Bundle Public Board Meeting 6 October 2023

Agenda
Final Agenda Public_Board_Meeting 6 October 2023

50 09:00 - Welcome, introductions and apologies: Nick Hart, Clinical Fellow, Shadowing Executive Director of Nursing and Allied Health Professionals Apologies: Alison Lowe OBE, Dr Ruth Burnett

51 Declarations of interest:

52 Questions from members of the public
Minutes adoption for approval

53 09:10 - Minutes of previous meeting and matters arising

53.a Minutes of the meetings held on: 4 August 2023
Item 53a Draft Public Board minutes 4 August 2023BC

53.b Actions' log: 4 August 2023
Item 53b Public Board Actions log October 2023

54 09:20 - Patient's story

55 09:40 - Chief Executive's report
Item 55 CEO report - October 2023
Item 55i Oct CEO report Appendix A Involvement Report
Item 55ii Media Report- June1
Item 55iii Media Report- July1
Item 55iv Media Report- August 2023

56 09:50 - Resilience and system flow

57 10:00 - Committee Chairs' Assurance Reports:

57.a Nominations and Remuneration Committee: 15 September 2023
Item 57a Nom and Rem Committee September 2023 - Chair Assurance report V1.0

57.b Charitable Funds Committee: 15 September 2023
Item 57b Charitable funds Committee Chair Assurance Report September 2023

57.c Quality Committee: 25 September 2023
Item 57c QC Chairs assurance report Sept 2023 Final

57.d Business Committee: 27 September 2023
Item 57d Business Committee assurance report Sep 202349 final

58 10:20 - Performance brief and domain reports: August 2023
Item 58 Performance Brief - August 2023 - Final Board Report

59 10:50 - Significant Risks and Board Assurance Framework (BAF) Summary Report
Item 59 Significant risks and Board Assurance Framework (BAF) TLT Board Sept 2023 v2

60 11:00 - Trust Priorities – update
Item 60 Board_Trust Priorities Mid Year Update 2023-24

61 11:15 - Patient Safety Strategy Implementation update
Item 61 Patient Safety Strategy Update September 23 v2

62 11:25 - Engagement Strategy – reviewed by Quality Committee September 2023
Item 62 Final Engagement update to Board September 2023

63 11:35 - Workforce Disability Equality Standard and Workforce Race Equality Standard annual reports 2022-23 and action plans to approve (reviewed by Business Committee September 2023)
Item 63i WDES EDI 2022-23 report - Trust Board 6 October 2023

Item 63ii APPENDICES A WDES performance 2019-2023
Item 63iii APPENDICES B WRES performance 2019-2023
Item 63iv APPENDICES C WDES Action Plan 2023-24
Item 63v APPENDICES D WRES Action Plan 2023-24

64 11:45 - Any other business and questions on Blue Box items

65 11:50 - Reflections on the meeting

66 Close of the public section of the Board

67 Blue box item: Infection Prevention Control Assurance Framework – reviewed by Quality Committee September 2023
Item 67 IPC BAF Version 1
Item 67ii IPC BAF LCH V1.0

68 Blue box item: Serious incidents report and patient safety report combined report from March 2023 – reviewed by Quality Committee September 2023
Item 68 March 23 - Aug 23 (September submission) Safety and SI Combined Report-Board

69 Blue box item: Children, Young People and Family Strategy – reviewed by Quality Committee September 2023
Item 69i CYPF strategy Update Quality comittee 4 Sept 23
Item 69ii CYPF 2022-25 v8

70 Blue box item: Board workplan
Item 70 Public Board workplan 2022-23 v3 28 09 2023

NHS
Leeds Community Healthcare
NHS Trust

Agenda Trust Board Meeting Held In Public

Boardroom, Ground Floor, Building 3
White Rose Office Park, Millshaw Park Lane
Leeds
LS11 0DL

Date 6 October 2023
Time 9:00am – 12.00noon
Chair Brodie Clark CBE, Trust Chair

AGENDA			Paper
2023-24 50	9.00	**Welcome, introductions and apologies:** *(Trust Chair)* Nick Hart, Clinical Fellow, Shadowing Executive Director of Nursing and Allied Health Professionals Apologies: Alison Lowe OBE, Dr Ruth Burnett	**N**
2023-24 51		**Declarations of interest** *(Trust Chair)*	**N**
2023-24 52		**Questions from members of the public**	**N**
2023-24 53	9.10	**Minutes of previous meeting and matters arising** *(Trust Chair)* *For approval*	
53a		Minutes of the meeting held on: 4 August 2023	**Y**
53b		Actions' log: 4 August 2023	**Y**
2023-24 54	9.20	**Patient story**	**N**
QUALITY AND DELIVERY			
2023-24 55	9.40	**Chief Executive's report** *(Sam Prince)*	**Y**
2023-24 56	9.50	**Resilience and system flow** *(Andrea North)*	**N**
2023-24 57	10.00	**Committee Chairs' Assurance Reports:**	
57a		Nominations and Remuneration Committee: 15 September 2023 (Trust Chair)	**Y**
57b		Charitable Funds Committee: 15 September 2023 (Alison Lowe)	**Y**
57c		Quality Committee: 25 September 2023 *(Helen Thomson)*	**Y**
57d		Business Committee: 27 September 2023 *(Richard Gladman)*	**Y**
2023-24 58	10.20	**Performance Brief: August 2023** *(Yasmin Ahmed)*	**Y**
BREAK			
2023-24 59	10.50	**Significant Risks and Board Assurance Framework (BAF) Summary Report** *(Sam Prince)*	**Y**
2023-24 60	11.00	**Trust Priorities – update** *(Yasmin Ahmed)*	**Y**

2023-24 61	11.15	**Patient Safety Strategy Implementation update** *(Steph Lawrence)*	**Y**
2023-24 62	11.25	**Engagement Strategy –** reviewed by Quality Committee September 2023 *(Steph Lawrence)*	**Y**
SIGN OFF/APPROVAL			
2023-24 63	11.35	**Workforce Disability Equality Standard and Workforce Race Equality Standard annual reports 2022-23 and action plans to approve** (reviewed by Business Committee September 2023) *(Jenny Allen/Laura Smith)*	**Y**
CLOSE			
2023-24 64	11.45	**Any other business and questions on Blue Box items** (Trust Chair)	**N**
2023-2024 65	11.50	**Reflections on the meeting** (Trust Chair)	**N**
2023-24 66	12.00	**Close of the public section of the Board** *(Trust Chair)* The Board resolves to hold the remainder of the meeting in private due to the confidential or commercially sensitive nature of the business to be transacted.	**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 65.

Additional items (Blue Box)		
2023-24 67	**Infection Prevention Control Assurance Framework –** reviewed by Quality Committee September 2023	**Y**
2023-24 68	**Serious incidents report and patient safety report combined report from March 2023** – reviewed by Quality Committee September 2023	**Y**
2023-24 69	**Children, Young People and Family Strategy –** reviewed by Quality Committee September 2023	**Y**
2023-24 70	**Board workplan – to note**	**Y**

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 6 October 2023

Agenda item number: 2023-24 (53a)

Title: Draft Trust Board meeting minutes 4 August 2023

Category of paper: for approval
History: N/A

Responsible director: Interim Chief Executive
Report author: Board Administrator

Attendance

Present:	Brodie Clark CBE	Trust Chair
	Thea Stein	Chief Executive
	Professor Ian Lewis (IL)	Non-Executive Director
	Richard Gladman (RG)	Non-Executive Director
	Helen Thomson (HT) DL	Non-Executive Director
	Alison Lowe OBE (AL)	Non-Executive Director
	Khalil Rehman (KR)	Non-Executive Director
	Sam Prince	Executive Director of Operations
	Steph Lawrence MBE	Executive Director of Nursing and Allied Health Professionals (AHPs)
	Dr Ruth Burnett	Executive Medical Director
	Yasmin Ahmed	Interim Executive Director of Finance and Resources
Apologies:	Jenny Allen	Director of Workforce, Organisational Development and System Development (JA)
	Laura Smith	Director of Workforce, Organisational Development and System Development (LS)
In attendance:	Rachel Booth (RB)	Associate Non-Executive Director
	Bridget Lockwood	Business Support Manager (Chief Executive and Chair's Office) Leeds Community Healthcare NHS Trust
	Ann Henderson	Clinical Fellow shadowing the Director of Nursing and Allied Health Professionals
	John Walsh	Freedom to Speak Up Guardian (for Item 37)
	Sofia Hamid	Speech and Language Therapist (for Item 31)
	Em Campbell	Health Equity Lead, Leeds Community Healthcare NHS Trust (for Item 41)
	Lucy Jackson	Consultant in Public Health (for Item 41)
Minutes:	Liz Thornton	Board Administrator
Observers:	Helen Robinson	Company Secretary Designate
	Dawn Gillard	Tissues Viability Nurse, Leeds Community Healthcare NHS Trust
	Andrea North	General Manager, Specialist Business Unit, Leeds Community Healthcare NHS Trust
Members of the public:	None present	

Item 2022-23 (34)

Discussion points:

Welcome introduction, apologies, and preliminary business

The Chair of Leeds Community Healthcare opened the Trust Board meeting held in public.

He welcomed Ann Henderson, Clinical Fellow, shadowing the Executive Director of Nursing and AHPs, Em Campbell, Health Equity Lead, Leeds Community Healthcare NHS Trust to support Item 41 on the agenda, Helen Robinson, Company Secretary Designate, Andrea North, General Manager Specialist Business Unit and Dawn Gilliard, Tissue Viability Nurse all attending as an observers.

Apologies

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

Trust Chair's introductory remarks

The Trust Chair welcomed Board members to the Headingley Enterprise and Arts Centre, once Headingley Primary School and converted into a community hub in 2011. A well-used facility entirely funded and supported by the community which provided a range of community focussed activities.

The agenda for the public board today provided a range of assurance reports across various levels of performance, staffing, quality and resourcing money and people.

Increasingly however, conversations were being taken forward within a wider and more evident context, namely Place and ICS. On the wider context he said that the Trust had become a more important stakeholder, partner, and driver of the wider programme to put community healthcare as a key to the future NHS journey. The aim of the Trust would always be for the good of the community and the Trust's vision should always be unclouded in pushing that forward.

Item 2023-24 (28)

Discussion points:

Declarations of interest

Prior to the Trust Board meeting, the Trust Chair had considered the Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Board members. No additional potential conflicts of interest regarding the meeting's agenda were raised.

Item 2023-24 (29)

Discussion points:

Questions from members of the public

No questions had been received.

Item 2023-24 (30)

Discussion points:

Minutes of the last meeting and action logs

a) Minutes of the meeting on 26 May 2023

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

b) Minutes of the meeting on 28 June 2023

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

c) Actions' log

2022-23 (143) - Health Equity Strategy e-book: this would be discussed under Item 41. **Action closed.**

2023-24 (7) - Governance structure chart: A chart had been included in the Resilience and System Flow report presented to the Trust Board meeting on 31 March 2023. **Action closed.**

2023-24 (9) - Data on statutory and mandatory training compliance: a report had been circulated to Board members by email. **Action closed.**

Item 2023-24 (31)

Discussion points: Patient story

The Board welcomed Kulvinder Manak (Kully) to the meeting to tell the Board her story. In October 2023 Kully had suffered a stroke at home after a period of five weeks as an inpatient in the acute hospital she was discharged to home. She spoke about her first few days in hospital where she felt the approach to her care had been 'transactional' with little effort made by staff to understand how she was feeling and how the physical effects of her stroke in terms of loss of speech and mobility were impacting on her emotional and mental health and wellbeing. It was not until members of her family were able to visit and she was able to adopt other methods of communicating that she began to feel more positive and optimistic about her future. The time spent in hospital posed numerous challenges. The lack of communication and constant movement to different wards was difficult to cope with. Kully said that she was a strong person with a determination to do all that she could to recover her physical and mental health and wellbeing but she acknowledged that everyone would not have the same tenacity.

At the point of her discharge from hospital Kully spoke about her anxiety and uncertainty about the plans for her care and rehabilitation and the lack of communication between the hospital and community services who she felt were not prepared with enough information when she was discharged. She spoke about the relief she felt when she received a letter which explained what would happen next but she felt this could have been done via a telephone call much earlier to alleviate some of her initial anxiety.

Kully praised the services provided by the Trust once a plan had been agreed and put in place. Input from the Speech and Language Therapy Team had been crucial in improving her speech fluency, facial weakness, altered sensation and increasing her confidence. The input from the Trust's services had provided a good foundation for her long-term recovery but Kully felt that a longer-term service was needed particularly for younger people who suffered strokes. After the first few weeks the frequency of contact was irregular with appointments cancelled at short notice.

The Trust Chair thanked Kully for agreeing to share her thoughtful and insightful story and said the way she had been able to speak to the Board reflected the excellent progress she was making and her determination to achieve the goals she set for herself.

The Executive Director of Operations asked if Kully would be willing to speak with a cross section of people drawn from the acute and community sectors with aim of improving the journey from hospital to home and the impact poor communication had on patients.

Non-Executive Director (IL) asked Kully about her contact with her GP and how she felt her mental health was supported.

Kully said that her GP had been very proactive and supportive and she felt her voice was heard and listened to. Initially she had set her own mental health goals but had also received some community support.

The Trust Chair said that the story had raised a number of issues where he hoped the Trust could make improvements for patients including improving communication, better handover between hospital and community services, making more connection between mental and physical health and reviewing the regularity of contact with patients.

He said that he was pleased that Kully had agreed to take up the offer of a meeting with colleagues from the acute and community sector and he suggested that the Board should receive an update on progress on 6 October 2023.

Action: An update report to the Board on 6 October 2023.

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

Item 2022-23 (32)

Discussion points:

Chief Executive's report

The Chief Executive presented her report highlighting:

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

The Trust Chair asked for an update on the recruitment of international nurses.
The Executive Director of Nursing and AHPs reported that the second cohort of 21 had been recruited. 20 had passed the OSCE exam and the option for reasonable adjustments was under consideration for the remaining one.

The third cohort of ten would be in place by the beginning of October 2023.

The Board were pleased to see those two non-executive directors (RG) and (KR) had attended the Leeds Partnership Executive Group (PEG) meeting on 30 June 2023.

Outcome: the Board

- received and noted the Chief Executive's report.

Item 2023-24 (33)

Discussion points:

Resilience and system flow

The Executive Director of Operations presented the report which provided a comprehensive overview of the work being undertaken by the Trust both internally and with system partners, to plan for increased demand and to ensure resilience over the next 6-12 months. It also included 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.

Non-Executive Director (KR) asked if an assessment could be made now about the level of expected pressure for the coming winter.

The Executive Director of Operations reported that currently the number of patients assessed as no reason to reside was less than at the same point in 2022. There were many more options for patients on discharge from hospital and better systems were in place. She added that the summer had been busy but stable. The picture for winter would be clearer in October/November 2023.

Non-Executive Director (IL) thanked the Executive Director of Operations for presenting an excellent report. He referred to the plans to implement Remote Health Monitoring and asked if an assessment had been undertaken on its impact on demand and capacity within the community services.

The Executive Director of Operations advised that Leeds Teaching Hospitals NHS Trust (LTHT) would be setting up a nurse led hub which would support patients from multiple clinical specialities across LTHT. Additional funding had been awarded to LTHT to support this.

The Board recognised that the potential for patients to be monitored remotely without the need to be in hospital was a significant development and one which could have implications for the Trust in future and increase the demand on community services. Funding streams would need to be carefully monitored.

Associate Non-Executive Director (RB) about the maturity of patient information flow.

The Executive Director of Information reported that this remained a challenge and needed to improve. The establishment of the Transfer of Care Hub (TOC) had significantly improved a patient's journey out of hospital but two different information systems were used in acute, community and social care settings which hindered the process. She added that this was a complex and challenging issue and integration of the two systems was some way off.

Non-Executive Director (HT) asked what support was in place for care homes and patients who were receiving palliative care at home.

The Executive Director of Nursing and AHPs advised that the Trust's Neighbourhood Teams had worked with GPs to develop strong links with care homes across the City. The Trust's Palliative and End of Life Care operated as part of the Neighbourhood Teams and worked effectively with local hospices.

The Board thanked the Executive Director of Operations for presenting an excellent paper which set out the key facts and information very clearly.

Outcome: the Board

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

Item 2023-24 (34)

Discussion points:

Assurance reports from sub-committees

a) – Nominations and Remuneration Committee 22 June 2023

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

- **Chief Executive and Directors' pay disclosure report**
  The Committee had noted a report relating to the Directors' pay disclosure for 2022-23.
- **Critical Shift Allowance**
  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 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.

b) – Charitable Funds Committee 23 June 2023

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

- **Charitable development updates**
  There had been no response from the Leeds Teaching Hospitals NHS Trust (LTHT) charity since the questions had been asked about the change of name. In the meantime, the fundraiser role had been filled on a trial basis. Therefore, the committee agreed to stop the process of potential merger with LTHT.
- **Workplan**
  The workplan would be reviewed once the fundraiser was confirmed as staying in post.

- **Finance Report**
  The Committee received a finance report and the draft end of year accounts. The Committee was happy to recommend the draft end of year accounts and report to the Audit Committee.
- **Hannah House**
  The committee noted that a new minibus was in the process of being purchased for Hannah House.
  The Executive Director of Nursing and AHPs informed the Board that the minibus had now been delivered.

c) – Quality Committee – 24 July 2023

A brief verbal update report was presented by the Chair of the Committee, Non-Executive Director (HT). Some reports had been reviewed and were recommended for approval by the Board at this meeting. A number of items had been deferred September to allow further work to be completed. Other key items discussed were included in the Blue Box items for this meeting.

d) – Business Committee – 28 June 2023 and 26 July 2023

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

- **Digital Strategy proposal**
  The Committee received the digital strategy proposal. The Committee made some suggestions to aid its further development and create a version for the Board to approve.

  The Trust Chair asked when the Board could expect to see a version of the strategy.

  Non-Executive Director (RG) said that work was progressing but at a slower pace due to the increased pressures on the IT Team as result of the Trust's move to the White Rose Operations Hub. It would come to the Board as soon as possible.
- **Workforce Strategy update (blue box item for the Board.)**
  The Committee received an update on progress following the May 2023 Board workshop on the topics of Inclusion and the 2022 staff survey. An updated version of the Delivery Plan for 2023/24 was also presented.
- **Service focus: Children's Speech and Language Service**
  Representatives from the Service made a presentation to the Committee which described how their services affected a child's development and life chances and their work on a reduced offer to improve waiting times.

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

d) – Audit Committee 14 July 2023

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

- **Internal audit (Audit Yorkshire)**
  The Committee received a number of internal audit reports but focussed particularly on the two limited assurance audits; Cleaning Standards and the Cyber Essentials Plus Accreditation which had 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.
- **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.
- **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".

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 reviewed 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 Committee recommended 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 Committee received a report which provided an update on the IG agenda progression, the activities of the IG team, and the responsibilities of the Office of DPO. The Committee recommended that a presentation of 'Power BI' to be presented at a future Board development session.

The Board noted that BAF risk 2.4 allocated to the Committee had been assigned a **reasonable** level of assurance.

Outcome: the Board

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

Item 2023-24 (35)

Discussion points:

Performance Brief: June 2023

The Interim Executive Director of Finance and Resources presented the report which sought to provide assurance to the Trust Board on quality, performance, compliance, and financial matters. The report focussed on performance against the Key Performance Indicators (KPIs) agreed before the commencement of the fiscal year. The Brief had been scrutinised in detail by the Quality and Business committees at their meetings on 24 and 26 July 2023, respectively.

Responsive

Non-Executive Director (IL) referred to the data on waiting lists in the ICAN and CAMHS services and said it would be helpful for the Board to receive a more detailed report on workload, capacity issues. potential actions, solutions, and timescales.

The Executive Director of Operations reported that these wait times were documented in a paper presented to the Partnership Executive Group (PEG) recently, which made clear that additional funding was now required to close these gaps. This has to date had not been approved. Therefore, the service was 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.

It was agreed that the paper presented to PEG could be shared with Board members in confidence.

Action: PEG paper to be shared with Board members.

Responsible Officer: Executive Director of Operations

The Executive Director of Operations referred to a recent workshop, attendees included representatives from the education sector the focus had been to develop a whole system approach to affect the changes needed to address some of the challenges associated with referrals to the CAMHS and ICAN services.

She agreed to reflect on how the data reporting in the Performance Brief could more accurately reflect the true waiting list position. A paper would be presented initially to the Quality and Business committees and then to the Board.

Finance
Non-Executive Director (KR) noted the positive movement in filling vacancies but observed that this would increase the pressure on finances given that the year-to-date adverse position was driven by a funding shortfall associated with the agenda for change pay award.

It was agreed that a review of staffing levels post the pandemic should be undertaken to review and evaluate whether safe and effective staffing was in place in all areas to deliver care in the most productive way.

Action: A review of staffing levels post the pandemic should be undertaken to review and evaluate whether safe and effective staffing was in place in all areas to deliver care in the most productive way.

Responsible officers: Executive Director of Operations, Executive Director of Nursing and Director of Workforce.

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

Outcome: the Board:

- Committed that work would commence on a staffing review – as a matter of some urgency, given financial stringencies
- noted the levels of performance in June 2023.

Item 2023-24 (36)

Discussion points:
Significant risks and Board Assurance Framework (BAF)
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.

Board Assurance Framework
The Board Assurance Framework (BAF) summary provided an indication of the current assurance level for each strategic risk, based on sources of assurance received and evaluated by the committees.

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

The Board noted 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. The Board noted this circumstance.

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

The Board noted changes to the risk register as follows:

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

Associate Non-Executive Director (RB) asked for more detail about Risk 981: constant supervision at Wetherby Youth Offenders Institute (WYOI) and how the funding for constant supervision duties was allocated.

The Executive Director of Operations explained that this was a risk which was co-owned by the prison service and underpinned by a complex set of operational issues which would need to be addressed jointly by the Trust and the prison service. It was agreed that a further discussion would take place outside the meeting.

Action: Further discussion to take place outside the meeting on the detail underpinning Risk 981: constant supervision at Wetherby YOI.

Responsible Officers: Executive Director of Operations, Executive Director of Nursing and AHPs and Non-Executive Director (RB).

Outcome:

- for new and escalated risks, the Board was assured that planned mitigating actions would reduce the risk
- sought additional assurance, where required, against Board Assurance Framework BAF strategic risks that were linked to the risk themes identified in the report.

Item 2023-24 (37)

Discussion points:

Freedom to Speak Up Guardian: annual report 2022-23

The Freedom to Speak Up Guardian (FTSUG) provided an overview of work of speaking up at Leeds Community Healthcare NHS Trust (LCH) and wider work across the health and care system.

Twenty-one concerns had been raised formally by members of staff in the Trust 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 were referenced in the report.

