assessment has been circulated to key contributors.
<b>18<sup>th</sup> August 2023</b>	Information received is collated and reviewed. Any gaps in response or evidence are brought to the attention of the contributors and rectified.  First draft is approved by <b>the</b> Associate Director of Estates and the Head of Facilities and Safety.	
<b>28<sup>th</sup> August 2023</b>	Before submission, the draft is checked and agreed by the Trust Executive Director of Finance and Resources.	
<b>8<sup>th</sup> September 2023</b>	PAM is submitted via the NHS England portal by latest 8 <sup>th</sup> September.	

## Revisions and inclusions in PAM 2023

The 2023 NHS Premises Assurance Model (NHS PAM) is a refreshed and updated version of the previous model. It reflects changes in policy, strategy, regulations and technology.

One new section is the ‘maturity tool’ which has recently been added and is currently an optional tool, however Trusts are being encouraged to use it. It is an assessment of how mature the Trust’s facilities asset register is in terms of data quality, access and governance etc. Guidance is being sought on the criteria for inclusion of items on the facilities asset register.

The Trust’s facilities asset register will be a major piece of work to be completed during 2024. This may require additional resource in terms of software and staff resource to complete it.

### Current position

The Business Committee received a report describing the updated position in April 2023. This demonstrated the progress made since the previous submission in September 2022, with no ‘inadequate’ ratings noted in April 2023.

As a reminder, this is the table that was presented to the Committee in April 2023:

Domains	Good		Minimal Improvements Required		Moderate Improvements Required		Inadequate	
	Sep 2022	Apr 2023	Sep 2022	Apr 2023	Sep 2022	Apr 2023	Sep 2022	Apr 2023
Safety (hard)	102	102	16	16	4	4	0	0
Safety (soft)	28	30	11	15	2	6	8	0
Patient experience	11	12	3	2	1	1	0	0
Effectiveness	13	14	2	2	3	2	0	0
Efficiency	20	20	1	1	0	0	0	0
Governance	16	16	4	4	1	1	0	0
	190	194	37	40	11	14	8	0

There were 54 actions required in relation to improve the scoring to a ‘good’ rating. The updated action plans for the 14 moderate improvements were included in the April Business Committee report.

Since April 2023, additional progress has been made:

- The fire risk assessment schedule is now up to date.
- The Assure software system used for risk assessments and audit has been further developed and is more widely used and understood by the Safety Team,

Facilities, and Estates. Some admin resource was achieved as a result of the Facilities and Safety case for change and this is allowing the Assure system to develop further, including adding the PAM self-assessment tool to the Assure system so that actions can be monitored more effectively.

- Roles, responsibilities and processes for actioning fire risk assessment recommendations are better understood and Estates and the Safety Team meeting regularly to review progress.
- A Waste Manager is now in post, following the Facilities and Safety case for change. This is an existing member of staff who is now undertaking waste management courses to qualify as the competent person. Waste management policies and procedures are being revised.

### **Actions from 2022 that continue to progress into 2023**

- Fire training needs matrix to be developed that covers all relevant roles and responsibilities of staff (see Health and Safety Action Plan 2023/24).
- Authorising Engineer for Fire to be commissioned (see Health and Safety Action Plan 2023/24).
- Food safety standards policy and procedure is being reviewed and updated.
- Catering standards (food, drink and nutrition strategy) is to be reviewed.
- Climate change adaption (over-heating, flooding, and extreme weather events) to be reflected in Emergency Planning documentation.
- Monitoring of air pollution within buildings to be undertaken.
- Facilities governance to be further developed (risk management, escalation and reporting) following the restructure of the Facilities Team:

### **Care Quality Commission**

While the use of PAM has previously been recommended, NHS England have now made the safety and patient experience elements of this model mandatory and the CQC are expected to review trusts results as part of future visits.

### **Integrated Care Board**

Integrated Care Boards (ICBs) were created on the 1 July 2022 and are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. This includes responsibility for the appropriate use of the NHS estate in their area. As such, they will need to have access to the NHS PAM data and analysis.

## **Ongoing monitoring of action plan**

Following the submission of the PAM in September 2023, a follow up report will be provided to the Business Committee detailing any moderate or inadequate compliance issues noted during the self-assessment process. It is likely that some of the compliance issues will already be reflected in the Health and Safety Action Plan and consideration will be given to consolidating or cross-referencing the two reports.

**Trust Board Meeting held in public: 4 August 2023**

**Agenda item number: 2022-23 (49iv)**

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**Title: Health and Safety Annual Plan (priorities) 2023/24**

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**Category of paper: for noting Business Committee approval on 26 July 2023**  
**History: Business Committee 26 July 2023**

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**Responsible director: *Yasmin Ahmed, Interim Director of Finance and Resources***  
**Report author: *Head of Facilities Management and Safety; Safety Manager***

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## **Executive summary (Purpose and main points)**

The Health and Safety Annual Plan 2023/24 seeks to show, in a condensed format, the key actions that will improve compliance with legal requirements and support the improvement of the Trust's safety culture.

This report outlines:

- The workstream priority objectives planned for 2023/24

In-year reports to the Business Committee will provide details of progress achieved to date against the action plan.

### Recommendations

It is recommended that the Business Committee approves the Health and Safety Annual Plan 2023/24.

## Health and Safety Annual Plan (priorities) 2023/24

### 1. Introduction

Workplace health and safety is all about sensibly managing risks to protect staff, visitors and LCH. Good health and safety management is characterised by strong leadership involving managers, workers, suppliers, contractors and patients.

The Health and Safety at Work etc Act 1974 is the primary piece of legislation covering occupational health and safety in Great Britain. It's sometimes referred to as HSWA, the HSW Act, the 1974 Act or HASAWA.

### 2. Improving our safety culture and competence

Establishing the foundations of a suitable health and safety management system (plan, do, act, check) is still at the forefront of the Safety Team's priorities as without the basic processes in place, improvements cannot be made.

To improve safety performance and compliance with legal requirements, the Safety Team, Waste Manager and Moving and Handling Lead are focusing on actions that will have the greatest impact during 2023/24. The main areas of focus include the following:

- Development of further policies and procedures
- Development of training packages
- First Aid provision
- Fire evacuation plans review
- Waste management competent person
- Developing a strategic approach to moving and handling requirements across the City

In the 2023/24 Health and Safety Plan there are a number of short term objectives to support the Trust's compliance with legislation. These along with corresponding actions, timescales and updates are documented in Appendix One.

In-year reports to the Business Committee will provide details of progress achieved to date against the action plan. As this plan compliments some of the requirements of the Premises Assurance Model, consideration will be given to a consolidated report.

### 3. Recommendations

It is recommended that the Business Committee approves the Health and Safety Annual Plan 2023/24.

## Health and Safety Annual Plan 2023/24

The table below details the key actions for 2023/24; these are linked to improving compliance with legal requirements.

No.	Workstream OBJECTIVE	ACTION	UPDATE	Lead
<b>1.</b>	<b>2. Health and Safety</b>			
<b>1.1</b>	<b>Roll out of the Health and Safety Policy</b> Discussions / workshops with the heads of service to decide what roles and responsibilities belong where within the structures.	<p>Manager H&amp;S awareness training sessions to be made mandatory (by end Q1 2023/24).</p> <p>Engage with managers regarding this requirement (by end Q2 2023/24).</p> <p>Devise mandatory training sessions for managers and commence training programme (by end Q3 2023/24)</p>	<p>SMT has confirmed these sessions are now mandatory for managers to attend.</p> <p>This was launched at Leaders network Live (July 2023)</p> <p>No update</p>	Cara McQuire, Deputy Head of Safety
<b>1.2</b>	<b>H&amp;S incident reporting and Investigation Procedure</b> to be developed which will inform staff in the reporting and investigation of a health and safety accident or incident.	H&S incident reporting and investigation procedure to be developed (by end Q3 2023/24)	H&S incident reporting and investigation procedure is being drafted. This work is being aligned with the Patient Safety Incident Response Framework (PSIRF).	Rebecca Mazur, Health and Safety Manager
<b>1.3</b>	<b>First Aid at work</b> – whole process review	First aid needs analysis for each building is required to identify the resources and training requirements of first aiders. (by end Q2 2023/24)	First aid needs analysis for each building is underway.	Rebecca Mazur, Health and Safety Manager

No.	Workstream OBJECTIVE	ACTION	UPDATE	Lead
1.	<b>2. Health and Safety</b>			
		<p>The First Aid policy to be reviewed and approved. (by end Q3 2023/24)</p> <p>Resolve gaps in first aid provision across the Trust due to there being few static people in buildings.</p> <p>Staffside to support a requirement for particular job roles to be trained first aiders</p> <p>Ascertain managers views on safety procedures in buildings with transient staff occupancy. (by end Q2 2023/24)</p> <p>HR, Admin Service Manager and Safety Team to draft a proposal for consultation with specific staff roles. (by end Q3 2023/24)</p>	<p>The First Aid policy has been reviewed and considered by the corporate policy group; minor amendments are required.</p> <p>Discussions have taken place with Administration Services Support Manager about receptionists being more involved and checking first aid boxes regularly.</p> <p>Staffside have been asked if they will support a requirement to be a first aider as part of particular job roles.</p> <p>Discussion held at Leaders network Live (July 2023) to ask managers views on safety procedures in buildings with transient staff occupancy.</p> <p>No update</p>	
	<b>2. Fire</b>			

No.	Workstream OBJECTIVE	ACTION	UPDATE	Lead
<b>1.</b>	<b>2. Health and Safety</b>			
<b>2.1</b>	<b>Fire Evacuation Plans</b> review of all evacuation plans to ensure that they remain current and staff members are aware of the contents	Evacuation plan reviews to be completed alongside the fire risk assessment schedule for which the annual cycle recommences in July 2023.  Programme of review to be developed – Evacuation plans to be reformatted, so they are more accessible not just held in a folder at reception.  Training on contents of the plan to occur after the review of the plan has been completed for each site.	No update  No update  No update	Paul Howarth, Fire Safety Advisor
<b>2.2</b>	<b>Fire training needs analysis</b> -procedure development	Fire training is already provided within the Trust, however the training provision requires a review to ensure that all staff are receiving an appropriate level of training. (by end Q3 2023/24)		Paul Howarth, Fire Safety Advisor
<b>2.3</b>	<b>Nominated Persons for Fire</b> Identification of static persons within each building. These persons need to be trained in how to respond to a fire.	Appoint additional fire training resource to support nominated persons fire training. (by end Q2 2023/24)	Safety Adviser has been appointed to provide additional training support across all aspects of Health and Safety including fire.	Paul Howarth, Fire Safety Advisor

No.	Workstream OBJECTIVE	ACTION	UPDATE	Lead
1.	<b>2. Health and Safety</b>			
		<p>Consultation to ask managers views on safety procedures in buildings with transient staff occupancy. (by end Q2 2023/24)</p> <p>Training video for 'nominated persons' ie staff who are required to check fire panels (mostly front of house staff), to be devised (by end Q3 2023/24)</p>	<p>'We are all Fire Marshals' concept has been agreed by SMT. This was promoted at Leaders Network Live in July 2023. An additional section will be included in mandatory fire training and an awareness campaign is being designed.</p> <p>No update</p>	
	<b>3. Security</b>			
3.1	<p><b>Security, Crime Prevention and Counter Terrorism Policy:</b> A re-write of the security policy to ensure that it contains relevant information, including the requirement for risk assessments.</p>	<p>Current security policy to be reviewed and revised and further supporting documentation and processes will then be developed. (policy by end Q2 2023/24)</p> <p>Additional resource required to support the Security Manager. (by end Q2 2023/24)</p>	<p>The current security policy is being reviewed and further supporting documentation and processes will then be developed.</p> <p>Additional temporary resource brought in to support the Security Manager, this resource is to be made permanent. Recruitment is underway.</p>	Andrew Stephenson, Security Manager
3.2	Lead the response to the introduction of the new ' <b>Protect Duty</b> ' counter terrorism legislation; ensure	This legislation, and the changes it brings, will enhance the protection of the United Kingdom's publicly accessible	No update	Andrew Stephenson, Security Manager

No.	Workstream OBJECTIVE	ACTION	UPDATE	Lead
<b>1.</b>	<b>2. Health and Safety</b>			
	adequate structures, training, policy and procedures are in place in time to meet the legislative compliance deadlines.	<p>places from terrorist attacks and ensure that businesses and organisations are prepared to deal with incidents. The Government's response document to the Protect Duty public consultation was published on 2 May 2023.</p> <p>Timescales for LCH's compliance will dependant on the national legal requirements which are currently pending.</p> <p>The Health and Safety Group have been made aware of the potential implications to the Trust.</p> <p>The Security Manager is keeping abreast with the developments.</p>		
<b>3.3</b>	<b>Violence prevention, and reduction standards</b> to be implemented.	Gap analysis of the violence, prevention and reduction standards to be progressed. Lone worker app project is taking priority. (by end Q4 2023/24)	Lone worker app risk assessment has been drafted. Training programme for safety champions to learn about the new app has been devised.	Andrew Stephenson, Security Manager
<b>4. Waste Management</b>				

No.	Workstream OBJECTIVE	ACTION	UPDATE	Lead
<b>1.</b>	<b>2. Health and Safety</b>			
<b>4.1</b>	<b>Waste Manager</b> to become the Trust's 'competent person' by completing the specialist waste course run through the Chartered Institute of Waste Management	Waste Manager to become the Trust's (qualified) competent person. (by end Q4 2023/24)	Waste Manager is currently attending this course. The course is due to be completed by April 2024.	Dominic Mullan, Waste and Contracting Manager
<b>4.2</b>	Review of the <b>waste generation and segregation practices</b> across the Trust, including the types and quantities of waste containers	Review of the waste generation and segregation practices (by end Q4 2023/24)	The review of the waste generation and segregation practices across the Trust has commenced.	Dominic Mullan, Waste and Contracting Manager
<b>4.3</b>	Annual <b>duty of care waste audits</b> to commence	An appropriately qualified Dangerous Goods Safety Advisor (DGSA) advisor to be sought / commissioned to conduct duty of care checks (by end Q2 2023/24)	An appropriately qualified Dangerous Goods Safety Advisor (DGSA) advisor is being sought / commissioned to conduct duty of care checks anticipated to commence September 2023 (subject to DGSA availability).	Dominic Mullan, Waste and Contracting Manager
<b>4.4</b>	<b>Waste Management Manual</b> to be developed	Waste Policy to be drafted. Waste procedures and manual will follow this. (by end Q4 2023/24)	Waste Policy is being drafted. Waste procedures and manual will follow this.	Dominic Mullan, Waste and Contracting Manager
	<b>5. Manual Handling</b>			
5.1	Explore the potential for having joint <b>provision for moving and handling</b> across the city	Explore possibility of joint provision for moving and handling across the City. (by end Q3 2023/24)	A meeting to agree the Trust's strategic approach is arranged for 21 July 2023.  Discussions have commenced with the Leeds Health and Care Academy regarding provision for moving and handling across the City.	Maureen Drake, Assistant Director of AHPs, Patient Experience

No.	Workstream OBJECTIVE	ACTION	UPDATE	Lead
1.	2. Health and Safety			and Engagement

**4. Recommendation**

It is recommended that the Business Committee approves the Health and Safety Annual Plan for 2023-24

**Trust Board Meeting held in public: 4 August 2023**  
**Agenda item number: 2023-24 (49va)**

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**Title:** Workforce Headlines & Strategy Update

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**Category of paper:** Noting

**History:** Business Committee 26 July 2023

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**Responsible Director:** Director of Workforce

**Report author:** Director of Workforce / Workforce Project Manager

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## **Executive Summary**

### **Purpose**

This paper provides the Business Committee with information about key headlines linked to the LCH Workforce portfolio.

It includes an update on progress following the May Board Workshop on the workshop topics of Inclusion and the 2022 Staff Survey.

The paper also provides an updated version of the Workforce Strategy Delivery Plan for 2023/24, which shows the progress made during Q1, and a dashboard showing progress achieved against the Strategy's outcome measures to date.

With effect from July 2023, these headlines and updated plan will be provided to the Committee 3 times per year.

This paper replaces both the Workforce Strategy Update and the Quarterly Workforce Report previously received by the Committee.

Following the Business Committee, this paper will progress to the next Trust Board meeting.

### **Recommendations:**

It is recommended that the Board:

- Notes the Workforce Headlines presented in this report
- Notes the progress achieved and planned in the 2023/24 Delivery Plan for the LCH Workforce Strategy.

## Workforce Strategy Update & Headlines

### 1. Introduction

This paper provides the Business Committee with information about key headlines linked to the LCH Workforce portfolio. It also provides an updated version of the Workforce Strategy Delivery Plan for 2023/24.

### 2. Workforce Headlines, May – July 2023

#### 2.1 NHS Long Term Workforce Plan

On 30 June 2023 NHS England published the [NHS Long Term Workforce Plan \(LTWP\)](#), which NHS Employers described as “a substantial step forward in the ongoing efforts to shape the future of the healthcare workforce”.

The LTWP focuses on three main themes: **Train, Retain** and **Reform**. It is explicit about the requirement for an expanded healthcare workforce and is accompanied by over £2bn investment in expansions of clinical training places during its first 5 years.

There is a focus on widening access to professional roles, particularly via apprenticeships, and degree apprenticeships in particular, and addressing regional imbalances in supply and education.

It is anticipated that the securing of thousands of additional in-work training placements to match the planned expansion in training numbers could be an area of significant challenge for the NHS in coming years. The forthcoming Educator Strategy due to be released by England’s Chief Nursing Officer in Autumn 2023 is expected to support the NHS in addressing this challenge and help to ensure that the expansion ambitions can be met. Here in Leeds, the LCH Director of Nursing is already leading a stream of work to consider the expansion of clinical placements.

The LTWP does not seek to address or consider the social care workforce, with whom our local system in Leeds continues to work in an increasingly joint and seamless way through vehicles including the Provider Alliance between LCH and Leeds City Council.

Overall, the LTWP has a range of elements that fit well with existing LCH work and ambitions, including in relation to its hyper local recruitment and expansion of apprenticeships; and the LCH work on improving retention and inclusion.

The LTWP also provides a good platform to continue and enhance system-focused work in partnership with city partners in Leeds, and with the West Yorkshire & Harrogate ICB. The ICB is expected to be given responsibility by NHS England for coordinating system responses to the LTWP.

## **2.2 Executive Team**

The Committee will be aware of changes in the Executive team this year. The Director of Finance retired this month, and the Chief Executive will be moving to the prestigious Nuffield Trust as Chief Executive at the end of the summer.

Strong cover arrangements have been made for both roles, with the Deputy Director of Finance and the Director of Operations respectively taking up the roles on an interim basis pending substantive selection processes taking place.

Substantive selection processes are expected to be undertaken in the Autumn of 2023.

## **2.3 NHS Pay Awards: Agenda for Change**

A number of national NHS Pay Awards and announcements have been issued since the previous update. These include most notably the [Agenda for Change pay award](#), announced in May 2023, which sees a 5% pay increase in 2023/24 for the c 1 million NHS staff covered by Agenda for Change terms & conditions.

The Agenda for Change pay award additionally included non-consolidated payments linked to 2022/23, payable to directly employed NHS staff in post on 31 March 2023. At LCH, staff were offered the ability to receive this element of the award in several instalments rather than in a single lump sum in June 2023, with a view to enabling people to effectively manage the payments alongside any individual benefits arrangements already in place. Approximately 50 LCH staff took up the offer of instalments.

At LCH, the pay award was delivered into employee pay packets in June 2023, with backdated effect from 1 April 2023.

At the same time, LCH increased the hourly rates for its bank workers to reflect the new Agenda for Change rates, as in previous years. As with other Trusts locally and the significant majority of Trusts across the country, it has been determined at LCH that bank workers, who are not employed on permanent or fixed term contracts, are not eligible under the terms of the pay award to receive the 2022/23 non-consolidated payments.

## **2.4 NHS Pay Awards: Doctors, Dentists and Very Senior Managers**

In July 2023, national pay award announcements have also been made for doctors, dentists and very senior managers (VSMs), following national recommendations from their respective national pay review bodies.

National instructions on the implementation of these pay awards is still awaited, however it is expected that the [pay award for doctors and dentists](#) on national terms and conditions, which covers the majority of LCH doctors and dentists, will be made automatically via the NHS ESR payroll system by the beginning of Quarter 3. It will mean an uplift to existing pay points for consultants and doctors in training of at least 6%, with separate arrangements for the small number of Specialist and Associate Specialist doctors on the 2021 national contract.

The Nominations & Remuneration Committee at LCH will be asked to consider any application of a pay award to the small number of LCH doctors and dentists who are not covered by national terms and conditions.

Subject to the national instructions regarding implementation, it is expected that the application of the 5% 2023/24 recommended pay award for VSMS, together with any application of an optional 0.5% uplift, will require local approval from the LCH Nominations and Remuneration Committee prior to its confirmation or implementation.

## **2.5 Industrial Action**

The risk of further nursing strikes diminished at the end of June, when the Royal College of Nursing's most recent ballot achieved a turnout below the 50% threshold required by law to secure an actionable result.

The national industrial relations climate does remain heightened, however, with industrial action called by the British Medical Association taking place during July. This is affecting LCH, with separate strikes by junior doctors (13 – 18 July) and by consultants (20 – 22 July). At the time of writing, the consultant strike remains ongoing.

BMA strikes were not averted by the recent Government announcement in the first half of July of a 6% national pay award for doctors and dentists in 2023/24.

Services and medical colleagues, including BMA representatives, have worked constructively together to ensure that individuals' right to strike is respected and that services can be maintained at a "Christmas Day" level as a minimum.

## **2.6 Awards and nominations**

Since the last Workforce update, LCH has attended judging panels for the two national Healthcare People Management (HPMA) Awards it has been shortlisted for. One is for LCH's successful Hyper Local Recruitment programme; and the other is linked to the progress made in supporting staff with disabilities at LCH. Results will be announced in mid September.

In July 2023, LCH has been delighted to be awarded the NHS Pastoral Care Quality Award (International Nurses & Midwives) for its work to welcome and support international recruits at every stage of their recruitment and beyond. The Award is part of NHS England's International Recruitment Programme.

To achieve the award, LCH has demonstrated that it meets a set of standards for best practice pastoral care, which have been co-developed with international nursing and midwifery associations. This has been possible through the work, leadership and LCH behaviours demonstrated by the Trust's International Recruitment project and the services that have welcomed two cohorts of International Recruits to date.

Trusts that achieve the award will be reassessed every 3 years to ensure they continue to meet the same high standards.

## **2.7 Board Development Workshop updates**

In May 2023, the LCH Board participated in workshop sessions on the subject of the NHS Staff Survey and on LCH's progress in its Equality, Diversity & Inclusion ambitions related to Race and Disability. Work has been ongoing in both areas, and detailed updates are provided at **Appendix 1** and **Appendix 2**.

## **3. Workforce Strategy Delivery Plan – July 2023**

The Workforce Strategy Delivery Plan aims to provide the Business Committee with a regular overview and trajectory of progress towards the Strategy's aims. It includes the following:

- Updates on progress achieved during Q1 against each of the 7 themes of the LCH Workforce Strategy 2021-25 (**Appendix 3**)
- Headline actions planned for the remainder of 2023/24 to make further progress (**Appendix 3**)
- A dashboard showing progress and trajectory against the Strategy's data-based outcome measures (**Appendix 4**)

Workforce Strategy objectives that have already been achieved are indicated with grey shading in the Delivery Plan.

In summary, work on the Workforce Strategy overall is progressing in line with the stated plans. A small number of items remain below target trajectory, in particular and as highlighted in the May Board workshop, the LCH Inclusion target of achieving

a workforce that includes 18% BAME employees by March 2025. The work arising from the May Board Workshop is a key element of the work to improve this trajectory.

Q1 highlights include the launch of the We Can Flex toolkit and the continuing positive trajectory of key quantitative measures such as sickness absence and turnover.

#### **4. Conclusion**

This new report combines the Workforce Strategy Delivery Plan 2023/24 with Workforce headlines previously shared in the Quarterly Workforce Report.

It seeks to show, in a condensed format, the planned work towards achievement of the Strategy's objectives this year; the progress already achieved; and ensure that the Business Committee is sighted on important Workforce headlines outwith the Workforce Strategy itself.

The latest period has seen steady progress in terms of the Workforce Strategy. There have also been significant Workforce headlines, in particular related to the long term NHS Workforce and national industrial relations climate; as well as to impending internal leadership changes that will be pivotal to the future success of the organisation.

#### **5. Recommendations:**

It is recommended that the Business Committee:

- Notes the Workforce Headlines presented in this report
- Notes the progress achieved and planned in the 2023/24 Delivery Plan for the LCH Workforce Strategy.

## **Appendix 1: Board Workshop Update on Inclusion: Race & Disability**

*prepared by Assistant Director of Workforce*

An Equality, Diversity and Inclusion Board Workshop was held in May 2023, to share the latest WRES and WDES data (as at 31/3/23), and to share headlines of LCH's progress and trajectory towards Race and Disability Inclusion targets and similar discussion.

There has been improvement in several WDES metrics resulting in reducing the disparity of opportunity/experience between disabled and non-disabled staff, and improvement in all but one of the WRES Indicators "relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts."

The remainder of the workshop was spent on looking at a range of possible options to maximise LCH's prospects of achieving our BAME representation target of 14.5% by 31 May 2025. The group were set 7 x possible options to consider, and there was general consensus to focus specifically on the following areas;

### **Recruitment**

The Board indicated its support for increased focus to ensure existing organisational compliance with the existing expectation for Band 7+ roles to be carried out by a diverse panel, specifically, to include a BME member of staff.

The BME Programmes Facilitator is leading on this piece of work:

- promotional material has been prepared to recruit members who self-identify as BME to be part of recruitment and selection panel (launch due early August)
- a training package has been devised, to equip and support BME staff to undertake the role
- in order that all panellists feel supported to raise any issues, provide feedback and share good practice, the intention is to involve the extensive pool of staff who are allies, mentor/mentees, and members of Race Equality Network group to be available in a supportive way for everyone

It was additionally agreed to review a targeted audit of a small number of Band 7+ posts (3) to consider where/how vacancies are advertised, and how to reduce any barriers to people applying. This includes any barriers due to disability, specifically neurodiversity, as well as Race.

- Initial meeting held with Assistant Director of Workforce and Senior HR Business Partner (Resourcing), where a number of actions were identified, which includes amending current recruitment electronic processes, paperwork and toolkit and general communication to be sent out explaining organisational compliance.

- Work is underway in terms of the audit of 3 posts. Once this has been undertaken, this will provide direction in terms of identifying any barriers and look at ways to reduce these. This will involve input from BME senior managers, who attended the workshop, who were keen to be actively involved in this work

### **Talent Development**

The Board indicated their strong support for the development of a targeted talent development programme for one or more cohorts of BAME staff at LCH, to put them in the best possible position to progress to senior positions within LCH.

- A piece of work is underway, to explore “An organisational approach to improving talent.” This identifies areas to explore, such as identifying, sourcing, hiring, developing, and supporting diverse talent to move into leadership roles across the Trust.
- The work, which is currently in draft format, outlines a number of options and Talent Management solutions for consideration. The paper will be shared with wider stakeholders including Staff Networks prior to consideration by the Senior Management Team

## **Appendix 1: Board Workshop Update on Staff Survey**

*Prepared by Head of OD & Improvement*

The ODI team identified organisational and team level themes from staff survey results, including staff retention, health and wellbeing, pay and conditions and leadership behaviours at organisational level. These were shared with the Board in the May workshop.

Since the workshop, work has continued across LCH to review and act on the 22 Staff Survey results. Results have been shared with teams and ODI Business Partners linked to Business Units identified support required.

Some Team level themes have included access to adequate materials, relationships between team members and with their managers, approaches to violence and harassment, staff development and freedom to speak up.

A new 'Staff Survey Toolkit' has been created to help leaders and managers establish a local action plan and a 'Staff Survey Hub' page is in development to share good practice, staff survey results and service improvement resulting from feedback.

The Business Units have varied in their approach to acting on their survey results. Both SBU and CBU have held specific Staff Survey events for managers of services to understand and digest their feedback and SBU have a plan for each service on where improvement will be made. The ABU approach to the dissemination of their reports has been more varied and as such action planning has not been at Business Unit level.

An example of work carried out in response to the Survey results is in the LCH Community Dental Service, which received challenging results in the area of relationships between team members and with managers. A whole-team meeting was held to discuss and understand their results and identified the need for an additional 'culture survey' to provide deeper analysis. This was carried out by the ODI team and resulted in some additional intelligence that has made it possible to create a targeted action plan to improve relations in and between professional groups.

The ODI team are in the process of creating an 'Intention Plan' to share with leaders and managers for the 2023 Staff Survey. This will include key dates for a systemic cascade approach of survey results along with dates for local action plans to be submitted to achieve a more consistent approach across the Trust. The aim of the 'Intention Plan' is to hold leaders accountable for acting on the Staff Survey and demonstrate our commitment as a Trust to listen to colleagues' feedback and share change and positive improvements via Trust-wide communications.

**Appendix 3: Workforce Strategy Delivery Plan 2023/24**

**(follows)**

Theme	Objectives	Planned Actions 2023/24			
		Q1	Q2	Q3	Q4
Resourcing	<ol style="list-style-type: none"> <li>Widen and diversify our prospective applicant pool</li> <li>Improve flexibility and resilience in staffing capacity</li> <li>Enhance our internal Bank capacity and increase fill rates</li> <li>Adapt our approach to internal “mutual aid”</li> <li>Attract and retain more staff</li> <li>Improve the new starter experience</li> </ol>	<ul style="list-style-type: none"> <li>Hyper-local recruitment timetable discussed with RSG and planned to progress this further.</li> <li>Team nominated for Talent Acquisition Strategy of the Year for their work with the hyper-local recruitment success.</li> <li>Partnership development with 3<sup>rd</sup> sector partners continues. Two new starters through work with Forward Leeds.</li> <li>Critical Shift Incentives in place for Police Custody and Neighbourhood Teams. Nomination and Remuneration committee have approved the ongoing extension of this incentive.</li> <li>Onboarding improvements introduced, including new induction pack. New welcome meeting introduced.</li> </ul>	<ul style="list-style-type: none"> <li>Social media partner to be confirmed and work to be undertaken with finance to understand options available to procure</li> <li>Onboarding/induction evaluation of new forms</li> </ul>	<ul style="list-style-type: none"> <li>Targeted Social media campaigns</li> <li>3<sup>rd</sup> year nursing student event planning</li> <li>Nursing recruitment events</li> </ul>	<ul style="list-style-type: none"> <li>Targeted Social media campaigns</li> <li>3<sup>rd</sup> year nursing student events.</li> <li>Time to Hire evaluation</li> <li>Hyper local evaluation</li> </ul>
Organisational Design	<ol style="list-style-type: none"> <li>Clearly understand our required and future organisational workforce needs.</li> <li>Provide employees with clear view of where they can go in their career, encourage motivation to learn, develop, and perform.</li> <li>Using workforce technology to improved organisational productivity and release more time to care.</li> <li>Enable a more flexible and agile approach to work.</li> <li>Enable healthcare staff to work across organisational boundaries.</li> </ol>	<ul style="list-style-type: none"> <li>Defined roles and responsibilities for workforce planning process.</li> <li>Defined approach for systems and processes to enable workforce planning cycles.</li> <li>Gathered requirements for workforce MI data from stakeholders.</li> <li>Roster reviews took place in pilot areas identifying unused clinical hours and finding efficiencies in rostering practices.</li> <li>Launch of newly released mobile rostering app (Loop) moved to Q4 due to information governance delays.</li> </ul>	<ul style="list-style-type: none"> <li>Build workforce planning systems and processes.</li> <li>Begin the build and pilot workforce MI datasets.</li> <li>Promotion of Health Roster to support flexible working patterns and self-rostering, via newly set-up training workshops focused on working patterns</li> <li>Defining scope of rostering data as a means of supporting Operational efficiencies</li> <li>Defining scope of role of clinical skills on system to allow greater movement of staff across services</li> </ul>	<ul style="list-style-type: none"> <li>Continuing the build and pilot workforce MI datasets.</li> <li>Pilot workforce planning systems and processes.</li> <li>Implementing roster improvement workstream resulting in improved DQ and user experience.</li> <li>Development of approach to refresh roster demand templates.</li> </ul>	<ul style="list-style-type: none"> <li>Promote newly released mobile rostering app (Loop) that allows staff to view rosters, request shifts/days off, and request leave via phone app.</li> </ul>
Leadership	<ol style="list-style-type: none"> <li>Develop a leadership provision that adapts and responds to organisational needs</li> <li>Monitor uptake of leadership courses</li> <li>Work with services identified as having particular need of leadership support</li> </ol>	<ul style="list-style-type: none"> <li>Assessed current leadership programme and worked with Leeds Health and Care Academy to collaborate on a system wide leadership programme.</li> </ul>	<ul style="list-style-type: none"> <li>Working with leaders in the areas of greatest need (as identified by staff survey and other intelligence)</li> <li>Undertake Learning and Development Strategy work</li> </ul>	<ul style="list-style-type: none"> <li>Launch of Learning and Development strategy to include internal and external Leadership offer and more targeted sessions on leadership competencies identified.</li> </ul>	<ul style="list-style-type: none"> <li>Clear defined approach to how we develop leaders and managers in the organisation with internal and external offers, coaching and mentorship</li> </ul>

	<ol style="list-style-type: none"> <li>4. Undertake 360 degree assessment of LCH's most senior leaders</li> <li>5. Develop a talent management approach, including a focus on underrepresented groups</li> <li>6. Commission and implement programmes in system partnership where appropriate</li> <li>7. Implement a mentoring scheme</li> </ol>	<ul style="list-style-type: none"> <li>• Identified what elements are internal and which can be outsourced.</li> <li>• Specific leadership competencies included in new appraisal paperwork.</li> <li>• Developed piece of work on how we ensure new leaders are competent and trained for their role at LCH.</li> <li>• Options scoped for Talent Management approach with a focus on underrepresented groups.</li> <li>• Supported managers in holding good development conversations as part of the appraisal refresh.</li> </ul>	<p>with QPD to determine need and approach to development.</p> <ul style="list-style-type: none"> <li>• Working with operational colleagues to develop a competency framework for all operational leaders.</li> <li>• Working with the leadership academy to understand what programmes are available and appropriate for our leaders and exploring options around apprenticeships.</li> <li>• Ensure there is a read across from talent management paper to our leadership approach and EDI work before presenting to SMT</li> </ul>	<ul style="list-style-type: none"> <li>• Introduce accessible bitesize sessions for leaders and managers on topics relevant to them/the current context</li> <li>• Build a network of leaders and managers who have attended LCH courses to support and learn from each other via Action Learning Sets</li> <li>• Promote leadership development offers in areas of identified need to build skill and competency</li> <li>• (tbc) Provision of specific programme/coaching/mentorship for under represented groups</li> </ul>	<p>available to all with specific offers for underrepresented groups</p> <ul style="list-style-type: none"> <li>• A relevant, responsive and targeted offer to teams where there are issues related to leadership and management.</li> <li>• Assurance that new leaders are supported to develop leadership competencies from the outset</li> </ul>
<p><b>Inclusion</b></p>	<ol style="list-style-type: none"> <li>1. Reduce barriers to working at LCH for Leeds communities most under-represented in our workforce, particularly in leadership roles</li> <li>2. Enable individuals to call out and report racist or discriminatory behaviours</li> <li>3. Develop targeted action plans to reduce disparities in experience</li> <li>4. Incorporate lived experience and diverse employee needs into our organisational approaches and policies</li> <li>5. Enable employees to feel that #@LCHICanBeMe.</li> <li>6. Seek sustainable funding streams for the ED&amp;I Programme</li> </ol>	<ul style="list-style-type: none"> <li>• There has been improvement in all but one of the WRES Indicators "relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts." This formed part of discussion at Trust Board Development Workshop</li> <li>• Propose improvements to recruitment and selection processes to improve representation Trust Board Development Workshop held</li> <li>• Work progressing from No Bystanders event late 2022; awareness incorporated into CEO slot of Corporate Induction, debriefing model in place with c12 trained facilitators and publicity material will be launched at September's leaders' network live</li> <li>• Rainbow Badge (Phase 2) – received Bronze award accreditation</li> <li>• Extensive stakeholder engagement on latest WDES and WRES results. This included a Trust Board Development Workshop</li> <li>• Equality, Diversity, and Inclusion (EDI) Forum - First face to face meeting held, reflected on the contribution made in progressing inclusion in LCH, as well as a</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver face to face unconscious bias training</li> <li>• Promote wider understanding of Neurodiversity</li> <li>• Rollout of No Bystanders Events</li> </ul>	<ul style="list-style-type: none"> <li>• Rollout of No Bystanders Events</li> </ul>	<ul style="list-style-type: none"> <li>• Launch Cohort 6 of Reverse Mentoring</li> <li>• Launch Cohort 6 of Allyship Programme</li> </ul>

		forward 12 months view on what individuals' personal commitment to what they would bring to the EDI Forum			
Wellbeing	<ol style="list-style-type: none"> <li>Employee wellbeing is an organisational priority, spearheaded by a Wellbeing Guardian</li> <li>Expand HWB offer to include Financial Wellbeing Support</li> <li>Embed Psychological Support offer</li> <li>Fewer employees not working when not well enough to do so.</li> <li>Confident Leaders that engage in "wellbeing conversations"</li> <li>Employees with disabilities and long term conditions coproduce HWB initiatives</li> </ol>	<ul style="list-style-type: none"> <li>Reviewed staff survey results to identify areas for development There has been improvement in several WDES metrics resulting in reducing the disparity of opportunity/experience between disabled and non-disabled staff. Engagement taking place with key stakeholders to develop action plan for 2023/24.</li> <li>Embedded LCH Disability &amp; LTC Staff Network Now re-named Disability, Neurodiversity and Long-term conditions staff network group. Both Chair and Vice chair roles filled by clinicians with lived experience</li> <li>The new Wellbeing at Work policy (formerly managing attendance policy) has been ratified and launched. Drop-in awareness sessions have already taken place, and face to face training for Managers will take place in the Autumn, delivered by members of HR, staffside and EDI.</li> <li>LCH has been shortlisted for a Healthcare People Management Association (HPMA) award; Delivering A Truly Inclusive Approach to Disability</li> <li>Implemented CRISSP training for team leaders and managers to support them to have the knowledge and awareness to support themselves and their team when there are incidents at work which could have a traumatic impact</li> </ul>	<ul style="list-style-type: none"> <li>Training on the Wellbeing at Work Policy</li> <li>Achieve Working Carers accreditation</li> <li>Utilise data to help inform HWB Agenda</li> <li>Develop and create a HWB Evaluation Framework</li> <li>Participate in Anchor Organisations financial wellbeing week</li> </ul>	<ul style="list-style-type: none"> <li>Health and Wellbeing Champion training made available more widely</li> <li>Create a plan to educate all members of staff with the knowledge, skills and structures to protect their own emotional wellbeing at work, look after selves, know where and when to access support</li> <li>Ensuring there is a procedure in for supporting employees with mental health issues. Policy related to sickness and absence, investigations/grievances and death in service.</li> <li>Developing and supporting leaders and managers with the knowledge and understanding of mental health</li> </ul>	<ul style="list-style-type: none"> <li>Ensuring peer practitioners (e.g. MHFA, HWBC) have knowledge to have trauma informed conversations and to be able to signpost effectively to ongoing support.</li> </ul>
System Partner	<ol style="list-style-type: none"> <li>Develop and share a #TeamLeeds talent pipeline with health &amp; social care city partners</li> <li>Lead on protocols to enable working across organisational boundaries</li> <li>Deliver Leeds One Workforce objectives, including System Leadership and Talent Management</li> </ol>	<ul style="list-style-type: none"> <li>Supported the Leeds Health &amp; Care Academy to embed and coordinate the Workforce Sharing Agreement for Leeds</li> <li>Developed and launched "We Can Flex" Flexible Working toolkit, training materials and case studies across</li> </ul>	<ul style="list-style-type: none"> <li>Deliver Flexible Working seminars for H&amp;SC partners across Leeds</li> <li>Develop employ / deploy model actions</li> <li>Re-establish GP Confederation Terms &amp; Conditions sub group</li> </ul>	<ul style="list-style-type: none"> <li>Seek approval for implementation of 2023 Real Living Wage rates</li> <li>Revise employ / deploy Service Level Agreement for client practices and PCNs</li> <li>Finalise GP Confederation Pay Framework</li> </ul>	<ul style="list-style-type: none"> <li>Design Workforce Strategy for GP Confederation</li> </ul>

	<ol style="list-style-type: none"> <li>4. Partner with other <a href="#">Anchor Institutions</a> in Leeds, to positively influence social, economic and wellbeing prospects for Leeds</li> <li>5. Enable the GP Confederation to become a mature employer</li> <li>6. Develop the LCH ARRS offer to Primary Care</li> </ol>	<p>health &amp; social care partners as SRO for Leeds H&amp;SC Flexible Working project</p> <ul style="list-style-type: none"> <li>• Led ARRS Workforce discussion &amp; development in workshop for Leeds GPs</li> <li>• Received and reviewed ARRS employ / deploy audit outcomes, with actions now planned</li> </ul>			
<p><b>Foundations</b></p>	<ol style="list-style-type: none"> <li>1. Workforce services are benchmarked, consistent, stable, professionally led and with core KPIs visible to customers.</li> <li>2. “We Move Together”: Workforce teams integrate and prioritise work together</li> <li>3. Our resourcing service is technologically enabled</li> <li>4. HR Business Partners are embedded in Business Units</li> <li>5. The analytics function is strengthened</li> <li>6. The People Before Process approach and Speaking Up principles are embedded</li> <li>7. A training &amp; development offer is designed and delivered in partnership with QPD Directorate</li> </ol>	<ul style="list-style-type: none"> <li>• Workforce Service definition scope developed.</li> <li>• Detail plan in the resolve long standing service related issues developed.</li> <li>• Scoped the development of an analytics function enabling an increased use of data to drive evidence-based decision making.</li> <li>• Reviewed Workforce directorate ways of working to support more proactive service and more effective use of resources aligned to priorities has been taken place and a regular meeting across the directorate is now established.</li> </ul>	<ul style="list-style-type: none"> <li>• Applicant Tracking Service (ATS) partner selection and business case to be ratified at SMT.</li> <li>• Resolve long standing service issues highlighted in the detailed plan.</li> </ul>	<ul style="list-style-type: none"> <li>• ATS implementation</li> <li>• Service KPIs defined.</li> <li>• Workforce Services defined and published (inc analytics function)</li> </ul>	<ul style="list-style-type: none"> <li>• ATS implementation/evaluation</li> <li>• Service Reviews - customer feedback informs our planning and priorities.</li> <li>• HR Business Partners aligned to service offer.</li> </ul>

**Board Meeting (Public): 4 August 2023**

**Agenda item number: 2023-24 (49vi)**

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**Title: Board Assurance Framework – process update**

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**Category of paper: for assurance**  
**History: Audit Committee 14 July 2023**

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**Responsible director: Executive Director of Finance and Resources**  
**Report author: Head of Corporate Governance (Company Secretary)**

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## **Executive summary (Purpose and main points)**

This paper describes to the Audit Committee how the various elements of the Board Assurance Framework (BAF) process have been carried out during the last 12 months, and in particular the processes in relation to the 2023/24 amendments to the BAF.

The Audit Committee was asked to evaluate the effectiveness of the Board Assurance Framework process that has been in place since September 2020, in order to provide assurance to the Board.

The Audit Committee has been assigned two strategic risks:

BAF Risk 7 'Failure to maintain business continuity (including response to cyber security): If the Trust is unable to maintain business continuity in the event of significant disruption then essential services will not be able to operate, leading to patient harm, reputational damage and financial loss.'

Strategic Risk 3 'Failure to invest in digital solutions. If the Trust fails to invest in improving core technology and in new digital solutions, then resource may not be utilised effectively, services could be inefficient, software may be vulnerable, and the impact will be delays in caring for patients and less than optimum quality of care.'

As part of the BAF review process, the Audit Committee reviewed the adequacy of the sources of assurance for these strategic risks.

## **Recommendations**

The Board should:

- Note the Audit Committee's evaluation of the effectiveness of the Board Assurance Framework (BAF) process.

# 1 Introduction

At any point in time the Board needs to be aware of the current state of progress about its strategic objectives. Whilst there will always be elements of uncertainty, the Board needs to be assured (positively or negatively) as to what is feasible and practicable regarding the delivery of its core objectives. The BAF is a significant tool in helping the Board hold itself to account, understand the implementation of strategy and the risks that might impede delivery of its strategy and brings together:

- The Trust’s strategic goals as set out in the Trust’s longer-term plans, its annual operational plan and the strategic priorities of business units
- Strategic risks that might prevent the Trust from meeting its strategic goals and corporate objectives; their causes and effects
- Controls and sources of assurance in place to manage risk and so support the delivery of those goals and objectives
- Actions to remedy gaps in controls or assurances

The Audit Committee Handbook identified the BAF as *“the key source of evidence that links strategic objectives to risks and assurances, and the main tool that the Board should use in discharging its overall responsibility for internal control”*.

A unique role is allocated to the Board, Senior Management team (SMT), and the governance committees. This is described within the diagram and narrative below.



	<b>Board</b>
	<b>SMT</b>
	<b>Committees</b>
	<b>Audit Committee</b>

- The role of the Board is to agree the strategic objectives and identify the risks to delivering on these. Identified strategic risks are recorded on the Board Assurance Framework (BAF).
- The role of SMT is to determine how great the risk is (likelihood and consequence) and to control the risks
- The role of the committees who are assigned strategic risks is to continually check that the controls are working by agreeing the sources of assurance needed, reviewing the evidence (within the sources of assurance) and inform the Board whether those risks are being effectively controlled
- The role of Audit Committee is to check that the assurance process is working

This paper describes how the various elements of the BAF process have been carried out during the last twelve months, and in particular the processes in relation to the 2023/24 amendments to the BAF.

The Audit Committee evaluated the effectiveness of the Board Assurance Framework process in order to provide assurance to the Board.

## **2 Board workshop review of BAF**

The Board held a workshop on 15 March 2023 and reviewed the 21 existing 2022/23 BAF strategic risks and agreed to consolidate some of the risks and reword others. The Board agreed there should be ten (draft) strategic risks for 2023/24.

## **3 Board agreement on the strategic objectives and the risks to their delivery**

The Board considered and approved the draft 2023-24 strategic framework including the proposed strategic objectives, the ten strategic risks and draft annual priorities at its meeting on 31 March 2023. The Audit, Business and Quality Committees were advised of the agreed 2023/24 BAF strategic risks at their April and May 2023 meetings.

## **4 Senior Management Team (SMT) review**

SMT conducted a review of the 2023/24 approved BAF strategic risks by individual director during May 2023 and then collectively on 31 May 2023. SMT reviewed and agreed the risk scores, the controls and the proposed sources of assurance.