The Freedom To Speak Up Guardian had:

- helped to provide support for International Nurses
- worked with the Clinical Education Team to establish a forum for clinical students
- 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.

The Board discussed how the FTSUG could share information about success stories.

Non-Executive Director (RG) asked if staff understood the correct routes for reporting clinical concerns.

The FTSUG said that if concerns were raised which were about or referenced clinical practice issues then they were referred to the appropriate executive directors.

Non-Executive Director (HT) asked whether some concerns were raised with the FTSUG which should be raised with their line manager in the first instance.

The Chief Executive said that this was an issue which had been identified locally and nationally and a significant percentage of people chose to raise their concern with the FTSUG directly.

Non-Executive Director (AL) observed that this was partly because approach to leadership and management was not consistently applied across the Trust.

The Chief Executive provided assurance that learning and outcomes from concerns raised with the FTSUG were feeding into the Trust's training programmes on leadership and management.

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

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

Outcome: the Board

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

Item 2023-24 (38)

Discussion points:

Guardian of Safe Working Hours (GSWH) – Quarter 1 report 2023-24

The Executive Medical Director presented the report on behalf of the GSWH. The report provided the Board with assurance that trainee doctors and dentists working within the Trust are working safely and, in a manner, consistent with the Junior Doctors Contract 2016 Terms and Conditions of Service (TCS). To report on any identified issues affecting trainee doctors and dentists in Leeds Community Healthcare NHS Trust, including morale, training, and working hours.

The Board noted the ongoing challenges and work in progress with regards to CAMHS ST historic rota compliance and payment issues. The Trust Chair asked when this work was likely to be completed.

The Executive Medical Director said that she hoped that the conclusions and clarity around the financial impact (if any) on the Trust would be reported to in the next GSWH report to the Board in December 2023.

The Trust Chair placed on record the Board's thanks to the GSWH for producing such a comprehensive report.

Outcome: the Board

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

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

Item 2023-24 (39)

Discussion points:

Safe staffing report

The Executive Director of Nursing and AHPs presented the paper which described the background to the expectations of boards in relation to safe staffing, outlining where the

Trust is meeting the requirements and highlighting if there is further work to be undertaken. The report is written in the context of the current system and local pressures.

The report set out progress in relation to maintaining safe staffing over the last six months. It 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.

Safe staffing had 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.

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

Non-Executive Director (IL) observed that the budgeted establishment figures were not necessarily the same as what was required to deliver the service. He asked if staffing levels were flexible enough to meet the demand in hard pressed services.

The Executive Director of Operations advised that one third of the Trust's services were commissioned as part of ICB contracts within a cost envelope which was non-negotiable but there would be some opportunity to discuss concerns in smaller services.

Outcome: the Board

- received the report
- note the further planned work around effective care delivery.

Item 2023-24 (40)

Discussion points:

Nursing and Allied Health Professionals (AHP) revalidation and registration

The Executive Director of Nursing and AHPs presented the report which provided 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.

Non-Executive Director (IL) noted the point about the lack of clarity in relation to the regulation of roles in Leeds Mental Wellbeing Service (LMWS) and CAMHS and asked what plans the Trust had to address this.

The Executive Director of Nursing and AHPs advised that this could possibly be addressed through the creation of a professional lead role for psychological therapies. She said that she would reflect on this and engage with services before making a final decision about an appointment to such a role.

Outcome: the Board

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

Item 2023-24 (41)

Discussion points:

Health Equity Strategy Update

Lucy Jackson joined the meeting to present the report. The paper provided an update on delivery of the strategy and plans for 2023/4 that would support a Board workshop at the end of the year to plan how the Trust continued to embed equity in care, pathways and the corporate activity that supports them.

Em Campbell highlighted the new approach to the use of equity data, including the 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.

The Board welcomed the progress made so far and asked what more was being done to embed the strategy as part of service delivery and evidence what difference it was making

to certain communities. The Chair asked that future feedback work was more outcome focussed on the redress of inequalities across our service agenda.

Action: Future feedback work to be more outcome focussed on the redress of inequalities across the service.

Responsible Officers: Executive Medical Director and Health Equity Lead.

Lucy Jackson said that the 2023/4 equity QI programme would continue to focus on communication with a 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

As a result of learning from feedback sessions and to support a more patient-focussed approach to equity data, a new tool had been developed to share data identifying how different groups/communities' journeys differ through the Trust's services.

Non-Executive Director (AL) suggested that committee chairs should review each report presented carefully and encourage more reporting of equity data including data in the performance brief.

The Trust Chair asked for an update on the production of the health equity e-book.

The Chief Executive agreed to take this up with the Communications Team and would feed back to the Chair and the Board.

Action: An update on the production of the e-book to be provided to the Board by email following the meeting.

Responsible Officer: Chief Executive.

Outcome: the Board:

- Received and note the update on strategy delivery and action plans for the next reporting period, including the new core indicators for the equity objectives.
- Received 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.
- Supported the delivery of the 2023/4 equity QI programme focussed on communication but asked for a significantly evidenced focus on outcomes.

Item 2023-24 (42)

Discussion points:

Third Sector Strategy – update

The Executive Director of Operations presented the paper which provided an update on progress over the past 6 months in implementing LCH's 3rd Sector Strategy. The report had been scrutinised by the Business Committee on 26 July 2023.

A Steering Group, which has equal LCH and 3rd sector representation and co-chaired by LCH Executive Director 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 and good progress was now being made.

Outcome: the Board

- received the report and assurance that progress in implementing the 3rd Sector Strategy was being made.

Item 2023-24 (43)

Discussion points:

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

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

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

Outcome: the Board:

- Noted the contents of the 2022/23 Annual Executive Medical Director's Report.
- Noted the requirements by NHS England to include the 'Statement of compliance' which was not presented in its entirety; however, Board members were offered the opportunity to view this online on request. The 'Statement of compliance' would be approved by the Trust Chair.
- Supported the development of appropriate clinician and service level information from Business Intelligence.
- Supported the implementation of the recommendations from the Paterson report.

Item 2023-24 (44)

Discussion points:

Safeguarding Annual Report

The Executive Director of Nursing and AHPs presented the report which provided an overview of the safeguarding achievements and challenges in 2022-23 and outlined the key ambitions for 2023-24.

The Board commended the excellent work of the Safeguarding Team and asked for their comments to be passed on the Team.

Outcome: the Board:

- noted the report and approved its publication.

Item 2023-24 (45)

Discussion points:

Infection Prevention Control Annual Report

The Executive Director of Nursing and AHPs presented the report which informed the Board 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 April 2022 to 31 March 2023 and provided 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 Board commended the excellent work of the Infection Protection and Control Team and asked for their comments to be passed on the Team.

Outcome: the Board

- noted the report and approved its publication.

Item 2023-24 (46)

Discussion points:

Use of Company Seal

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

Outcome: the Board

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

Item 2023-24 (47)

Discussion points:

Questions on the Blue Box items

The Trust Chair referred Board members to the additional Blue Box items (49) on the agenda and the papers which had been circulated to support those items. He explained that the Blue Box was for items already discussed at a committee in full and where any concerns are escalated via the Chairs' assurance reports.

Item 2023-24 (48)

Discussion points:

Any other business and close

The Trust Chair closed the meeting at 12.15pm.

Date and time of next meeting
Friday 6 October 2023 9.00am-12.00 noon
Boardroom, Ground Floor
Building 3
White Rose Park
Millshaw Park Lane
Leeds
LS11 0DL

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

	e) Leeds Committee of the West Yorkshire ICB- 5 July 2023 f) West Yorkshire Community Health Services Provider Collaborative – quarterly meeting – 3 July 2023	

AGENDA ITEM 2023-24 (53b)

Leeds Community Healthcare NHS Trust
Trust Board meeting (held in public) actions' log: 6 October 2023

Agenda Item Number	Action Agreed	Lead	Timescale	Status
4 August 2023				
2023-24 (31)	**Patient story – Kully Manak:** update on progress in relation to the issues highlighted- including a meeting with colleagues from the acute and community sector	Executive Director of Operations/ Executive Director of Nursing and AHPs	Trust Board 6 October 2023	A joint workshop between LTHT and LCH is planned for October. Service user reps are involved in The Big Room Developments which focus on service and pathway improvement.
2023-24 (35)	**Performance Brief June 2023:** • Waiting lists CAMHS and ICAN - report to PEG to be circulated to Board members.	Executive Director of Operations	By email post meeting	Completed
2023-24 (35)	**Performance Brief June 2023:** • A review of staffing levels post the pandemic should be undertaken to review and evaluate whether safe and effective staffing was in place in all areas to deliver care in the most productive way.	Executive Director of Operations/ Executive Director of Nursing and AHPs/ Director of Workforce	Timescale to be agreed	Timescale to be agreed
2023-24 (36)	**Significant risks and Board Assurance Framework (BAF)**: Further discussion to take place on the detail underpinning Risk 981: constant supervision at Wetherby YOI.	Executive Director of Operations/ Executive Director of Nursing and AHPs/Associate Non-Executive Director (RB)	Post meeting	Following a review this risk will be closed and re-worded to focus on the actual risk of harm due to failures in constant supervision. A new Standard Operating Procedure is being developed.
2023-24 (41)	**Health Equity Strategy update:** • Update on the timescale for production of the e-book.	Chief Executive to speak to Comms Team	December 2023	Update December 2023
2023-24 (41)	• Future reports to be more outcome focussed on the redress of inequalities across the service.	Executive Medical Director and Health Equity Lead.	Next report to Board	December 2023

Actions on log completed since last Board meeting on 4 August 2023	
Actions not due for completion before 6 October 2023: progressing to timescale	
Actions not due for completion before 6 October 2023: agreed timescales and/or requirements are at risk or have been delayed	
Actions outstanding at 6 October 2023: not having met agreed timescales and/or requirements	

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 6 October 2023

Agenda item number: 2023-24 (55)

Title: Chief Executive's report

Category of paper: for information

History: Not applicable

Responsible director: Interim Chief Executive

Report author: Interim Chief Executive

Executive summary (Purpose and main points)

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

This month's report focusses on:

- Chief Executive recruitment
- Lucy Letby – what next?
- Industrial action
- Fit and Proper Person Test – Framework Implementation
- Leaders Network Live
- Cyber Security Board Development Session
- Update on White Rose Park (new staff hub)
- Annual General Meeting 2023
- 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.

2. Chief Executive recruitment

The appointment process for a substantive Chief Executive is now underway, concluding in early November.

3. Lucy Letby – what next?

The Executive Director of Nursing and AHP's attended an event in London hosted by NHSE with the Trust Chair to discuss further the implications of the case and what organisations need to do. The Trust had already started to consider its processes and governance meetings/structures and there are ongoing conversations with the Chair of the Quality Committee who is also attending an event in relation to this very distressing and disturbing case.

The intention is to take a paper to Quality Committee in November once due consideration has been given to Trust processes and then to Board in December to ensure there is an opportunity to fully discuss our processes and critically appraise whether there is anything missing.

4. Industrial action

The Trust continues with its weekly Industrial Action meetings in light of the ongoing action from both consultants and junior doctors. The current tranche of action covering late September and early October is being planned for in the Trust and appropriate plans put in place. There will have to be some cancellations of clinics to ensure safety of patient care but these are being minimised as far as possible.

Where cover is being provided by a more junior doctor or a different profession e.g. a nurse, there are plans in place to ensure the appropriate medical support is in place for these. For the areas that are supported by hospital doctors e.g. the home wards and cardiac and respiratory services these will run as they would on Christmas day and appropriate cover is in place to ensure this happens. Where we are reliant on support from LTHT e.g. with regards dental theatre lists, we have had to cancel these as we have been told there will be no cover available.

5. Fit and Proper Person Test – Framework Implementation

NHS England has developed a Fit and Proper Person Test (FPPT) Framework in response to recommendations made by the Kark Review. This also takes into account the requirements of the Care Quality Commission (CQC) in relation to directors being fit and proper for their roles.

The framework will introduce a means of retaining information relating to testing the requirements of the FPPT for individual directors using ESR, a set of standard competencies for all Board directors, the introduction of a new Board member reference with additional content whenever a director leaves an NHS Board, and extension of the applicability to some other organisations, including NHS England and the CQC.

More information on this will be shared over the coming months.

6. Healthcare People Management (HPMA) Awards

LCH was shortlisted in two Healthcare People Management Awards categories at the awards ceremony held on 19 September 2023:

- Leading in Equality, Diversity and Inclusion 'Delivering a Truly Inclusive Approach to Disability'
- Talent Acquisition Strategy of the year 'Hyper Local Recruitment'

Whilst we did not win in either category, to be shortlisted for these national awards is a great achievement and more importantly the impact of the work in both arenas has been significant and has made a real contribution to our ability to deliver the Trust's aims and objectives.

7. Leaders Network Live

At the last Leaders Network event in September about 80 leaders across the Trust met for some development time together. During the session I was 'interviewed' by the Head of Communications in order to share my background, values and future vision with the Trust's leaders, and then on behalf of Yasmin I gave a short presentation on the financial situation for 2024 and beyond. The floor was opened up for questions, and then attendees were invited to share feedback on the session including what they felt the immediate priorities were in the next 4-6 months.
The event was, as ever, well attended and well received.

8. Cyber Security Board Development Session

Board members attended a very informative National Cyber Security Centre-assured session on 6 September, which covered the evolving NHS context, a definition of cyber, and the five pillars of risks and harms, defend as one, people and culture, building secure for the future; and exemplary response and recovery. The Trust's cyber maturity and resilience would now be considered, with a view to Board receiving an assurance paper in December 2023.

9. Update on White Rose Park (new staff hub)

The move to the White Rose Staff Hub has now been completed, with all business functions that previously took place at Stockdale House beginning to settle in to the new office space. Although there have been some initial teething difficulties particularly around parking and access cards, the hub appears to be popular with staff – so much so that we have had to purchase extra parking spaces to meet the demand on the busier days of Tuesday to Thursday.

10. 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).

On the 22 September the PEG meeting focussed on the partnership development work, particularly on defining the purpose of the Leeds Health and Care Partnership and the scope of the executive arrangements.

11. West Yorkshire Community Health Services Collaborative

The West Yorkshire Community Healthcare Provider Collaborative (WYCHS) continues to build its networks, for example joining the WYAAT Committee in Common meeting late last month to discuss joint opportunities for our Collaboratives. We recognise and value the interconnections provided between our Collaboratives via the Integrated Trusts who are members of both WYAAT and the Community Collaborative. As such it was a great opportunity to share learning, such as around self-management, and to make further links, such as inviting Harrogate and District Foundation Trust to join the WY Community Provider Collaborative.

Colleagues across the WY providers of Community Dental Services (CDS) have recently restarted conversations around opportunities to collaborate. Having this time together to learn about and build on the services already offered and jointly agree areas of priorities where a shared approach would help staff, services and our WY residents was welcomed by all involved. Coming together means we could discuss and action plan around;

- The common challenges our services and patients faced
- The common priorities we have and
- The shared collaboration opportunities

We have agreed to come together regularly to take forward this important work, linking in with primary care, urgent care, secondary care, public health and service users as we develop plans.

12. West Yorkshire Mental Health Services Collaborative

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

- The latest position regarding the ICB Operating Model, with a well attended series of workshops having provided a sector response to the ICB in outlining expected ways of working and the infrastructure required at the ICB to support system working; data and flow of information. A formal response from the ICB was expected shortly.
- Lead Provider developments for Perinatal Mental Health, in particular noting the PMH access target whereby the collaborative was not accountable however the ICB and individual Trusts were, and West Yorkshire as a system continued to struggle to meet NHSE national expectations. NHSE had been asked to postpone the go live date until April 2024.
- The two options for the creation of six additional Mother & Baby Unit beds for the Yorkshire and Humber region, with Leeds being the favoured option as

the coordinating lead provider and given considerations of quality, assurance and governance.

- The Neurodiversity Summit on 14 November 2023, with suggestions to include making progress on the opportunities within shared care, ensuring more support to schools and the wider education sector and bringing in learning and good practice from outside West Yorkshire.
- An overview of Right Care, Right Person and the work taking place to broaden the improvement of relationships with Criminal Justice, specifically reducing police input and time into welfare checks, AWOL (Absent Without Leave) responses and section 136 handovers.
- Concerns around the Mental Health Crisis response lines/NHS111. A letter outlining the concerns and challenges was to be cascaded, including the lack of clarity and guidance and concerns that the directive might have a negative impact to the WY population unless it could be managed pragmatically locally.
- The collaborative continuing to strengthen relationships with Primary Care which included the Vice Chair of the MHLDA Partnership Board being from Primary Care.

13. Annual General Meeting 2023

The Trust's Annual General Meeting (AGM) took place on Tuesday 19 September 2023 at the Thackray Museum with presentations from the Chair, Interim Chief Executive and Interim Executive Director of Finance and Resources. Following the formal business there were presentations about the Enhance Project, a focus on prevention and self-care, and how the Trust is supporting the healthcare needs of people experiencing homelessness. It was well attended by members of staff, third sector partnership colleagues and members of the public.

The Annual Report and Accounts 2022/23 has been published on the Trust's website.

14. Collaborating in partnership

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

Meeting	Attendee	Date
West Yorkshire Partnership Board	Brodie Clark	5 September 2023
West Yorkshire Health and Care Partnership monthly Chairs and Leaders meeting	Brodie Clark	21 September 2023
West Yorkshire System Leadership Executive Group	Sam Prince	1 August 2023
West Yorkshire Mental Health Collaborative Committees in Common	Brodie Clark	26 July 2023

WY ICS Finance Forum	Yasmin Ahmed	28 July 2023 25 August 2023
WY Safeguarding Oversight and Assurance Partnership	Steph Lawrence	3 August 2023
Adults, Health and Active Lifestyles Scrutiny Board	Andrea North	12 September 2023
Leeds Partnership Executive Group	Sam Prince Ruth Burnett Sam Prince	11 August 2023 7 September 22 September
Leeds Health and Wellbeing Board to Board	Sam Prince Brodie Clark	21 September
Leeds Clinical Senate	Ruth Burnett	12 September

Sam Prince
Interim Chief Executive

Sep 2023

Involvement Report September 2023

Our Youth Board continues to grow, and we now have twenty-five members. We recently held our first Youth Board annual meeting. At this meeting we reviewed all aspects of the Youth Board and planned the coming months.

We have made some changes to the Youth Board following this meeting following suggestions from our members who attended, and these are.

- Our age range has changed from the maximum age of twenty-four being reduced to nineteen and this is to ensure that our members are of school and college ages. We have now introduced an involvement group for all who are nineteen and above and this has a membership of seventeen members.
- We will be holding more face-to-face meetings. Our group suggested that we meet virtually during term time and face-to-face during the school holidays.
- Our group suggested that we hold workshops and young people can then work on projects together. We will be holding workshops at the John Lewis Community Hub and have booked several two-hour slots. The workshops will give staff the opportunity to come along and present items for consultation and meet our group.
- We are exploring creating specific roles for our members such as social media development, chairing meetings, and designing our posters etc. These roles will be optional but will help our young people to develop new skills and gain new experiences.
- Our members have the option of acting as a link for their school and college and we are now able to promote the Youth Board in schools and support around children`s health such as chat health etc.
- We will ensure that our young people ensure that their cameras are switched on during our virtual meetings when possible.

Latest newsletter

Youth Board Update Summer 2023

Shadowing

Members of the Youth Board have been involved in developing a shadowing scheme where Youth Board members can shadow staff in various roles. This gives an insight into these roles helping young people with their career choices.

We are piloting this in August and September and then hope to role this opportunity out across our services who would like to take part in offering this opportunity.

Caitlin - pictured left is meeting members of the nursing team whilst shadowing in ICAN.

Did you Know?

- The Youth Board is now four years old.
- Our age range is 14 -19.
- Young people join for a number of reasons, some may have accessed our services and would like to be involved in developing them. Young people also join as the Youth Board gives an insight into the NHS and this insight helps with their career choices and others join as they are looking to volunteer and gain new skills.
- All young people receive a record of participation every three months. This is a record of the projects etc that they have been involved in and the number of hours that they have volunteered and can be added to young peoples cv`s.
- We now link in with Duke of Edinburgh Awards and act as an assessor for those taking part who are Youth Board members.
- We take part in staff recruitment interviews and have our own Youth Board panel. Young people ask their own questions and they have developed a process around this including a guide for staff about involving young people in recruitment.
- We meet virtually during term time on the first Monday of each month 1700 - 1800 and staff can bring items to the meeting for feedback / consultation.
- We hold workshops at the John Lewis Community Hub during school / college holidays. At these workshops we work on projects and it is also an opportunity for staff to come along and bring items for consultation etc.
- The youth Board is facilitated by Chris Lake and Amanda Jackson. If you would like to help out with the Youth Board and employed in the Children`s Business Unit please get in touch.
- We are keen to recruit more young people to the Youth Board. It's a great way for young people to develop new skills and have a say in developing our Children`s Community Healthcare Services in Leeds.

For more information about the youth board please contact;

Email: chrislake@nhs.net Telephone: 07985267740

Email: Amanda.jackson1@nhs.net Telephone: 07519070321

Our youth Board members continue to receive records of participation every twelve weeks, and these give an overview of the projects that they have been involved in and the amount of volunteering hours that they have achieved.

Below is a copy of Phoebe`s and although not fully completed yet shows that she has already completed eighteen volunteering hours and gives details about the projects that she has been involved in.

Record of participation for Phoebe
August 2023 – October 2023

Date	Attended Monthly Meeting	Project /Event	What We Did	Number Of Hours Volunteered
07/08/23	Yes		Attended monthly meeting virtually via Teams. At the meeting we discussed upcoming projects and planned our workshop that would take place later in the month to start working on these.	1
14,15, 16/08/23		Took part in staff recruitment interviews.	Attended a staff recruitment event for the Mind Mate support team which is part of the CAMHS (Child Adolescent Mental Health Service). This involved taking part in the interview and selection process along with staff from the team.	10
24/08/23		Youth Board workshop at the John Lewis Community Hub	At this meeting / workshop we reviewed our shadowing project and made some changes to how our youth board works following feedback from our annual meeting.	2

Date	Attended Monthly Meeting	Project /Event	What We Did	Number Of Hours Volunteered
			We also discussed the CAMHS transition team and what the word transition means to young people. We also spoke about creating specific roles within the group for young people if they wished.	
29/08/23		Attended Recruitment event for the role of Paediatrician at Weetwood Hall Hotel.	Took part in the interview process asking the candidate questions and scoring each response.	4
11/09/23	Yes		At this meeting we discussed ideas around creating roles for our young people within the group. This would be optional but may be of interest to some young people. We spoke about an NHS celebration event that we take part in and help plan and also spoke about a review of the eye service that our group will take part in.	1

Total Number of Hours for this period	18

The Youth Board is fully embedded in Leeds Community Healthcare NHS Trust and plays a key role in developing children`s community Healthcare services.