## **5 Committees review**

Business Committee (June 2023) and Quality (July 2023) conducted a review of the sources of assurance for the strategic risks assigned to each committee as part of their review of agenda composition.

As part of the review process, Audit Committee reviewed the adequacy of the sources of assurance for the strategic risks assigned to it: BAF Risk 7 'Failure to maintain

business continuity, including response to cyber security, BAF Risk 3 'Failure to invest in digital solutions'.

## **6 Assurance evaluation by the committees that controls are working (2022/23)**

The Quality Committee (September 2022 and March 2023 and Business Committee (June 2022 and November 2022) received and reviewed papers that demonstrated the extent to which each strategic risk had been considered by each committee since adopting the revised Committee Chair's assurance report template in July 2020.

The committees were advised to increase their focus on the strategic risks that had not had sufficient scrutiny in recent months – or as part of a wider Board discussion, consider whether those risks (as described) should remain strategically important.

## **7 Review of effectiveness of BAF assurance process**

The Quality, Business and Audit Committees continue to evaluate the sources of assurance that have been received at each committee meeting from each agenda item and agree on the level of assurance these provide. The Committee Chairs' assurance reports that are presented at each Board meeting indicate the level of assurance against each relevant strategic risk.

The Business Committee (October 2023) and Quality Committee (November 2023) will next receive BAF activity reports and review their work plans and where there are insufficient sources of assurance presented at committee meetings for any strategic risks, this can be remedied.

## **8 Recommendations**

The Board should note:

- The Audit Committee's evaluation of the effectiveness of the Board Assurance Framework (BAF) process

Topic	Frequency	Lead officer	7 October 2022	2 December 2022	3 February 2023	31 March 2023	26 May 2023	28/06/2023-Annual Report and Accounts only	4 August 2023	6 October 2023	8 December 2023
<b>Preliminary business</b>											
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	EDNAHPS	X	X	X	X	X		X	X	X
<b>Quality and delivery</b>											
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					
Performance 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	EDNAHPS					X				
Mortality report	4 x Year	EMD		X -Blue box	X -Blue box		X plus annual report 2021-22 Blue box		X -Blue box		X -Blue box
Staff survey	annual	DW				X					
Safe staffing report	2 x year Feb and August	EDNAHPS			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)	EDNAHPS			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)	EDNAHPS			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
<b>Strategy and planning</b>											
Organisational (Trust) priorities (for the coming year) for approval	Annual	EDFR			Taken in private session 2023	X					
Trust priorities update quarterly report	3x year February/May/Oct	EDFR/EDNAHPS	X		X		X			X	
Third Sector Strategy	2x year (February and August)	EDO			X				X		
Estate Strategy	2x year (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 -deferred to October 2023				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	Deferred	Deferred		Deferred		
Learning and Development Strategy	2x year (March and October)	EDNAHPS	X -Blue box				X -Blue box				X -Blue box
Engagement Strategy	2x year (March and October)	EDNAHPS	X (revised approach to approve)- deferred	X (revised approach to approve)- deferred from October			X -Blue box				X -Blue box
Patient Safety Strategy	2x year(March and October)	EDNAHPS	X				X			X	
Health Equity Strategy	3 x year(March, August and December)	EMD		X			X		X		X
Children, Young People and Families Strategy	2x year - Feb and August	EDO			X taken as a main agenda item for this meeting				X -Deferred to October Blue Box	X -Blue box	
Quality Strategy	2x year May and December	EDNAHPS		X - Blue box item			X - Blue box item				X - Blue box item
Workforce Report and Strategy update	3x year Aug,Dec and May (from 2024)	DW		X - Blue box item - deferred 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						
<b>Governance</b>											
Medical Director's annual report	annual	EMD							X		
Nurse and AHP revalidation	annual	EDNAHPS							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 October	annual	CS	X	X -deferred from October			X interim			X	
Annual governance statement (Presented with Annual Report and Accounts)	annual	CS						X			
Going concern statement (part of corporate governance report March)	annual	EDFR				X					
NHS provider licence compliance - requirements changing in 2024	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 (July Audit Committee)	annual	CS							X - Blue box item		
Corporate governance report	annual	CS				X					
<b>Reports</b>											
WDES and WRES -annual report and action plan	annual	DW	X								
Equality and diversity - annual report combined with WDES and WRES from 2023	annual (Dec)	DW		X							
Sustainability report (Annual Green Plan)	2x year (March and October)	EDO	X			X Deferred				X	
Safeguarding -annual report	annual	EDNAHPS							X		
Health and Safety Annual Plan	Annual	EDFR							X - Blue box item		
Infection prevention control assurance framework	2x year(October and March)		X -Blue box			X -Blue box Deferred May 23	X -Blue box Deferred to October 23				X -Blue box
Infection prevention control annual report	annual	EDNAHPS					X -Deferred to August for 2023 only		X deferred from March 2023		

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	Committee's Executive Leads
CS	Company Secretary
X	received
X	added to another meeting
	not required

**Public Board Meeting: 4 August 2023**

**Agenda item number: 2023-24 (49viiiia)**

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**Title: Audit Committee minutes: 21 April 2023**

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**Category of paper: for noting**  
**History: Audit Committee 14 July 2023**

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## **Attendance**

<b>Present:</b>	Khalil Rehman Richard Gladman Ian Lewis	Chair of the Committee, Non-Executive Director Non-Executive Director Non-Executive Director
<b>In Attendance:</b>	Bryan Machin Diane Allison Richard Slough Sharron Blackburn Nikki Cooper Alastair Newall	Executive Director of Finance and Resources Company Secretary Assistant Director of Business Intelligence (Item 8a only) Deputy Head of Internal Audit, Audit Yorkshire Local Counter Fraud Specialist, Audit Yorkshire (Item 7a) Director, Public and Social Sector
<b>Apologies:</b>	Steve Moss	Head of Anti-Crime Services, Audit Yorkshire
<b>Minutes:</b>	Liz Thornton	Board Administrator

**Item: 2023-24 (1)****Discussion points:****Welcome, introductions, apologies and preliminary business**

The Chair of the Committee, Non-Executive Director (KR) welcomed everyone to the meeting.

**a) Apologies**

Apologies were received and accepted from Steve Moss, Head of Anti-Crime Services, Audit Yorkshire.

**b) Declarations of interest**

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 10 March 2023**

The minutes of the meeting were agreed as a correct record.

**d) Matters arising and review of the action log**

*Item 2022-23 (50a) -Internal audit report – Learning from adverse incidents:* information about the types of incidents examined had been circulated. **Action closed.**

*Item 2022-23 (50c) -Financial Sustainability Action Plan:* further update in October 2023. **Action ongoing.**

*Item 2022-23 (54a) – results from penetration test:* covered by Item 8a. **Action closed**

There were no further actions or matters arising from the minutes.

**Item 2022-23 (2)****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 almost complete, engagement had improved, and the plan was on track for completion at the end of the year.

Three audit reports had been issued in final:

- General Ledger
- Police Custody Suites
- Employ to Deploy

Two reports had been issued in draft:

- Waiting Lists
- IT Procurement

There were five remaining audits to complete. Of these the fieldwork had been completed for four and the reports have been or were being drafted.

No further changes to the 2022-23 plan had been requested since the last meeting.

The Committee discussed the outcome of the three final audits.

**General Ledger**

The audit had received high assurance. With no recommendations made in the report.

No questions were raised.

### Police Custody Suites

The audit had received significant assurance with one minor recommendation relating to contract management measures.

The Committee agreed that the target date in the audit action plan to address the recommendation was reasonable.

### Employ to Deploy

The audit had received significant assurance with one moderate recommendation related to the service level agreement provided for the audit and two minor recommendations relating to service costs and contract monitoring.

The Committee discussed issues related to the Management Fee and whether all the costs associated with the delivery of the Service Level Agreement were being recovered from the Primary Care Networks.

It was agreed that this should be considered further by the Business Committee.

The Committee agreed that copies of the outstanding internal audit reports should be circulated to members of the Committee as and when completed and before its next formal meeting on 14 July 2023.

The Deputy Head of Internal Audit advised that there was no expectation that the outcome of the remaining audits for 2022-23 would affect the final Head of Internal Audit Opinion.

**Outcome:** the Committee

- noted the Internal Audit progress report.

### **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 no overdue recommendations.
- There were currently six recommendations that have missed their original target dates, but not their revised target dates.
- Nine recommendations had been completed since the last report to the Committee in March 2023 and were listed in the report.
- 49 recommendations are not yet due and will be followed up in due course.
- 42 recommendations have been completed in this 12-month period.

**Outcome:** the Committee

- noted the Internal Audit recommendations status report.

### **Item 2023-24 (3)**

#### **Discussion points: External audit**

##### **a) External audit progress report**

The Committee received the external auditor's strategy report for the year ending 31 March 2023 which had been prepared following initial planning discussions with management. The document summarised Mazars audit scope, approach and timeline. It highlighted significant audit risks and areas of key judgements and provided the details of the audit team.

The Committee noted the significant risks and other key judgements section (Section 4). The Executive Director of Finance and Resources said the implementation of IFRS 16 would impact on the Trust in relation to LIFT building leases in the future but at this moment in time he was uncertain how significant this would be.

The report confirmed that overall audit progress was on track for the end of year reporting with no significant issues arising which required reporting to the Committee.

**Outcome:** the Committee

- noted the audit progress report and the assurance that work to complete the end of year audit was on track.

#### **Item 2023-24 (4)**

##### **Discussion points: Annual report and accounts**

The Executive Director of Finance and Resources reported that overall audit progress was on track for the end of year reporting with no significant issues arising which required reporting to the Committee.

The draft Annual Report and accounts were also on track to be presented at the Audit Committee 'page turner' meeting on 10 May 2023.

The Committee noted a possible financial risk associated with the 2022-23 pay award where the funding calculation from NHS England differed from the Trust's calculation. The final impact of this currently not clear but would be reported in the final accounts.

**Outcome:** the Committee

- noted the verbal progress report.

#### **Item 2022-23 (5)**

##### **Discussion points: Financial controls**

###### **a) Tender quotations and waiver report**

The Executive Director of Finance and Resources presented the report which provided the Committee with details on the procurement of goods and services where the procedures on seeking tenders and quotations for items of material expenditure had been waived, including an extract from the 2022/23 register of waivers completed since the last audit committee meeting in March 2023.

Four waivers had been approved in the period; all were commercial suppliers.

The total number of waivers for 2022/23 was 26 with a total value including VAT of £2.1m.

The Committee Chair referred to the waiver reported for the remodelling of the rear garden at Hannah House and asked whether the cost was significantly different from the quote from the original contractor.

The Executive Director of Finance and Resources explained that the proposed contractor had declined to undertake the work so the next contractor on the market testing list was engaged and the difference in the cost was not significant.

**Outcome:** the Committee:

- received and noted the report and the extract from the 2022/23 register.

###### **b) Losses and special payments report**

The Executive Director of Finance and Resources presented the report which covered losses and special payments made during for the period April 2022 to March 2023.

There had been 3 recorded losses and special payments since the Committee received the last report to the Committee in March 2023 and these were detailed.

Total losses and special payments for the year 2022-23 were £25,573.20

**Outcome:** the Committee

- received and noted the report.

**c) Over and under Payments of Salary and off-Payroll Payments Report**

The Executive Director of Finance and Resources presented the report which provided assurance on the routine processes undertaken within the Finance Team ahead of the annual accounts. The report provided details of the volume and value of both under and over payments of salary made in the financial year to the end of March 2023.

He corrected the information contained in paragraph 4.2 of the report which should state that 11 off-payroll engagements related to Forensic Medical Examiners (FME's) and two to clinical contractors within the Children and Adolescent Mental Health Services.

The Deputy Head of Internal Audit reported that Audit Yorkshire would be undertaking a benchmarking exercise on over and under payments of salary later in the year which would provide comparisons with similar organisations.

**Outcome:** the Committee

- received and noted the report.

**d) Treasury Management Procedure**

The paper provided the Committee with an updated Treasury Management Procedure. The procedure had been approved by the Executive Director of Finance and Resources in line with Section 10.1.3 of the Trust's standing orders, reservation and delegation of powers and standing financial instructions which states the Executive Director of Finance is responsible for approving all financial procedures.

The procedure has been updated to refresh Section 6.8 Investment procedure – Stage 2 Making the Investment as the National Loans Fund have revised their procedure.

In addition, the procedure has been updated to include the Assistant Director of Finance – Financial Control.

**Outcome:** the Committee

- received and noted the report.

**Item 2023-24 (6)**

**Discussion points: Governance**

**a) Annual governance statement – first draft to review**

The Company Secretary presented the first draft of the annual governance statement. She explained that the annual governance statement is required to record the effectiveness of the stewardship of the organisation to supplement the annual report and accounts. It draws together position statements and evidence on governance, risk management and control to provide a coherent and consistent summary of the governance of the Trust. The annual governance statement provides assurance that the Trust's system of internal control is fit for purpose, and that any significant issues have been addressed.

The Committee noted that this was a first draft and aspects of it would be finalised closer to the end of the year.

The Committee Chair asked that the narrative around data security to be reviewed to ensure that the information released in the report would not compromise the Trust. He also suggested that more information should be included on work on equality and diversity in the Trust including outputs from the various networks.

The Chair asked members to submit any comments to the Company Secretary by 3 May 2023 to allow a further version of the statement to be presented to the Committee at the page turner meeting on 10 May 2023.

**Outcome:** the Committee

- received and noted the first draft of the annual governance statement and agreed to submit any comments to the Company Secretary by 3 May 2023.

#### **b) Audit Committee annual report 2022-23 and review of terms of reference**

The Company Secretary referred to the report which contained the annual review of committee effectiveness, areas for future development and a review of the terms of reference.

The Committee reviewed the report and the terms of reference noting the proposed change to the terms of reference to include reference to allowing members of the Committee to act on urgent matters arising between meetings of the Committee. in accordance with the Scheme of delegation and the Procedure for emergency powers and urgent decisions (Chief Executive and Chair's actions and Committee urgent matters).

The Committee reflected on the self-assessment questionnaire and comments and discussed ways on which the Audit Committee could strengthen its links with the other sub-committees of the Board.

Members agreed that a stronger relationship between the Audit Committee and Business and Quality Committee should be developed to strengthen the feedback on internal audits which receive limited assurance.

**Outcome:** the Committee

- approved the Audit Committee annual report for submission to the Trust Board and endorsed the amended terms of reference for approval by the Trust Board on 26 May 2023.

#### **c) Board and sub-committees' annual reports 2022-23**

The Committee reviewed the reports for each sub-committee noting that the reports had also been reviewed by the relevant committee.

**Outcome:** the Committee

- noted the annual reports from the other committees and the assurances they contained, noted that any changes to the terms of reference for each committee would be approved by the Trust Board on 26 May 2023.

#### **d) Board Assurance Framework (BAF) 2023-24**

The Company Secretary presented the report and explained that the content of the BAF required an annual review to ensure the strategic risks remained relevant. At its meeting on the 31 March 2023, the Trust Board had reviewed and agreed its priorities and objectives for the coming year and approved the proposed amendments to the strategic risks.

The Committee noted the new strategic risks and that they had been assigned to an executive director and to a committee or the Board. The Audit Committee has been assigned BAF risks 3 and 7.

**Outcome:** the Committee

- noted the BAF strategic risks and oversight arrangements for 2023/24

#### **e) Audit Committee directors' interest disclosures 2022-23**

The Committee reviewed and noted the register.

**Outcome:**

- the directors who were members of the Audit Committee confirmed that they were content with the declarations contained in the register as presented. Only new declarations, or specific conflicts of interest relating the agenda items would need to be made at future meetings.

**f) Updating standing orders, reservations and delegation of powers and standing financial instructions**

The Executive Director of Finance and Resources presented the paper which summarised the proposed amendments to the scheme of delegation. He explained that within the Trust's current Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation of Powers document limits were included in a number of different sections throughout the document. It was proposed that a detailed scheme of delegation is included within section C. This would enable readers of the document to easily refer to the limits and ensure that any transactions are compliant with the standing financial instructions.

It was suggested that the information contained within the investment policy regarding approval levels for business case should also flow into this. The Executive Director of Finance and Resources agreed to include this in the version that is to be submitted to the Board for approval.

**Outcome:** the Committee

- reviewed version 3.4 of the standing orders, reservation and delegation of powers and standing financial instructions in line with the summary of changes outlined in the paper and agreed to recommend the Board approves the revisions subject to the investment policy being referenced.

**Item 2023-24 (7)**

**Discussion points: Counter fraud and security management**

**a) Counter fraud progress report April 2023 including draft annual workplan fir 2023-24**

Nikki Cooper, Local Counter Fraud Specialist (LCFS), Audit Yorkshire presented the report which provided a summary of the work performed during the year, including:

Inform and involve

- new starters
- QR codes for new posters and leaflets
- Counter Fraud Newsletters
- Fraud Prevention Masterclasses

Prevent and Deter

- Alerts, fraud prevention notices, advice and guidance issued
- Policy reviews
- Referral Benchmarking Information Q3
- National Fraud Information

Investigations update

- Working whilst sick review

Strategic Governance

Days used to deliver the counter fraud plan

Work planned for the next quarter.

The Committee heard how counter fraud awareness would be included in the Trust's redesigned induction programme and acknowledged the importance of ensuring that the profile of anti – fraud measures was maintained across the Trust. The Committee recommended that the impact of the change in the way that counter fraud was presented at the induction should be assessed.

**Outcome:** the Committee

- noted the update report.

**aii) Workplan 2023-24**

The Plan considered current and emerging fraud risks for the Trust for 2023-24 and determined the direction anti-fraud work would take during the forthcoming financial year. This was carried out in order to ensure a risk-based approach was taken to anti-fraud activity. The plan proposed 55 days

for the period 1st April 2023 to 31st March 2024 for counter fraud work. This was the same number of days as those provided in 2022/23, as agreed from the commencement of the contract in April 2022.

**Outcome:** the Committee

- approved the Counter Fraud work plan for 2023- 24.

**b) Security management report**

The Committee received a report that responded to two areas of interest expressed by the Committee in Autumn 2022, which were Hate crime in violence and aggression cases against Trust staff, and Police liaison and partnership working.

Work was ongoing to produce more reliable data concerning hate crime reporting. The security team had conducted several meetings with senior officers of West Yorkshire Police to develop strategies for closer partnership working with a view to the introduction of Op. CAVELL in Leeds, subject to the approval of the LCH Senior Management Team. Operation 'CAVELL' is a multi-agency approach to dealing with violence, aggression and hate crime against NHS staff which was pioneered in recent years by five police forces in the South of England together with their local NHS trusts and the Crown Prosecution Service.

**Outcome:** the Committee

- received and noted the update report.

**Item 2023-24 (8)**

**Discussion points: Data security – PRIVATE MINUTE**

**Item 2023-24 (9)**

**For noting: Data protection and cyber security panel minutes**

**Minutes of the 28 February**

**Outcome:** the Committee

- reviewed and noted the minutes.

**Item 2023-24 (10)**

**For noting: Committee's work plan**

**Outcome:** the Committee

- noted the workplan.

**Item 2023-24 (11)**

**Discussion points: Matters for the Board and other committees**

The Chair noted the following items to be referred to Board colleagues:

- Internal audit – update on progress.
- External Audit (Mazars) – progress update on end of year accounts.
- Annual report preparation – update
- Anti-crime services annual report (fraud) (Audit Yorkshire)
- Audit Yorkshire Counter-fraud risk assessment
- Board sub-committees' annual reports 2022/23
- Cyber security report
- Security Management update
- The Audit Committee has been assigned BAF risks 3 and 7. The Committee reflected on the sources of assurance it had received at the meeting and agreed that they provided limited assurance that these two strategic risks were being managed.

**Item 2023-24 (12)**

**Discussion points: Any other business**

None raised.

**Item 2023-24 (13)**

**Close**

The Chair closed the meeting at 12.15.

**Date and time of next meeting**

Wednesday 10 May 2023 10.00am-12.30pm (Page Turner)

~~Thursday 22 June 2023 (End of Year) 10.00am-12.30pm – date 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

**Trust Board Meeting held in Public: 4 August 2023**

**Agenda item number: 2023-24 (49viiia)**

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**Title: Audit Committee minutes: 22 June 2023**

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**Category of paper: for approval**  
**History: N/A**

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## Attendance

<b>Present:</b>	Khalil Rehman Richard Gladman	Chair of the Committee, Non-Executive Director Non-Executive Director
<b>In Attendance:</b>	Thea Stein Bryan Machin Diane Allison Yasmin Ahmed Alastair Newall Jonathan Hodgson Sharron Blackburn	Chief Executive (for Item 14) Executive Director of Finance and Resources Company Secretary Deputy Director of Finance and Resources Director Public and Social Sector (Mazars) Audit Yorkshire, Internal Audit Manager Audit Yorkshire, Internal Audit Manager
<b>Apologies:</b>	Professor Ian Lewis	Non-Executive Director
<b>Minutes:</b>	Liz Thornton	Board Administrator

**Item 2023-24 (14)****Presentation by the Chief Executive**

The Chair welcomed members and attendees, particularly the Chief Executive who was attending to give her perspective on the Trust's activities and performance in the 2022/23 financial year.

Her presentation covered a look back over 2022-23 and what the Trust had achieved under each strategic goal:

- Strategic Goal - To deliver outstanding care
- Strategic Goal - Use our resources wisely and efficiently
- Strategic Goal - Ensure our workforce community is able to deliver the best possible care in all of the communities that we work with
- Strategic Goal - To work in partnership to deliver integrated care, care closer to home and reduce health inequalities

The Chief Executive confirmed that Accountable Officer of the Trust she was happy to sign the Annual Governance Statement and there was no relevant audit information of which the trust's auditors are unaware and to the best of her knowledge and belief, she had properly discharged the responsibilities set out in her letter of appointment as an Accountable Office.

The Chair of the Committee thanked the Chief Executive for attending the meeting.

***The Chief Executive left the meeting.***

**Item 2023-24 (15)****Discussion points:****Welcome, introductions, apologies, and preliminary business**

The Chair of the Committee, Non-Executive Director (KR) welcomed everyone to the meeting.

**a) Apologies**

Professor Ian Lewis, Non-Executive Director.

**b) Declarations of interest**

Prior to the Committee meeting, the Chair had considered the Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Board members.

There were no new declarations of interest made in relation to any items on the Agenda for this meeting.

**Item 2023-24 (16)****Discussion points:****Internal Audit****a) Annual report including Head of Internal Audit opinion**

Jonathan Hodgson presented the report and led the Committee through the key points.

The Internal Audit Annual Report summarised the outcome of the audit work completed against the internal audit plan for 2022/23 and included the overall final Head of Internal Audit Opinion for the year.

Work on the 2022/23 Internal Audit Plan had been completed. Two reports remained in draft at the time of writing the report and were in the process of being validated with management. These reports would therefore be reflected in the 2023/24 Head of Internal Audit Opinion.

The Internal Audit Manager suggested that the Company Secretary should review the Annual Governance Statement within the Trust's Annual Report for 2022-23 which referenced audits with limited assurance outcomes before it was presented to the Trust Board for final approval.

In relation to the Head of Internal Audit Opinion for 2022/23 an overall opinion of **Significant Assurance** has been provided as follows:

*'Significant Assurance can be given that there is a good system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are generally being applied consistently.'*

**Outcome:** the Committee:

- received and noted the **significant assurance** provided by the Internal Audit Annual Report and Head of Internal Audit Opinion for 2022/23.

## **Item 2023-24 (17)**

### **Discussion points: Annual report and accounts 2022/23**

#### **a) Audit completion report (including draft letter of representation)**

The Director for Public Services (Mazars) presented the report which summarised the audit conclusions for year ending 31 March 2023 and he led members through the detail. He advised that the audit work had been substantially completed in respect of the financial statements for the year ended 31 March 2023. He drew attention to matters which remained outstanding which were set out in section 2 of the report. He particularly highlighted the work on IFRS16 where the auditors were still reviewing the Trust's approach to the revaluation of right to use assets. He confirmed that at this time there were no matters to report in respect of the implementation of IFRS16.

He confirmed that he expected to issue an unqualified opinion without modification on the financial statements following the Board adopting them.

In respect of the Value for Money (VFM) commentary he explained that this had not yet been included in the auditors' annual report but they anticipated having no significant weaknesses to report in relation to the arrangements that the Trust has in place to secure economy, efficiency, and effectiveness in its use of resources. He advised that the commentary on the Trust's arrangements would be provided in the Auditors annual report and a further update would be provided to the Audit Committee in July 2023.

The External Auditors thanked the Trust's finance team for their co-operation to complete and progress the audit work within the allocated timeframe.

The draft management representation letter was included at Appendix A. It was confirmed that no material changes were expected to the letter.

The Chair of the Committee said that he was pleased and reassured to receive the satisfactory report and that this evidenced continued robust financial management during the course of the year. On behalf of the committee, the Chair thanked the External Auditors and the Finance Team for their hard work.

#### **b) Trust's annual report 2022/23**

The Executive Director of Finance and Resources introduced the draft annual report for 2022/23 and advised that the report presented at the meeting reflected the actions taken in response to the comments made by the Committee's members at the informal meeting held on 12 May 2023.

The Chair of the Committee invited the auditors to comment on the annual report. None were made.

The Chair of the Committee thanked officers for their work in drafting the annual report.

**Outcome:** the Committee:

- noted the draft annual report, including the annual governance statement
- received assurance from external auditors that the draft annual report was compliant with guidance as set out in the manual for accounts

- recommended the draft annual report for adoption by the Board at its meeting on 28 June 2023.

**c) Trust's annual report 2022/23 infographic for approval**

The Committee discussed the infographic noting that the proposal was to publish this alongside the Annual Report on the website.

The Committee agreed that the document presented was a good starting point but more work was needed before it was published.

It would be presented to the Board on 28 June 2023 for further discussion.

**d) Trust's annual accounts 2022/23**

The Deputy Director of Finance and Resources introduced the annual accounts for 2022/23 and advised that the accounts presented at the meeting reflected the actions taken in response to the comments made by the Committee's members at the informal meeting held on 12 May 2023.

She explained that the annual accounts would be made available to the public as part of the Trust's annual report; the content of the report and the accounts being prescribed in the Government Accounting Manual, relevant legislation, and International Financial Reporting Standards. She added that the accounts were to be presented to the Board on 28 June 2022 and subsequently submitted to NHS England before noon on 30 June 2023.

The Executive Director of Finance and Resources also reported that the external auditors had undertaken a detailed examination of the annual accounts and reviewed the mandatory disclosures in the annual report; their findings being contained in the draft completion report to Mazars audit of the 2022/23 financial statements. The report from Mazars had contained no significant issues.

The Executive Director of Finance and Resources thanked the external auditors for their professionalism whilst conducting this year's audit.

**Outcome:** the Committee

- received the annual accounts and recommended the adoption of the accounts by the Board at its meeting 28 June 2023 and the signing of the letter of representation

**Item 2023-24 (18)**

**Discussion points:**

**Any other business**

None raised.

**ITEM 2023-24 (19)**

The Chair closed the meeting at 11.45am

**Date and time of next meeting:**  
**Friday 14 July 2023 10.00am-12.30pm**  
**Friday 13 October 2023 10.00am-12.30pm**  
**Friday 15 December 2022 10.00am-12.30pm**



**Trust Board Meeting held in public: 4 August 2023**

**Agenda item number: 2023-24 (49viiib)**

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**Title: Quality Committee minutes 22 May 2023 (time 0930 to 1230)**

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**Category of paper: For noting**

## Attendance

<b>Present:</b>	Helen Thomson (HT) Steph Lawrence Alison Lowe (AL) Ian Lewis (IL) Ruth Burnett	Non-Executive Director (Chair) Executive Director of Nursing and AHPs Non-Executive Director Non-Executive Director Executive Medical Director
<b>In Attendance:</b>	Diane Allison Thea Stein Sam Prince Hayley Ingleson	Company Secretary Chief Executive Executive Director of Operations Primary Care Practice Learning Facilitator
<b>Apologies:</b>	Brodie Clark Sheila Sorby  Stuart Murdoch	Trust Chair Assistant Director of Nursing and Clinical Governance Deputy Medical Director
<b>Observing:</b>	Kirsty Jones Matthew Armitage	Clinical Head of Portfolio (Patient flow) ABU PA to Executive Medical Director
<b>Minutes:</b>	Lisa Rollitt	PA to Executive Medical Director

## **Item: 2023-24 (1) Discussion points**

### **(a) Welcome and introductions**

The Chair welcomed members and attendees. Apologies were received from the Trust Chair, Assistant Director of Nursing and Clinical Governance and Deputy Medical Director.

### **(b) Declarations of interest**

In advance of the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Committee members. No additional declarations of interest were made at the start of the meeting.

### **(c) Minutes of the previous meeting 27 March 2023**

The minutes of the meeting held on 27 March 2023 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 (72d) Further update on the Leeds Sexual Health Service situation

The Executive Director of Nursing and AHPs stated that the service visit had been rescheduled for a date in July 2023 and an update would be provided following this.

#### 2022/23 (96b) (ii) Performance brief and domain reports: Progress on action to address complaints relating to telephone calls

The Executive Director of Nursing and AHPs stated that the number of complaints received relating to telephone calls was relatively low and queried whether it was appropriate to put the information governance processes in place. It was agreed that more information would be sought to confirm the figures and an update would be provided to the Committee.

**Action: Confirmation of figures relating to the number of complaints received relating to telephone calls and further update to be provided to the Committee**  
**Actionee: Executive Director of Nursing and AHPs**

## **2023-24 (2) Key issues**

### **a) Current system pressures, infection rates and strike action**

The Executive Director of Operations stated that there were currently no concerns to report. It was noted that NHS England had stood down the reporting of incident levels in relation to Covid-19, and the risk had been removed from the Risk Register.

The Committee heard that the Royal College of Nursing (RCN) national ballot for further action would reopen on 23 May 2023 and the outcome was awaited.

In response to a query from the Committee Chair, the Executive Medical Director stated that the first consultant ballot had been passed for strike action. Trainee strikes continued; however, it was noted that if strike action continued further, there was a possibility that they would need to extend their training period.

The Committee Chair asked about the Covid-19 vaccination programme for older age groups. The Executive Director of Operations stated that the vaccination programme was available through Primary Care, with a small service running to provide vaccinations to care homes. A request had been made for Community Pharmacists to be approved to provide vaccinations, but only two were approved. The regional team had agreed to provide funding for pop up vaccination sites where there was low uptake.

**b) QAIG key issues for escalation**

The Executive Director of Nursing and AHPs presented the report and highlighted the review of how the Trust learns from incidents which had identified themes related to lack of senior oversight and was having a negative effect on the backlog of incidents. A review of roles and responsibilities was underway, and the Committee heard that it was anticipated this would improve incident management within the next 2-3 months. A deep dive at QAIG in the previous week had also considered incident management roles and responsibilities, including the role of specialist reviewers.

A Non-Executive Director (IL) asked about the mental tear figures. The Executive Director of Nursing and AHPs stated these were reported in the performance brief. Work was underway with Leeds Teaching Hospitals Trust (LTHT) to ensure that teams had the correct equipment in order to avoid further incidents.

The Non-Executive Director (IL) also spoke about the variation in falls, with seven major falls in one Neighbourhood Team (NT), querying if there was a pattern relating to the team. The Executive Director of Nursing and AHPs stated that the Trust reported more falls than any other community trust and the Falls Team were fully involved in supporting any additional training needs. The Non-Executive Director (IL) expressed concern that the NTs were not able to do what they needed to do to prevent falls, due to staffing issues. The Executive Director of Nursing and AHPs stated that this was looked at in every review, with learning actioned appropriately.

**c) Update around the processes to address the CBU waiting lists**

The Executive Director of Operations advised the Committee that the number of children waiting for neurodiversity (including autism) assessments continued to be a concern. It was noted that schools were dependent on having a diagnosis to provide extra support to children and therefore the current emphasis was on the diagnosis part of the neurodiversity pathway rather than the support to parents and children.

The Executive Director of Operations stated that conversations continued around a new model where the emphasis would be on support to parents and children, but this would require system approval and capacity.

In response to a query from a Non-Executive Director (IL) about the model, the Committee heard that the referrals had a 90% conversion rate, meaning the initial referrer was very often correct, and the eventual diagnosis merely confirmed this. It was recognised that this was a systemwide problem at a national level for both healthcare and education and the diagnosis pathway developed by the National Institute of Clinical

Excellence (NICE) some years ago, whilst being best clinical practice, added pressure on the situation being faced today.

The Chief Executive spoke about the work involved at West Yorkshire Health and Care Partnership and agreed to circulate a paper on the recent neurodiversity deep dive.

The Chief Executive asked if NICE had been contacted to request a review of their guidance in light of the current situation. The Executive Director of Operations stated that a communication had been circulated from NHS England requesting that NICE guidance was followed, although this was being challenged by the Integrated Care Board (ICB). There was a conversation about the possibility of professionals developing an evidence base for an alternative approach.

**d) Cancelled and rescheduled visits: update**

The Executive Director of Nursing and AHPs presented the latest audit which identified a 57% reduction in cancelled and rescheduled visits. It was noted that the number of patients not receiving a telephone call had reduced to one since the last audit.

The Committee heard that this was a result of improved systems and processes including more appropriate care plans and having better oversight. The Committee was provided with reasonable assurance that the process was robust and though the sample size of the audit was small (3 day audit) the data provided was accurate. It was agreed that a further update would be presented at the November 2023 Committee meeting, including equity data.

**Action: Further update to be provided to the Committee in November 2023**

**Actionee: Executive Director of Nursing and AHPs**

**e) PLACE inspection report for Hannah House**

The Executive Director of Nursing and AHPs presented the report following completion of the Patient Led Assessment of Care Environment (PLACE) inspection at Hannah House. The Committee was advised that the demonstrable improvement seen in most review areas was testament to the hard work and dedication of the staff at Hannah House. It was noted that work was being undertaken to address the environmental deficits, with a major project ongoing to redevelop the external play area of the facility.

**2023-24 (3) Service spotlight**

**a) Clinical Education Team: Student placement work**

The Committee was joined by Hayley Ingleson, Primary Care Practice Learning Facilitator who described her innovative project to increase the number of nursing student placements in Leeds GP practices. The Committee heard that the Primary Care Practice Learning Facilitator had approached a Primary Care Network (PCN) to be involved in the placement project, rather than a student being placed in just one GP practice. A structured timetable was developed to maximise the students' experience. The immediate benefits to those practices involved included students offering 380 health checks to practice patients whilst on their placements. The Committee was advised that GP practice nurses were currently an aging workforce, and a long-term benefit was that students would be more likely to consider practice nursing as part of

their career once they had experienced this. As a result of this project, placement capacity has expanded across the PCN.

In response to a query from the Committee Chair about avoidance of the financial incentive becoming the driver for student placements, resulting in an adverse effect on student experience, the Primary Care Practice Learning Facilitator stated that the focus needed to be on the demonstration of value brought to the services rather than finances.

The Executive Medical Director spoke about the need for future workforces to be trained collaboratively.

The Executive Director of Nursing and AHPs stated that there had been positive engagement at a recent LNC validation event and spoke about the need to take the model further e.g. into Care Homes.

#### **2023-24 (4) For discussion: Quality governance and safety**

##### **a) Performance Brief and domain reports**

The Executive Director of Nursing and AHPs presented the report, highlighting the incorrect reporting of the MRSA bacteraemia rate which had been identified as not attributable to the Trust.

##### **b) Performance brief: annual report**

The Executive Director of Nursing and AHPs presented the annual performance brief (2022/23), highlighting that there had been two category 4 pressure ulcers reported by the Children's Business Unit in 2022/23 and it was noted that work was ongoing within services to ensure they remained focused on pressure ulcer reduction.

The Committee discussed the City-wide responsibility for public health outcomes, and the Trust's part in this.

##### **c) Clinical Governance report**

The Executive Director of Nursing and AHPs presented the report highlighting the Quality Walk programme, progress with national audits, and information about coroner's inquests. A Non-Executive Director (IL) referred to the inquest into the Child and Adolescent Mental Health Service (CAMHS) patient's death and the oversight of trainees, requesting more information. The Executive Medical Director stated that this was a complex situation and that herself and the Executive Director of Nursing and AHPs had both met with the trainee and their supervisor at length. It was noted that there had been unique factors in this case which could be discussed further outside of the meeting.

The Chief Executive referred to the quality walk at the Diabetes service, which had an outstanding rating and queried this as the waiting lists remained a high risk. The Executive Director of Nursing and AHPs agreed to review the ratings to confirm whether the rating was correct.

**Action: Rating accuracy of quality walk in the Diabetes service to be reviewed**  
**Actionee: Executive Director of Nursing and AHPs**

**d) Quality Account**

The Executive Director of Nursing and AHPs presented the final draft of the Quality Account which included feedback from the Integrated Care Board (ICB) and Healthwatch. The Committee agreed that this year's Quality Account was very well written and recommended that the Board should approve it.

**e) Quality Strategy**

The Executive Director of Nursing and AHPs presented the Year One Priorities of the Quality Strategy which had been assessed as completed and it was noted that work had progressed towards the completion of the Year Two Priorities with evidence included within the report.

**f) Risk Register**

The Company Secretary presented the paper, noting Risk 1140: Wharfedale Recovery Hub Documentation (Extreme risk). The Executive Director of Nursing and AHPs stated that work had been ongoing to address this risk and it was anticipated that this would reduce in the very near future.

**g) Board members' service visits**

The Executive Medical Director presented the paper which provided information about the most recent Board member visits to services and assured the Committee that the recording of actions was now included on the form, and these would be reviewed by the Senior Management Team (SMT) who would then assign a director to the action and monitor its progress.

The Committee Chair commented that co-ordination of visits needed to be improved.

**h) Mortality report (Q4 and annual)**

The Executive Medical Director presented the papers, noting the good work on learning disabilities.

The Executive Medical Director referred to the current method of reviewing deaths in the Adult Business Unit, which was resource-intensive, and it was noted that a new method of categorising, reviewing and investigating adult deaths had been proposed. It was expected that this would be piloted in Quarter 2. The Committee heard that similar work was underway in the Childrens Business Unit to review the learning from death standard operating procedure (SOP).

The Executive Medical Director stated that the increased number of child deaths seen in Quarters 2 and 3 had reduced in Quarter 4.

It was noted that there was a strong focus on equity and the Committee was advised that this would now move from intent to action during 2023/24.

The Committee heard that the Trust was a positive outlier regarding the number of emergency admissions of patients in our care.

It was agreed that the report provided a lot of valuable information.

#### **2023-24 (5) Clinical effectiveness**

##### **a) Patient Group Directions**

The Committee received the paper and ratified the required PGDs.

##### **b) NICE guidance compliance update**

The Executive Medical Director presented the update.

#### **2023-24 (6) Committee governance**

##### **a) Committee members' declaration**

A Non-Executive Director (AL) asked the Committee to note an omission in the paper: Alison has previously declared an interest that was not reflected in the paper.

- Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies): Blue Light Commercial from 1 May 2022.

##### **b) Board Assurance Framework revised strategic risks**

The Committee received the revised strategic risks relating to the Board Assurance Framework.

#### **2023-24 (7) Sub Group minutes**

##### **a) Quality Assurance and Improvement Group: flash reports**

The Committee received the flash reports from the business meeting on 11 April 2023.

##### **b) Safeguarding Children's and Adult's Group**

The Committee received the minutes from the meeting which took place on 20 April 2023.

The Executive Director of Nursing and AHPs highlighted the delayed implementation of Liberty Protection Safeguards.

##### **c) Integrated Care Steering Group**

The Committee received the minutes from the meeting which took place on 14 March 2023.

#### **2023-24 (8) Policies and reports for approval or noting**

##### **a) Workplan**

The Committee received the workplan.

##### **b) Items on workplan not on agenda**

There were no items to note.

#### **2023-24 (9) Matters for the Board**

##### **Committee's assurance levels and additional comments**

The Committee agreed that the overall assurance levels were reasonable with comments against the following:

**Risk 1**

Waitlists and managing demand for services provided limited assurance – the Committee had not received information at this meeting about how patients are being supported whilst waiting.

**Risk 4**

The Mortality report provided substantial assurance.

**2023-24 (10)****Reflections on Committee meeting, including reflection on papers**

It was agreed that there had been less duplication of information in the papers.

**2023-24 (11)****Any other business**

There was no further business discussed.

**Date and time of next meeting**

Monday 26 June 2023 9.30am – 12.30pm (workshop)

**Business Committee Meeting  
 Microsoft Teams / Virtual Attendance  
 Wednesday 24 May (9.00 to 11.30 am)**

**Present:** Richard Gladman (Chair) Non-Executive Director (RG)  
 Khalil Rehman (Deputy Chr) Non-Executive Director (KR)  
 Helen Thomson Non-Executive Director (HT)  
 Rachel Booth Non-Executive Director (RB)  
 Thea Stein Chief Executive  
 Bryan Machin Executive Director of Finance & Resources  
 Sam Prince Executive Director of Operations

**Attendance:** Laura Smith Director of Workforce (LS)  
 Diane Allison Company Secretary  
 Satti Saggu Operational Head of Service (in attendance for item 11)  
 Kathryn Mangan Operational Team Manager (in attendance for item 11)  
 Gillian Dryden Clinical Pathway Lead (in attendance for item 11)  
 Sam Donaldson Business Manager (in attendance for item 12b)  
 Richard Slough Associated Director of Business Intelligence  
 (in attendance for item 14)

**Apologies:** None recorded

**Note Taker:** Ranjit Lall PA to Executive Director of Finance & Resources

**Item 2023/24 (10): Welcome and introductions**

The Committee Chair welcomed everyone to the meeting.

**a) Apologies:** None recorded.

**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 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 26 April 2023**

The minutes of Public and Private meeting dated 26 April 2023 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 updates.

Item 2022/23 (101a) - Performance management:

The Committee received an update from the Executive Director of Operations about a deep dive into the neurodiversity pathway. A proposal to Partnership Executive Group had looked at the scale of the issue and resource to clear the backlogs in this area and looked at different ways of doing things, supporting young people and their families rather than undertaking a number of diagnoses.

The Committee Chair said that as this was a work in progress, he was happy to defer this particular action for discussion at a service focus slot later in the year when those discussions had concluded.

**Action: Executive Director of Operations**

It was agreed to pencil in the neurodiversity service focus item for September 2023.

The Director of Workforce (LS) confirmed that the workshop to reflect the challenges of long-term sickness absence had been scheduled to come to the Committee in autumn.

Item 2023/24 (02a) – Estates strategy (draft):

The Committee to receive a broader refresh of the estate strategy in October 2023.

**Action: Executive Director of Finance and Resources**

Confirmation of this year's actions and specific priorities were deferred to June 2023 Committee meeting.

**Item 2023/24 (11): Service focus**

**Stroke Service**

The representatives from the Stroke service were welcomed to the meeting.

A summary of the key points were highlighted by the Operational Team Manager regarding the objectives, purpose, vision and successes.

The Committee heard that since the Covid pandemic the use of more virtual approach had been implemented. Prior to this a 1:1 therapy was taking place in patient homes. The virtual fatigue group was now running a group once a month seeing up to six people from the comfort of their own homes. The benefits included decreased costs in seeing six patients instead of one, having less travel time, and the benefits to patients meeting others and hearing their experiences. A desire to move towards more self-management promotion route. Based on the success of the fatigue group a pilot virtual memory group was being set up and run by an occupational therapist to see up to 6 patients at a time.

The Operational Team Manager added that there was a real drive to reduce the waiting times by using some of the backlog money and by increased digital offerings. In March 2021 the lower priority patients were waiting for about 127 days for therapy and by February 2023 there was a massive improvement, that wait went down to 29 days. Another big success was collaboratively working with the stroke association, integration with systems and co-production of groups for secondary prevention.

There was also a pilot scheme being trialled; a physio going into Leeds General Infirmary one day per week to identify patients that could be discharged sooner and problem solving any blocks as well as completing parts of initial assessment on the ward to save time in the community.

The challenges included recruitment particularly for the occupation therapy and speech and language therapy. The Operational Team Manager said that although the referral rates were down, they had started to go up again and that was a difficult balance to achieve in terms of waiting list coming down and providing people with quality therapy. There was an increase in complexity of needs due to being discharged earlier, seeing people over longer period of time had increased caseloads.

The Stroke service was part of the national stroke audit, the Sentinel Stroke National Audit Programme (SSNAP), a major national healthcare quality improvement programme to measure improvement of stroke care delivered in the NHS. The SSNAP data enabled the Trust to compare other teams nationally which showed that the stroke team was seeing people on average the same amount as other teams but over a much longer period of time; other teams were seeing people within six weeks. The Operational Team Manager said that the Trust service was seeing the same number of people over a 12-week period that had been commissioned to do.

The Clinical Pathway Lead said that the priorities and plans for the future were to implement the new integrated community stroke service model commissioned by NHS England. It involved having an early supported discharge (ESD) into the community Stroke service. The longer-term plan was looking to improve waiting lists. The inspiration was that a care package was in place within seven days of patient referred to the community Stroke service.

The publication last month of the new stroke clinical guidance recommend an intensive therapy of

up to 2 hours per day for patients, and to meet that model would require dedicated specialist staff, such as psychology, nursing and medical support and integrated social workers. This was being considered in partnership with the integrated community stroke service and the integrated stroke delivery network (ISDN) who are putting a business case forward to ensure the team had the correct staffing levels for each discipline.

The Clinical Pathway Lead, in her new role for 12 months, would be reviewing the pathway and new ways of working; trying to improve integration, aiming to release resource for front line staff, reducing inefficiencies and improving patient journey. She said part of the project was to look at the health equity and ensuring fair access and accessibility information for all.

The Committee Chair thanked the Stroke team for the presentation and opened up for questions and observations. The Executive Director of Operations recognised the pressure the team was under on a day-to-day basis for taking more discharges from the acute trust, being an essential part of the system flow.

The Operational Head of Service referred to self-management, a critical area of development as part of the long-term plan. The service was also looking at the outcomes of patients through the self-management route and the quality of the experience. He said the work being undertaken across the system by the integrated stroke network and the ICB was critical to move this forward.

A Non-Executive Director (RB) asked about the SSNAP data and whether that was due to patients experiencing more severe symptoms and needing therapy for longer and impacting on the throughput of patients within the service. Her second question was about the admin review and how that was manifesting itself and what was being done to address it.

The Operational Team Manager said that in terms of the SSNAP data and the complexity of patients, one of the main reasons is that patients are coming out of hospital sooner to free up beds within the hospitals. They are coming out with more needs because they are earlier on in their journeys and their needs are greater when they come out. In terms of the admin review, impacting on staff, it was noted that some of the admin staff were looking for other positions. There was a greater focus on staff wellbeing and giving them more control over some of the changes made and ensuring that the appropriate training was in place for them to do their jobs and checking on them on a regular basis to solve any issues that come up.

The Executive Director of Finance and Resources was keen to know about the developments and new ways of working going forward. He referred to a successful pilot of a staff member going into hospital one day a week. He was concerned about the increased waiting list into the community whilst getting patients out of hospital sooner and causing more demand for the service.