I have completed three references for youth board during August for members applying for employment and am now an assessor for the Duke of Edinburgh awards scheme having now completed two assessments.

We have been working on our shadowing project which has taken a little longer than expected but we wanted to ensure that the process that we have developed will ensure that everything is in place for those taking part.

The shadowing scheme will give young people the opportunity to shadow various roles within LCH gaining valuable experience which will help with their career choices. I am pleased to say that four young people from the Youth Board have now completed shadowing in ICAN and this was part of a trial to ensure that we have everything in place.

We are currently reviewing the trial and learning from those who have taken part to identify any changes that we need to make. We then hope to take this opportunity to our services from November and invite them to be involved.

We have recently taken part in various projects, staff recruitment interviews and look forward to help planning the children`s business unit celebration event.

We are currently developing our involvement group which was initially a parent and carer group. We have ten parents / carers in our group but have made some changes and widened our membership for anybody over the age of nineteen. The idea behind this change was that we didn't want to restrict the membership to parents and carers as there may be people wishing to be involved in the group who have accessed our services and want to be involved who are not parents or carer`s. Young people moving on from the Youth Board can also join this group as well and so far, six young people have done this.

The group have requested that this group is a "readers" type group where we email information requiring feedback and consultation as they felt that they could respond at a time that suits them. The parents / carers involved have children who access several services finding it hard to attend meetings. The younger members of the group are currently working or at university also mentioned that attending meetings could be difficult.

We are going to offer some meetings on an evening and if these work well will offer these on a regular basis.

Third sector links

We now have several links within the third sector who we can contact when seeking consultation or feedback about our services. I also currently attend regular meetings with parents and young people at Leeds GATE (Gipsy and Traveller Exchange) and hope to increase attendance of other groups as well.

Involvement Champions

We currently hold monthly drop-in meetings for our staff involvement champions of which there are now thirty-five. We also have an involvement champion lead for each children`s service and this has been useful in recruiting more involvement champions.

Involvement Toolkit

We have just reviewed our involvement toolkit, and this is available for staff which provides guidance around involvement, how to involve young people in staff recruitment and details of third sector contacts.

Chris Lake

LCH Trust Communications Report

Social and Online Media

Facebook 2
Insights 2
Top Facebook posts 2
Twitter - @LCHNHSTrust 3
Analytics 3
Top Tweets 3
LCH Website 4
Analytics 4
Most viewed webpages 4
Media Summary 4
Graphic Design 5
List of graphic design jobs completed this month. **Error! Bookmark not defined.**

Facebook

Insights

	This month	Last Month
Page likes	5k	4.9k
Followers	5.6k	5,459
New likes	23	6
Page reach	19,494	2,424
Number of posts	78	20
Post Engagement	503	476
Post reach	4,392	3,572

Top Facebook posts

1. Come down to our recruitment event next Monday- Make sure you bring your CV! This is a great opportunity to meet the teams and ask any questions.
   Monday 12 June
   10:00am - 7:00pm
   Leeds United Football Ground, Elland Road. (Come to the main entrance and look for the signs of where to find us).
   More information: debbie.murphy11@nhs.net

   Post reach: 9,074 **Reactions, comments and shares:** 127

2. Today's final award goes to the Night Service, who have been Highly Commended in Team of the Year. "The real magic that makes this service work is the staff...who go above and beyond for patients and families and for each other."
   https://www.leedscommunityhealthcare.nhs.uk/.../thank.../
   #lchsaysthankyou☆

   Post reach: 4,616 **Reactions, comments and shares:** 299

3. Today we surprised our winners of the Team of the Year award. A huge well done to the Humberside Liaison and Diversion Team! "I've watched the team over the last two years ...and you've just achieved, achieved, achieved!"

https://www.leedscommunityhealthcare.nhs.uk/.../thank.../

#lchsaysthankyou☆

Post reach: 2,207 **Reactions, comments and shares**: 223

Twitter - @LCHNHSTrust

Analytics

	This month	Last month
Followers	10,213	10,194
Profile visits	2634	564
Mentions	248	88
Impressions	42.9k	10.4k
Tweets	58	17

Top Tweets

1. The most popular tweet from our account which had **4,220 impressions and 127 total engagements** was…
    - "The winner of our Kate Granger Patient Care Award is Podiatrist Lynda Dexter. Lynda champions inclusion health locally and nationally, and her many achievements prove her dedication to the cause. Read more: leedscommunityhealthcare.nhs.uk/our-news/thank… #lchsaysthankyou⭐ pic.twitter.com/ptOmijtluR"

2. The top media tweet below **had 3,522 impressions and 154 total engagements.**

    - Congratulations to our Podiatry Non-Registered Clinical Workforce! They have won the Making Stuff Better award. "This project has allowed patients to be seen by the right person, at the right place and right time... and improved patient experience." #lchsaysthankyou☆ (2) LCH NHS Trust on Twitter: "Congratulations to our Podiatry Non-Registered Clinical Workforce! They have won the Making Stuff Better award. "This project has allowed patients to be seen by the right person, at

the right place and right time... and improved patient experience." #lchsaysthankyou☆ https://t.co/l9Y6CE9K04" / Twitter

3. The most popular tweet which we were mentioned in below was tweeted by @stephlawrence5 and had **291 engagements…**

- "Very proud to have been highly commended in the inaugural William rathbone x annual award and delighted for my colleague **@MichelleBatem16** who won it, so very well deserved Michelle **@LCHNHSTrust** **@Thea_Stein** https://twitter.com/stephlawrence5/status/1667224138593738762

LCH Website

Analytics

	This month	Last month
Users	37k	13k
Average visit length	1m 11s	1m 07s
Sessions	38,023	19,818
Page views	37,991	13,375
New users	34k	11k

Most viewed webpages

1. Leeds Community Healthcare: **5,992**
2. Leeds Community Healthcare (Home): **5,914**
3. Leeds Community Healthcare NHS – Refer yourself: **3,724**
4. LCH- Our Services : **2,153**
5. LCH Neighbourhood Teams: **2,014**
6. Join our team- Vacancies: **1,664**
7. Contact us: **1,590**
8. Child Speech and Language Therapy Toolkit: **1,467**
9. Join our team- Vacancies: **786**
10. Leeds Community Healthcare – What we offer: **1,355**

Media Summary

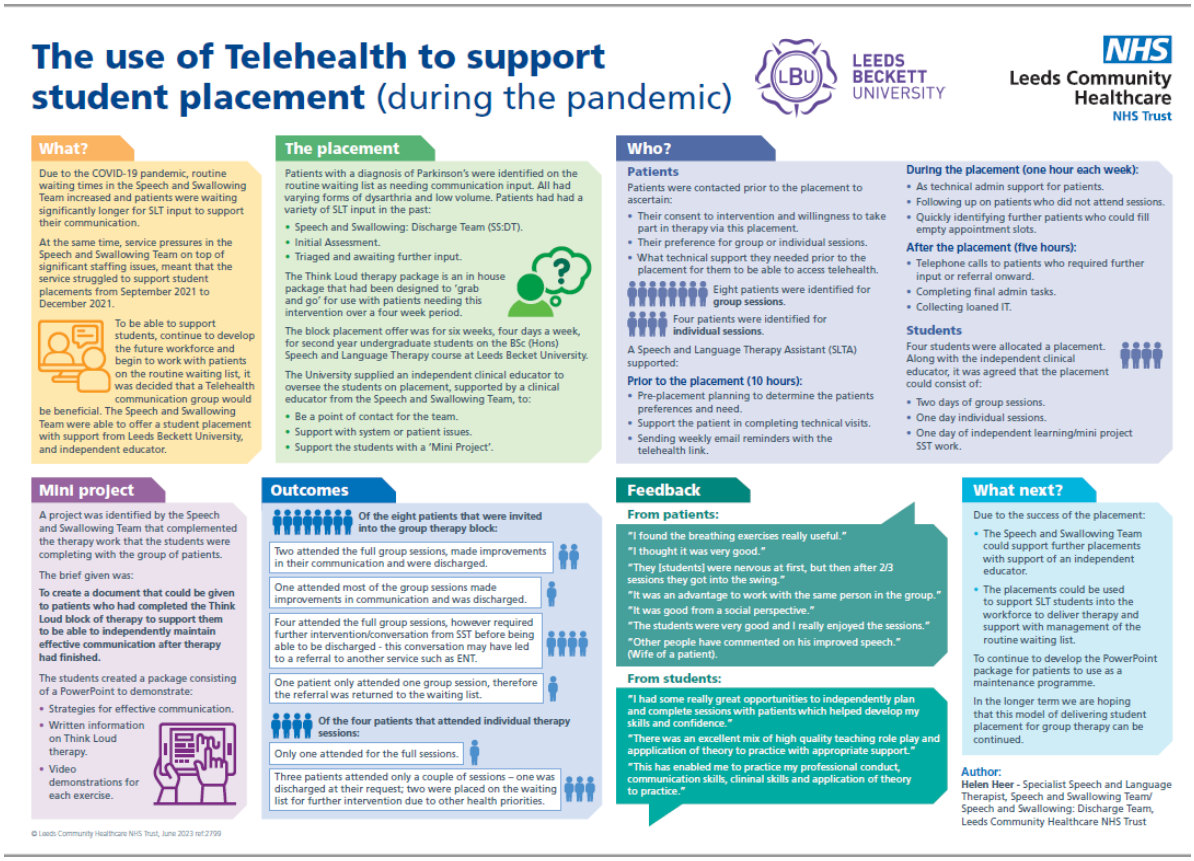
So far for June:

Date	Publisher	Article	Positive/ Neutral / Negative
29 June 2023	FLICKREAD flickread.com/edition/html/64a6e2f8c3e81#38	Leeds NHS Trust Fills Vacancies in “Hyper-Local” Recruitment Drive	Positive

Graphic Design

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

1. The use of Telehealth to support student placement poster A1 (SBU)



2. Sepsis A4 poster for patients (CORP)

I spy...

We all care – let's stamp out Sepsis

What is Sepsis?

Sepsis is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs. Sepsis can lead to shock, multiple organ failure and death especially if not recognised early and treated promptly. It's estimated that as many as 245,000 people develop this condition each year in the UK. Not every infection will cause someone to develop sepsis, however almost any infection can trigger sepsis. Sepsis can occur when the body's immune system – which normally helps us fight infection – overreacts, causing damage to tissues and organs.

Did you know?

Sepsis is indiscriminate: whilst it primarily affects very young children and older adults and is more common in people with underlying health conditions, it can also be triggered in people who are otherwise fit and healthy.

Sepsis most commonly develops from a bacterial infection, but it can also develop from both fungal and viral infections, including as a consequence of COVID-19.

Common infections precipitating sepsis include:

- Chest infections (pneumonia).
- Urinary tract infections.
- Abdomen infections (appendicitis, gall bladder infection).
- Skin, soft tissue infections (cellulitis, wound infections).

Several factors are likely to play a part in determining whether or not sepsis develops in response to a specific infection:

- Type of 'bug' causing the infection.
- Number of 'bugs' present and where they are in the body.
- The person's individual factors, such as underlying health conditions and their genetics.

Slurred speech or confusion.
Extreme shivering or muscle pain.
Passing no urine in a day.
Severe breathlessness.
It feels like you're going to die.
Skin mottled or discoloured.

If you or someone you know has an infection and any of these symptoms, call 999.

Not every infection will cause someone to develop sepsis, however, almost any infection can trigger sepsis.

For further information on Sepsis, scan the QR code.

Working together: Leeds Community Healthcare NHS Trust, The Leeds Teaching Hospitals NHS Trust and Leeds City Council

3. Marvellous Meltdowns A5 booklet (CBU)

Help us get it right

If you have a complaint, concern, comment or compliment please let us know by speaking to a member of our staff. We learn from your feedback and use the information to improve and develop our services.

If you would like to talk to someone outside the service contact the **Patient Experience Team** on **0113 220 8585**, Monday to Friday 9.30am to 4.30pm or email **lch.pet@nhs.net**

We can make this information available in Braille, large print, audio or other languages on request.

How to contact us

You can talk to your 0-19 Specialist Public Health Nurse (health visitor) about a referral to our service. You can contact us directly on **0113 843 0841** to find out more or look at our web page:

www.leedscommunityhealthcare.nhs.uk

Infant Mental Health Service
Hunslet Health Centre
24 Church Street
Leeds LS10 2PT

NHS
Leeds Community Healthcare
NHS Trust

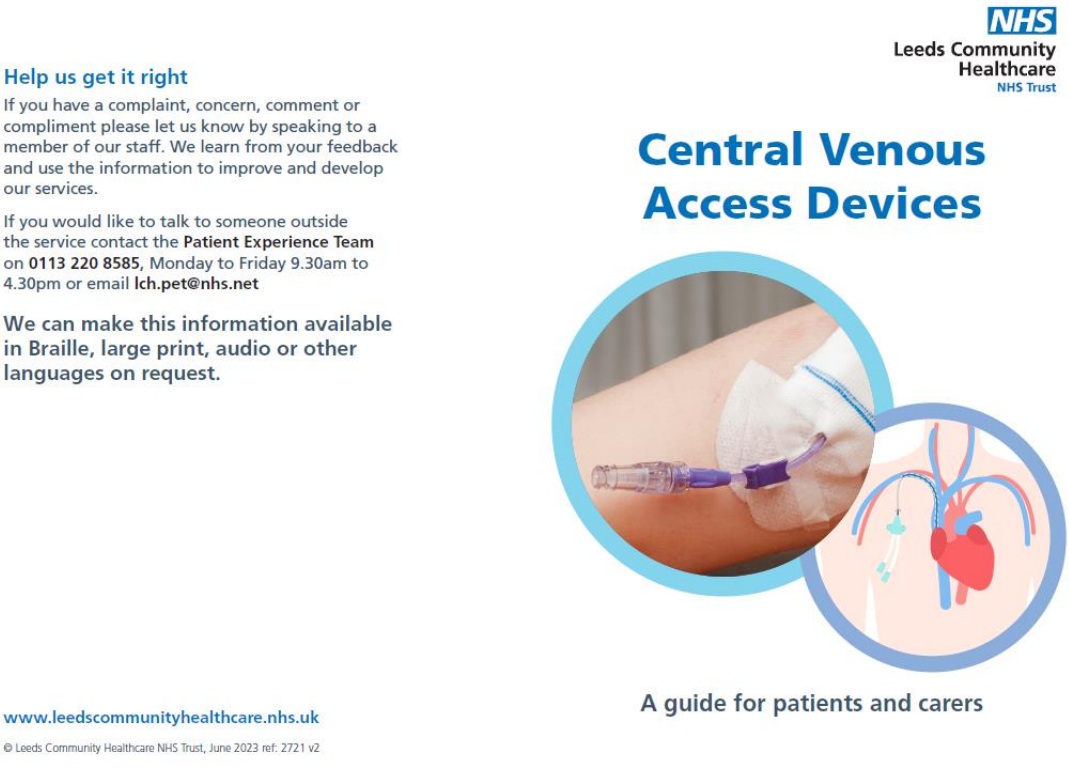
Marvellous Meltdowns

Supporting big emotions in toddlers and beyond

Information for parents and carers

Produced by the Infant Mental Health Service

4. Central Venous Access Devices leaflet (ABU)



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We can make this information available in Braille, large print, audio or other languages on request.

www.leedscommunityhealthcare.nhs.uk

NHS
Leeds Community Healthcare
NHS Trust

Central Venous Access Devices

A guide for patients and carers

LCH Trust Communications Report

Social and Online Media

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List of graphic design jobs completed this month. **Error! Bookmark not defined.**

Facebook

Insights

	This month	Last Month
Page likes	5k	5k
Followers	5.6k	5.6k
New likes	8	23
Page reach	4,082	19,494
Number of posts	29	78
Post Engagement	813	503
Post reach	4,496	4,392

Top Facebook posts

1. Happy 75th birthday to the NHS! 🎉 As the NHS celebrates it's 75th birthday today, we want you to tell us your memories of the NHS... Share your pictures and stories in the comments below!

   Post reach: 402 **Reactions, comments and shares:** 25

2. We are delighted to announce that we have been awarded the NHS Pastoral Care Quality Award for our commitment to providing high-quality pastoral care to internationally educated nurses and midwives. 🎉💙 #teamCNO #InternationalNurses

   Post reach: 430 **Reactions, comments and shares:** 19

3. Want to work in a supportive team delivering high quality attraction, selection and assessment to attract the best talent? Then this job is for you! Find out more information about the Resourcing Officer roll here👉 https://www.jobs.nhs.uk/candidate/jobadvert/C9833-NS-CC-438--23?keyword=resourcing%20officer&location=Leeds&distance=5&language=en
   For further questions about the job, contact Najma Tasaram, Resourcing Manager: najma.tasaram@nhs.net

Post reach: 1,326 **Reactions, comments and shares**: 16

Twitter - @LCHNHSTrust

Analytics

	This month	Last month
Followers	10,192	10,213
Profile visits	835	2634
Mentions	83	248
Impressions	11.9k	42.9k
Tweets	24	58

Top Tweets

1. The most popular tweet from our account which had **644 impressions and 3 total engagements** was…

- Save the date!
  Join us at our Annual General Meeting to celebrate our work across community services, including the highlights and challenges of 2022/23.
  📍Thackray Medical Museum, LS9 7LN
  🕐1:00-3:00PM
  ✉ lch.comms@nhs.net

  Further information will follow closer to the date. pic.twitter.com/q32gmfxxkC

2. The top media tweet below **had 641 impressions and 6 engagements.**

- Measles – are you protected? For lifelong protection, you need 2 doses of the #MMR vaccine. If not, you could be at risk – if you need to get a catch up jab, contact your GP. pic.twitter.com/57rxLvQGXw

3. The most popular tweet which we were mentioned in below was tweeted by LEAP Project West Yorkshire ICS @LEAP_WY and had **190 engagements…**

- Fantastic to see @lhalsall26 work on Student Led Clinics being showcased in the @ThePodiatristUK ! Fantastic achievement Laura! @drjamesthomas1 @halsteaddr @lchnhstrust @Huddersfielduni @LeahAsante @DrakeMaureen pic.twitter.com/lzlddJgzTZ

LCH Website

Analytics

	This month	Last month
Users	24k	37k
Average visit length	1m 14s	1m 11s
Sessions	26,113	38,023
Page views	23,802	37,991
New users	21k	34k

Most viewed webpages

1. Leeds Community Healthcare (Home): **3,783**
2. Leeds Community Healthcare: **3,449**
3. Leeds Community Healthcare NHS – Refer yourself: **2,498**
4. Join our team- Vacancies: **1,486**
5. LCH our services: **1,252**
6. LCH Neighbourhood Teams: **1,240**
7. Contact us: **1,014**
8. Child Speech and Language Therapy Toolkit: **985**
9. LCH Podiatry Contact and Referral Details: **982**
10. Leeds Community Healthcare – What we offer: **956**

Media Summary

So far for July:

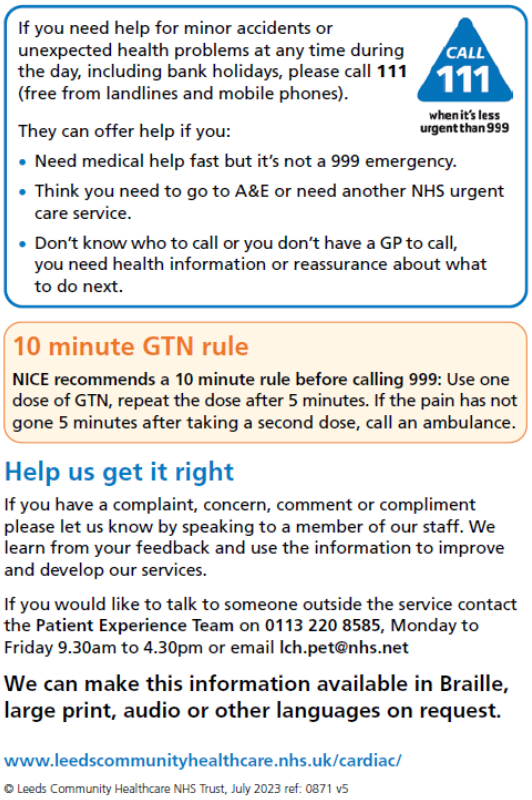
Date	Publisher	Article	Positive/ Neutral / Negative
01 July 2023	Frontline Caroline McNamara | The Chartered Society of Physiotherapy (csp.org.uk)	Physio Caroline McNamara tells Catherine Turnbull about the challenges and opportunities in her role as clinical lead for community adult services	Positive
5 July 2023	Cosoro Radio	LS9 Live Community Events	Neutral
5 July 2023	Radio Asian Fever	LS9 Live Community Events	Neutral

6 July 2023	Radio Asian Fever	LS9 Live Community Events	Neutral

Graphic Design

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

1. Community Cardiac Rehabilitation Service leaflet (SBU)



If you need help for minor accidents or unexpected health problems at any time during the day, including bank holidays, please call **111** (free from landlines and mobile phones).

CALL 111 when it's less urgent than 999

They can offer help if you:

- Need medical help fast but it's not a 999 emergency.
- Think you need to go to A&E or need another NHS urgent care service.
- Don't know who to call or you don't have a GP to call, you need health information or reassurance about what to do next.

10 minute GTN rule

NICE recommends a 10 minute rule before calling 999: Use one dose of GTN, repeat the dose after 5 minutes. If the pain has not gone 5 minutes after taking a second dose, call an ambulance.

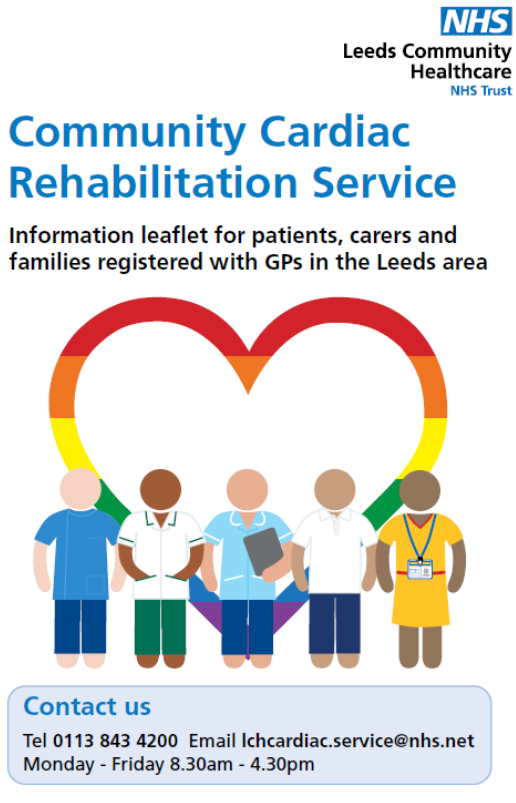
Help us get it right

If you have a complaint, concern, comment or compliment please let us know by speaking to a member of our staff. We learn from your feedback and use the information to improve and develop our services.

If you would like to talk to someone outside the service contact the **Patient Experience Team** on **0113 220 8585**, Monday to Friday 9.30am to 4.30pm or email **lch.pet@nhs.net**

We can make this information available in Braille, large print, audio or other languages on request.

www.leedscommunityhealthcare.nhs.uk/cardiac/



NHS Leeds Community Healthcare NHS Trust

Community Cardiac Rehabilitation Service

Information leaflet for patients, carers and families registered with GPs in the Leeds area

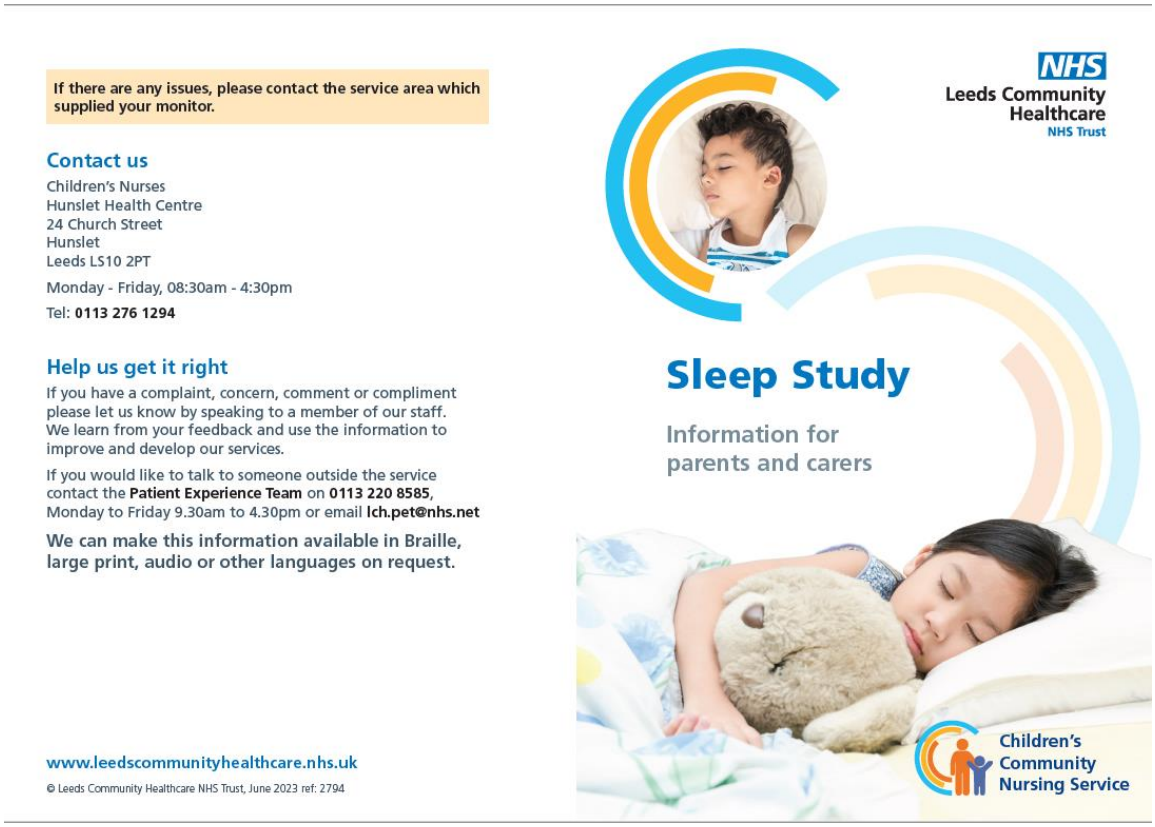
Contact us

Tel 0113 843 4200 Email lchcardiac.service@nhs.net
Monday - Friday 8.30am - 4.30pm

2. IPC training poster for care home staff (CORP)


NHS
Leeds Community Healthcare
NHS Trust
FREE IPC training for care home staff
Leeds Community Healthcare Infection Prevention and Control (IPC) team are offering free face to face IPC training to care homes
Training sessions will be delivered by an IPC nurse specialist for approximately 45 minutes and will be aimed at anyone who works in a care home.
If you are interested in receiving free training for your home, please contact Linda Emmett for further information and a date and time to be arranged.
This training can be counted as your Infection Prevention and Control update.
Email: lindaemmett@nhs.net
Tel: 0113 843 4575
SHARPS
© Leeds Community Healthcare NHS Trust, March 2021 ref: 2474

3. Sleep Study leaflet (CBU)



If there are any issues, please contact the service area which supplied your monitor.

Contact us

Children's Nurses
Hunslet Health Centre
24 Church Street
Hunslet
Leeds LS10 2PT

Monday - Friday, 08:30am - 4:30pm

Tel: **0113 276 1294**

Help us get it right

If you have a complaint, concern, comment or compliment please let us know by speaking to a member of our staff. We learn from your feedback and use the information to improve and develop our services.

If you would like to talk to someone outside the service contact the **Patient Experience Team** on **0113 220 8585**, Monday to Friday 9.30am to 4.30pm or email **lch.pet@nhs.net**

We can make this information available in Braille, large print, audio or other languages on request.

www.leedscommunityhealthcare.nhs.uk

NHS
Leeds Community Healthcare
NHS Trust

Sleep Study

Information for parents and carers

Children's Community Nursing Service

4. Wharfdale rehabilitation patient diary (ABU)

NHS
Leeds Community Healthcare
NHS Trust

My rehabilitation diary

Name .....

Date ...../...../.....

LCH Trust Communications Report

Social and Online Media

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Graphic Design 4
List of graphic design jobs completed this month. **Error! Bookmark not defined.**

Facebook

Insights

	This month	Last Month
Page likes	5k	5k
Followers	5.7k	5.6k
New likes	4	8
Page reach	3,225	4,082
Number of posts	19	29
Post Engagement	60	813
Post reach	6,494	4,496

Top Facebook posts

1. Our Musculoskeletal Service and Leeds Community Pain Services have two teams completing the Three Peaks Challenge on 9 and 23 September to raise money for LCH charity which supports patients and staff. ▲

You can sponsor them here: https://localgiving.org/.../MSKandLCPS-Yorkshire3Peaks-2023/

Post reach: 731 **Reactions, comments and shares:** 33

2. Our AGM is on 19 September from 1-3pm. We'll share what's been happening over the past 12 months across community services, including the highlights and challenges of 2022/23. Email lch.comms@nhs.net to RSVP. More info👉 https://www.leedscommunityhealthcare.nhs.uk/.../annual.../

Post reach: 621 **Reactions, comments and shares:** 10

3. If you're planning to travel abroad during the school holidays, make sure to check your child is up to date with their vaccinations, including the #MMR vaccine. Contact your GP to book any catch up jabs before you travel ✈🚢🚆

Post reach: 577 **Reactions, comments and shares**: 3

Twitter - @LCHNHSTrust

Analytics

	This month	Last month
Followers	na	10,192
Profile visits	na	835
Mentions	na	83
Impressions	na	11.9k
Tweets	na	24

Top Tweets

n/a

LCH Website

Analytics

	This month	Last month
Users	24k	24k
Average visit length	1m 14s	1m 14s
Sessions	27,226	26,113
Page views	23,697	23,802
New users	20k	21k

Most viewed webpages

1. Leeds Community Healthcare (Home): **3,969**
2. Leeds Community Healthcare: **3,270**
3. Leeds Community Healthcare NHS – Refer yourself: **2,453**
4. LCH our services: **1,320**
5. Join our team- Vacancies: **1,315**
6. LCH Neighbourhood Teams: **1,249**
7. Leeds Community Healthcare- Hip, Knee, Leg and Foot/Ankle Problems: **1,035**

8. Contact us: **1,016**
9. Leeds Community Healthcare What We Offer **927**
10. Our Locations: **876**

Media Summary

So far for August :

Date	**Publisher**	**Article**	**Positive/ Neutral / Negative**
29 August	ITV News Calander North	Sophie Owen from LCH 0-19 Team talked about how food poverty affects children and young people.	Neutral

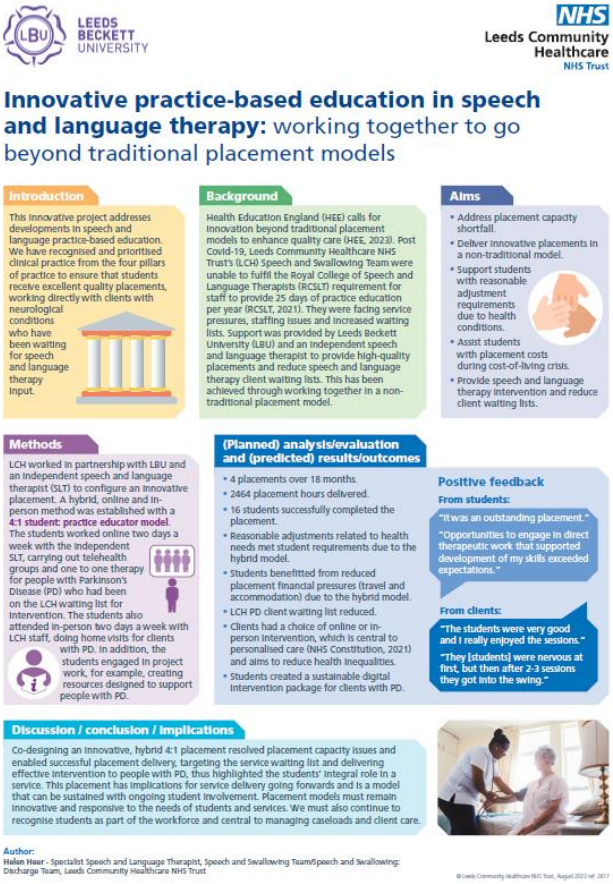
Graphic Design

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

1. Long Covid Brain Fog Booklet (SBU)

NHS
Leeds Community Healthcare
NHS Trust

2. Practice Education Enabling Transition Conf poster (SBU)



3. MMST Learning Disability Service Poster (CBU)

MindMate Support Team

NHS Leeds Community Healthcare NHS Trust

Learning Disability Service

Who are the MindMate Learning Disability Team?

We are a city-wide, multi-disciplinary team within the MindMate Support Team (MMST).

This means we are a team made up of different professionals, which includes:

- Learning Disability Nurses
- Consultant Psychiatrist
- Learning Disability Team Practitioner
- Learning Disability Team Assistant.

We are based in Bramley Annex.

We come together for a regular clinic and have team meetings once a week.

Who do we work with?

We support **children and young people** (and their parents/carers and wider support networks) who have a **moderate to severe** learning disability.

We see children and young people who are experiencing significant emotional or behavioural difficulties, in addition to their learning disability, that impacts on them accessing other services.

Common presenting issues include high levels of behaviours that challenge, including self-injury.

What we do

We offer a range of multi-disciplinary assessment and interventions to develop skills in understanding and managing behaviours.

This can include:

- Positive Behavioural Support
- Consultations
- Promoting positive physical and mental health
- Reducing inequalities.

Making a referral

All referrals must be made through **MindMate Single Point of Access (MMSPA)**. Your school can assist with this process.

Call: 0300 555 0324

Online referral: www.mindmate.org.uk/whats-in-leeds-for-me/mindmate-spa

Contact us

MMST Learning Disability Service
Bramley Health Centre Annex
255 Town Street, Bramley, Leeds LS13 3EJ

Tel: 0113 843 0550
Email: lcht.ldteam@nhs.net

Monday to Friday, 9:00am to 5:00pm

4. Childrens blood clinic leaflet easy read (CBU)

Contact us

Integrated Children's Additional Needs (ICAN)

St George's Centre
0113 843 2000

Wortley Beck Health Centre
0113 843 8000

The Reginald Centre
0113 843 5700

Watch this video

Getting a Blood Test (YouTube)
This video will help you to prepare your child for the blood test.

Help us get it right

If you have a complaint, concern, comment or compliment please let us know by speaking to a member of our staff. We learn from your feedback and use the information to improve and develop our services.

If you would like to talk to someone outside the service contact the **Patient Experience Team** on **0113 220 8585**, Monday to Friday 9.30am to 4.30pm or email **lch.pet@nhs.net**

We can make this information available in Braille, large print, audio or other languages on request.

NHS Leeds Community Healthcare NHS Trust

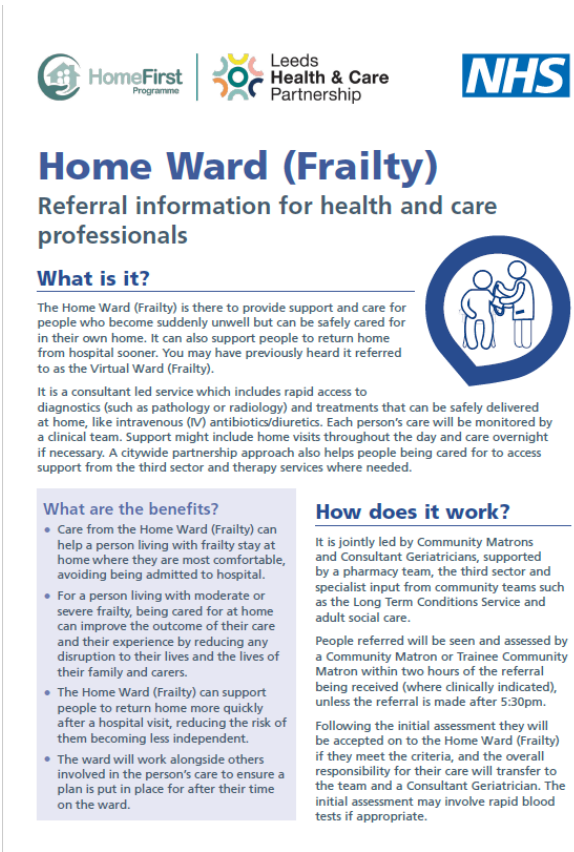
Children's Bloods Clinic

Having a blood test

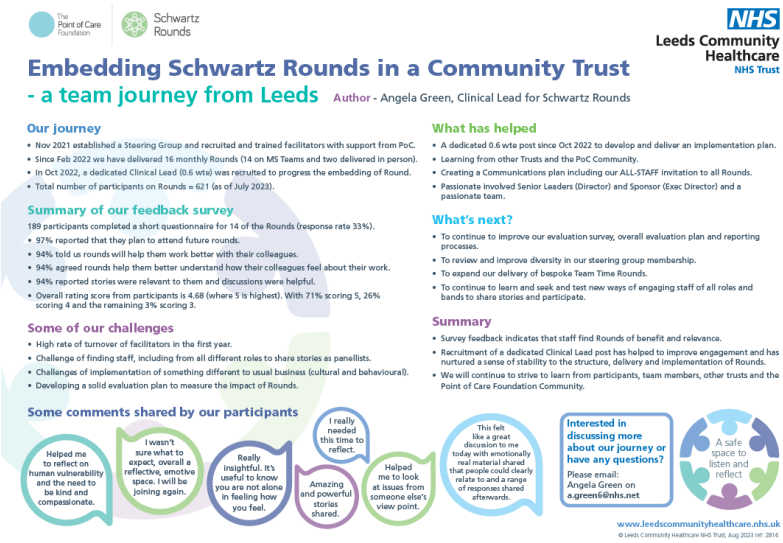
ICAN Integrated Children's Additional Needs

5. Legs matter conference (ABU)

6. Home ward (frailty) referral info (ABU)



7. Schwartz Rounds Poster (CORP)



8. IPC MOT Poster (CORP)

Leeds Community Healthcare NHS Trust

Trust Board meeting held in public: 6 October 2023
Agenda item number: 2023-24 (57a)

Title: Nominations and Remuneration Committee – 15 September 2023: Chair Assurance Report

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Category of paper: for assurance
History: n/a

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

Executive summary (Purpose and main points)

This paper identifies the key issues for the Board arising from the Nominations and Remuneration Committee meeting held on 15 September 2023.

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

Items discussed:

Approach to Board Appointments and Succession Planning

The Committee received an update from the Chair on the CEO appointment process noting that the advert was about to go live and that the Trust were working with Gatenby Sanderson on this post. It was noted that the substantive salary had been signed off by the Department of Health. Additionally, the Committee noted and approved the recommendations for the remuneration of the interim Deputy CEO post.

DDRB Recommended National Pay Increase

The Committee received and approved a paper recommending local implementation of the DDRB (Doctors and Dentists Pay Review Body) pay recommendations for locally employed doctors for 23/24.

VSM Recommended National Pay Increase

The Director of Workforce reported that nationally, the recommended VSM pay increase had not yet been approved. Once further information and detail is received on this, the item will return to the Committee for discussion.

VSM Bonuses

The Committee members discussed a paper from the Chair on VSM bonuses agreeing a recommendation in the paper.

Recommendations

The Board is recommended to note this information.

Trust Board meeting held in public: 6 October 2023

Agenda item number: 2023-24 (57b)

Title: Charitable Funds Committee September 2023: Committee's Chair assurance report

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

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

Executive summary (Purpose and main points)

This paper identifies the key issues for the Board from the Charitable Funds Committee held on 15th September 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 meeting was held at Hannah House to enable the committee to see the new gardens and play area and the minibus. The Executive Director of Nursing updated the committee, and introduced the new fundraiser Jodie who gave an update of her work so far. She is only just in post but has already established a number of connections and has some great ideas. The charitable funds steering group will re-commence with the Executive Director of Nursing and AHP's chairing this.

Finance Report

The Interim Director of Finance shared the Finance Report and the Audit Committee approved end of year accounts with Committee members. There were no questions on these, and the Trust Chair agreed he was happy to sign off the end of year accounts.

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: 6 October 2023

Agenda item number: 2023-24 (57c)

Title: Quality Committee Chair's Assurance Report 25 September 2023

Category of paper: For Assurance

History: N/A

Responsible director: Quality Committee Chair

Report author: Deputy Director of Nursing and Quality

Executive summary:
This paper identifies the key issues for the Board arising from the Quality Committee meeting held on the 25 September 2023, and it indicates the level of assurance based on the evidence received by the Committee. This meeting was held on MS teams.

Recommendations:
The Board is recommended to note the information below as key points of assurance from Committee.

Strike action: Committee heard of some impact on LCH activity where hospital medical provision to out of hospital services was re-prioritised. The Executive Medical Director has requested out of hospital care is considered within hospital planning priorities for industrial action.

Home First governance structure: Committee heard of an overall reducing trend in 'lost bed days' because of various projects. This is so far supporting the assumption that we may be able to reduce community care beds by April 2024 with the intended outcome being that of ensuring people are discharged to the best place for them.
The interim Chief Executive is providing LCH representation on the Home First Board and will escalate accordingly through the LCH governance structure.

Wharfedale mobilisation closure - update on outcomes: Following the closure paper to Committee in July, Committee were updated with the quality outcomes since LCH takeover, which focussed on CQC domains. Significant progress is evident and work is ongoing regarding the full transition to an electronic patient record. Committee were assured that staffing levels meet the safe staffing level model. Committee have requested additional assurance regarding trend of patient harms which will be included in future performance brief papers.

Safe staffing report: verbal update including QAIG verbal update: A facilitated QAIG workshop has taken place to explore how the Trust better triangulates existing, and new, safe staffing data to provide assurance the Trust is delivering effective care and how this translates for future reports to Committee. Committee was assured this work will also consider the balance of commissioned versus actual activity.

SEND update: The Trust has been subject to a focussed review of SEND alternative provision, which concluded last week. Committee were reminded of risks already identified within the Trust, specifically related to waiting times. Inspection feedback is not yet available and will be shared outside of Committee when available.

Lucy Letby: verbal update: Committee heard of numerous national conversations that have taken place since this case was publicised. Early national learning related to Freedom to Speak up processes; quality improvement and Board being cited on quality and safety. A more detailed paper will be presented to Committee in November 2023 to provide assurance regarding the LCH position on such safety issues.

Diabetes spotlight: Committee were provided with an update on the Diabetes projects commenced last year to improve outcomes for our people with Diabetes. The presentation provided clarity on improved outcomes for patients through improved training, education and self-care as well as improved pathways of clinical care. Committee requested further information to showcase the use of data in improving health equity within these projects. Further information to be provided to Committee in January 2024.

Performance report: Performance data was discussed and identified a healthy reporting culture of low / no harm incidents as well as a small proportion of moderate and major harm incidents. Committee welcomed the imminent consultation on a draft Patient Safety Incident Response Plan (PSIRP) to be clear on priorities and the ongoing improvement work and expectations.

Clinical Governance Report: Committee were made aware of two delayed Quality Walk findings, where further assurance is being sought to explore discrepancies which have been identified within the evidence

Risk register: Committee were informed of a new risk identified late last week related to changes in the emergency planning and preparedness process and this will be detailed at Board. Reassurance was provided regarding the timeframe for the PSIRF risk, and that progress is in line with national expectations and local variation from this is being discussed and negotiated with the ICB.

Board member service visits: The paper noted the improved process and reporting of Board member activity in service visits and the assurance of logging this. Timeliness of issues being raised from visits and these being considered by the Trust Leadership Team was asked to be considered.

Serious incident bi-annual report: The 6 monthly update was accepted by Committee, who welcomed further assurance through the PSIRF developments and engagement plans.

IPC BAF report: The updated reported provided Committee with assurance around a lot of the requirements, noting there were a few areas of improvement in progress.

Children, Young People and families strategy 2022-25 update: Committee heard progress is currently on track with the specified timeframes. Committee heard about the positive engagement of children and young people within both the development and implementation of this.

Patient Group Directions (PGDs): Five national PGDs were approved by Committee along with the staff campaign influenza vaccine instruction.

Data Quality Framework: Presented as a framework of the principles of data quality, aligned to NHS Digital, across all systems in LCH, approval was requested and given to progress this to the next step of providing a scope of the work to be done inclusive of costings and resources required to achieve the principles of the framework. Committee identified the opportunity to ensure the framework focusses on responsibilities not only to collect data but also to use data to make things better, to improve services and outcomes as well as improving health equity.

Internal audit: Committee noted the challenges associated with the implementation of the national cleaning standards and the actions underway to address these.