The Operational Team Manager responded to say that the patients who do come out sooner, their initial assessment is carried out in hospital and the therapy then continued at home. There was a band 6 physio rotational post doing 3 days within the Trust and 2 days in the hospital. Expanding that work was being considered because she would know the patient from the hospital wards to have that continuity with patients out in the community.

In terms of health equity accessibility perspective, a Non-Executive Director (KR) asked about the offer, whether that was underrepresenting communities and impacting on service design. He asked if that was working progress at this stage, and when would the offer of collaboration be concluded. It was noted that a health equity report by ISDN published last week, looked at a range of things like ethnicity and the impact, the treatment, and also social economic factors, which was still being reviewed. The ISDN task and finish group was analysing the different areas at a regional level so that everybody around the region was doing the same and the offer of that same access to service. A further piece of work was underway, looking at co-production with associate groups, a focus on secondary prevention.

A Non-Executive Director (KR) was pleased to note collaboration with the voluntary and Third Sector organisations and a great platform for those insights. He suggested an update within the next six to nine months, to look at the work on waiting lists and progress on accessibility in terms of the different communities.

The Committee Chair thanked the stroke team for their presentation and for raising some of the challenges and the initiative work to reduce the waiting list. He noted some very specific issues highlighted in the presentation; patient challenges with LTHT or about the admin review, and about the exciting future in terms of pathway redesign and working with other colleagues and implementing some new guidelines.

The Committee was looking forward to hearing about the progress and some more good work sometimes in the future.

#### **Item 2023/24 (12): Change management and projects**

##### **a) Change programme management report**

The report outlined the progress at the end of quarter 4. The Executive Director of Operations said that this was the year-end report. The Business Change and Development Team has had to adapt to unplanned projects and developments in the last year such as the adoption of the recovery hub at Wharfedale and the migration of the CAMHS information system onto SystemOne.

The Committee Chair said that in terms of the change programme for 2023/24 it would be good to see a proposed list of priorities or focused areas that could be shared with the Committee in future meetings, to identify those projects that needed to come back in more depth. The Executive Director of Operations was happy to provide that at the next meeting in June 2023.

##### **Action: Executive Director of Operations**

The Committee to receive a list of priority projects for 2023/24 in June 2023.

##### **Outcome:**

The Committee reviewed and received the progress report.

##### **b) Major change programme review: Neighbourhood Team Transformation**

The Committee Chair welcomed the Business Manager to the meeting.

The Executive Director of Operations said that this was the closure document for the neighbourhood model and transformation programme. The successes and the benefits realised through the programme were noted in the presentation. She referred to two important pieces of work: the digital allocation work and the integration work between the allocation programme and SystemOne. A meeting with the Chief Digital & Information Officer at Clinical Commissioning Group on 25 May 2023 was to consider progress with the integration work.

The Executive Director of Operations acknowledged the extensive amount of work that had taken place over the last couple of years by the project team, as well as staffing in the services and adult business unit leadership who jointly own the delivery of this project. In terms of engagement across the journey of the transformation programme with staff who had been heavily involved with the design of the triage function, the initial design of the rehab model, and feeding into the work of the intermediate care. It was noted that overall, the implementation had been a success.

The Committee Chair referred back to the presentation from the community Stroke team linking in with the neighbourhood team hub system in terms of getting through to the right people to get access to the right specialist for community stroke. The Executive Director of Operations was keen to investigate the concerns raised. The Business Manager added that the team was continually revising and learning and taking feedback on issues not working.

The Director of Workforce (LS) noted the health and wellbeing area flagged as a risk issue for managers to engage with and the importance of maintaining that focus. She said it was worth noting areas of particularly high long-term sickness in the organisation. It was a challenge to support some staff back to work with the improved health and wellbeing. The Business Manager said that the new leadership structure in place, not just associated with the neighbourhood teams, but across the whole of the business units helped with the recruitment of health and wellbeing champions within the services to ensure that work continued to improve staff health and wellbeing in the neighbourhood model to be part of business as usual.

A Non-Executive Director (RB) asked about the impact that the health and wellbeing engagement

champions have had since appointing them. Couple of evaluations had been completed and the Business Manager was happy to share that with the Committee.

It was noted that the digital allocation work stream had visited a number of other Trusts looking for best practice and learning and engaging with some of the work. The Business Manager said that each individual team had undertaken their own closure report and lessons learnt exercise.

The Committee Chair offered his assistance to follow up conversations with the supplier of digital allocation work. The Executive Director of Operations said that the issue was with engagement with the supplier to integrate the software with SystemOne.

The Committee Chair thanked both the Executive Director of Operations and the Business Manager for a terrific piece of work. He said the discipline and lessons learnt felt important throughout the project.

### **Item 2023/24 (13): Strategy and planning**

#### **Health and safety annual plan (priorities)**

The Health and Safety Annual Plan 2023/24 was presented for approval by the Business Committee. The plan summarised the key actions that would improve compliance with legal requirements and support the improvement of the Trust's safety culture.

The Executive Director of Finance and Resources referred to the chart in the papers indicating reds and amber. He said some priorities for action were, to establish the level of compliance in terms of particular legislation and he stressed that it was not a failure across the whole organisation. The Trust was not where it needed to be, and the work identified, the issues and prioritisation highlighted in the actions hopefully within the time scales stated would continue to reach a better position of knowledge, and actions completed.

The Committee Chair thanked the Executive Director of Finance and Resources for his update and opened up for discussion.

A Non-Executive Director (KR) was concerned about the contents of the paper. The Executive Director of Finance and Resources said that each of the priorities identified on those particular aspects are the priority areas of work to ensure that the Trust fully understood what action to take, and to seek further information. He said the report was actually showing progress.

The Director of Workforce (LS) was content with the introduction which was much more helpful than what had been described in the paper. She was concerned about the document presented for regulatory purposes and asked if a revised version could be considered to get the balance right a kind of a section describing the state of the organisation as a priority area for high action that was provided in the verbal introduction.

A Non-Executive Director (RB) agreed to the above comments. She said that the way the health and safety legislation works and that the sentencing can happen without an incident that is harm on somebody for any organisation to find themselves prosecuted. They would look more widely how health and safety is managed across the organisation and look wider than the incident they investigate. Any organisation can end with a £1m plus fine, simply by carrying a health and safety risk. She continued to say the context provided was helpful. It gave the Committee more assurance than what the paper described. The paper should be balanced, and to make sure it gave firm commitment about assessments, priorities and understanding them and mitigating those risks. She said that it was a pretty stark report and urged caution around information presented.

A Non-Executive Director (HT) was concerned about the lengthy time scales noted in the action plan to mitigate risks. The Company Secretary responded to assure the Committee that in terms of time scales this was something that caused a concern but thought it was reasonable. Some of the plans created where a training course may be needed putting together, for hundreds and thousands of managers and staff or perhaps buy into the training programmes. She said in the past managers health and safety training had not been mandatory. The challenge was whether everyone would be able to go through a good quality training programme and within that timescale was debatable.

It was noted that an audit programme for health and safety that had started last year was resource intense and only managed to complete two services. The other difficulty was service capacity and releasing managers to be trained to understand their responsibility.

The Company Secretary said that the Health and Safety Work Act was extensive in scope and she could not imagine getting to a point of being 100% compliant. She felt that the actions shown would make a significant difference to that compliance and how the Health and Safety Executive would review the Trust's overall arrangements.

Following a detailed discussion, a Non-Executive Director (HT) was dissatisfied with the long timescales. The Committee Chair said that it was not particularly helpful putting in some of the really long timescales in a document like this in terms of priorities for the year ahead. A focus should be on doing things that have to be done quickly. He suggested improving the presentation of the information in the paper with more context.

A Non-Executive Director (RB) agreed with the Committee Chair's point about focusing on the top priority instead of putting everything in. She said she would like to see more planning around building health and safety responsibility and in leadership capability.

The Executive Director of Finance and Resources said that clearly, he had not presented the paper in the right way to convey the right message. He was happy to provide the Committee with more details on the action plan. He considered this as a priority action plan which would take some time unless significant more resource and significant different culture was adopted in the organisation. This was his considered view about what was achievable within the level of resources and addressing the priority areas.

The Committee Chair agreed with the Executive Director of Finance and Resources that the health and safety issue would not be resolved in the meeting today. He said an amended version 2 of this report should be considered, probably have a more fundamental discussion internally at the Senior Management Team meeting about the balance of priority between mandatory and non-mandatory. His other observation was that people were uneasy from post pandemic work practices where few people were in the office and therefore impacting on things like first aid trainers and fire wardens, etc. The Committee Chair said that it would be good to pick this up at the next meeting, thinking about the style and the format in terms of comments about how that might be viewed as part of the audit trail of documents.

In his summary, the Committee Chair said that the paper was very helpful in setting out the context of the priority plan for 2023/24. There was probably a bit more work to be done on the areas that needed more focus and attention and to be clear about doing things as quickly as possible. Revising how things are displayed on the basis that it may be scrutinised externally, he suggested coming back for a more considered discussion in July 2023.

**Action: Executive Director of Finance and Resources**

A further discussion was to be had in July 2023 before final approval.

**Outcome:**

The Health and Safety Annual Plan 2023/24 was received for comments.

**Item 2023/24 (14): Business and Commercial Development**

**Electronic Patient Record re-Procurement Full Business Case-TPP SystemOne**  
(Please see *Private minutes*).

**Item 2023/24 (15): Performance Management**

**a) Performance Brief (April)**

The Quality Committee reviewed the *Safe and Caring* domains at its meeting on Monday 22 May 2023. A Non-Executive Director (HT) said that a detailed discussion also took place about the autism assessments and concerns about a number of incidents in the backlog. A plan was in place to remedy this.

### Responsive

The Committee Chair noted performance in the responsive domain going towards the wrong direction. He said he believes in those factors driving those trends, having more referrals with complexities, and pressure to push people out of the hospital system earlier and into community system. The Executive Director of Operations said that the main ones are around autism and increased referrals, which affects both in the CAMHS service and also the Paediatric neuro disability service which is an 18-week pathway. The other one was the gynaecology waits where referrals go into a pool of waiting lists and often having breached 18 weeks.

### Well-led

A Non-Executive Director (KR) noted the ethnicity recording of 95% and queried if there were any specifics about closing the gap.

#### **Action: Executive Director of Operations**

The Executive Director of Operations was happy to investigate the ethnicity recording and report back to the next meeting in June 2023.

The Executive Director of Finance and Resources pointed out that the ethnic minority staff forecast graph on P20 of the brief seemed unduly optimistic given the trend because the performance over the last year was less encouraging than taking a trend going back to April 2020. The Director of Workforce (LS) responded to say that an update and some of the feedback from the Board workshop and Quality, Diversity and Inclusion (EDI) forum was coming back to the July 2023 Committee meeting.

The Committee Chair referred to the statutory and mandatory training and appraisal rates and asked whether any messages were being communicated out to people to increase focus on those. The Director of Workforce (LS) said that there was an opportunity to put out lots of messages across the organisation linked to the launch of the new appraisal guidance. The slightly bigger jump from March to April 2023 was partly due to the launch of new appraisal document and that majority of appraisals were taking place in quarter one. She noted the lowest compliant areas were where there was highest pressure in the services and was trying to proceed with caution and drive up the compliance.

### **FINANCE**

The Trust Board had approved the financial plan at its meeting in March 2023. Subsequently in May a further break-even plan submission was made to the ICB and NHSE, including additional £300k funding for inflationary pressures which reduced the Trusts risk on energy cost inflation.

At the end of April, the Trust was reporting an overall deficit of £219k adverse to the breakeven plan approved by the Trust Board. The discussions on level of concern had already begun with Business and Corporate Directors to make sure the corrective action and the right forecast was in place to avoid a more robust action needed later in the year. Detailed forecasts and recovery plans were being prepared by the areas that overspent and a further in-depth reviews of income and expenditure plans for the remaining 11 months was in the process of being developed with budget holders and finance with a view to ensuring the forecast for the year remained on plan.

#### **Action: Executive Director of Finance and Resources**

The Committee Chair suggested reviewing the finances again at next month's meeting in June 2023 after the month end closures to consider any further responses if the trend continues.

#### **b) Performance Brief (annual)**

The annual report focused on performance against the Key Performance Indicators agreed before the commencement of 2022/23 financial year. The Executive Director of Finance and Resources said that the report presented information that had already been summarised in other documents over the year end cycle.

#### **Outcome:**

The Committee noted the performance achieved during the 2022/23 Financial Year.

#### **c) Contracts register 2023/24**

The Executive Director of Finance and Resources said that this report was effectively to note. A good practice for the year ahead, establishing the base line, working toward Trust income levels and how the contract values change.

**Outcome:**

The Committee noted the contents of the contracts register.

**d) Operational and non-clinical risks report**

It was noted that unusually for the first time ever there was no movement to note to the non-clinical risks report for the month of May 2023.

**Item 2023/24 (16): Minutes to note**

**Health and Safety Group minutes (27.04.23)**

The Committee noted the minutes it received. No more comments were added to the highlighted section.

**Item 2023/24 (17): Business Committee Governance**

**Work plan**

The Committee reviewed the work plan and noted the revised dates for workforce related sessions and reports.

**Item 2023/24 (18): 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 was recommended to note the assurance levels provided against the strategic risks.

The Committee Chair was verbally going to brief the Trust Board on issues discussed at the meeting relating to:

- Service focus: Stroke Service
- Performance Brief and Domain reports
- Finance
- Change Management and Projects
- Health and Safety annual plan
- TPP SystemOne re-procurement

**Item 2023/24 (19): Any other business**

**Sexual Health Contract**

*(Please see private minutes)*

**Business Committee Meeting  
 Microsoft Teams / Virtual Attendance  
 Wednesday 28 June 2023 (9.00 to 12.00 noon)**

**Present:** Richard Gladman (Chair) Non-Executive Director (RG)  
 Khalil Rehman (Deputy Chr) Non-Executive Director (KR)  
 Helen Thomson Non-Executive Director (HT) – attendance until 11.00 am  
 Rachel Booth Non-Executive Director (RB)  
 Thea Stein Chief Executive  
 Bryan Machin Executive Director of Finance & Resources  
 Sam Prince Executive Director of Operations

**Attendance:** Jenny Allen Director of Workforce (JA)  
 Emma Bolton Associated Director of Estates (item 21a)  
 Richard Slough Associated Director of Business Intelligence (item 21c)  
 Alan Sewell Head of Workforce Systems and Intelligence (item 25)

**Apologies:** None recorded

**Note Taker:** Ranjit Lall PA to Executive Director of Finance & Resources

**Item 2023/24 (20): Welcome and introductions**

The Committee Chair welcomed everyone to the meeting.

**a) Apologies:** None recorded.

**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 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 24 May 2023**

The minutes of Public and Private meeting dated 24 May 2023 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 updates.

*Item 2023/24 (15a) - Performance Brief:*

The Committee received a verbal update from the Executive Director of Operations about the ethnicity recording. She said that the commitment was to get as close to 100% as possible. The Business Intelligence team was working on a data quality dashboard and action plan to reach that target. The Committee was to receive a short report at its meeting in July 2023.

**Item 2023/24 (21): Strategy and planning**

**a) Estates Priorities**

*Please see Private Minutes*

**b) Procurement strategy update**

This was the final procurement report received by the Committee to provide an oversight of the procurement activity and performance during 2022/23. The updated text was highlighted in red following the review of the interim strategy received by the Committee in January 2023.

The Committee Chair referred to the constraints at Leeds York and Partnership Foundation NHS

Trust in terms of moving to new systems and staffing. He said in this final year ahead would the Trust be able to catch up and get back on track in terms of achieving the savings and making the transformational change. The Executive Director of Finance and Resources was confident that the systems investments were being planned and should see a significant change from the very core level of service to a more modern procurement service.

The Director of Workforce (JA) said that aligned to that was the performance measures for 2022/23. She said it was important to modernise this service and delivering finance efficiencies but sourcing and delivering of equipment had been an issue, and whether some of that could be integrated into performance measures going forward into next year and taking account of that in terms of what happens next with this service in respect of supply of equipment. The Executive Director of Finance and Resources said that the key performance indicators were all very technical procurement measures but was happy to take that recommendation forward.

**Outcome:**

The Committee noted the 2020/21 objectives that were carried forward into 2021/22 and were being actioned in 2022/23 to further implement the Procurement Strategy and disseminate good practice, strengthening governance and improving efficiency. It noted the changes within Leeds & York Partnership NHS Foundation Trust's procurement and logistics service.

**c) Digital Strategy proposal (approval)**

The Committee Chair welcomed the Associate Director of Business Intelligence to the meeting.

The Associate Director of Business Intelligence introduced the digital strategy proposal. The latest version was to be accessible and relevant to all staff in an easy-to-use format, relying more on "visuals" than text. The aim was to convey the key points of the strategy in a simple, non-technical 10-minute read which would give a decent overview about the digital strategy and its achievements. He said this was not a traditional strategy for the Board to approve.

The Committee was asked to review and comment before further development to create a version for Board approval and patients and to reflect and formally adopt all the recommendations and suggestions received today.

The Executive Director of Operations was content with the way of communicating to staff and the ambition of work over the next couple of years. She said it was a challenging ambition in terms of being a digital organisation and aligning with all the other different strategies. She was happy for it to be shared in the organisation and was looking forward to the next steps of the plans going forward covering the next 5 to 10 years.

A Non-Executive Director (HT) said it was helpful to pull into one slide but felt it would be difficult for everyone to understand what this means. She suggested including worked examples of staff working in the neighbourhood teams or working out at Wharfedale, and what actions to take when problems arise.

The Chief Executive agreed to the visual presentation instead of reading pages and pages of text. She agreed with a Non-Executive Director (HT) about adding pictures of what it meant for a district nurse today and in years to come. She continued to say that there were different ways in different parts of the population relating to digital, young people in particular would go there first for information, often refer to online consultation and engage with support groups in a very different way. Adults and older adults and working age adults use digital differently too, and children are absolutely, completely digital. She was not sure if this could be reflected to understand how the digital was being used differently for the population it served.

The Committee Chair suggested seeking expert advice of 100% Digital Leeds network bringing together partners to improve digital inclusion for a specific community. It would be good to involve them to make sure it was designed in a way that it would meet different needs of different groups.

A Non-Executive Director (KR) reflected on the digital inequality's bit to help with the presentation and recognition. He said it would be good to have couple of words or something explicit so not to lose sight of that. His second point was about infrastructure; the significance and importance of training of staff having intergenerational workforce that's constantly on the move. He suggested

couple of brief comments about looking after staff and appropriate training, a positive reinforcing message to staff.

The Director of Workforce (JA) referred to the wider context, the financial constraints, the labour market constraints and entering into the digital environment and agreed with the Executive Director of Operations about becoming more ambitious. For both clinical and non-clinical services there was a massive opportunity for using technology which should quickly be identified and adopted. She also agreed with the Non-Executive Director's (KR) comments about training staff and suggested promoting digital champions all over the organisation to push ahead on the agenda.

The Executive Director of Finance and Resources noted all the comments received and said this was not something that the digital team would do for staff. He said digital champions are in every service. It clearly needs to state the new ways of providing all services that the digital team can support as well as the digital team providing the opportunities for new ways of working to be delivered to the population and finally thinking about patient support. The Executive Director of Operations added that the digital champions are out there full of ideas but struggle to find ways of getting to the next stage.

The Committee Chair reflected on the comments by the Executive Director of Operations about making sure that the strategy was led by staff needs to be effective and building on their views of energy and creativity and about patient needs. He said the next stage was to expand the digital strategy, the key being staff engagement and workshops explicitly to address the things that stop people from being as effective as they want to be. This needs to be anchored in the thoughts and views of people that use the systems and in terms of patients having them self-managed or prepare them to use systems in the future.

The Committee Chair said that NHS providers have some good guidance and frameworks on which Trusts are being assessed on by CQC on digital maturity assessment over the next few years. He said the level of ambition and innovation in the digital strategy was essential to have a view of where the Trust would like to be in 5 years' time in light of integration and how to harness and built in modern technology. The engagement with services was important in terms of building in the next iteration of the digital strategy. He offered his support and assistance, if needed, to follow up outside the meeting.

The Associate Director of Business Intelligence thanked the Committee for their helpful comments and information. He said that the current parting digital strategy was designed to run until 2023 and whilst it's still in date until the end of its life this year the Committee noted that it may expire before the refreshed strategy was in place.

**Outcome:**

The Committee reviewed and reflected on the achievements of the current strategy for information and were looking forward to it being developed further.

**d) Sustainability annual report**

The Committee received the sustainability annual report on progress of becoming a net zero carbon organisation. The Executive Director of Operations said that it was clear from the data that the Trust was struggling initially to follow the trajectory to achieve net zero. The carbon emissions reported actually went up in 2022, higher than previous year. This could be because services were getting back to a pre-covid level of activity, and that this year was a more accurate baseline. Part of that was life returning to normal and travelling more, including more usage of buildings.

Achieving net zero by 2045 was dependent on the Trust having sufficient capital or grant funding to make the major changes required in 2023/24 where a reduction in carbon emissions would make a difference. The Executive Director of Operations said that the team do apply for every small grant that can be applied for. She said strategically to think about whether sustainability programme was one of the priorities and as part of Trust's capital programme alongside all the other priorities, particularly around the estate. The Trust Green Plan identified four key areas of carbon reduction required to achieve net zero carbon by 2045: waste, estates, procurement, and travel.

The Chief Executive said that in her view, personally, that the NHS should focus on their buildings and their services ready for what will be extreme global warming. The mitigations should be small

things like carrying on recycling, reducing personal emissions, and the most importantly for the NHS is making sure every new building it builds can withstand very high heat.

A Non-Executive Director (HT) recognised the challenges for the NHS as a whole, a big contributor to the footprint in this country and firmly believed that every bit that can be done should be doing for the NHS and for individual staff and their own environments. She said there needs to be clear messaging about supporting the environment.

A Non-Executive Director (RB) agreed with the comments received about net zero and its importance for the business. She said the contribution should be as robust as possible and doing all of those things regardless of the fact that might not make a very substantial difference to the climate targets, for the NHS or for the UK, but particularly looking at the nature of the services, there are lots of buildings with lots of people doing different things in different places, a geographical spread with lots of diversity in terms of the services delivered.

The Executive Director of Finance and Resources said that there was little evidence in terms of the use of the buildings, it was insignificant compared to procurement and estates. The things that can really influence is the energy use in the buildings which required a cultural approach.

The Committee Chair summarised the discussion and said that there were lots of small things to keep the focus on, and culturally, it should be in everybody's interest to lead the change on this rather than relying on sustainability leads. He said the slightly younger generation are totally passionate about this and to make sure they are kept involved and influenced.

**Outcome:**

The Committee received the sustainability annual report and noted the content.

**Item 2023/24 (22): Change management and projects**

**a) Wharfedale project closure update**

The Committee received a comprehensive closure document for Wharfedale project. The aim of the project was to safely and effectively transfer the rehabilitation/discharge to assess function at Wharfedale Hospital to Leeds Community Healthcare by 23 November 2022 and to ensure that it was a stable service over winter 2022/23. The Committee Chair noted the achievements and work that was still outstanding, and the lessons learnt to help with future programmes of work.

The Executive Director of Operations said firstly, she wanted to thank the Directors of Workforce who ensured the safe, seamless transition of service delivery including the TUPE of staff to LCH with minimal impact on staff and patients and undertook the process to move staff to NHS terms and conditions. Some of that work was still outstanding and continuing to progress as part of the programme of work. The Executive Director of Operations said that this was a good example of every corporate team and clinical teams working together to achieve something very rapidly and beyond.

The Committee Chair was pleased with the end of project report, clearly showing there had been lots of work, shaping and dialogue and people reflecting on what went well and what didn't. The service moved to business as usual from 1 April 2023.

A Non-Executive Director (HT) was impressed with the mobilisation and the speed at which everything was done safely and reflected in the report. She was concerned about any future arrangements that are made, and also felt that the report did not capture the views of patients and relatives in Wharfedale. She said something to think about going forward because the patient voice was missing from this report.

The Committee Chair asked about the ending of mobilisation in terms of scaling up further and pulling in standard operating procedures and technology. The scope of the project was around getting things up and running but noted there was still a lot more to be done. It was noted that this was now business as usual stage whilst developments were on going. The Executive Director of Operations said that it was time for the project team to withdraw and the leaders in that service take charge.

The Committee Chair wanted to pass on his thanks to the people who delivered the service and also to the people that did such a good job of capturing and analysing the learning and disseminating. The Chief Executive was pleased to say that it was a real pleasure to award the leadership of that team with the Leader of the Year Award this year.

**b) List of priority projects for 2023/23**

The Committee requested a list of priority projects for 2023/24 at its meeting in June 2023. The list received reflected the full colour portfolio of projects that the Business Change Management team would be undertaking for the year. The Committee noted that the red highlighted projects were the main focus areas.

The Executive Director of Operations said that this was an early piece of work, listing everything in one place and asked the Committee members to review and confirm whether they liked any further information on any of the priority projects so that she could narrow it down and bring it back for further discussion. The Committee Chair was concerned about 21 priority projects in red. He said it might be useful for people to reflect on those, particularly strategic priorities to have regular discussions on in the future. He said it would be useful for people to identify projects for potential feedback, as previously done, taking a couple of projects, and understanding how they are getting on at every other Business Committee meeting.

It was noted that a regular quarterly report on the Change Programme was also received by the Committee, but the Committee Chair said that it would be good to highlight the important ones, like last year coming up with eight and managing to spend a bit more time on those.

There were discussions about the strategic risk impacting on capacity to deliver the strategic changes required and the pressure on teams and whether or not that felt achievable. The Executive Director of Operations said that it was a negotiated position rather than a given position.

A Non-Executive Director (HT) reflected on the point about the impact on the Change Team, she noted that around 3 or 4 projects related to neighbourhood teams and was concerned how that would impact on them.

The Committee Chair thanked the Executive Director of Operations for the paper and to the team putting it together. He noted a substantive list of change programmes for the year ahead and asked people to consider the ones they were particularly interested in and for the team to come up with a schedule for the year when appropriate or when things were happening.

**Action:**

The Committee members to consider the priority projects schedule for future Business Committee meetings.

**Outcome:**

The Committee received the report and noted the priority projects for the year.

**Item 2023/24 (23): Performance Management**

**Finance position review**

The Executive Director of Finance and Resources presented the finance report for month 2 and the associated risk contained in the paper. This was to review finances at end of month 2 after overspent was noted in May 2023 (month 1).

The Committee was advised that the Trust was still reporting an overall deficit of £346k and forecasting with some degree of confidence that as long as caution was applied, that balance would be achievable.

It was noted that NHS England had imposed a financial regime of compliance and reporting on everybody whether forecasting balance or not within West Yorkshire. The Executive Director of Finance and Resources said that there was an emerging financial governance approach within the ICS which would require the Trust to report on vacancy control processes, non-pay spend, report on any particular items of expenditure over £50,000k and to seek approval of. The Executive Director of Finance and Resources said that the West Yorkshire ICS Finance Director was

considering a controlled process based on his assessment of the relative risk in each organisation. The biggest risk was the funding of the pay award in terms of pay award for last year and pay award for this year.

The Executive Director of Finance and Resources assured the Committee that he could reasonably forecast balance with caution and recover. Individual business units were working to describe their plans to do that. In terms of the overall position, the tables in the paper provided various analysis of which bit of the organisation was showing reasons for that current year to date vacant variance and clearly forecast differences in the business units.

A Non-Executive Director (KR) was comfortable with the forecast received and was reassured that there was a plan to tackle different business units and their attitudes and approaches. He was interested to hear the outcome of the pay award offline, particularly the material outcome, that insight, as and when it could be shared.

The Director of Workforce (JA) said that she can understand the impact across the system, as the city position will worsen in the context of strikes. She referred to the vacancy factor and confirmed that nearly every month looked positive in terms of net movements, there were more starters than leavers. She said in terms of vacancy control, work was continuing to understand data and resource planning in the right way. Deploying staff to the places where there's a need to deliver patient care and at some point, may have to redeploy staff dependent on the money, and working with staff flexibility, temporary resource and bank and the STAR system as well. The Executive Director of Finance and Resources agreed and said that its was the management as a whole; delivers money, delivers quality, delivers workforce, etc. and making the right decisions on service by service was essential.

The Committee Chair asked about the admin review and referred to the table on page 6, showing a focused variance. He said the prediction on saving was £0.5m a year via more effective use of admin resource and now seems to be in the opposite direction from that. He asked how that impacts on having a financial sustainability plan to address the forecast over spend. The Executive Director of Operations said it was agreed that it wouldn't be a case of making people redundant to create turnover to catch up with the target model and the target model brought in those savings.

The Committee Chair thanked the Executive Director of Operations for the update.

#### **Item 2023/24 (24): Staff incentives**

**LCH Incentives Scheme: Review and Recommendations**  
*(Please see Private Minutes)*

#### **Item 2023/24 (25): Workshop**

##### **Workforce information and planning**

The Head of Workforce Systems and Intelligence was welcomed to the meeting. This workshop was part of the deep dive into the elements of the workforce strategy covering the seven pillars that the Committee received four times a year to gain assurance on the things to achieve.

In her introduction the Director of Workforce (JA) said that the resourcing and capacity, the organisational design pillar of the workforce strategy was important sourcing the capacity and capability in order to deliver the very best care.

The Head of Workforce Systems and Intelligence provided couple of slides on the development work, a formal reporting analysis service within workforce. The aspiration was to make workforce information more visible and accessible across the Trust by data collection from systems and data sets and adding to the data warehouse to be able to analyse and disseminate this across the Trust. The Head of Workforce Systems and Intelligence said that the data warehouse already contained some of clinical and activity data providing the foundation in the future for more systematic demand capacity modelling.

There was a better understanding of the flow through the organisation, an opportunity to influence

applicants into employment and the conversion rates using different tactics and initiatives. The different measures and metrics produced the net movement, promotions, turnover rates, etc. The finance data set provided by the finance team helped to understand vacancies across the Trust which were drilled down to analyse any trends over time.

The primary workforce data sets into the data warehouse, a road map, joins data together as well as develop the capability to collect new data sets, builds mechanisms to manage that data quality, standard dashboards, and also to make sure that the data was safe and secure and only the right people had the access to that data. The Head of Workforce Systems and Intelligence said that his aim was to systematically understand the future workforce demand. At the moment it did not relate to the future clinical activity potentially looking to deliver, which was being derived from financial budgets only.

The Committee Chair thanked the Head of Workforce Systems and Intelligence for his presentation and said that he was looking forward to receiving regular workforce reports and an opportunity to see development of the data warehouse. He asked about how it was currently being used in terms of new techniques and plans for the future. The Director of Workforce (JA) said that it was used in a couple of professions and services. The admin profession was using this flow data for understanding their turnover better in recruiting, a much quicker route into employment. She said the next stage was to think about that run rate and flow of people into and out of the organisation and how that was impacting on current finances and additionally, trying to anticipate demand for capacity and capability.

The Executive Director of Operations was content with the foundation for staffing and noted the importance of forecasting but was keen to learn from an operational point of view, about a fair day's work and how to ensure consistency between practitioners and patient facing time because the contacts did not make any sense. A Non-Executive Director (RB) added that this would give the insights, particularly around demand and capacity. She was concerned about the long-term and short-term sickness, having insight to data in terms of well-being of staff, particularly long-term sickness and what data could be accessed, trigger points, and the impact and in which services, and how quickly access to Occupational Health Services could be achieved. She said it would be great to start to develop some of the rules around data capturing on some of those things.

The Committee Chair referred to the need of delivering an effective care in each service and in each location and noted that the current headcount budgets derived from financial figures to get the actuals from a financial and HR systems. He challenged moving to a system where budget was based on the number of people actually needed to deliver the service contracted, particularly when linking back to the well-being of staff where the complexity of caseloads and the number of people served grew significantly overtime and asked about the breakthrough in terms of being able to base the workforce planning or actual need rather than derived from financial figures.

The Head of Workforce Systems and Intelligence said that it would be good to introduce a more systematic approach to workforce planning and having the right roles and responsibilities in place and building up the maturity on that. He said it does happen in pockets, but not systematically in terms of an organisational wide kind of overarching process. It was going to take time, effort, and dedication to do that.

The Executive Director of Operations said that work through a tender process, starts with the health needs assessment, then the service offers to meet the health needs, followed by planning the workforce associated with the service offer and that provides the answer and how it should work. She said a third of the services were absolutely in that place, but that changes with the growth and real health needs analysis. There was no quick fix at the moment it was more or less demand driven in the way that the workforce was deployed.

The Director of Workforce (JA) said that it was critical in the context of a tighter financial climate that it was important to deploying and employing staff in the right places and population needs. She referred to the comments regarding the health and wellbeing of staff that a piece of work was underway to look at that, and some of the data had been obtained from the occupational health, employee assistance programmes and fitness data, and when the patterns of that are aligned with turnover, employee relations, staff appraisal, etc. and put all of that together in that data

warehouse it clearly paints a rich picture about everything that's going on.

in terms of workforce planning, at the moment it was totally finance driven, the Head of Workforce Systems and Intelligence said that he was looking to build some of the infrastructure from a data perspective, developing some of the workforce planning templates and engaging with business units, specific services. An example of that was the admin service, recognising the value in the data, a part of a profession that can accelerate as opposed to an individual team not necessarily seeing the full value and potential. He assured the Committee that he was making good progress and the data was helping in terms of its ability and opportunity to influence some of the numbers in the future.

The Committee Chair summarised to say that there was still further work and analysis to be done and suggested that when some of the analysis matures, the data would be useful for adding into the workforce report. He was looking forward to seeing it as it developed. His final point was about coming back to things that were on track in terms of achieving strategic gains on one of the pillars for this year added into the next workforce report.

#### **Item 2023/24 (26): Internal audit**

The Quality Committee had a workshop meeting on 26 June 2023; therefore, it was noted that none of these audits were reviewed at the Quality Committee meeting.

The internal audit paper covered the completed audit(s) from the 2022/23 plan and the audit opinion related to the following reports:

##### **a) Partnership Governance: Leeds Mental Wellbeing Service**

A significant assurance had been provided subject to a few adjustments to the paperwork for managing the risk, and the management responses to the proposed actions.

##### **b) Cleaning Standards**

An overall opinion of limited assurance had been provided on the Trust's arrangements for implementing the National Cleaning Standards.

The Committee Chair commented on the analysis, items like soft facilities management, waste management, and compliance which firmly sat with the Business Committee but not the compliance management, which was linked to infection control and service delivery. The Quality Committee had not received the report to note the reaction to deal with the recommendations made.

The Executive Director of Finance and Resources explained that the Trust employs domestic staff for cleaning and broadly complying with the new standards and he was confident of having good domestic services management team in place and who were in control, control of compliance, policies and procedures and the scrutiny of the cleaning in somebody else's building cannot be monitored to ensure the standards were met.

The Committee Chair agreed to the above comments and noted specific actions related to procedural and improving compliance and gaining agreements with the third parties and scheduled for completion by end of July and going into the autumn. The Committee noted that an update would be followed up by the auditors later in the year to make sure actions had been dealt with. He said that from a Business Committee perspective, given that it was limited assurance, it would be good to come back and revisit that in October 2023 when people have had a chance to work and respond to recommendations. The Committee Chair said that he would also discuss it with the Quality Committee Chair from an infection control perspective around any associated risks to patient care.

##### **Action:**

The Committee to receive an update on the Cleaning Standards Audit in October 2023 meeting.

##### **c) Waiting lists management**

An overall opinion of significant assurance had been provided in relation to the controls in place to manage 18-week waiting lists.

The Executive Director of Operations noticed a relatively narrow scope on this particular audit, whether it referred to national reporting obligations around 18 weeks or waiting lists across all of the services and all of the backlog. She thought significant was a generous rating, but personally thought it was borderline significant but still a lot of work to do.

The Committee Chair said that he would like to revisit this again in few months' time, noting a series of management actions to make sure work was on track.

**Outcome:**

The Committee noted audits completed as part of the approved 2022/23 plan and note assurance outcomes on all three audits.

**Item 2023/24 (27): Business Committee Governance**

**a) BAF review of sources of assurance**

This was the final review of sources of assurance risks related to the strategic objectives that were managed effectively. The outcome was noted following discussions and review by the Executive Directors and the Senior Management Team. These were a new slightly updated set of sources of assurance and controls against the strategic risks that fall under Business Committee remit.

The Committee reviewed the following strategic risks:

**Strategic risk 2:** Failure to manage demand for services

The Committee agreed to the sources of assurance and reports it received.

**Strategic risk 3:** Failure to invest in digital solutions

A combination of reports and assurance documents were received either by the Business Committee or Audit Committee. A couple of gaps were identified where the Trust failed to invest in improving core technology and the new digital solutions and suggested there was a need for extra intel from colleagues in the Place in terms of digital work. The Trust's Chief Clinical Information Officer would be asked to provide a brief report into Quality Committee and Business Committee in terms of progress and improving digital maturity.

**Strategic risk 4:** Failure to be compliant with legislation and regulatory requirements

The Committee received a whole series of assurances regularly. One gap had been identified around the reporting from ICB and Leeds Committee in terms of their support to the Trust on Place based complaints.

The Director of Workforce (JA) felt there was a gap in terms of legal compliance in the workforce element. A private report to the Trust Board on employee relations would give that assurance in terms of compliance in respect of managing difficult cases. She said some of the internal audit videos on recruitment provided that assurance of meeting the legal guidance on NHS employer check standards.

The Committee Chair suggested conveying all this to the Company Secretary. The Chief Executive added that there were Committees like Quality and Patient Engagement and compliance with safeguarding.

**Strategic risk 5:** Failure to deliver financial and performance targets

It was noted that the Committee did manage against the financial performance target risk. No gaps were identified.

**Strategic risk 6:** Failure to have sufficient resource for transformation programmes

Regular reports were being received in terms of updates from the Change Management Board.

**Strategic risk 7:** Failure to maintain business continuity

Assurance reports and analysis of the business continuity were regularly received by the Committee. A gap in assurance talked about gaining cyber assurance and whether something could be included in one of the regular cybersecurity reports. The Executive Director of Finance and Resources said that there was already a regular report in the information governance internal on cyber reporting and in Cyber Essential Plus for the purpose of this Committee. The reporting

had been standardised to provide progress reports.

**Strategic risk 8: Failure to have suitable and sufficient staff resource**

No gaps were identified. All regular sets of reports did go through to the Trust Board and Committees.

**Outcome:**

The Committee reviewed the sources of assurance that it currently received against the strategic risks. It reviewed and agreed any additional sources required.

**b) Work plan**

The Committee reviewed the work plan and noted the revised dates for reporting.

**Item 2023/24 (28): 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 Committee Chair would provide a brief report to update the Trust Board on issues discussed at the meeting relating to:

- Finance position review
- Estates priorities
- Digital strategy
- Sustainability
- Workforce information and planning
- Internal audit reports

**Item 2023/24 (29): Any other business**

**Sexual Health Contract update - (Please see Private Minutes)**

- This was the last Business Committee meeting for the outgoing Executive Director of Finance and Resources. The Committee Chair said it was a pleasure engaging through the financial challenges and considering plans for the meetings. The Committee members wished him all the best and good luck for whatever he planned to do next.

## SCRUTINY BOARD (ADULTS, HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 13TH JUNE, 2023

**PRESENT:** Councillor A Scopes in the Chair

Councillors B Anderson, C Anderson,  
L Farley, M France-Mir, J Gibson, C Hart-  
Brooke, M Iqbal, W Kidger, K Ritchie and  
E Taylor

Co-opted Member present – Dr J Beal

### **1 Appeals Against Refusal of Inspection of Documents**

There were no appeals.

### **2 Exempt Information - Possible Exclusion of the Press and Public**

There were no exempt items.

### **3 Late Items**

There were no formal late items, but supplementary information was circulated in relation to Item 11 - Innovation in the Health and Care Sector.

### **4 Declaration of Interests**

No declarations of interests were made at the meeting.

### **5 Apologies for Absence and Notification of Substitutes**

Apologies for absence had been received from Councillor S Firth, with Councillor B Anderson attending as a substitute.

### **6 Minutes - 21st March 2023**

**RESOLVED** - That the minutes of the meeting held on 21<sup>st</sup> March 2023, be approved as an accurate record.

### **7 Co-opted Members**

The Head of Democratic Services submitted a report regarding the appointment of co-opted members to the Scrutiny Board (Adults, Health and Active Lifestyles) in line with the arrangements detailed in the Council's Constitution.

In considering the report, members of the Board were reminded of

Draft minutes to be approved at the meeting  
to be held on Tuesday, 11th July, 2023

Healthwatch Leeds' nomination of Dr John Beal as a non-voting co-opted member.

**RESOLVED –**

That Dr John Beal, representing Healthwatch Leeds, be appointed to the Scrutiny Board as a non-voting co-opted member for 2023/24.

## **8 Scrutiny Board Terms of Reference**

The Head of Democratic Services submitted a report which presented the Scrutiny Board's terms of reference for Members information.

Appendix 3 of the report particularly helped to give an overview of how each of the council's five individual Scrutiny Boards for the year had been aligned to Officer Delegated Functions and Executive Portfolios.

The Chair outlined the procedure for the Scrutiny Board terms of reference being agreed at the Full Annual Council meeting, which was held on 24<sup>th</sup> May 2023.

**RESOLVED –** That the Scrutiny Board's terms of reference, be noted.

## **9 Local Authority Health Scrutiny**

The Head of Democratic Services submitted a report associated with the discharge of the Boards special responsibility to fulfil the council's statutory health scrutiny function and scrutinising any matter relating to the planning, provision, and operation of local health services.

The Scrutiny Board (Adults, Health and Active Lifestyles) had been assigned to fulfil the council's statutory health scrutiny function and so the report presented further information and guidance to assist the Board in undertaking this specific role.

The report presented:

- The Department of Health guidance 'Local Authority Health Scrutiny' (2014) to support local authorities and partners deliver effective health scrutiny.
- Draft Terms of Reference for the Health Service Developments Working Group – to provide a forum for health partners to present proposed service changes or developments at an early stage to help determine the level of engagement and/or consultation with the Scrutiny Board.
- Details of the West Yorkshire Joint Health Overview and Scrutiny Committee and sought the Boards nomination for two members to serve as the Board's representatives on the Joint Committee for 2023/24.

**RESOLVED –**

Draft minutes to be approved at the meeting  
to be held on Tuesday, 11th July, 2023

- (a) That the content of this report, alongside the associated appendices, information and guidance presented, be noted.
- (b) That the re-establishment of the Health Service Developments Working Group, in line with the Terms of Reference as presented at Appendix 1, be agreed.
- (c) That Councillor A Scopes (Chair of the Board) and Councillor C Anderson be appointed as the Board's representatives to serve on the West Yorkshire Joint Health Overview and Scrutiny Committee (JHOSC) for the municipal year, 2023/24.

## **10 Sources of work for the Scrutiny Board**

The Head of Democratic Services submitted a report regarding the potential sources of work for the Scrutiny Board.

The following were in attendance:

- Councillor Fiona Venner - Executive Member for Children's Social Care and Health Partnerships
- Councillor Salma Arif - Executive Member for Adults Social Care, Public Health and Active Lifestyles
- Caroline Baria - Interim Director of Adults and Health
- Victoria Eaton - Director of Public Health
- Tony Cooke - Chief Officer Health Partnerships
- Steve Baker - Head of Active Leeds
- Professor Phil Wood - Chief Executive of Leeds Teaching Hospitals NHS Trust (LTHT)
- Tim Ryley - ICB Accountable Officer (Leeds Place)
- Sam Prince - Executive Director of Operations, Leeds Community Healthcare NHS Trust

The Chair invited those present to introduce themselves and to outline key issues and potential areas of work for the Scrutiny Board to undertake during the current municipal year. It was noted that apologies had been received from Dr Sara Munro, Chief Executive, Leeds and York Partnership NHS Foundation Trust. The Chair explained that having recently met with Dr Munro, he was able to relay her suggestions to the Board in her absence.

The Chair also invited Board Members to raise any questions and share their views on potential areas of work for the Scrutiny Board to undertake this year.

In summary, the following potential areas of work were raised:

- Continuing the work of the former Scrutiny Board towards improving access to local NHS Dental Services.
- Improving access to General Practice.
- Workforce challenges impacting on health and care service delivery in Leeds.
- Intermediate Care Redesign Programme.
- Supporting and safeguarding people who live street-based lives.

- Exploring how people's voices are heard in the health and care system.
- Monitoring progress with the Marmot programme.
- Monitoring the Department for Transport pilot on active travel and active workplaces.
- Progress with the Community Health and Wellbeing Programme in terms of transforming how domiciliary (home care) services are delivered and improved.
- Reviewing the Leeds Offer for unpaid carers.
- Exploring the impact of the cost-of-living crisis for patients accessing services.
- The Leeds ICB operating model review.
- Latest Public Health Annual Report.
- Showcasing and learning from the Health and Wellbeing Board's Allyship Programme.
- Understanding and addressing suicide rates in Leeds.
- Exploring the extent and health impacts of cannabis use, particularly amongst young people. It was suggested that this matter be raised with the Drug and Alcohol Board in the first instance, with a view to providing an initial briefing paper for Board Members on the current position.
- Tackling delays in children neurodiversity assessments.
- Monitoring delivery of the Leeds Mental Health Strategy, including a focus around the Community Mental Health Transformation Programme.
- Maximising local NHS and local authority funding and considering cost sharing provisions.

Another area of interest raised by Board Members related to the use of vapes (or e cigarettes) particularly amongst children and young people. The Chair explained that this issue had also been raised by the Children and Families Scrutiny Board and the Director of Public Health confirmed that a briefing paper on this matter was expected to be considered by the Children and Families Scrutiny Board as part of its July meeting. It was therefore agreed that, once available, this briefing paper would also be circulated to Members of the Adults, Health and Active Lifestyles Scrutiny Board for information.

The Chair thanked everyone for their contributions to the discussion.

**RESOLVED** – That the contents of the report and the suggested areas of work, as set out above, be noted.

## **11 Innovation in the health and care sector**

The Head of Democratic Services submitted a report which presented information provided by the Leeds Academic Health Partnership on how innovation in the health and care sector helps to achieve the Leeds Best City Ambition to become a healthier and more economically prosperous city for all its citizens.

The following were in attendance:

- Councillor Fiona Venner - Executive Member for Children's Social Care and Health Partnerships
- Councillor Salma Arif - Executive Member for Adults Social Care, Public Health and Active Lifestyles
- Caroline Baria - Interim Director of Adults and Health
- Victoria Eaton - Director of Public Health
- Tony Cooke - Chief Officer Health Partnerships
- Steve Baker - Head of Active Leeds
- Professor Phil Wood - Chief Executive of Leeds Teaching Hospitals NHS Trust
- Tim Ryley - ICB Accountable Officer (Leeds Place)
- Sam Prince - Executive Director of Operations, Leeds Community Healthcare NHS Trust
- Dr Luan Linden-Phillips - Innovation Adoption Specialist, Leeds Academic Health Partnership (LAHP)

The Executive Member for Children's Social Care and Health Partnerships gave a brief overview of some of the positive work that had been progressed collaboratively through the LAHP in terms of developing solutions to challenges or creating more efficient measures within the health and care system. In terms of making the city more receptive to the needs of innovators, specific reference was also made to the establishment of the LTHT Innovation Pop Up.