Engagement strategy update: Committee noted this was a second update that concluded progress had been limited due to staffing capacity and further changes coming with a plan to support. More work needed

Quality Committee assurance levels – determined at the meeting

Quality Committee strategic risks	Risk score (current)	Agenda items reviewed	Overall level of assurance provided	Comments
Risk 1 Failure to deliver quality of care and improvements: 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.	**9 (high)**	• Strike action update • Home First Governance update • Wharfedale mobilisation closure - update on outcomes • SEND update • Diabetes spotlight • Performance Brief (safe, caring, effective) • QAIG key issues • Clinical Governance report • Risk register report • Board members service visits report • Serious incidents report • CYP strategy update • Patient group directions • Data quality framework • Internal audit (Cleaning standards)	Reasonable	Although overall the Committee felt there was reasonable assurance a couple of caveats were noted as detailed below: Committee noted a second update reporting delays in progress against the patient engagement strategy, which were not anticipated. Accepting there are plans in place to cover some further capacity challenges, and that engagement is everyone's business Committee are keen to monitor the impact of continued / further delays and recovery. Committee noted the lack of inclusion of data in relation to health equity and therefore the impact of improvements on health equity within the service spotlight session and have requested a further update in Jan 2024 to be provided with additional assurance. The production and use of equity data was raised in several conversations and is an area Committee wish to seek further assurance through subsequent reports
Risk 2 Failure to manage demand for services: 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.	**12 (V high)**	• Strike action update • Home First Governance update • Diabetes spotlight • Performance Brief (safe, caring, effective) • Clinical Governance report • Risk register report • Service spotlight • Board members service visits report • Data quality framework	Reasonable	Committee requested further information regarding equity data to be included within reports to provide additional assurance by 'showing' Committee how services are using this data and improving health equity

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.	**12 (V high)**	• Diabetes spotlight	Reasonable	As risk 1
Risk 4 Failure to be compliant with legislation and regulatory requirements: 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.	**9 (high)**	• Strike action update • QAIG key issues • Lucy Letby update • Safe staffing update • SEND update • Performance Brief (statutory compliance: duty of candour) • QAIG key issues • Clinical Governance report • Risk register report • Serious incidents update • IPC BAF report • Patient group directions • Internal audit report (Cleaning standards)	Reasonable	

Trust board meeting held in public: 6 October 2023

Agenda item number: 2023-24 (57d)

Title: Business Committee Chair's assurance report 27 September 2023

Category of paper: For assurance
History: Not applicable

Responsible director: Business Committee Chair
Report author: Company Secretary/Business Committee Chair

Executive summary (Purpose and main points)
This report identifies the key issues for the Board from the Business Committee held on 27 September 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:

Strategy and Planning
Discussion around the North Yorkshire Custody Suite tender response, the new business model and the financial envelope. The Trust has submitted its response the tender and awaits commissioners' response.

Priority Focus: Dental Time to Shine
The Business Manager attended the Committee and outlined the journey the Community Dental Service had taken over the last few years. The CDS had continuously strived to improve the service it had delivered within a context that required system-level transformation to be fully effective. Service level improvements had taken place to address persistent issues such as waiting time, workforce gaps and stepping up and down patients appropriately from General Dental Practices.

The Committee heard how collaborative working was starting to bear some fruit, with commitment between providers to a new level of transparency and joint working to resolve issues. The Committee received assurances that a robust pathway for urgent care was in place. However it was noted that the commissioning model required further work to support the collaborative approach. There was an appetite for receiving more detailed data regarding service delivery at a future meeting.

Performance Brief (see Board paper)
The Committee noted the declining position in relation to waiting times, largely within Paediatric Neurodisability and Consultant-led services. Assurance was given that Community Gynae services were working on the referral pathway with LTHT and putting on clinics above contract levels. It was agreed that extracting hotspot data such as the above from the report going forwards would prevent the data being skewed.

In relation to Podiatry services, the Committee noted a notable shift in the complexity of Podiatry cases, and the decrease in agency staff had resulted in an increase in waiting times. If action was taken to increase service capacity to cope with the increasing demands and complexity, focus and resource would have to be removed from another area. Concerns were voiced around the focus not being sufficiently on preventative care due to working through the complex cases from the pandemic period.

Financially, discussions were held regarding system pressures and the forecast system deficit. The implications for LCH were not yet known but the Finance Team had received requests to break data down to a more detailed level.

Risk Register Report
It was noted that several risks were overdue for review, and assurance was provided that a procedure for reviewing risks was being developed which should result in an improved picture over the next few months.

Data Quality Framework
The Committee reviewed the Data Quality Framework which described a set of principles and processes by which data quality should be governed and managed within LCH. It was noted that the framework applied to all LCH information systems, and was not solely focussed on clinical information systems.

The Committee confirmed that it supported the direction of travel in the framework. It noted that next steps will include a gap analysis between the framework and the current position, and annual action plans.

Estates Management Report
The Committee received assurance on all elements included in the report. In relation to Reinforced Autoclaved Aerated Concrete (RAAC), the Trust was liaising with the City Council while it assesses its estate to prioritise work to explore the nature of building construction and undertakes on-site survey work. No further action was required for the Trust-owned estate or leasehold estate provided by LIFT Co. or Leeds Teaching Hospitals FT. Assurance was provided regarding fire safety checks in LIFT buildings.

The Committee noted hard FM costs had increased by 67% during 2022/23, largely allocated to increased costs in electric, gas and water services. Work was being undertaken regarding reducing energy usage along with sustainability of the estate, but it was noted that most initiatives required capital spend.

Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) Annual report and action plan plus annual workforce EDI report
It was noted that a further update on the NHS EDI Improvement Plan would be received by the Committee, once the mapping of current and proposed work had identified how these dovetailed, and any gaps identified, along with suggested next steps.

There was an appetite for increased pace in this area of work to avoid losing momentum from the last year.

It was agreed that the Talent Development Programme would be discussed at the Committee workshop in October.

Service Focus: Neurodiversity Service.
The Committee received an update on the issues surrounding access and support for neurodiverse children and young people in LCH and the wider Leeds system.

Representatives from the Children's Business Unit highlighted the long wait times for neurodiverse assessments for children and young people in LCH and the multiple actions taken to mitigate the long waits.

The committee heard how the referral to diagnosis rate was 96%, and that the situation in Leeds was 'assessment heavy and support light'. The service had engaged with colleagues

and parents/carers to review it's assessment model and was confident it had worked hard to ensure all possible efficiencies had been realised and existing clinical capacity delivered the best possible outcomes.

Commissioners had acknowledged the mismatch between demand and capacity, and it was agreed that it was important to be transparent about the size of the issue.

Although assured regarding the efforts made by the service to find solutions to the waiting list issue, the current design of the service led to limited assurance that the demand was being managed.

Recommendation:

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

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

The Business Committee provides the following levels of assurance to the Board on these strategic risks	Risk score (current)	Agenda items reviewed	Overall level of assurance provided that the strategic risk is being managed (or not)	Additional comments
Risk 2 Failure to manage demand for services: 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	12 (high)	• Service focus (neurodiversity) • Business Development Strategy • Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) annual report and action plan plus annual workforce EDI report • Performance brief • Risk register summary report • Internal Audit: Waiting List Management, Wetherby YOI	Reasonable	The Committee was assured that Trust is managing wait list with the resource and financial envelope available. It noted however that there have been large increases in demand for some services and commissioned capacity and pathways are not matched to this long term demand.
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	9 (high)	• Performance brief • Data Quality Framework	Reasonable	

caring for patients and less than optimum quality of care				
Risk 4 Failure to be compliant with legislation and regulatory requirements: 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.	9 (high)	• Estate management report (capital works & maintenance) • Performance brief • Risk register summary report • 2022/23 ERIC return • Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) annual report and action plan plus annual workforce EDI report • Internal Audit: Cleaning Standards update	Reasonable	
Risk 5 Failure to deliver financial and performance targets: 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.	12 (high)	• Performance brief • Risk register summary report • Internal Audit: Waiting list management update	Reasonable	
Risk 6 Failure to have sufficient resource to for transformation programmes: If there is insufficient resource across the Trust to deliver the Trust's priorities and targeted	9 (high)	• Business Development Strategy • Change programme management report (Dental) • Risk register summary report	Reasonable	

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.		• Estate management report • Internal Audit		
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.	12 (high)	• Risk register summary	Reasonable	
Risk 8 Failure to have suitable and sufficient staff resource (including leadership): 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.	12 (high)	• Service focus (neurodiversity) • Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) annual report and action plan plus annual workforce EDI report • Performance brief • Risk register summary report	Reasonable	

Trust Board Meeting held in public: 6 October 2023

Agenda item number: 2023-24 (58)

Title: Performance Brief August 2023

Category of paper: for assurance
History: Quality Committee – 25 Sep 2023
Business Committee – 27 Sep 2023

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

Executive Summary (purpose and main points)

This report seeks to provide assurance to the 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 551 Incidents reported with harm. The rate has been consistently above the KPI in the previous six months, and in comparison, to 2022/23. Variation in incident rate is detailed within the report.
- There were five Serious Incidents logged on StEIS (Strategic Executive Information System) which is in line with normal variation.
- There were 12 incidents which met the requirement for Legal Duty of Candour, 10 of these were dealt with appropriately, two breached the 10-day timescale for the initial letter to be sent.
- There were three Central Alert System (CAS) notifications in the period, all appropriate actions were taken. One will require a co-ordinated Trust response. There is one historical alert open under review as part of NHS England's Enduring Standards.

Caring

- There were 24 complaints received in July-August 2023.
- Within the Friends and Family Test, 96.1% of feedback was good or very good.

Effective

- This domain is reported quarterly

Responsive

- Almost half of patients waiting for Consultant – led services have waited longer than the 18 week Referral to treatment (RTT) standard.
- There were 158 breaches in August
- This is against a backdrop of a sustained increase in demand

Well-led

- The overall sickness absence rate has increased slightly to 5.9 % however remains below the target of 6.5%.
- Long-term sickness absence – Whilst above the target at 4.3%, has remained below 5% for the last 6 months.
- Short-term sickness absence – This is continuing to decrease month on month to the current rate of 1.3% in August 2023
- Staff turnover continues within tolerance at 10.9% and has continued to improve and stabilise during this financial year.
- Staff turnover of leavers with less than 12 months service continues within tolerance at 13.6% and has continued to improve and stabilise during the past year.
- Pilot of appraisal season within ABU concluded on 31 August and its success can be evidenced in the second month of increase to appraisal rates.
- MaST continues to be static performing just under our KPI of 90%.
- 52% of staff have now completed the Olivier McGowan training on Learning Disability and Autism.
- The overall BME representation has not significantly changed since July 2022, where it has remained over 12%.

Performance Brief – August 2023

Leeds Community Healthcare NHS Trust

Purpose of the report

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

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

The report focuses on performance against the KPIs (Key Performance Indicators) agreed before the commencement of the fiscal year.

Committee Dates

- Quality Committee – 25 Sep 2023
- Business Committee – 27 Sep 2023
- Trust Board – 6 Oct 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 551 Incidents reported with harm. The rate has been consistently above the KPI in the previous six months, and in comparison, to 2022/23. Variation in incident rate is detailed within the report.
- There were five Serious Incidents logged on StEIS (Strategic Executive Information System) which is in line with normal variation.
- There were 12 incidents which met the requirement for Legal Duty of Candour, 10 of these were dealt with appropriately, two were assessed as breaches to the LCH 10 day timescale for the initial letter to be sent.
- There were three Central Alert System (CAS) notifications in the period, all appropriate actions were taken. One will require a co-ordinated Trust response. There is one historical alert open under review as part of NHS England's Enduring Standards.

Caring

- There were 24 complaints received in July-August 2023.
- Within the Friends and Family Test, 96.1% of feedback was good or very good.

Effective

- This domain is reported in quarterly reports only

Responsive

- Waiting Times for Consultant-led services fell to their lowest levels for many years, with only 52.7% of patients waiting less than 18 weeks at the end of August. Our teams also recorded our highest levels of 52+ week waiters, with 229 breaches during July and August 2023.
- Waiting times for non-Consultant services declined over the reporting period, falling to 80.8%.
- Waiting Times for Diagnostic services also fell to their lowest levels since January 2022, with only 31.8% of patients waiting less than 6 weeks.

Well-led

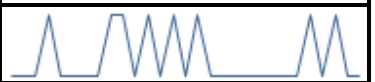
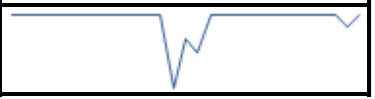
- The overall sickness absence rate has increased slightly to 5.9 % however remains below the target of 6.5%.
- Long-term sickness absence – Whilst above the target at 4.6%, has remained below 5% for the last 6 months.
- Short-term sickness absence – This is continuing to decrease month on month to the current rate of 1.3% in August 2023
- Staff turnover continues within tolerance at 10.9% and has continued to improve and stabilise during this financial year.
- Staff turnover of leavers with less than 12 months service continues within tolerance at 13.6% and has continued to improve and stabilise during the past year.
- Pilot of appraisal season within ABU concluded on 31 August and its success can be evidenced in the second month of increase to appraisal rates.
- MaST continues to be static performing just under our KPI of 90%.
- 52% of staff have now completed the Olivier McGowan training on Learning Disability and Autism.
- The overall BME representation has not significantly changed since July 2022, where it has remained over 12%.

Safe – August 2023

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

Leeds Community Healthcare NHS Trust

Data

Safe - people are protected from abuse and avoidable harm	Responsible Director	Target	Financial Year	Apr	May	Jun	Jul	Aug	YTD	Time Series (from Apr-21)
Patient Safety Incidents reported as Harmful (per 1K contacts)	SL	1.42 to 2.09	2023/24	**2.46**	**2.11**	**2.09**	**2.22**	**2.16**	**2.20**	
			2022/23	2.21	2.06	1.87	2.01	1.88	1.91	
Serious Incidents (per 1K contacts)	SL	0 to 0.1	2023/24	**0.04**	**0.04**	**0.02**	*0**	*0**	*0**	
			2022/23	0.00	0.01	0.02	0.01	0.02	0.02	
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	8 per year	2023/24	*1**	*0**	*1**	*0**	*0**	*2**	
			2022/23	0	1	0	1	0	2	
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	SL	0	2023/24	*0**	*0**	*0**	*0**	*0**	*0**	
			2022/23	0	0	0	0	0	5	
Validated number of Patients with Avoidable Unstageable Pressure Ulcers	SL	10 per year	2023/24	*0**	*0**	*0**	*0**	*0**	*0**	
			2022/23	0	0	0	0	2	6	
Number of Falls Causing Harm	SL	No Target	2023/24	43	34	38	52	47	214	
			2022/23	46	55	46	51	34	458	
Number of Medication Errors Causing Harm	SL	No Target	2023/24	7	7	6	6	7	33	
			2022/23	5	5	6	5	0	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%	
			2022/23						68%	
Percentage of Incidents Applicable for DoC Dealt with Appropriately**	*SL*	100%	2023/24	**100%**	**100%**	**100%**	**83%**	**100%**	**100%**	
			2022/23	100%	0%	66%	50%	100%	*100%*	

** Reported by exception

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

Narrative

Patient Safety Incidents

As shown in Table 1, there were 551 incidents reported as harmful within July and August 2023, whilst 471 incidents were reported with no harm. The number reported for the Specialist Business Unit (SBU) has continued to increase during this reporting period (113, with 110 last period and 73 in March/April).

Severity	Count
No Injury	471
Minimal	433
Moderate	70
Major	7
Unexpected death	26
Expected death	11
Death as a result of patient safety incident	1
SUDIC	3
Total	1022

Table 1 - Patient Safety LCH Incidents in July and August 2023

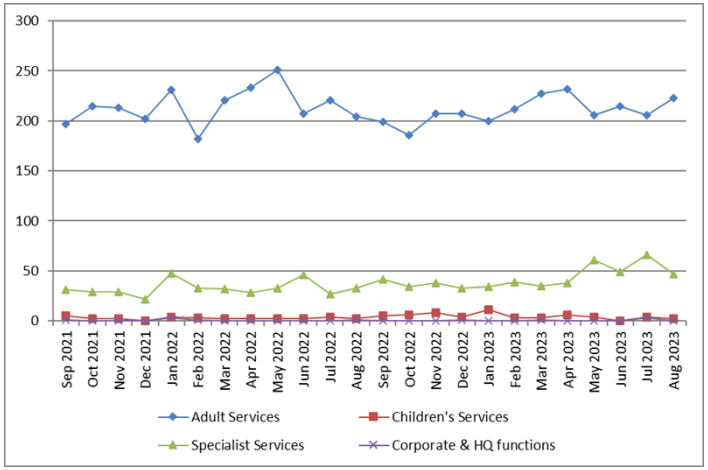


Chart 1 - Safety Incident Trends by Business Unit

The increase in self-harm incidents in Secure Estates in May and June 2023 (64 incidents) remains consistent in July and August 2023 (65 incidents) this is a considerable increase when compared to previous reporting in March and April 2023 (19 incidents) and has contributed to the increase in incident reports in July. It is noted there are multiple incident reports for the same young people and management plans are currently in place and assurance checks are being completed by the service.

There has been an increase in falls for SBU in July and August 2023 (24 incidents) compared to May and June 2023 (17 incidents), particularly in Community Neurology (8 incidents) and the Cardiac Team (9 incidents), the incidents are reviewed below.

There is an increase for Adult Business Unit (ABU) when compared to the last report. The numbers remain consistent with the July and August data from 2022, this will continue to be monitored.

The Children's Business Unit (CBU) reported four incidents in July 2023 and two incidents in August 2023. There is a plan for a review across the Business Unit of team reporting to formulate a plan to raise awareness within these teams.

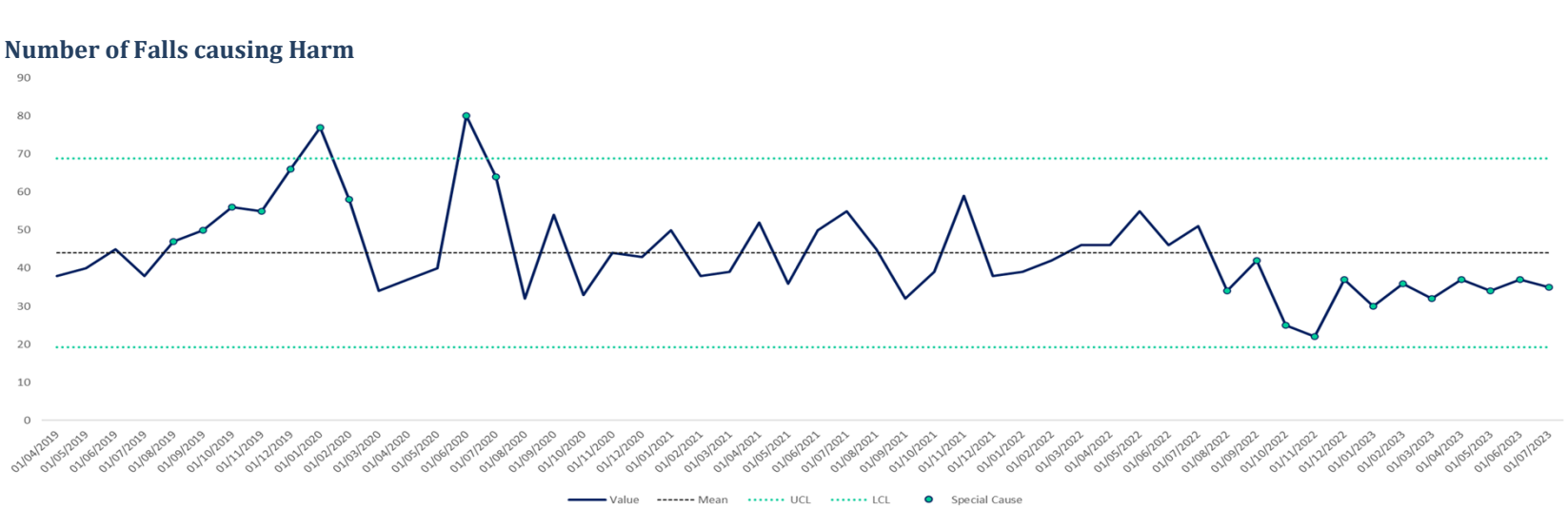


Chart 2 - Falls with Harm with SPC Control Limits

Chart Two shows that falls with harm have fallen below the average for 10 consecutive months however the numbers are still within the lower control limit. A deep dive will be completed to review this data and an update will be provided in the next bimonthly report.

The highest reporting team for falls with harm across July and August 2023 was the Community Falls Service, fifteen incidents were reported, an increase from nine incidents in May and June 2023. There continues to be an increase in falls with harm in the Cardiac Team in July 2023 and Community Neurology and Seacroft Neighbourhood Team were also high reporting teams this period.

Community Falls Service

The Community Falls Service reported a total of 15 incidents in July and August 2023, this is an increase of 6 incidents when compared to May and June 2023 (9 incidents). Fourteen incidents were reported as minimal harm and the remaining fall incident of moderate harm is awaiting a Rapid Review meeting date, an update will be provided in the next bimonthly report.

Seacroft Neighbourhood Team

The Seacroft Neighbourhood Team reported four incidents in July 2023 and six in August 2023, seven were minimal harm, two moderate harm and one major harm. The major harm incident and one moderate harm incident have been discussed at Rapid Review Meeting and no lapses in care were identified. The remaining moderate harm incident is pending Rapid Review Meeting, an update will be provided in the next bimonthly report.

Community Neurology

The Community Neurology Team reported six incidents in July 2023 and two in August 2023. Six were minimal harm and two moderate, both moderate harm are pending Rapid Review Meeting, an update will be provided in the next bimonthly report.

Cardiac Team

The Cardiac Team reported eight incidents in July 2023 and one incident in August 2023. This is an increase of two incidents when compared with May and June 2023 (7 incidents). Eight were minimal harm and the remaining moderate harm incident does not require further review. A review of the Cardiac falls incidents has been completed by the Quality Lead for the Specialist Business Unit and has not identified any themes. The team have had a recent training update on the Falls Pathway and an increased awareness of falls management and reporting could be reflective of a positive reporting culture, this will continue to be monitored via the monthly Governance report.

Updates from May/June 2023

The Cardiac Team incident concluded at Rapid Review as no contributing lapses in care with learning identified. Of the two Morley Neighbourhood Team moderate harm incidents awaiting Virtual Rapid Review Meeting, one requires more information for a second review meeting and the other has been reduced to minimal harm.

Number of Medication Errors Causing Harm

There were thirteen medication errors causing harm reported, this is comparable to May and June 2023. All incidents were recorded as minimal harm, ten were reported in the Neighbourhood Teams, one in the Wharfedale Recovery Hub and the remaining two incidents were Leeds Sexual Health Service (LSH). Of the thirteen incidents, three related to anticipatory medication, two were due to unavailable doses of medication and three were errors in the prescribing process, there were no themes in the remaining five incidents.

Pressure Ulcers

Validated number of patients with avoidable Category 3 Pressure Ulcers

There were no category three pressure ulcers discussed at Rapid Review Meeting in the reporting period which concluded as lapses in care and required Serious Incident Investigation.

There was one validated category three pressure ulcer in the reporting period which concluded as lapses in care following the completion of a Serious Incident Investigation. This was an incident which occurred on 9 April 2023 for the Yeadon Neighbourhood Team.