The Chief Officer for Health Partnerships and the Innovation Adoption Specialist at the LAHP then gave a brief introduction to the report and highlighted the following key points:

- The LAHP recognises that innovation, research and evidence are central to all three pillars of the Best City Ambition.
- Previous projects have included the establishment of the Leeds Health and Care Academy to transform the learning and development for the 57,000 people who work in health and care. The Academy now trains over a thousand unique learners each year and has generated over 200 jobs as part of the targeted employment programme in estates like Lincoln Green and opened up wider access routes into health and care for residents of the most deprived areas in Leeds.
- Leeds has a thriving and diverse research and innovation ecosystem. New early diagnostic technology has been developed, such as PinPoint which uses blood biomarkers and artificial intelligence (AI) to determine a patient's risk of cancer and optimise urgent cancer referral pathways. Pinpoint received incubation support from the Leeds Centre for Personalised Medicine and Health, a previous project of the LAHP.
- DigiBete was highlighted as another patient-led innovation which involves a multi-lingual video platform and app to help support children, young people and families self-manage their type I diabetes through age-appropriate shared videos and educational resources.

- Funding from LAHP had been done under a fair share agreement to bring together a multitude of partners to look at opportunities to develop much needed innovations for patients and staff.
- The LAHP is currently supporting around 10 significant multi-partner research and innovation bid opportunities, each with potential funding in the range of £1 million to £7 million.
- Aligning the universities with city health and care strategies brings diverse perspectives around common goals to maximise opportunities in research and innovation. In the University of Leeds' latest strategy, reducing health inequalities and the social impact of research is explicitly at its heart.
- The LAHP maintains and connects into strong networks across Leeds and West Yorkshire to identify key innovations, utilise assets and maximise growth of technology to support the health and care system.
- Solutions to information governance challenges for data-driven technologies were noted to be ongoing to address the current need for multiple individual data protection impact assessments.
- In the arena of social care, innovation will be data driven, engaging with population health boards to ensure patient needs are identified and articulated.

In response to questions from Members and subsequent discussion, the following was outlined:

- The key impact and progress of innovation in the system was noted as connecting data sources, creating infrastructure for the flow of information, efficient diagnosis of illness and management of co-morbidities.
- The LAHP was open to bring innovators into discussions for projects the LAHP is working on and where those innovations are deemed beneficial to the system. The region has a healthy digital sector and expertise that can be tapped into.
- Some issues were noted by Members with PATCHS, a technology developed to book a GP appointment recently implemented across West Yorkshire, due to a lack of public facing communication of its adoption.
- Whilst the digitalisation of services had clear net benefits, it was noted that use and accessibility is not equal across the population, particularly those with disabilities or living in poverty, and non-digital options should be clearly communicated to the public.
- Face to face appointments and home visits were noted to still be an essential service.
- Through the work outlined in the Leeds Digital Strategy and programmes such as 100% Digital Leeds, people will be supported in and out of hospital, giving them more control over their own health and wellbeing whilst also focusing on inclusivity.
- Research agendas will have a focus on inequality and include sound communication of new technology and how to make it accessible.
- Whilst much innovation needs to be inclusive, it was noted that not all technology, such as diagnostics and analytics, is patient facing and instead supports work efficiency for institutions. The Integrated Digital Service was assisting in the adoption of digitalisation, and it is engaging with lead service providers to determine how it will be best introduced. The

LAHP's role is to support innovation and adoption, but it is the responsibility of those who deliver services how best to introduce innovation.

- Leeds was increasingly securing its position as a leading city in health and care, with a strong emphasis on reducing inequality, which ties into the ongoing Marmot City work.
- Leeds and West Yorkshire was noted to be well connected with health technology corridors connecting with Nordic countries and Israel to access cutting edge innovation and export developments from Leeds.
- It was acknowledged that the focus on innovation in social care could and should be stronger, however, conversations and pathways were coming to fruition but lacked parity of funding to other health sectors. Progress is being made, for example in remote monitoring for patients, which was noted to be translating from health to social care settings.
- Developing appropriate data connectivity infrastructure posed some concerns for Members, however, it was highlighted that this programme of work is being managed by the Leeds Integrated Digital Service and engagement events across the network are in place to develop ideas and streamline the approach around the use of new technology.
- The use of AI can raise ethical issues and the trust of patients will need to be built. Ethical approval is an integral part of research in the development of new technologies and adoption of new patient facing technology requires engagement with patients. It is of vital importance to gain and sustain people's trust in how organisations safeguard and use their personal data. It was recognised that health and care staff are facing significant challenges and that the benefits of innovation will need to be demonstrated in practice to encourage adoption. The process for staff engagement and training for new innovative technology will be explored with the Leeds Health and Care Academy
- With changes to commissioning and government policy making, some systems have appeared fragmented, so pulling together digital processes and technology will allow greater efficiency in health and social care provision. Partnership working within Leeds was already well established and data widely shared with new innovation to support current integration models.
- Adult social care is looking at how technology and innovation can be incorporated into transformation and service development. The various service providers were noted to be of different scales and adoption of technology was behind the health sector, however, adoption of technologies and integration across health and care was increasing.

**RESOLVED** – That the report, along with Members comments, be noted.

## 12 Performance Update

The joint report submitted by the Director of Adults and Health, the Director of Public Health and the Director of City Development provided an overview of outcomes and service performance related to the Council and city priorities within the remit of the Adults Health and Active Lifestyles Scrutiny Board.

The following were in attendance:

- Councillor Fiona Venner - Executive Member for Children's Social Care and Health Partnerships
- Councillor Salma Arif - Executive Member for Adults Social Care, Public Health and Active Lifestyles
- Caroline Baria - Interim Director of Adults and Health
- Victoria Eaton - Director of Public Health
- Tim Fielding - Deputy Director of Public Health
- Tony Cooke - Chief Officer Health Partnerships
- Steve Baker - Head of Active Leeds
- Rob Wood – Intelligence and Policy Manager, Adults and Health
- Shona McFarlane – Deputy Director of Adults and Health

In considering the performance details presented, the Board discussed a number of matters in more detail, across Adult Social Care, Public Health and Active Lifestyles, including the following:

#### Public Health

- Commentaries of the health inequality data had not been included in the report as publication from the Office for National Statistics data had been delayed until Autumn 2023.
- Life expectancy data for men and women remained stable, public health services continued to perform well, including access to NHS public health checks. Indicators will remain under review in line with the Marmot City work to support the strategic aims for Leeds, where 'people who are the poorest improve their health the fastest.'
- The report covered a broad scope and a previous submission of this data had been reviewed to be clearer in content. The key indicators to provide an overview of long-term public health and service delivery measures and inequalities will be brought back to the Board every 6 months, supplemented with practical short-term actions.
- Data regarding vaping was noted to be emerging and although not included in this report, it was highlighted that analysis of this data will be conducted and can be brought back to the Board as part of future update reports.
- The Chair made reference to the data indicating a rise in obesity levels for younger people and highlighted his intention to bring this to the attention of the Chair of the Children's and Families Scrutiny Board.
- Members noted that for data sets that show a significant change on previous data, it would be of use to have greater analysis of causation and correlation to understand the trends.
- Processes for shorter term funding bids for obesity reduction initiatives raised some concern as funding levels often do not meet the scale of certain projects. Positives were noted for longer term projects for tackling childhood obesity issues and successes in Local Care Partnerships can be learnt from and become more integrated within Public Health and NHS work.

### Adult Social Care

- The report provided an overview of the latest figures and measures of adult social care and activity levels, including adult social care outcomes framework and relevant figures for the Best City Ambition, Better Lives Strategy and Care Quality Commission (CQC) assessment framework.
- The gathering and reporting process for data collection was noted to be in a period of revision in order to provide performance measures in line with the national changes to the CQC framework for 2023/24. This was outlined as a positive to the service for better analysis of topics such as the success of third sector commissioning and data will be live to provide better performance indicators to better inform strategies.
- Demand for adult social care services had risen, however, funding was below that of pre-pandemic level, with a fall in workforce capacity. During 2022/23 Adults Social Care had provided long term care to more than 10,500 people.
- Data for Leeds when compared to key national measures was noted to be positive, with 11 out of 16 measures improving from the previous year, including increased levels of service users and carers noting better support.
- In response to a question regarding the Tele Care installation figures, at page 126 of the report, an increase was expected for the municipal year, with changes to marketing and service delivery to provide a broader range of options to service users.
- The sustained trend in increased safeguarding concern figures was perceived to be due to an increase in referrals, with awareness campaigns likely influencing this, as well as increased West Yorkshire Police and the Ambulance Service involvement.
- Safeguarding referrals do not always require a section 42 enquiry but referrals will be signposted to appropriate bodies for the required care and support. Safeguarding inquiry levels had remained similar to the previous year.
- Relative to population demographics, data showed fewer safeguarding referrals from culturally diverse communities. Voluntary Access Leeds had been commissioned to understand whether this was due to access or communication issues and the efforts had led to some increase in reporting from these communities.

### Active Lifestyles

- The inactivity rate of the population had significantly fallen, since its sharp rise during the Covid-19 pandemic and there are now more people active than that recorded in the original survey of 2016.
- The figures noted a better activity result than the national and regional averages, however, greater levels of inactivity were recorded in areas with higher deprivation rates.
- The Physical Activity Ambition and Get Set Leeds initiatives were working to increase activity levels in areas of deprivation; the Get Set Leeds programme had secured funding for two further years through Sports England.

- Data had been gathered from Sports England, which is reported annually and consists of surveys from 2000 people in Leeds and categorises three scaled levels of activity.
- There was revision to the process for gathering data outlined, to increase the scope of participation and gather more social or demographic information with the Council, in liaison with Sports England.
- Positives for the department were noted as, increased numbers of people taking swimming classes and gym memberships at leisure centres and longer-term funding secured to test service initiatives and understand the needs of different communities.
- Long waiting lists, particularly for swimming lessons at leisure centres, were noted, although funding, space and workforce capacity issues may impact this, there were 1500 more children signed up than pre-pandemic levels.
- Healthy holiday activities were planned over the summer, providing free swimming lessons for children, including equipment provision.
- 90% of schools in Leeds were somewhat engaged with leisure centre swimming.
- Interim targets for the service were outlined as a 1% reduction every year for inactivity rates; this was to be reviewed with reference to the Health and Wellbeing strategy.

The Board extended their thanks to Executive Members and Officers for their ongoing work.

**RESOLVED** – That the contents of the report, along with Members comments, be noted.

### 13 **Work Schedule**

The Head of Democratic Services submitted a report that presented a draft work schedule for the municipal year, 2023/24. Reflected in the work schedule were known items of scrutiny activity, such as performance and budget monitoring, as well as other areas of work recommended for progression by the former Scrutiny Board at the end of the previous municipal year, 2022/23.

With regard to the other potential areas of work identified during the Board's discussions, the Chair explained that he would work with the Principal Scrutiny Adviser to consider how best to prioritise and incorporate these into the work schedule with a view to bringing an updated version to the Board's next meeting for consideration and approval.

**RESOLVED** – That the Chair works with the Principal Scrutiny Adviser to consider how best to prioritise and incorporate the other identified areas of work into the work schedule with a view to bringing an updated version to the Board's next meeting for consideration and approval.

### 14 **Date and Time of Next Meeting**

Draft minutes to be approved at the meeting  
to be held on Tuesday, 11th July, 2023

**RESOLVED** – To note the next meeting of the Adults, Health and Active Lifestyles Scrutiny Board is scheduled for Tuesday, 11<sup>th</sup> July 2023 at 1:30pm (pre-meeting for all Board Members at 1.00 pm)

## SCRUTINY BOARD (ADULTS, HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 11TH JULY, 2023

**PRESENT:** Councillor A Scopes in the Chair

Councillors P Alderson, C Anderson,  
L Farley, M France-Mir, J Gibson, C Hart-  
Brooke, M Iqbal, K Ritchie and E Taylor

Co-opted Member present – Dr J Beal

### **15 Appeals Against Refusal of Inspection of Documents**

There were no appeals.

### **16 Exempt Information - Possible Exclusion of the Press and Public**

There were no exempt items.

### **17 Late Items**

With the agreement of the Chair, there was a formal item submitted as Agenda Item 11 - Leeds Tier 3 Specialist Weight Management Service. This is referenced at minute 24.

### **18 Declaration of Interests**

No declarations of interest were made at the meeting.

### **19 Apologies for Absence and Notification of Substitutes**

Apologies for absence had been received from Councillor S Firth, with Councillor P Alderson substituting.

Apologies had also been received from Councillor W Kidger.

Apologies had also been received from Cllr F Venner as the Executive Member for Children's Social Care and Health Partnerships.

### **20 Minutes - 13th June 2023**

**RESOLVED** - That the minutes of the meeting held on 13<sup>th</sup> June 2023, be approved as an accurate record.

### **21 Matters Arising**

*Minute 10 – Sources of Work for the Scrutiny Board*

Draft minutes to be approved at the meeting  
to be held on Tuesday, 12th September, 2023

Members were advised that the Director of Public Health was progressing the Board's request to raise the issue of cannabis use, particularly amongst young people, with the Drug and Alcohol Board and that a briefing paper will be provided to Board Members to help determine whether any further work by the Scrutiny Board is warranted.

It was also confirmed that the Children and Families Scrutiny Board had used its meeting on 5<sup>th</sup> July 2023 to discuss a briefing paper from Public Health on the issue of vaping amongst children and young people. As a contributor to this meeting, the Chair gave a brief overview of the key issues raised and highlighted that the Children and Families Scrutiny Board will be undertaking further work on this matter via a working group approach that will be arranged after the summer and will also include representation from the Adults, Health and Active Lifestyles Scrutiny Board. The Chair highlighted that this work is to cover 3 key areas – what the Council can do within its own remit; what other partners in Leeds can do (eg Trading Standards); and identifying any national issues where lobbying for change may be needed.

## **22 Leeds Mental Health Strategy 2020-2025**

The report from the Head of Democratic Services presented an update on the delivery of the Leeds Mental Health Strategy 2020–2025.

The following were in attendance:

- Councillor Salma Arif, Executive Member for Adults Social Care, Public Health and Active Lifestyles
- Caroline Baria, Interim Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Tony Cooke, Chief Officer Health Partnerships
- Caron Walker, Chief Officer Consultant Public Health
- Liz Hindmarsh, Programme Manager Transforming Community Mental Health, Leeds & York Partnership NHS Foundation Trust (LYPFT)
- Alison Kenyon, Deputy Director of Service Development, LYPFT

The Executive Member for Adults Social Care, Public Health and Active Lifestyles explained that while mental health strategies largely fell into the remit of the Executive Member for Children's Social Care and Health Partnerships, she would like to provide some introductory comments on her behalf. In doing so, the following points were raised:

- The Leeds Mental Health Strategy 2020- 2025 contributes to the wider Health and Wellbeing Strategy, with a vision for Leeds to be a mentally healthy city for everyone.
- The Strategy has three targeted passions which are to reduce mental health inequalities; improve children and young people's mental health; and improve flexibility, integration and compassionate response of services.
- The Strategy also has eight key priorities, as detailed in appendix 1 of the agenda report.

- Data had shown mental health to be worsening for the population in recent years, particularly over the Covid-19 pandemic, with services experiencing high demand and long waiting lists for referrals.
- Anxiety and depression in school age children and young adults aged 18-25 had increased, which involved issues surrounding gender identity, ADHD and autism.
- Progress was being made by relevant services to improve provision and compassion however, challenges remained with long waiting lists and inequality between demographics.
- The Strategy has an important community grassroots focus and representation.

The Chief Officer Health Partnerships briefly introduced the report and gave an overview of some of the key challenges that the Strategy aims to address. Members were also reminded that the former Scrutiny Board had held a working group meeting on 9th March 2023 to consider the Strategy and in doing so, had particularly recognised the potential benefits linked to the Community Mental Health Transformation Programme. More detailed information on this programme had therefore been provided in the agenda report for Members' consideration.

The Programme Manager Transforming Community Mental Health also explained some of the key aspects of the Community Mental Health Transformation Programme, which included the development of new Integrated Community Mental Health Hubs. These are to be trialed in autumn 2023 in three locations with the aim of scaling them up across Leeds in 2024.

It was highlighted that a large focus of the community mental health model is around supporting people to recover and to continue to live a fulfilling life in their own community. Investment had been made in establishing the role of Community Wellbeing Connectors who will work with people to help them access a range of different types of support in communities. Investment had also been expanded to community-based support through a grant funding scheme being jointly delivered by Forum Central and Leeds Community Foundation. This was aimed at small to medium local organisations who offer support for people with complex and ongoing mental health needs. Details of successful grant bids had been provided in the agenda report.

The Chief Officer Consultant Public Health referred to her role as co-chair of the Mental Health Partnership Board and gave a brief overview of the work being undertaken in relation Priority 1 and Workstream 1 of the Strategy which focuses on targeting mental health promotion and prevention within communities most at risk of poor mental health, suicide prevention and self-harm. As a response to the Covid-19 pandemic, work around supporting community volunteers to improve their resilience for themselves and to better support others was noted. The Leeds Mindful Employers Network also assisted developing a positive approach to mental health at work. Reference was made to the programme of work around reducing suicide and self-harm, along with work to reduce stigma surrounding mental health, with a focus on minority ethnic communities. It was also highlighted that the 'Being You

Leeds' mental wellbeing programme had recently been launched, promoting group work, training and challenging stigma involving many third sector organisations across the city.

In response to questions from Members and subsequent discussion, the following was outlined:

- The backlog for neurodiversity assessments for children was challenging due to the increase in referrals, capacity being overwhelmed, workforce recruitment and retention issues and insufficient funding to meet demand.
- Pilot programmes and initiatives were ongoing to address the children's neurodiversity assessment back log. This involved looking at where support could be provided without the need for formal assessment and diagnosis. However, Members queried whether this approach would restrict access to specific support and funding streams that are linked to a diagnosis. Given the Board's specific interest in this area, the Chair requested that a short briefing paper be provided to Board Members setting out the current scale of the challenge and the actions being taken to try and address this.
- In terms of complex rehabilitation needs, it was highlighted that multiple agencies are often utilised for rehabilitation needs and so a new model of home first or community care was being developed through the Leeds and York Partnerships NHS Foundation Trust with the investment secured for mental illness and learning disabilities for West Yorkshire.
- For people living with learning disabilities and/or neurodiversity the aim is to provide support in the least restrictive environment, which was usually at home. For more extreme cases, Members were assured that current data modelling showed sufficient capacity in hospital beds and that improvements to community provisions would help increase capacity levels even further.
- Complex rehabilitation services were partnered with the third sector, providing complex care packages, including occupational therapy, varied visiting times and assistance for normal life activities as part of the offer. The Community Mental Health Team would then assist once a patient was home.
- People could be self-referred or referred by others to the Community Mental Health Hubs, with response times aiming to be within 5 days.
- Addressing mental health issues for university students was largely done through the Leeds Student Medical Practice in partnership with the Universities and the NHS to tailor care to this specific demographic.
- It was acknowledged that crisis service performance data was not meeting expected or desired targets, which was largely due to workforce recruitment and retention issues.
- A 90-day learning cycle through the Leeds and York Partnership Foundation Trust had made up part of the transformation consultation process. The results were noted to be mixed due the short time scale and ambitious model; it had provided insight into key worker roles, workforce principles and culture changes. Development of the model also included feedback gathered through Local Care Partnerships.

- The Leeds Involving People organisation ran a working reference group which encouraged lived experiences and was comprised of specialists from across the services to address barriers to access for people from different backgrounds.
- It was noted that 80% to 90% of mental health issues were created within communities and so health services alone cannot solve all mental health problems.
- Inadequate housing and exposure to poor social conditions and anti-social behaviour were noted to be common factors linked to people's mental health and wellbeing. Linked to Priority 1 of the Strategy, it was acknowledged that early intervention and preventive measures linked to these factors would have greater lasting impacts and therefore requires investment in local authority core services too.
- Measures for diverting situational mental health issues, leading people to use more adept services were outlined as social prescribing, encouraging good workplace practises and support and reducing inequalities, with specific links made to the Marmot City work.
- Staff shortages were noted across all professional groups. However, there was an aim to reduce spending on agency staff and increase the bank of permanent staff within the system. In terms of funding staff pay increases, it was noted that this would generally need to be found within the service.
- The workforce plans to address low recruitment and retention were outlined, which included the 'refer a friend' scheme; maximising the Apprenticeship Levy; and running recruitment campaigns; all of which had amounted to some success and remain ongoing. It was noted that international recruitment had not been overly successful for mental health service providers.
- Importance was placed on GPs having up-to-date and accurate information surrounding existing demand pressures and waiting times. Work was therefore underway to improve communications with GPs so that they are better informed and can consider the range of options available when considering referrals.
- Members sought further information on the evaluation framework linked to the grant allocations set out in appendix B of the report.
- Members outlined the need for expanded agency involvement within mental health services to support people through accessing Universal Credit and food banks.
- Areas of deprivation had poorer mental health outcomes and the impact of inadequate housing and exposure to alcohol and addiction therefore need to be addressed. The approach of medicalising mental health issues in most instances may not be effective if other protective factors are not also implemented. Societal impacts can undermine mental health services and open, lived experience conversations can improve the wider response to the increasing poor mental health problems in the population.
- As Local Authority services are based on an individual's address and patient services are linked to their registered GP address, Members highlighted that this can sometimes lead to difficulties for those people

who require cross boundary service provisions and therefore emphasised the importance of collaborative working across the region.

In conclusion, the Chair provided a brief recap in terms of the additional information requested by Members and thanked everyone for their valuable contribution to the Board's discussion.

**RESOLVED** – That the report, along with Members comments and information requests, be noted.

## 23 Healthy Leeds Plan Refresh

The Head of Democratic Services submitted a report which presented an update from the ICB Accountable Officer (Leeds Place) on the refreshed Healthy Leeds Plan.

The following were in attendance:

- Councillor Salma Arif, Executive Member for Adults Social Care, Public Health and Active Lifestyles
- Caroline Baria, Interim Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Tony Cooke, Chief Officer Health Partnerships
- Catherine Sunter, Head of Population Health Planning, Leeds ICB
- Jo Howard, Population Health Outcomes Development Lead, Leeds ICB

The Head of Population Health Planning and Population Health Outcomes Development Lead presented the report and outlined the following information:

- The plan outlined the Health and Care contribution towards delivery of the Health and Wellbeing Strategy, achieving the ambition that *Leeds will be a caring city for people of all ages, where people who are the poorest improve their health the fastest.*
- The plan was ambitious to improve health goals in line with the system commitments to population needs. This was different from traditional approaches that focus on primary care and point of access.
- There are 9 exclusive segments of population and life stages that will be targeted by the plan, which are children and young people, healthy adults, maternity, long term conditions, cancer, severe mental illness, learning disabilities and neurodiversity, frailty and end of life.
- The draft plan set out within the agenda pack had been considered by the Leeds Committee of the West Yorkshire ICB on 5<sup>th</sup> July 2023 and due to be considered by the Leeds Health and Wellbeing Board during its meeting on 20<sup>th</sup> July 2023.
- Comments from the Scrutiny Board, ICB and Health and Wellbeing Board were to be incorporated into the plan.
- The Healthy Leeds Plan consultation had engaged with the public and shaped shared system goals and expected outcomes.

- It was noted that there were too many goals in the original Healthy Leeds Plan and the 2023 plan will be comprised of 2 system goals 'reduce preventable, unplanned care utilisation across health settings' and 'increase early identification and intervention'.
- The plan had taken inspiration from the New York Staten Island system with reduced goals, effective planning and realistic implementation.
- The goals were deemed reflective of the financial climate.
- The broader purpose and next steps of the plan were to contribute to the West Yorkshire Joint Forward Plan and influence local plans to meet regional and national goals. At a West Yorkshire ICB level the Leeds Place plan is unique in terms of its focus on populations which is in line with the Leeds system operating model.
- The small scope of goals gave greater ability for tracking and the actions being undertaken as a system to address the goals will remain under review as part of an annual refresh of the plan.
- All system partners have a role in achieving these system goals. A small number of priority data-led initiatives will be identified. These will in general be delivered through existing governance infrastructure – the relevant Population or Care Delivery Board and Local Care Partnership.
- The progress for goal 1 'reduce preventable, unplanned care utilisation across health settings' will be robustly monitored with target reductions.
- Goal 2 to 'increase early identification and intervention' will be informed via goal 1 data.
- Indices of Multiple Deprivation (IMD) 1 to 10 had been used to determine levels of deprivation for areas across Leeds to identify needs of specific communities.
- Once finalised and published, there will also be an easy-to-read version made available and this will be published at the same time.

In response to questions from Members and subsequent discussion, the following was outlined:

- It was noted the plan will focus on maximising the Leeds pound through engagement with the Population and Care Delivery Boards to strive for allocative efficiency. As the Scrutiny Board continues to monitor delivery of the plan, the Chair also emphasised the importance of maintaining an oversight of how well local NHS and local authority funding is being fully maximised, including cost sharing provisions.
- It was outlined that IMD1 populations had more unplanned care and IMD10 was predominately planned care. This model will not ignore the pockets of deprivation in the more affluent wards, as lessons can be learnt from IMD1 and feed out to other areas with the overall aim for improved services for everyone.
- Differences were noted between the healthcare systems of England and Staten Island, however, the process of the health led approach and focus on wider determinants and division of areas was appropriate and effective.
- The projections, detailed from page 71 of the report, were expectations of unplanned system utilisation alongside population growth and aimed

to be realistic and then add targets for less unplanned care with further data to be shared back to the Board if improved from the projections.

- The recruitment aims, detailed on page 114 of the report, were explained as being developed against NHS England national priority indicators and the GP recovery plan, and would consist of 515 full time equivalent staff for Leeds which can be appointed specifically to meet needs, such as social prescribers or ambulance staff.
- Data comparing current Leeds GP full time equivalent employment figures with that from 5 years was agreed to be compiled and the Chair advised that this can form part of the report that is expected for the Board's September meeting around improving access to General Practice.
- More GPs will be needed to be proportional to future population increases. It was noted various schemes such as the GP recovery plan identified how staff are best utilised, primary care was best for complex, long term needs, and preventative public health measures should limit unplanned care forecasts.
- Collective challenge was impacted by the rise in demand and needs of the population, services had to prioritise backlogs so proactive, preventative methods in the community needed to be targeted to relieve pressure from the care system.
- A streamlined approach was needed to pull services up together for any future technological developments, including Artificial Intelligence (AI). Various digital initiatives were outlined to be working towards this including the Academic Health Partnership; however, it was noted to be at an early stage of development with challenges including GDPR and access.
- Technological developments should have people and community as a priority to ensure trust and access and AI should not be implemented too fast as services are mostly utilised by older people. It was noted a watching brief should be kept over emerging technology in the system by the Board.
- It was highlighted that a number of the targets set out in the plan were reflected of those set out in the overarching Joint Forward Plan developed by the West Yorkshire ICB.
- Each Population and Care Delivery Board has an outcomes framework along with outcomes measures that they are accountable for delivering. It was agreed these would be shared with the Board. Population and Care Delivery Boards are responsible for advising the Health and Care system in how to improve outcomes, experience and make a better use of resources for their population.

In conclusion, the Chair thanked everyone for their contributions and requested that the Board's comments and requests for information be noted.

**RESOLVED** - That the report, along with Members comments and information requests, be noted.

## **24 Leeds Tier 3 Specialist Weight Management Service**

The Board was reminded that the Chair had requested that senior NHS and Public Health representatives met urgently with Members of the Scrutiny Board in accordance with its Health Service Developments Working Group approach to provide clarity surrounding a decision to cease referrals into the Leeds Tier 3 Specialist Weight Management Service from 1st July 2023 and to allow the Scrutiny Board to share its views regarding the implications of that decision.

This working group meeting took place on 28th June 2023 and was attended by senior representatives from Public Health, the Leeds Health and Care Partnership and the Leeds Community Healthcare NHS Trust.

A summary of the main issues raised during the working group, along with key conclusions and recommendations, had been captured in the form of a draft Statement of the Scrutiny Board and with the agreement of the Chair, this had been added to the meeting agenda as a late item of business for consideration and agreement by the Board.

**RESOLVED** – That the appended draft Statement of the Scrutiny Board in relation to the Leeds Tier 3 Specialist Weight Management Service, be approved.

## 25 Work Schedule

The Head of Democratic Services submitted a report that presented the Board's latest work schedule for the forthcoming municipal year. The Chair explained that a number of key areas of interest were raised during the Board's last meeting and that efforts had therefore been made to try and reflect as many of these as possible into the work schedule while also ensuring that it remained manageable.

Discussions from Board Members included the following:

- The Chair highlighted that the Public Health Annual Report would now be brought forward to the Board's September meeting.
- The Chair advised that the work item around access to dental services would likely be considered via a working group approach.
- A request was made for the Board to explore the current position in relation to local renal services and to evaluate the impact of an earlier Scrutiny review into this service area.

**RESOLVED** – That the Scrutiny Board's work schedule for the 2023/24 municipal year, along with Members comments, be noted.

## 26 Date and Time of Next Meeting

**RESOLVED** – To note the next meeting of the Adults, Health and Active Lifestyles Scrutiny Board is scheduled for Tuesday, 12th September 2023 at 1:30pm (pre meeting for all Board Members at 1:00pm)

Draft minutes to be approved at the meeting  
to be held on Tuesday, 12th September, 2023

## Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from: Leeds Committee of the WY ICB

Date of meeting: 5 July 2023

Report to: WY Integrated Care Board on 18 July 2023

Report completed by: Sam Ramsey, Head of Corporate Governance & Risk, ICB in Leeds on behalf of Rebecca Charwood, Independent Chair, Leeds Committee of the WY ICB

### Key escalation and discussion points from the meeting

#### Alert:

##### Financial Update at Month 2 (May) 2023/24

The committee received a report recapping on the earlier reporting financial positions and tracking the position to the final submission for 2022/23. Members were also updated on the financial position as at the end of Month 2 (May) against the final agreed plan for 2023/24. Members were advised that the ICB in Leeds needed to ensure it had a deliverable QIPP plan in place by early May 2023 to ensure that it would meet the initial QIPP target of £15.4m. It was noted that a QIPP Steering Group had been set up to engage with Population Boards to identify and implement schemes for 24-25 in advance of the next financial year. The committee recognised the financial challenges and the difficult decisions that had been taken.

#### Advise:

##### Place Lead Update

The committee received the positive news that Leeds had declared itself a Marmot City and under the leadership of Public Health in Leeds City Council, would be working together to look at how to best address collectively the wider determinants of health and address the inequalities in health outcome. Members heard that this builds on the commitment Leeds has and supports the whole system and rising demand of services. Michael Marmot and his team joined Leeds for the launch event of this programme of work on June 12<sup>th</sup>. Two initial priorities would be taken forward in Leeds, Early Start and Housing and Health.

Further positive news was received that Leeds Teaching Hospitals Trust (LTHT) has been given the green light by the national New Hospitals Programme. Members noted that this was an exciting programme for the people of Leeds and the surrounding region who use the hospital's services.

##### Risk Management Report

The committee received the updated risk register and noted reasonable assurance in respect of the effective management of the risks and the controls and assurances in place.

The committee noted Appendix 3 to the report, which had been produced across system partners of their highest scoring risks that they wanted the membership of the Leeds Committee to be sighted on. The top risks identified supported triangulation of risks and provided visibility of the risk profile across the Leeds Health and Care Partnership. Throughout discussions, the committee noted the risk and potential implications of the reductions relating to the West Yorkshire Operating Model. It was outlined that the risks rated as 'high' should be the most prevalent topics of discussion throughout the meeting and this would be considered when setting the agenda for each meeting.

### **Assure:**

#### **Peoples Voice**

A 'People's Voice' item is heard at the beginning of each meeting, to hear a lived experience of health and care services as part of the 'We start with people' approach. An audio was played which presented a lived experience of a person with complex physical and mental health conditions. Members reflected on the three C's, compassion, coordination and communication and how as a Leeds Health & Care Partnership we can influence and make change through existing structures. The Chair reflected that the video encouraged rich and deep discussions.

#### **Healthy Leeds Plan / Joint Forward Plan**

The committee received the refreshed Healthy Leeds Plan, which outlines the health and care contribution towards delivering the Leeds Health and Wellbeing Strategy ambition that *Leeds will be a caring city for people of all ages, where people who are the poorest improve their health the fastest*. Members were advised that the Healthy Leeds Plan would also act as the Leeds contribution to the West Yorkshire Joint Forward Plan, capturing system priorities for the next 12 – 18 months within a single document. The committee commended the document, highlighting it was very well presented and were supportive of the shared goals. Members endorsed the Healthy Leeds Plan.

West Yorkshire Community Health Services Provider Collaborative (WYCHS)  
 Quarterly Chairs and Lead Executives meeting - Meeting Notes and Actions

<b>Date</b>	3.7.23			<b>Location</b>	MS Teams																																			
<b>Chair</b>	Brodie Clark – Chair, Leeds Community Healthcare (LCH)			<b>Minutes prepared by</b>	Becca Spavin - Programme Director: West Yorkshire Community Health Services Provider Collaborative (WY CHS)																																			
<b>Attendees</b>	Andrew Gold – Airedale NHS Foundation Trust, David Crampsey – Airedale NHSFT, Thea Stein – LCH, Sam Prince – LCH, Brendan Brown – Calderdale and Huddersfield NHSFT (CHFT), Linda Patterson – Bradford District Care Trust (BDCT), Karen Jackson – Locala, Dianne Frost – Locala, Rachel Gillott - Yorkshire Ambulance Service (YAS), James Cooke – BDCT, Diane McKerracher – Locala, Emily Thomas (work experience), Tim Ryley – Accountable Officer; Leeds Place WY Health and Care Partnership (WYHCP)																																							
<b>Apologies</b>	Karen Coleman - WYHCP, Therese Patten – BDCT, Phil Hubbard- BDCT, Helen Hirst – CHFT, Steph Lawrence– LCH, Rob Aitchison – Calderdale and Huddersfield NHSFT (CHFT), Jo Webster - Accountable Officer Wakefield Place, WY Health and Care Partnership (WYHCP)																																							
<b>Agenda</b>	<table border="1"> <thead> <tr> <th>Item</th> <th>Time</th> <th>Description</th> <th>Lead</th> <th>Attachment</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>14.00</td> <td>Welcome, introductions &amp; apologies</td> <td>Brodie Clark</td> <td>Verbal</td> </tr> <tr> <td>2.</td> <td>14.05</td> <td>Action log review</td> <td>Becca Spavin</td> <td> 2a%20WYCHS%20CIC%20Action%20Log%2</td> </tr> <tr> <td>3.</td> <td>14.15</td> <td>Update on progress and next steps following the April awayday</td> <td>Becca Spavin</td> <td> 3a.%20Update%20on%20progress%20and'</td> </tr> <tr> <td>4.</td> <td>14.30</td> <td>WYICB Operating Model – update on progress, proposals, and next steps</td> <td>Tim Ryley</td> <td>Verbal</td> </tr> <tr> <td>5.</td> <td>15.00</td> <td>ICB Community Sector lead update, including ask for July ICB Board meeting around a 'Focus on Community'</td> <td>Karen Jackson</td> <td>Verbal.</td> </tr> <tr> <td>6.</td> <td>15.30</td> <td>Best practice/Shared Learning Leeds Self care</td> <td>Sam Prince</td> <td> WY%20Chairs+CEOs%203July2023.ppt</td> </tr> </tbody> </table>					Item	Time	Description	Lead	Attachment	1.	14.00	Welcome, introductions & apologies	Brodie Clark	Verbal	2.	14.05	Action log review	Becca Spavin	 2a%20WYCHS%20CIC%20Action%20Log%2	3.	14.15	Update on progress and next steps following the April awayday	Becca Spavin	 3a.%20Update%20on%20progress%20and'	4.	14.30	WYICB Operating Model – update on progress, proposals, and next steps	Tim Ryley	Verbal	5.	15.00	ICB Community Sector lead update, including ask for July ICB Board meeting around a 'Focus on Community'	Karen Jackson	Verbal.	6.	15.30	Best practice/Shared Learning Leeds Self care	Sam Prince	 WY%20Chairs+CEOs%203July2023.ppt
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West Yorkshire Community Health Services Provider Collaborative (WYCHS)  
 Quarterly Chairs and Lead Executives meeting - Meeting Notes and Actions

	7.	15.45	Confirmation of key messages to feedback to ICB	Karen Jackson	Verbal
	8.	15.50	AOB and close	All	

PREVIOUS MEETING ACTION POINTS			
Category/Work Programme	Action	Status/Update	Lead
Welcome, introductions & apologies	Karen Jackson and Becca Spavin to arrange introduction meeting with Peta Stross	Closed: Meeting between BS, JW and PS – 24.2.23	Becca Spavin
Proposal around our collaboratives purpose, approach, work programme and governance	Establish a WYCHS Executive Lead Group to meet monthly and agree Terms of Refence.	Closed: Monthly WYCHS Executive Lead established, with ToR agreed.	Becca Spavin and Karen Jackson
Proposal around our collaboratives purpose, approach, work programme and governance	Continue to develop a focused WY CHS Provider Collaborative work programme for joint delivery.	Closed: April Awayday outputs has formed the basis of the current workplan - will be reviewed and updated regularly by this group	Becca Spavin and Karen Jackson
Proposal around our	Update the Terms of Reference for the quarterly WY CHS Provider Collaborative Committee in Common.	Closed: An updated version of the ToR has	Becca Spavin and Brodie Clark

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collaboratives purpose, approach, work programme and governance		been circulated with the papers for July meeting for review and confirmation by 31 <sup>st</sup> July 2023. A nil response will be considered as confirmation of the documents	
Proposal around our collaboratives purpose, approach, work programme and governance	Extend the April 2023 meeting of the WY CHS Provider Collaborative Committee in Common into a half day, face to face, awayday.	Closed: Monday 27th April - WYCHS provider Collaborative awayday.	Brodie Clark, Becca Spavin and Karen Jackson
ICB Community Sector lead update	Should colleagues wish to join Karen Jackson and Becca Spavin at the WY CHS Provider Collaborative update at the ICB Partnership Board please let Becca know	Closed	All
ICB Community Sector lead update	Karen Jackson to meet with Jonathan Webb and Ben Roberts to explore opportunity and commitment to finance models for community services.	Closed: Following meeting between Karen Jackson and Jonathan Webb, Karen was asked to present at the WYICB Senior Leadership Team and the WYCHS Provider Collaborative have been asked to host the July ICB Partnership	Becca Spavin and Karen Jackson

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		Board with a focus on 'Community'	
Best practice and current issues	WYCHS Executive Lead Group to consider next steps around Calderdale Social Vulnerability Tool/score.	Closed: Discussed at February 2023 WYCHS ExLeads meeting	Becca Spavin
Proposal around our collaboratives purpose, approach, work programme and governance	Future meetings of 2023 to be arranged ASAP	Closed: Date circulated for rest of year 15.2.23. Monday 27th April - 1/2 awayday in AM. Monday 3 July 14.00 – 16.00 Monday 16 October 14.00 – 16.00 Monday 15 January 14.00 – 16.00	Becca Spavin

AGENDA ITEMS DISCUSSIONS			
By Agenda Item	Main Points and Decisions from Discussions	Agreed Actions	Lead
Welcome, introductions & apologies	Apologies were noted and Brodie Clark welcomed Tim Ryley and Emily Thomas to the meeting.		
Action log review	Becca Spavin updated that all the actions from 31.1.23 had been completed and that in relation to Action 6. the updated Terms of Reference (ToR) and Memorandum of Understanding (MOU) have been circulated with the meeting papers.	The updated ToR and MoU will be re-circulated for review and confirmation by 28 <sup>th</sup> July 2023.  Colleagues are asked to provide feedback on both documents, but specific views on the length of tenure and preferred process to select future Chair and Deputy Chair roles are welcomed.	All

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	<p>Discussion on the governance for this meeting noted;</p> <ul style="list-style-type: none"> <li>• The need for WYCHS governance to be clear on core members with accountability and decision-making responsibility versus partners who are kept informed and involved as appropriate,</li> <li>• Process and timescale for taking forward appointment of future Chair and Deputy Chair,</li> <li>• Length of tenure/rotation for future Chair and Deputy Chair,</li> <li>• That members are involved in multiple place and system Partnerships/Provider Collaboratives, and it was seen as necessary to be clear on whether it is appropriate to have the same Chair across multiple Collaboratives concurrently.</li> </ul>	<p>Please note a nil response will be considered as confirmation of the documents</p> <p>There was also a wish for some clarification on both the 'core' membership of the collaborative, and the broader engagement and wider organisational reach with other agencies and organisations.</p>	<p>Becca Spavin</p>
<p>Update on progress and next steps following the April awayday</p>	<p>Becca Spavin updated on progress around the actions agreed at the April 2023 awayday, these being;</p> <ul style="list-style-type: none"> <li>• create a shared vision and purpose</li> <li>• agree a common set of metrics</li> <li>• work together on staff pay, portability and skills to the benefit of our employees, employers and thus, our populations,</li> <li>• work together on our digital systems</li> <li>• consider and summarise the potential barriers to more effective and productive community</li> </ul>	<p>Following publication of the NHS People plan the WYCHS actions around Workforce should reflect and support this document's long terms asks and ambitions</p> <p>Review individual member organisations straplines for consideration within shared vision and purpose for the Collaborative.</p>	<p>Becca Spavin and Dianne Frost</p> <p>Becca Spavin</p>

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	<p>delivery across the ICS footprint and explicitly share those with the ICB and</p> <ul style="list-style-type: none"> <li>clarify our governance and membership.</li> </ul> <p>LCH updated on their work with Baringa around the development of a community currency and offered to extend involvement across the Collaborative (Locala and CHFT indicated in the meeting they wished to be involved).</p>	<p>Colleagues interested in working with Baringa on the development of the WY wide community currency to let Sam Prince know at an early stage.</p>	<p>All</p>
<p>WYICB Operating Model – update on progress, proposals, and next steps</p>	<p>Tim Ryley updated colleagues on the process and progress around the development of the future WY ICB operating model noting;</p> <ul style="list-style-type: none"> <li>That by September 2023a new structure proposal will be finalised, that can support immediate delivery and evolve to a desired future model as needed,</li> <li>Work continues to be clear of the role of Providers within the future operating models,</li> <li>All WY provider Collaboratives have been asked to provide feedback on the proposals (our letter to be circulated with this not)</li> <li>Discussion continues around accountability and delegation within any future operating model</li> <li>The complexity and difficulty of this process and the position of our own ICB and Provider Collaboratives in comparison to others in the country.</li> </ul>	<p>Circulate the WYCHS response in regard of the WYICB Operating Model with this note</p>	<p>Becca Spavin</p>

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	<p>Brodie thanked Tim for the update and reiterated that the WYCHS Provider Collaborative offer of support in finalising the operating model.</p>		
<p>ICB Community Sector lead update, including ask for July ICB Board meeting around a 'Focus on Community'</p>	<p>Karen updated the meeting that the WYCHS Provider Collaborative had been asked to lead on the July 2023 ICB Board meeting agenda, providing a 'Focus on' Community. It was recognised this is a real opportunity, particularly to highlight the benefit in longer term investment in community services.</p> <p>These 'Focus on' session take the form of two parts. There is an informal and private engagement/listening session with Board members, followed by a formal agenda item in public, supported by a paper.</p> <p>The proposed approach for the 'Focus on' is that;  <u>At the engagement/listening event</u></p> <ul style="list-style-type: none"> <li>• Thea Stein and Rob Aitchison to provide a brief context to those present of the scope and impact of Community services,</li> <li>• Several member organisations to bring an exec Lead and staff colleague to the pre-engagement session to support discussions,</li> <li>• We present 2 or 3 patients' stories – where we explain the known blockers and challenges leading to a poor experience and indicate how we are working to provide an optimum experience i.e. right place/right time preventing/facilitating admission and ensuring excellent care,</li> </ul>	<p>Circulate the 'Focus on Community paper' with the note</p>	<p>Becca Spavin</p>

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	<ul style="list-style-type: none"> <li>• We finish by facilitating tabletop discussions around;</li> <li>➤ What we do well (addressing inequalities, impact, experience - patient and staff);</li> <li>➤ what's improving (VW success/UCR etc);</li> <li>➤ Challenges;</li> <li>➤ Ambitions;</li> <li>➤ Asks and how the community collaborative can support the future ambitions.</li> </ul> <p><u>For the formal meeting and paper we cover;</u></p> <ul style="list-style-type: none"> <li>• Who the member organisation is that make up in West Yorkshire Community Health Services Provider Collaborative and the range and impact of services we provide,</li> <li>• The Why, How and What we collaborate on,</li> <li>• The barriers and challenges community services face and the opportunities we aspire to deliver and</li> <li>• Our asks/recommendations to the Board.</li> </ul>		
<p>Best practice/Shared Learning: Leeds Self care</p>	<p>Sam Prince on the LCH approach to self-care to create capacity in community services, setting out;</p> <ul style="list-style-type: none"> <li>• The context and background to adult services in Leeds place,</li> <li>• The rise in demand for community nursing, therapy, fast track and end of life involvement for community, with only a small amount of increase in funding for staffing</li> </ul>	<p>Colleagues to note and feed back to Sam as appropriate and helpful.</p>	<p>All</p>

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	<ul style="list-style-type: none"> <li>• Several initiatives to support creating capacity and managing demand, but that this discussion focused on Enhance and self-management,</li> <li>• Enhances approach of 'proxy family and the involvement of and investment in third sector capacity and</li> <li>• Self-managements approach of supporting and enabling individuals to achieve independence with their health needs via personalised care and shared decision making.</li> </ul>		
Confirmation of key messages to feedback to ICB	Importance of highlighting the opportunity and importance of investment in community workforce on the back of the NHS People Plan.		
AOB and Close	<p>Brodie closed the meeting by summarising;</p> <ul style="list-style-type: none"> <li>• Our offer to continue supporting the development of the future WYICB Operating model,</li> <li>• The importance of sharing learning and best practice within the WYCHS Provider Collaborative,</li> <li>• Recognition that governance to support the Collaboratives work needs to be finalised,</li> <li>• That October meeting would benefit from being face to face and was agreed.</li> <li>• The recognition of the impact that Thea has had on both Leeds and West Yorkshire as Chief Executive of LCH and that we all wish</li> </ul>	Please could colleagues indicate if they would have the capacity to host the 16 <sup>th</sup> October 2023 – 14.00-16.00pm	All

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	her best endeavours in her national role as Chief Executive of Nuffield Trust.		
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<b>OTHER ISSUES TO NOTE</b>
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N/A

<b>NEW RISKS/ISSUES RAISED</b>
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N/A

<b>Next Meeting</b>			
<b>Date</b>	<b>16<sup>th</sup> October 2023 – 14.00-16.00pm</b>	<b>Location</b>	TBC