Validated number of patients with avoidable Category 4 Pressure Ulcers

There were no category four pressure ulcers discussed at Rapid Review Meeting in the reporting period which concluded as lapses in care and required Serious Incident Investigation.

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

Validated number of Patients with Avoidable Unstageable Pressure Ulcers

There were two unstageable pressure ulcer incidents discussed at Rapid Review Meeting in the reporting period which concluded as lapses in care and required Serious Incident investigation. These are both in the Adult Business Unit, one each for Armley and Woodsley Neighbourhood Team, both have been logged on StEIS.

The Armley Neighbourhood Team incident initially identified there was limited evidence of advice given to the patient and carers in relation to repositioning, equipment and offloading.

The Woodsley Neighbourhood Team incident initially identified that a holistic assessment was not completed and the nurse assessment was rescheduled multiple times. There were also missed opportunities to assess the patient's skin when visiting for other elements of care, as care was task focused.

There was one validated unstageable pressure ulcer in the reporting period which concluded as lapses in care following completion of a Serious Incident investigation. This was an incident which occurred on the 1 March 2023 for the Seacroft Neighbourhood Team.

The learning from pressure ulcer incidents will be shared in the quarterly Pressure Ulcer Report, six-monthly Safety and Serious Incident report and bimonthly Clinical Governance Report.

Serious Incidents

There were five 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 a decrease of five when compared to the last reporting period where there were ten in total. A second tabletop review of 18 moderate and above harm incidents was completed in July 2023 in addition to the two meetings per week to try and improve the overall position of incidents requiring further review, three of these progressed to Serious Incident Investigation.

ID	Incident date	Category	Rapid Review	Date added to STEIS	Team
88979	13/3/2023	Pressure Ulcer	14/7/2023	14/7/2023	Woodsley NT
92143	13/4/2023	Implementation of care/ongoing review	19/07/2023	19/07/2023	Wharfedale Recovery Hub
90513	12/5/2023	Fall	24/7/2023	25/7/2023	Armley NT
91041	8/6/2023	Clinical Assessment	24/07/2023	25/7/2023	Meanwood NT
91202	9/6/2023	Pressure Ulcer	24/7/2023	25/07/2023	Armley NT

ID 92143 relates to a community acquired urinary tract infection which has been discussed previously as part of a post infection review. There were potential missed opportunities to explore the patient's capacity and ability to communicate. It was also identified that best practice for catheter management was not followed and there may have been earlier opportunity to identify a deteriorating patient.

ID 90513 is a fall where visits had been delegated to a non-registered clinician however there was limited information as a moving and handling assessment had not been completed.

ID 91041 identified missed opportunities to identify a deteriorating patient, care provided was task focused and did not consider the holistic needs of the patient. A deep dive is being completed by the Adult Business Unit.

Duty of Candour

There were 12 incidents which met the requirement for Legal Duty of Candour. In 10 cases this was fulfilled as expected/required within the ten-day timeframe or had appropriate reasons for a delay. The remaining two were breaches, one as the letter had been sent to the Patient Safety Team outside of the team working hours which led to a one day delay in posting, the other was not considered as requiring Statutory Duty of Candour at the Rapid Review Meeting and was identified as meeting the criteria on review of incidents for this report.

Central Alert System (CAS) alerts outstanding

There were three Central Alert System (CAS) notifications during this period, all three required a response on the CAS website. Of these, two alerts were assessed as relevant to LCH and were acknowledged, assessed, and actioned within the allocated timeframe. The remaining one alert relates to the risk of death from entrapment or falls from medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: this has been shared with the Medical Device Safety Officer and the Executive Director of Nursing and Allied Health Professionals. This has been assessed as relevant to LCH and updated on the CAS website. A meeting to co-ordinate the actions required for this alert has been scheduled for 12 September 2023, the alert requires all actions to be completed by March 2024.

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 observational 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.

Health Care Acquired Infections

No MRSA bacteraemia PIR meetings have been organised or attended since previous narrative. No C diff cases have been identified as attributable to LCH.

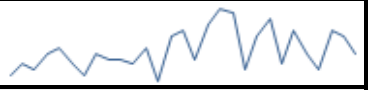
Two SI's were identified in the previous two months. The first was identified at Wharfedale Recovery Hub and relates to an E. coli bacteraemia, this is outlined in the Serious Incident section above. The second was identified in a patient known to the Meanwood NT who unfortunately passed away of acute renal failure and E. coli urinary sepsis. This case is also outlined in the Serious Incident section above.

Caring – August 2023

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

NHS Leeds Community Healthcare NHS Trust

Data

Caring - staff involve and treat people with compassion, kindness, dignity and respect	Responsible Director	Target	Financial Year	Apr	May	Jun	Jul	Aug	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%	95.6%	94.1%	94.2%	
			2022/23	92.8%	91.9%	92.9%	91.0%	94.4%	92.2%	
Total Number of Formal Complaints Received	SL	No Target	2023/24	9	6	13	12	9	49	
			2022/23	4	12	13	8	14	137	

Narrative

Complaints, Concerns and Compliments

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 24 complaints received in the period, this is an increase in the numbers of complaints received over the last two months, and in comparison, to the previous four months; with 21 reported in March and April 2023 and 16 reported in May and June 2023. 3 complaints have since been downgraded to concerns, and so aren't reflected in the data above.

The chart below highlights the number of complaints received across services which remains consistent generally. There is an increase in complaints for Child and Adolescent Mental health Services (CAMHS) who received 5 complaints. Two of these complaints were for MindMate Mental Health Support Team and related to clinical judgement/treatment and lack of support, one complaint for CAMHS Eating Disorder service related to delays in receiving treatment, one complaint for CAMHS South related to medication issues, and one complaint for CAMHS East related to poor communication. Four out of five of these complaint investigations remain ongoing, with one complaint on hold while the service liaises with the complainant to attend to immediate issues.

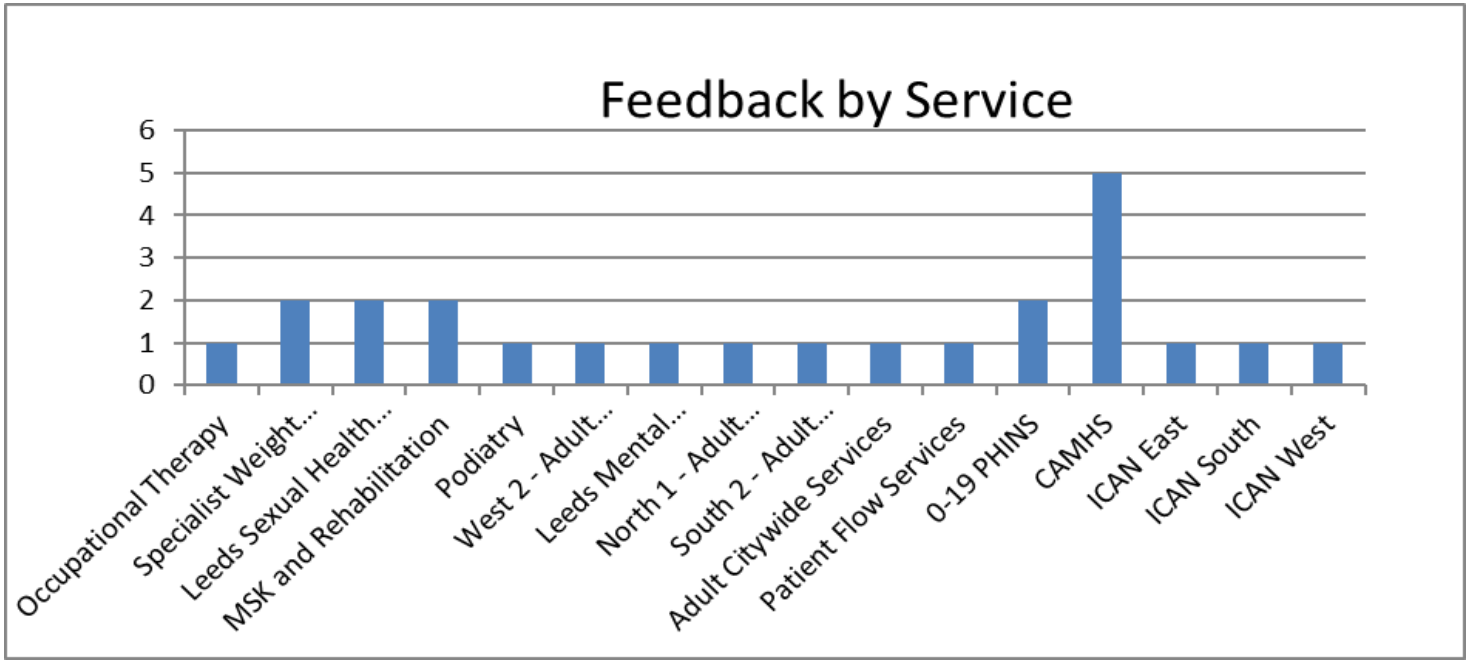


Chart 3 - Complaints by Service in July and August 2023

Patient Experience Feedback

There has been a decrease of 0.1% of good or very good reports from the previous reporting period (May-June 2023, 96.2%). For responses that are rated poor/very poor we continue to see themes around access and regarding contacting services, particularly via telephone. Good/very good responses have highlighted positive experiences of face-to-face appointments, and feedback from family members has highlighted that staff during appointments are understanding, caring and listen to the parents' concerns.

A reduction in the amount of FFT's received from services has been linked to the headquarters move to White Rose Office Park (WROP), this is due to a wait for the freepost address to be changed with Royal Mail. To avoid a further reduction in the number of FFT's received we have advised services to contact the Patient Experience Team with scanned copies of completed FFT's.

Effective – August 2023

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

Leeds Community Healthcare NHS Trust

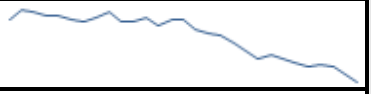
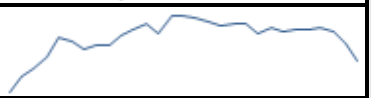
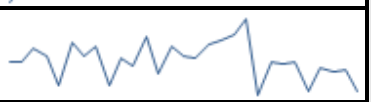
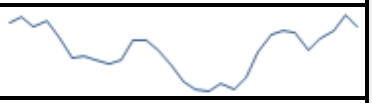
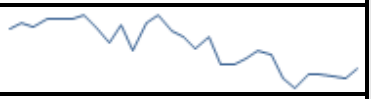
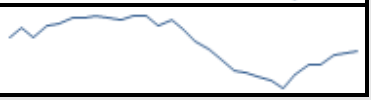
The Effectiveness Domain is reported on quarterly, and so is not included in this report.

Responsive – August 2023

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

NHS Leeds Community Healthcare NHS Trust

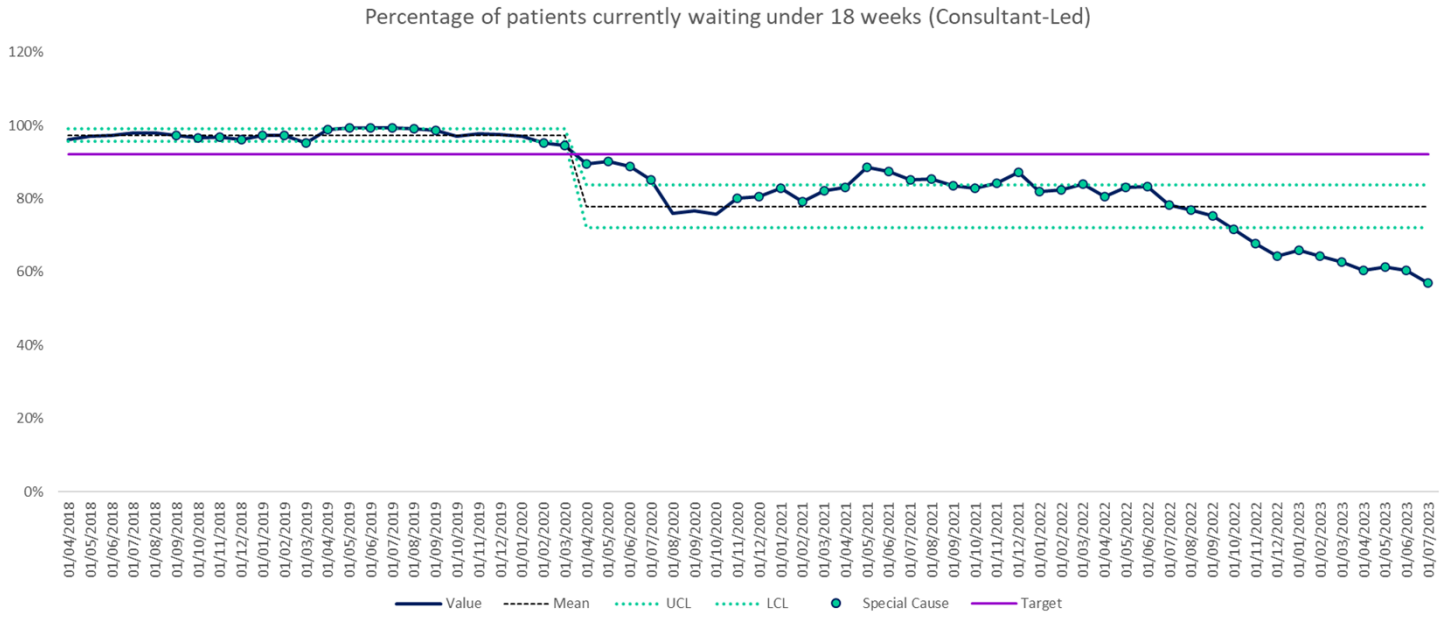
Data

Responsive - services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care	Responsible Director	Target	Financial Year	Apr	May	Jun	Jul	Aug	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%	97.1%	97.3%	97.3%	97.2%	
			2022/23	95.8%	95.6%	96.5%	95.8%	95.8%	95.7%	
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	>=92%	2023/24	**60.5%**	**61.4%**	**60.4%**	**56.9%**	**52.7%**	**52.7%**	
			2022/23	80.6%	83.2%	83.4%	78.2%	77.0%	62.7%	
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	2023/24	**9**	**23**	**38**	**71**	**158**	**158**	
			2022/23	0	0	0	2	4	2	
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	SP	>=99%	2023/24	**42.0%**	**37.6%**	**37.4%**	**38.1%**	**31.8%**	**31.8%**	
			2022/23	38.3%	49.4%	46.9%	47.5%	41.5%	50.3%	
% Patients waiting under 18 weeks (non reportable)	SP	>=95%	2023/24	**87.3%**	**88.0%**	**86.9%**	**84.6%**	**80.8%**	**80.8%**	
			2022/23	86.4%	90.2%	90.6%	89.9%	89.0%	87.5%	
LMWS – Access Target; Local Measure (including PCMH)	SP	24456 by year end	2023/24	2,070	2,392	2,340	2,358	2,061	11,221	
			2022/23	2,312	2,699	2,570	2,536	2,716	30,963	
IAPT - Percentage of people receiving first screening appointment within 2 weeks of referral	SP	No Target	2023/24	59.5%	65.3%	69.1%	77.8%	71.0%	68.8%	
			2022/23	59.7%	52.3%	43.9%	40.5%	39.0%	51.5%	
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	SP	>=95%	2023/24	**98.1%**	**98.1%**	**98.0%**	**97.9%**	**98.2%**	**98.0%**	
			2022/23	100.0%	99.4%	99.3%	98.9%	99.3%	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%**	**83.3%**	**83.8%**	**81.7%**	
			2022/23	92.1%	94.3%	91.2%	87.2%	84.5%	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 place of the previous Appendix 2, developed during last year. Feedback is invited from the Board and Committees.

Consultant-led RTT Pathways



The Trust remains concerned about waiting times within the Consultant-led services especially the Autism Diagnosis services. Performance against the 18-week Referral to Treat (RTT) standard remains below expectations with almost half of patients waiting longer than the national 18 week (RTT) standard.

In August there were 158 breaches and attention is being focused on how to address this against a backdrop of increased demand. Pressures are particularly evident in the Paediatric Neuro-Disability (PND) service, the Children's Paediatric Clinics, and the Community Gynaecology service with each service having a targeted focus on how to best address waiting times.

ICAN consultant pressures (PND, CPC and CPMC)

The previously reported position for ICAN consultant pressures remains unchanged. The service continues to focus only on the most urgent cases. However some reductions are visible in the overall waiting times for the Child Development Clinics (CDC), but the position in PND continues to worsen, with 31% of current waiters having waited less than 18 weeks at the end of August. Paediatric Audiology also fell below target for the first time this financial year, falling to 85.7%.

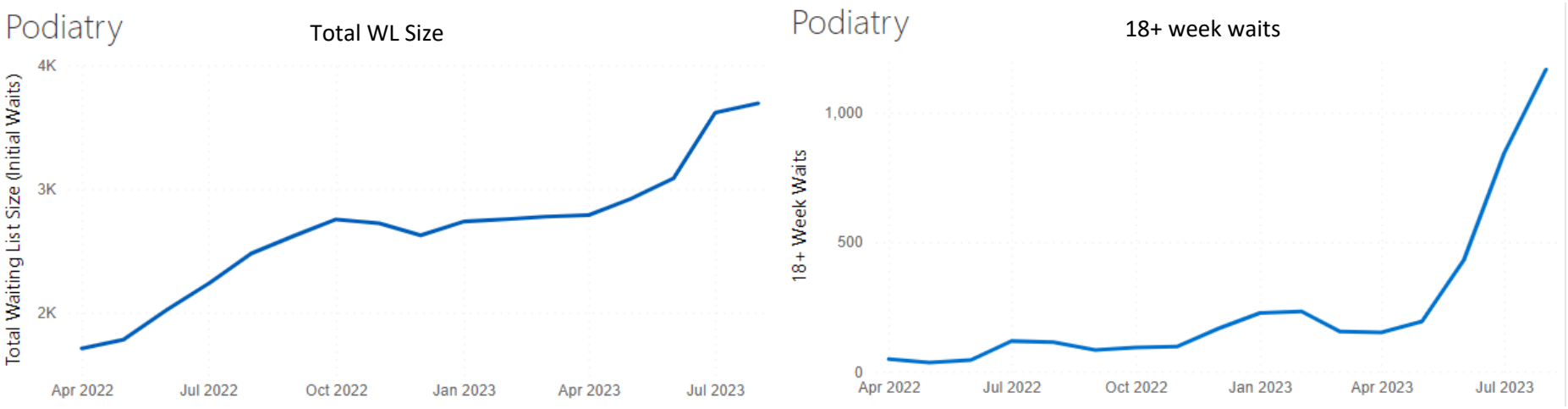
Community Gynaecology

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

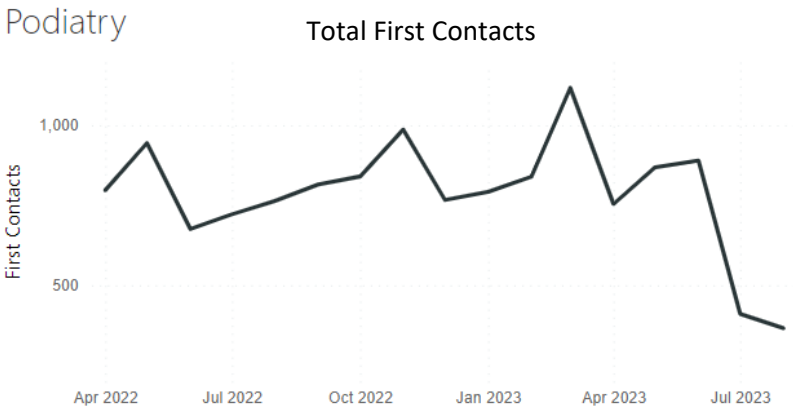
Waiting times for non-Consultant pathways have worsened slightly during July and August, falling to 80.8% of patients waiting less than 18 weeks at the end of August 2023. Performance remains below the local target of 95%. This position has been driven primarily by changes in activity levels within the Podiatry Service but has partially been mitigated by improvements within the Children's SLT Service.

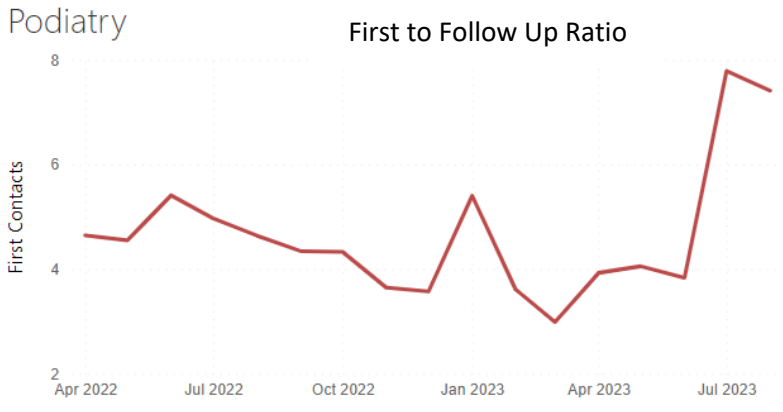
Podiatry Services



The Podiatry service has seen a sharp rise in the number of patients waiting, and in the number of patients waiting more than 18 weeks.

This has followed a change in activity patterns, as the number of first contacts completed by the service in July and August fell by more than 50% to the lowest levels for more than 2 years. Levels of Follow Up Contacts also fell, but only by 10%, leading to a large swing in the first-to-follow-up ratio, and a reduction in the number of clock stops achieved.





A more detailed analysis and narrative will be provided in the next Performance Brief report.

CBU Services

Following previous reports, the Children's SLT service has completed it planned waiting list reduction work during the summer holidays and has this is showing good signs of bringing waiting lists back to within range of last year's start of school levels.

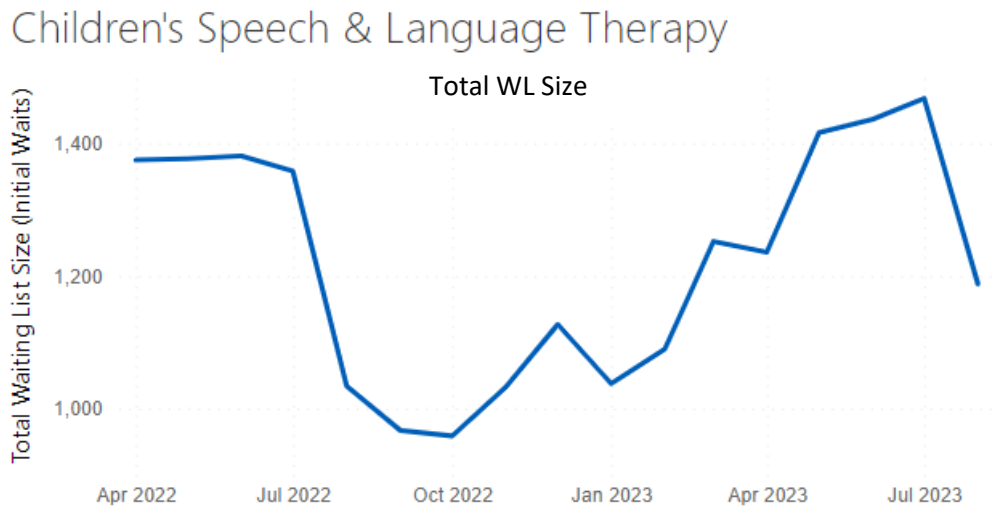


Figure 1 - Waiting List in Children's SLT

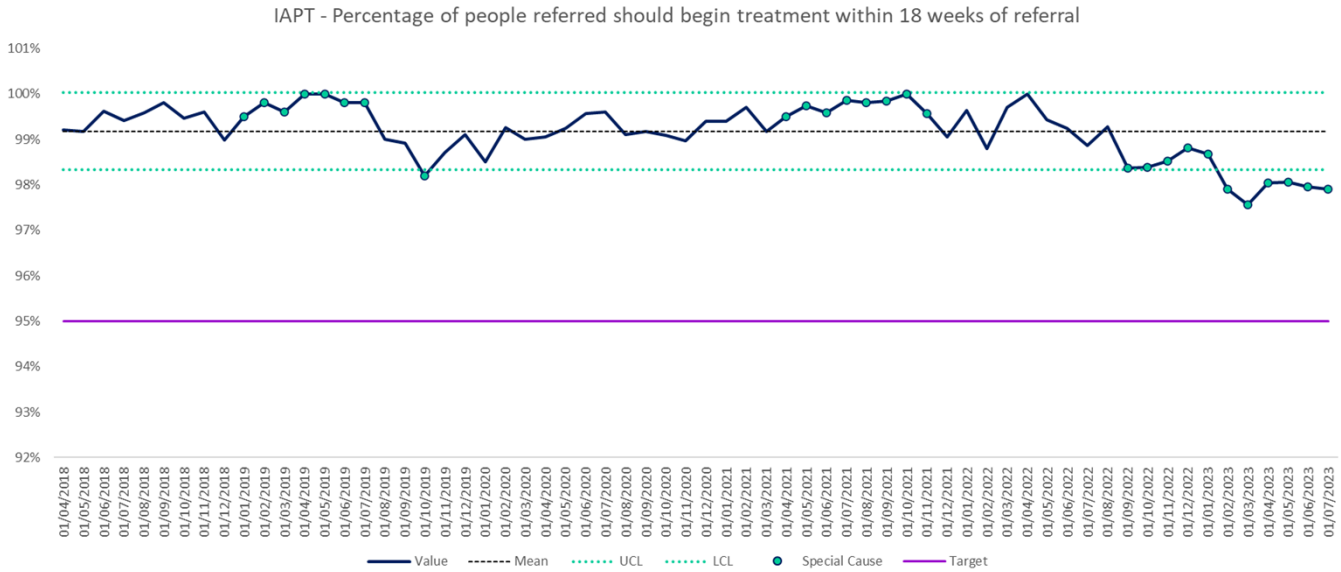
Diagnostic Pathways (DM01)

Performance against this standard has now fallen to its lowest level of all time, reaching 31.8% at the end of August 2023. The service has seen increased levels of staff absence and increased levels of DNAs during the school holiday period.

Improving Access to Psychological Therapies

The service has continued its strong improvement of providing treatment within 6-weeks, following recent recruitment to some vacancies, achieving 83.8% by the end of August 2023. Performance has also continued improving for patients accessing appointments within 2-weeks.

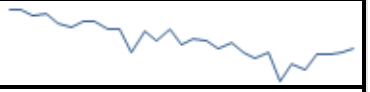
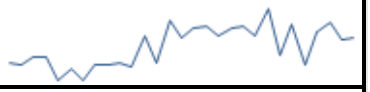
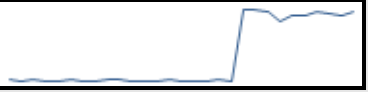
However, as shown below, whilst performance remains above target for the percentage of patients treated within 18 weeks, a statistically significant, declining trend has emerged. This relates to periods earlier in the year when staffing gaps created pressures in triage hubs and in offering first appointments. These pressures have been mostly resolved, and so the service is expecting this performance to begin to hold steady from now.



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	Jul	Aug	YTD	Time Series (from Apr-21)
Neighbourhood Team Face to Face Contacts	SP	No Target	2023/24	44,473	47,652	47,732	48,112	49,145	237,114	
			2022/23	50,745	53,399	49,949	51,131	50,654	586,579	
Neighbourhood Team Referrals (SystmOne only)	SP	No Target	2023/24	2,191	2,545	2,641	2,460	2,478	12,315	
			2022/23	2,206	2,657	2,463	2,572	2,591	30,374	
Neighbourhood Team Productivity (Contacts per Utilised WTE)	SP	No Target	2023/24	97.2	101.4	98.8	98.1	100.7	100.7	
			2022/23	100.4	107.0	102.2	105.7	103.1	96.4	

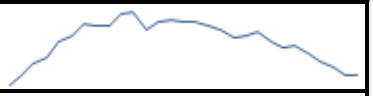
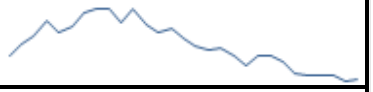
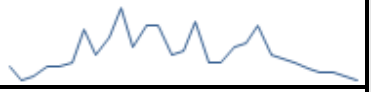
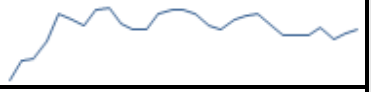
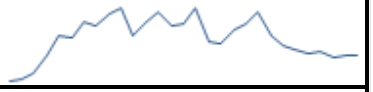
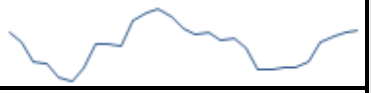
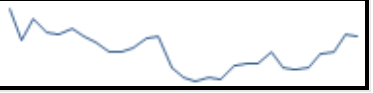
Referrals into Neighbourhood Teams have held steady at higher levels during the reporting period. Trends continue with more patients referred to Pathway 1 from Pathway 2. Contacts and productivity indicators are showing continued signs of improvement, however, as shown in well-led data tables, sickness and vacancy rates remain at very high levels. There are some early signs of improvement, but these trends are being actively monitored.

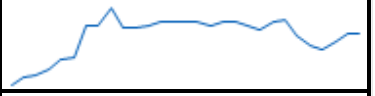
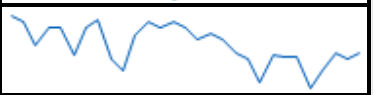
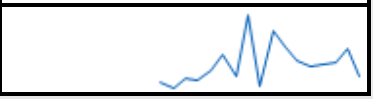
Well-Led – August 2023

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

NHS Leeds Community Healthcare NHS Trust

Data

Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target	Financial Year	Apr	May	Jun	Jul	Aug	YTD	Time Series (from Apr-21)
Staff Turnover	LS/JA	<=14.5%	2023/24	12.3%	11.9%	11.4%	10.9%	10.9%	10.9%	
			2022/23	14.4%	14.5%	14.4%	14.4%	14.1%	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%	13.4%	13.6%	13.6%	
			2022/23	19.2%	19.5%	18.4%	17.6%	17.1%	14.3%	
Short term sickness absence rate (%)	LS/JA	<=3.0%	2023/24	1.6%	1.5%	1.5%	1.4%	1.3%	1.3%	
			2022/23	2.8%	2.0%	2.1%	2.9%	1.8%	1.8%	
Long term sickness absence rate (%)	LS/JA	<=3.5%	2023/24	4.4%	4.7%	4.3%	4.5%	4.6%	4.6%	
			2022/23	5.1%	5.2%	5.2%	5.1%	4.7%	4.4%	
Total sickness absence rate (Monthly) (%)	LS/JA	<=6.5%	2023/24	6.0%	6.1%	5.8%	5.9%	5.9%	5.9%	
			2022/23	7.9%	7.2%	7.3%	8.1%	6.5%	6.2%	
AfC Staff Appraisal Rate	LS/JA	>=90%	2023/24	72.8%	75.2%	75.7%	76.3%	76.5%	76.5%	
			2022/23	79.0%	78.1%	76.7%	76.0%	76.3%	72.1%	
Statutory and Mandatory Training Compliance	LS/JA	>=90%	2023/24	86.2%	87.0%	87.2%	88.2%	88.1%	88.1%	
			2022/23	88.1%	86.2%	85.6%	85.3%	85.5%	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	Jul	Aug	YTD	Time Series (from Apr-21)
'RIDDOR' incidents reported to Health and Safety Executive	BM	No Target	2023/24	0	0	0	0	0	0	
			2022/23	1	1	0	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%	7.3%	7.3%	7.3%	
			2022/23	7.8%	7.8%	7.8%	7.8%	7.6%	7.2%	
Total agency cap (£k)	BM	No Target	2023/24	417	362	376	307	485	1947	
			2022/23	352	307	394	255	311	4133	
Percentage Spend on Temporary Staff	YA	No Target	2023/24	6.6%	6.2%	6.3%	5.9%	5.9%	5.9%	
			2022/23	6.3%	5.4%	6.3%	4.4%	5.4%	5.8%	
Neighbourhood Team Vacancies, Sickness & Maternity WTE	SP	No Target	2023/24	159	166	151	160	149	149	
			2022/23	110	100	106	119	114	139	
Neighbourhood Team Percentage of Funded Posts Utilised	SP	No Target	2023/24	78.2%	81.2%	83.9%	82.8%	83.8%	83.8%	
			2022/23	88.0%	89.0%	88.0%	86.0%	87.0%	83.2%	
Starters / leavers net movement	SP	>=0 in favour of starters	2023/24	**13**	**15**	**16**	**30**	**4**	**78**	
			2022/23	-2	-8	2	0	10	**179**	

Narrative

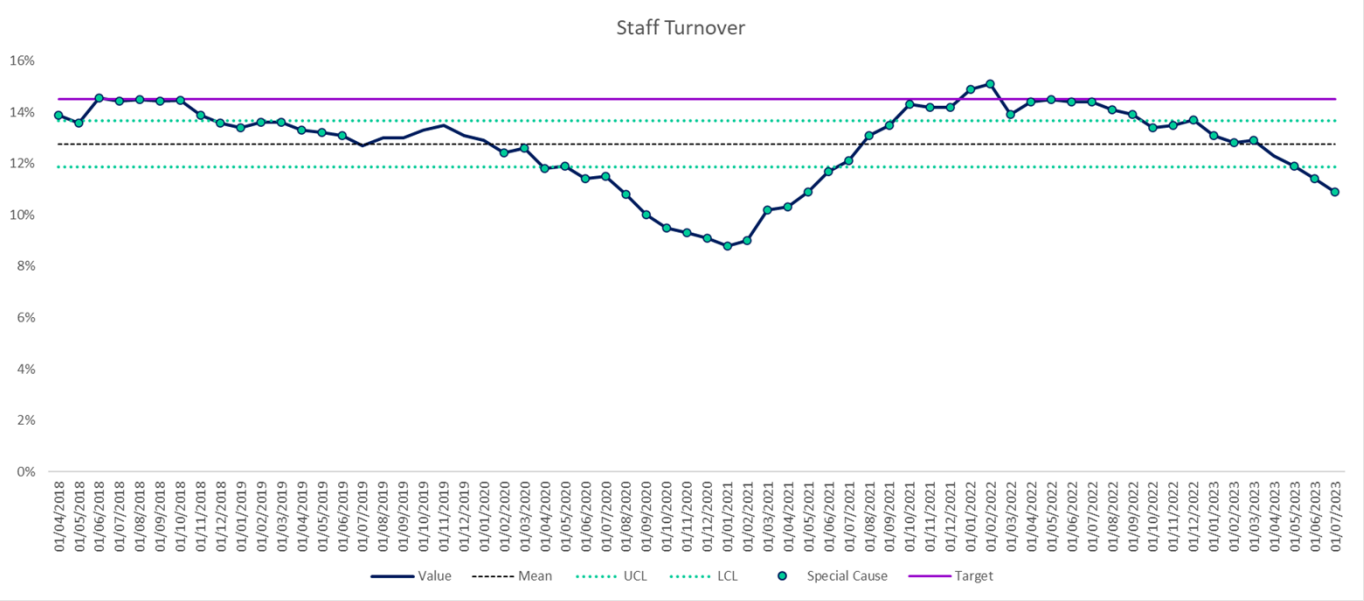
Turnover

Staff turnover continues within tolerance at 10.9% and has continued to improve and stabilise during this financial year. This indicates a positive trend and work continues on a range of resourcing initiatives to increase supply and enhance capacity.

Traditional recruitment methods continue to be supplemented by hyper local recruitment which reaches our local communities, narrowing inequalities and streamlining and speeding up recruitment processes for all roles. To address adult nursing vacancies, we have successfully recruited and inducted 27 international nurses who are now registered with the NMC. A further 9 internationally educated nurses are due to commence employment in October 2023.

The main reasons for leaving are for reasons, 'not known', promotion and work life balance. 22.3% of leavers this year left for reasons 'not known', followed by 19.6% leaving due to promotion and 16.9% leaving due to work life balance so the importance of good leadership and appraisals are key to supporting staff and managers to respond to issues which can be addressed and reported accurately.

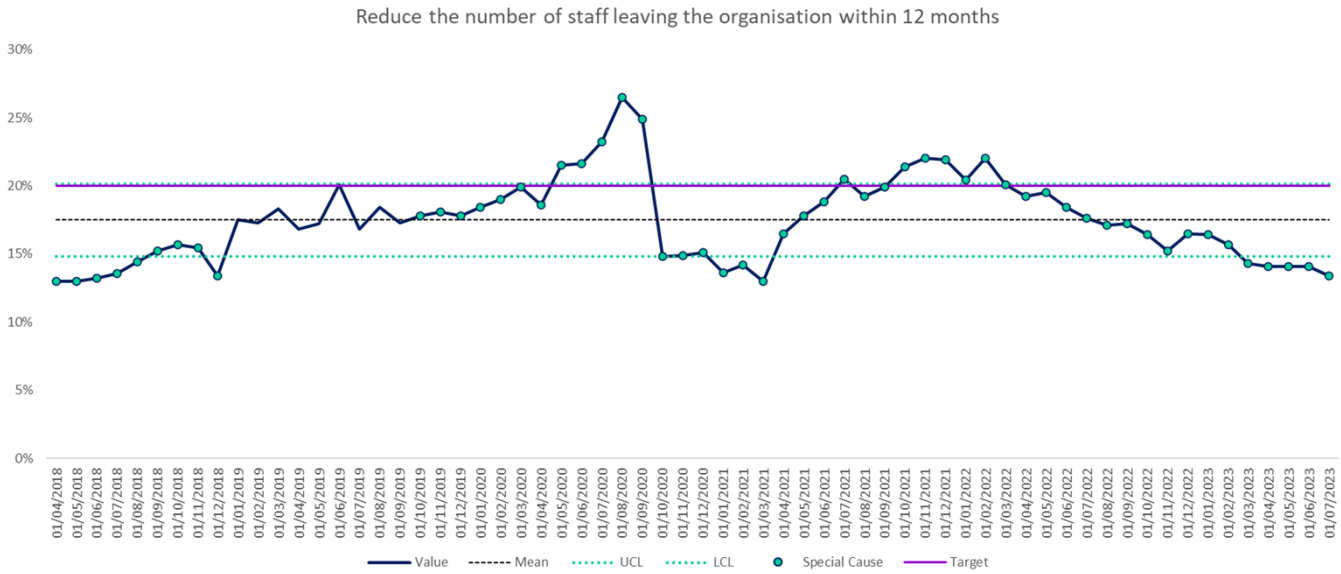
Work is ongoing on identifying areas of good retention practice, ED & I, Health and Wellbeing, apprenticeships, onboarding, and induction and using the Staff Survey results to target ODI support to those teams with the greatest needs. Work to further inform retention initiatives needs scoping but the data collected so far suggests a focus on flexible working.



Reduce the number of staff leaving the organisation within 12 months

Staff turnover of leavers with less than 12 months service continues within tolerance at 13.6% and has continued to improve and stabilise during the past year.

In addition to the above retention initiatives, work to improve recruitment processes has been a focus of our work as we know poor practices and experience can impact on retention in the first few months of employment. Time to recruit remains a priority and funding has now been agreed to implement an Applicant Tracking System by end March 2024. This will further improve recruitment processes, the candidate's recruitment experience which in turn will lead to improved retention.

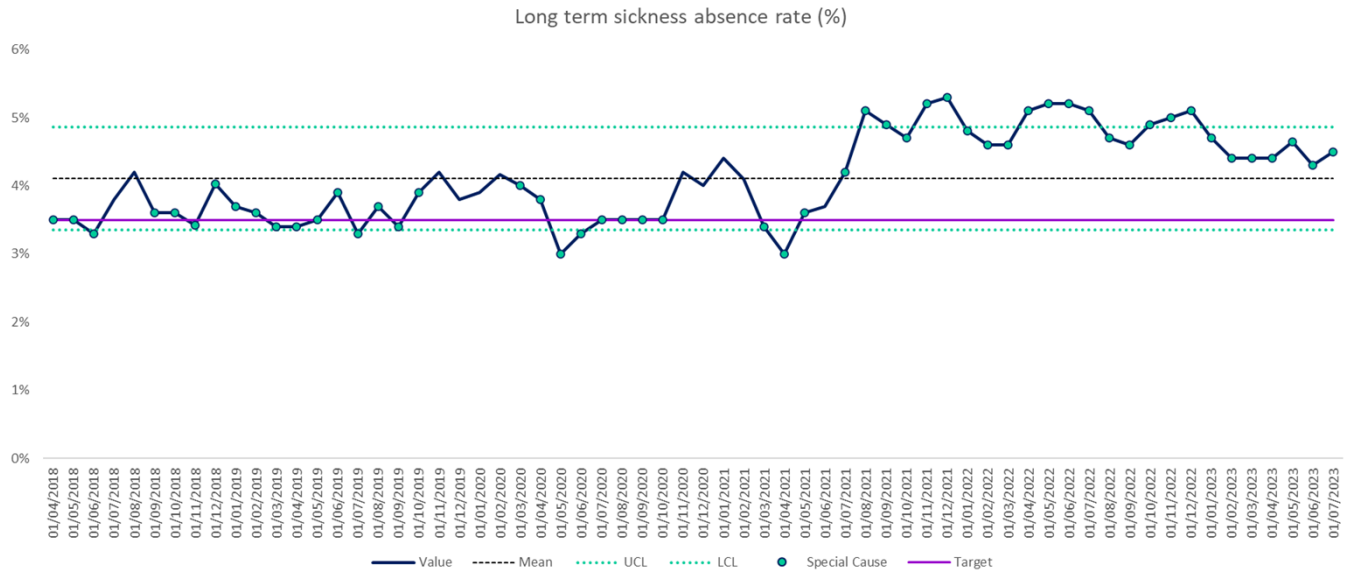


Overall sickness absence

The overall sickness absence rate has increased slightly to 5.9 % however remains below the target of 6.5%. The good news is that it is lower than the 6.5% overall rate from last year.

Long-term sickness absence

Long-term sickness absence has slowly increased to 4.6% which remains above the target at 4.3%, this has remained below 5% for over 6 months. The main 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.



Short-term sickness absence

Short term absence is continuing to decrease month on month to the current rate of 1.3% in August 2023. The main reason for short term absence, continues to be gastrointestinal problems.

As we are now, we are going into the autumn 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

The close to the appraisal season pilot in ABU - (North Neighbourhood Teams) ended on 31 August and could be the reason for the biggest increase across the business units for a second month. Feedback and learning will be shared across the Trust and ODI are drafting a paper for TLT to decide if we move to an appraisal season at LCH for all teams and services. ODI have also provided additional appraiser training sessions throughout September

Statutory and Mandatory Training (MaST)

MaST performance continues to be static performing just under our KPI of 90%. Although not reflected in these figures there has been a good uptake to the **Oliver McGowan Training on Learning Disability and Autism** with **52%** of staff completing the eLearning. This new requirement will be added to the overall MaST KPI at the end of December 2023, following the grace period.

Workforce Race Equality Standard (WRES)

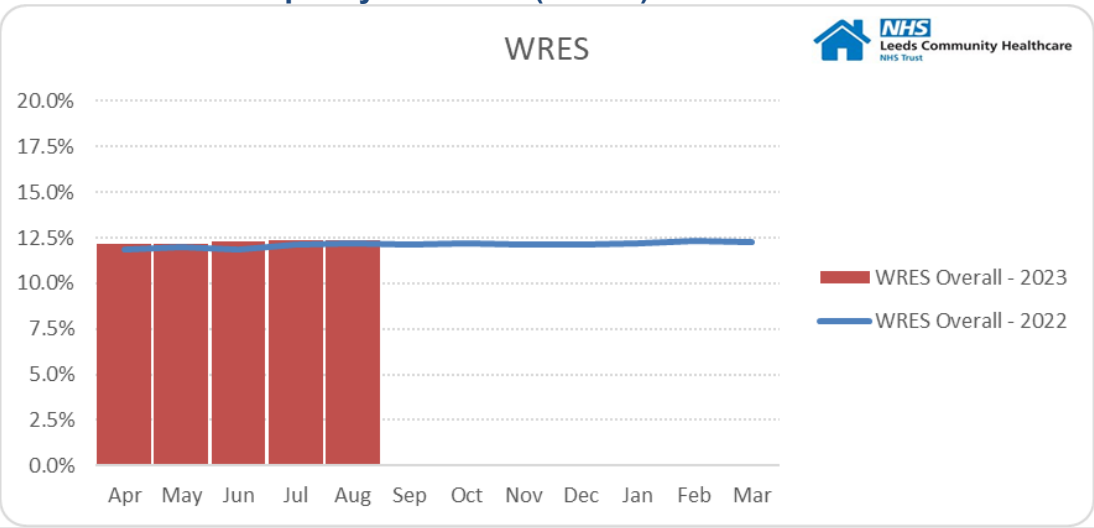
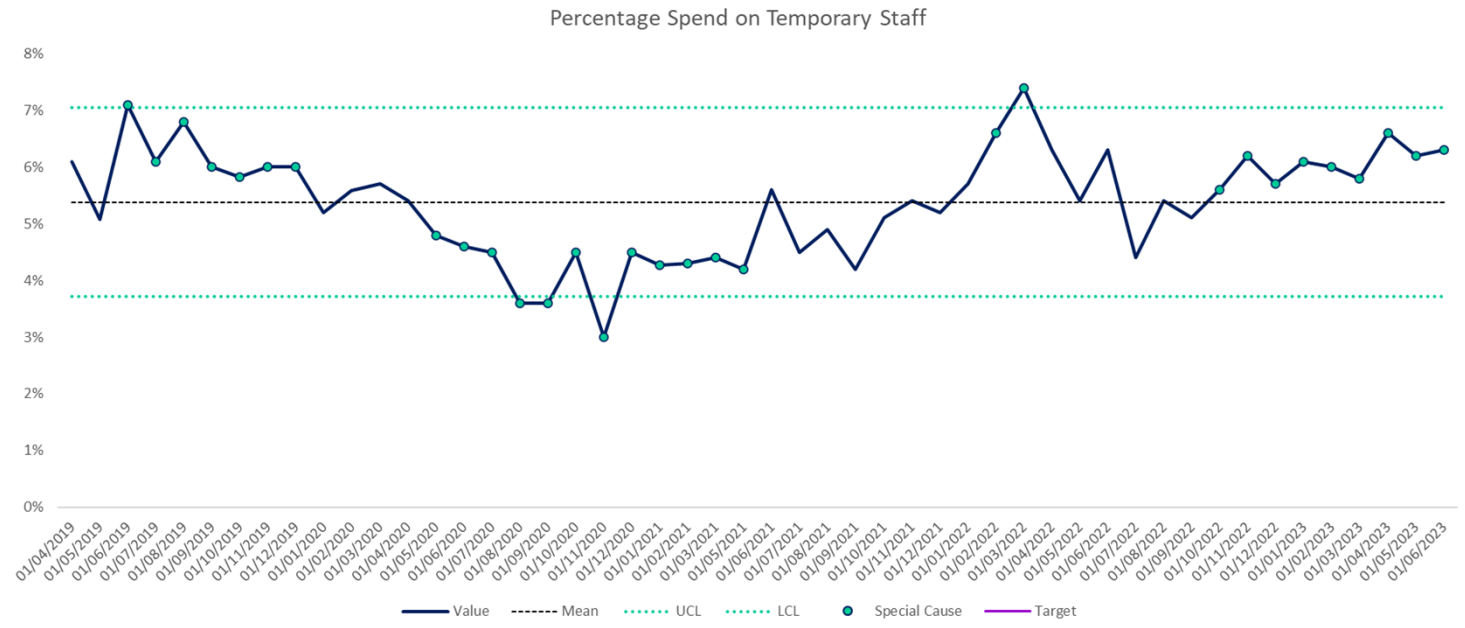


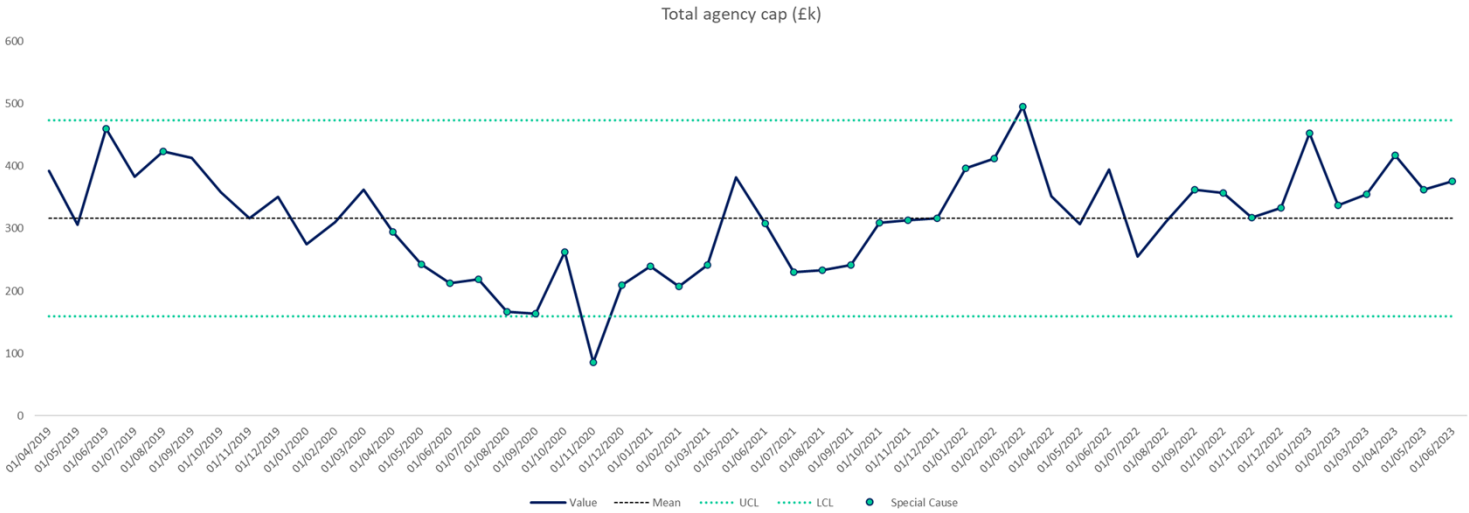
Chart 4 - BME representation within workforce

Overall BME representation in LCH continues to flat line (see graph) BME representation at Band 8&9 remains 5% lower than the overall representation and lower than the reported figure 12 months previous. Actions in the WRES action plan 2023/24 have been created to stimulate an improvement in BME representation to meet the organisational target of 18% in 2028.

Agency Cap and Spend on Temporary Staff

As shown below, both Agency Cap and Spend on Temporary Staff have increased by statistically significant levels, having been above average for 8 months now. Initial analysis suggests that there have been increasing spends on agency to cover the increasing vacancies across the Trust. A deeper dive will be carried out into the longer-term trends and present in the next report.


Percentage Spend on Temporary Staff
8%
7%
6%
5%
4%
3%
2%
1%
0%
Value
Mean
UCL
LCL
Special Cause
Target

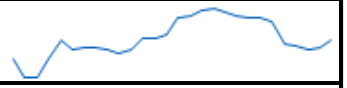

Total agency cap (£k)
600
500
400
300
200
100
0
Value
Mean
UCL
LCL
Special Cause

Finance – August 2023

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

Leeds Community Healthcare NHS Trust

Data

Finance	Responsible Director	Year End Target	Financial Year	Apr	May	Jun	Jul	Aug	YTD	Time Series (from Apr-21)
Net surplus (+)/Deficit (-) (£m) - YTD	YA	1.0	2023/24	-0.2	-0.3	-0.5	-0.4	0.0	0.0	
Capital Expenditure (£m)	YA	4.0	2023/24	7.70	0.07	0.61	0.59	0.20	9.17	
CIP delivery (£m)	YA	8.3	2023/24	0.69	0.55	0.83	0.69	0.69	3.44	

Narrative

Income & Expenditure (I&E) Summary

At the end of August 2023, the Trust is reporting a small surplus to the breakeven plan approved by the Trust Board. The year-to-date favourable position is mainly driven by substantive vacancies and favourable variances in depreciation and interest received, offset by income contract penalties and non-pay inflationary pressures. 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	August 2023			2023/24		
	YTD Plan	YTD Actual	YTD Variance	Annual Plan	Forecast Outturn	Forecast Variance
	£k	£k	£k	£k	£k	£k
Income						
Income from Patient Care Activities	(85,846)	(85,773)	73	(205,890)	(205,562)	328
Other Operating Income	(4,840)	(4,820)	20	(11,215)	(11,157)	58
Total Income	**(90,686)**	**(90,593)**	**93**	**(217,105)**	**(216,719)**	**386**
Expenditure						
Pay	64,578	64,043	(535)	154,149	154,650	501
Non pay	26,024	27,026	1,002	62,756	62,347	(409)
Total Expenditure	**90,602**	**91,069**	**467**	**216,905**	**216,997**	**92**
Operating (Surplus) / Deficit	**(84)**	**476**	**560**	**(200)**	**278**	**478**
Public Dividend Capital	192	192	0	461	461	0
Interest Payable	282	243	(39)	676	676	0
Interest Received	(384)	(914)	(530)	(922)	(1,400)	(478)
(Surplus) / Deficit	**6**	**(3)**	**(9)**	**15**	**15**	**0**
Less: Donated Asset Depreciation	(6)	(7)	(1)	(15)	(15)	0
Adjusted (Surplus) / Deficit	**(0)**	**(10)**	**(10)**	**0**	**0**	**0**

Income From Patient Care Activities

The year-to-date variance of £0.1m adverse is mainly driven by contract penalties for Police Custody. The adverse annual forecast variance mainly relates to contract penalties for Police Custody (£0.2m) and 0-19 service (£0.2m). The majority of contracts are unsigned as of August-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 largely relate to an income shortfall in One Adoption and premises recharges partly offset by favourable lease car and salary recharge income.

Pay

The year to favourable variance is £0.5m, this is comprised of variances in substantive staff of £1.3m relating to vacancies and a (£0.7m) adverse variance on bank staff covering substantive vacancies.

The pay forecast adverse variance relates to pending Frontline Digitisation funding and increased bank usage to offset substantive vacancies although these are also expected to reduce as substantive staff start in post. Agency expenditure has reduced in the forecast due to additional controls being put in place.

There are 165 vacancies as at August-23 (July-23 143 vacancies).

	August 2023			2023/24		
Pay Costs by Category	YTD Plan £k	YTD Actual £k	YTD Variance £k	Annual Budget £k	Forecast Outturn £k	Forecast Variance £k
Substantive Staff	60,875	59,624	1,251	145,315	145,523	(208)
Bank Staff	1,522	2,208	(686)	3,655	4,651	(996)
Agency Staff	1,917	1,947	(30)	4,600	3,881	719
Sub Total	**64,314**	**63,779**	**535**	**153,570**	**154,055**	**(485)**
Apprenticeship Levy	264	264	0	579	595	(16)
Total	**64,578**	**64,043**	**535**	**154,149**	**154,650**	**(501)**

Substantive pay costs have risen slightly in August, compared to July, mainly due to updated assumptions on the medics pay award. Agency spend has increased in month due to Frontline digitisation.

Non-Pay including Depreciation and Interest

The overall year to date position is £0.4m adverse to plan. The other non-pay adverse variance of £1.3m mainly relates to inflationary pressures (£0.9m) and historic CIP not delivered (£0.m). Clinical Supplies and General Supplies are collectively favourable due to vacancies with partner organisations. Establishment Expenses are overspent due to mobile phone purchases. This is offset by non-recurrent favourable variances in depreciation (£0.1m and interest received (£0.5m) plus Premises are expected to be underspent by (£0.8m) on rental costs. The annual forecast assumes the cost pressures described above are offset by additional non recurrent efficiencies delivered in the remaining months of the year.

	August 2023			2023/24		
Non Pay Costs	YTD Plan £k	YTD Actual £k	YTD Variance £k	Annual Budget £k	Forecast Outturn £k	Forecast Variance £k
Drugs	387	436	49	924	1,036	112
Clinical Supplies & Services	11,002	10,687	(315)	26,720	25,053	(1,667)
General Supplies & Services	2,453	2,484	31	5,794	5,873	79
Establishment Expenses	1,477	1,592	115	3,426	3,600	174
Premises	3,773	3,807	(16)	8,973	8,208	(765)
Depreciation	4,128	3,998	(122)	9,908	9,908	0
Other Non Pay	2,804	4,022	1,260	7,011	8,669	1,658
Total Non Pay Costs	**26,024**	**27,026**	**1,002**	**62,756**	**62,347**	**(409)**
Public Dividend Capital	192	192	0	461	461	0
Interest Payable	282	243	(39)	676	676	0
Interest Received	(384)	(914)	(530)	(922)	(1,400)	(478)
Total	**26,114**	**26,547**	**433**	**62,971**	**62,084**	**(887)**

Non-pay spend has fluctuated in July and August due to the agenda for change pay award for the partnership services which is reported under Clinical Supplies and Services.

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 August, £3.4m of savings have been delivered which is in line with plan. The forecast assumes that the CIP programme will be delivered in full.

	August 2023			2023/23		
Savings Scheme	YTD Plan £k	YTD Actual £k	YTD Variance £k	Annual Plan £k	Forecast Outturn £k	Forecast Variance £k
Vacancy factor	1,833	1,833	0	4,400	4,400	0
Incremental Drift	579	579	0	1,389	1,389	0
Interest receivable	250	250	0	600	600	0
Contribution from developments	353	353	0	848	848	0
Procurement - management of price increases	423	423	0	1,015	1,015	0
Total Efficiency Savings Delivery	**3,438**	**3,438**	**0**	**8,252**	**8,252**	**0**
Recurrent	1,355	1,355	0	3,252	3,252	0
Non-recurrent	2,083	2,083	0	5,000	5,000	0
	3,438	**3,438**	**0**	**8,252**	**8,252**	**0**

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 August 2023, the Trust has spent £9.2m compared to a plan of £7.2m. The main year to date expenditure is £1.3m on the HQ project. The year to date and forecast variance mainly relates to increased costs for RPI following the remeasurement of the right of use leases and lease car additions.

The Trust is forecasting to spend £18.7m by the end of March 2024.

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

	August 2023			2023/24		
Capital Scheme	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	1,025	1,260	235	1,433	1,433	0
Clinical Equipment	0	8	8	350	366	(16)
IT Hardware	0	70	70	200	200	0
IT - National Cyber Security	0	0	0	400	400	0
Disposals	0	(16)	(16)	0	(16)	16
Sub-Total	***1,025***	***1,322***	***297***	***2,826***	***2,826***	***0***
PDC Capital - Frontline Digitisation	*0*	*0*	0	*1,194*	*1,194*	0
Sub-Total Capital Expenditure	***1,025***	***1,322***	***297***	***4,020***	***4,020***	***0***
Lease Cars IFRS 16	125	212	87	300	450	150
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
Sub-Total Finance Lease Expenditure	***6,253***	***7,849***	***1,596***	***12,952***	***14,700***	***1,748***
Total Capital Expenditure	**7,278**	**9,171**	**1,893**	**16,972**	**18,720**	**1,748**

Balance Sheet and Cash

The Trust Statement of Financial Position is shown in the table below. As at the end of August 2023 the Trust is reporting Total Equity of £60.5m compared to a planned position of £61.1m. The variance is mainly due to higher than planed receivables and lower payables, both of which have impacted on the cash balance.

	August 2023		
Statement of Financial Position	**YTD Plan £m**	**YTD Actual £m**	**YTD Variance £m**
Property, Plant and Equipment	34.3	34.0	(0.3)
Intangible Assets	0.1	0.1	0.0
Right of Use Assets	62.3	61.2	(1.0)
Trade and Other Receivables	0.0	0.0	(0.0)
Total Non Current Assets	**96.7**	**95.3**	**(1.4)**
Current Assets			
Trade and Other Receivables	9.0	14.5	5.4
Cash and Cash Equivalents	49.4	38.2	(11.2)
Total Current Assets	**58.4**	**52.7**	**(5.8)**
Total Assets	**155.1**	**148.0**	**(7.1)**
Current Liabilities			
Trade and Other Payables	(31.4)	(25.5)	5.9
Borrowings	(7.0)	(7.0)	0.0
Provisions	(0.6)	(0.6)	(0.0)
Total Current Liabilities	**(39.0)**	**(33.0)**	**5.9**
Net Current Assets/(Liabilities)	**19.5**	**19.6**	**0.2**
Total Assets less Current Liabilities	**116.1**	**114.9**	**(1.2)**
Non Current Borrowings	(55.0)	(54.4)	0.6
Non Current Provisions	(0.0)	0.0	0.0
Total Non Current Liabilities	**(55.0)**	**(54.4)**	**0.6**
Total Assets less Liabilities	**61.1**	**60.5**	**(0.6)**
TAXPAYERS EQUITY			
Public Dividend Capital	0.8	0.8	(0.0)
Retained Earnings Reserve	27.6	24.4	(3.3)
General Fund	18.5	19.5	1.0
Revaluation Reserve	14.2	15.9	1.7
Total Equity	**61.1**	**60.5**	**(0.6)**

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 August 2023 and for the value of NHS invoices as shown in the table below.

The NHS invoices by number is lower than target and similar to month 4 when it was also 91%. The shortfall is due to the delayed payments of two small invoices in June, to the NHS Business Services Authority because of 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.

	August 2023		
BPPC Measure	YTD	Target	RAG
NHS Invoices			
By Number	91.4%	95.0%	**A**
By Value	99.6%	95.0%	**G**
Non NHS Invoices			
By Number	96.4%	95.0%	**G**
By Value	98.5%	95.0%	**G**
Total			
By Number	96.3%	95.0%	**G**
By Value	98.8%	95.0%	**G**

Trust Board Meeting held in public: 6 October 2023
Agenda item number: 2023-24 (59)

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

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Category of paper: For assurance
History: Trust Leadership Team 20 September 2023

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

Executive summary

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

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

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

Risk register recent changes:

There are no risks scoring 15 (extreme) or above on the risk register as of 12 September 2023.

There have been no risks scoring 12 or above added, deescalated, or closed on the risk register since the last report was received in August 2023.

The following risk has been escalated from 6 to 12:

Risk 1125: National supply issues with enteral feeding supplies by Nutricia

Board assurance framework (BAF)

Details of the levels of assurance provided by the committees are included in this report. The Business, Quality and Audit Committees met in July 2023 and reasonable assurance was provided for the strategic risks the committees reviewed.

Recommendations

The Board is recommended to**:**

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

1. Introduction

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

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

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

2. Background

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

3. Risk register movement

There are no risks scoring 15 (extreme) or above on the risk register as of 12 September 2023.

3.1 New or escalated risks (scoring 15+)

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

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

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

3.3 Risks scoring 12 (high)

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

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

ID	Description	Rating (current)
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

ID	Description	Rating (current)
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
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
1125	National supply issues with enteral feeding supplies by Nutricia	12

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

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

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

Risk 1125 National supply issues with enteral feeding supplies by Nutricia

Previous Score: 6
Current Score: 12

Description: Due to the ongoing national supply issues involving enteral feeding supplies, Nutricia are not fulfilling their contractual obligations.
There is a risk that patients (adults and children who are enterally fed) will not receive the required supplies, delivery schedule not met, and deliveries may be only partially complete or substituted products received.
The impact of this could be that the substituted products may not provide optimal nutritional requirements, follow-up care could be delayed as staff are prioritising supply queries, and staff maybe required to work additional hours to contact and support patients and amend the existing regimes, leading to health and wellbeing concerns.

Reason for escalation: The team continues to receive out of stock item updates at short notice from the contractor and emails advising us that deliveries due the next day or within days will not be completed, and a request made for alternative feeding product. This information then needs to be communicated to the patient at short

notice. At times it is not possible to contact the patient immediately regarding the advised changes, this can then increase the risk of a different feed product being delivered and the patient not being aware of why this had occurred.

The team continue to respond urgently by providing additional contact appointments to patients to update them in relation to the product that will be delivered and address any patient concerns around tolerating feed and whether it will meet their nutritional requirements.

This continues to take up a lot of clinical time, away from direct dietetic care.
The changes in production that the contractor has informed us they are making will take several more months to improve supply hence this risk is expected to be ongoing until at least the end of 2023.

New mitigating actions include:
The team continues to respond to feed stock queries as they come in, as quickly as they can.
We are receiving a stock update from the contractor on Mondays and Nutricia have recently started to provide deliveries every two weeks, instead of monthly to try to help with stock flow.

The contractor, Nutricia are in the process of recruiting more temporary staff to help complete stock checks and to free time for the permanent staff to answer patient phone calls received via the customer service call centre. It is expected that this additional staff resource will allow Nutricia the time to be able to contact those patients directly in relation to out-of-stock products and this should significantly reduce the amount of time that the LCH staff are currently required to support these patient discussions.

Expected date to reach target: 31/12/2023
Risk Owner: Executive Director of Nursing
Lead Director: Executive Director of Nursing

3.5 Risks de-escalated from a score of 12

No risks have de-escalated from a score of 12

4. Board Assurance Framework Summary

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

Definitions:

- Strategic risks are those that might prevent the Trust from meeting its strategic objectives (goals)
- A control is an activity that eliminates, prevents, or reduces the risk

- Sources of assurance are reliable sources of information informing the Committee or Board that the risk is being mitigated ie success is been realised (or not)

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

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

Levels of assurance have been provided to the Board for 7 out of the 10 strategic (BAF) risks during July and August 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).

5. Recommendations

The Board is recommended to**:**

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

Appendix A. Board Assurance Framework levels of assurance

Details of strategic risks (description, ownership, scores)								Level of Assurance				
Risk		Risk ownership		Current risk score				Committee agreed level of assurance				
Strategic Goal(s)	Risk	Responsible Director(s)	Responsible Committee(s)	Likelihood	Consequence	Risk Score	Risk score movement	No	Limited	Reasonable	Substantial	Additional Information
Deliver outstanding care	**Risk 1 Failure to deliver quality of care and improvements:** 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				✓		
Deliver outstanding care	**Risk 2 Failure to manage demand for services:** 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	**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.	DoF/MD	QC/BC/AC	3	3	9				✓		The Audit Committee did not review any items associated with BAF risk 3 at the July meeting. The Quality and Business Committees received Reasonable Assurance for this risk in July.
All four strategic goals	**Risk 4 Failure to be compliant with legislation and regulatory requirements**: 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	**Risk 5 Failure to deliver financial and performance targets:** 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				✓		
Use our resources wisely and efficiently	**Risk 6 Failure to have sufficient resource for transformation programmes:** 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.	DoO	BC	3	3	9				✓		
Use our resources wisely and efficiently. Ensure our workforce is able to deliver the best possible care in all of the communities that we work with.	**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.	DoO/DoF	BC/AC	3	4	12				✓		The Audit Committee had received Reasonable assurance that BAF risk 7 was being managed. The caveat to this was that the Committee had received information regarding its position on cyber-security, but not about performance.

Ensure our workforce is able to deliver the best possible care in all of the communities that we work with	**Risk 8 Failure to have suitable and sufficient staff resource (including leadership):** 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.	DoW	BC	4	3	**12**						
Ensure our workforce is able to deliver the best possible care in all of the communities that we work with	**Risk 9 Failure to involve and engage staff:** If the leadership of the Trust does not engage with and involve staff and create and embed a culture of equality and inclusion based on available evidence, then the impact will be that it will fail in its ambition to attract and retain a diverse and committed workforce, there will be low morale, a less representative workforce and a loss of trust and confidence in the communities we serve.	CEO/DoW	TB	2	4	**8**						
Work in partnership to deliver integrated care, care closer to home and reduce health inequalities	**Risk 10 Failure to collaborate:** If the Trust does not work in partnership with other organisations, then systems will not provide a single offer for patients or achieve the best outcomes for all.	CEO	TB	2	4	**8**						

Trust Board meeting held in public: 6 October 2023

Agenda item number: 2023-24 (60)

Title: Trust Priorities 2023/24 – Mid Year Update

Category of paper: For Assurance

History: SMT 20 September 2023

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

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

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Executive summary

This report provides a mid-year progress update against the Trust's 2023/24 priorities.

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

Our four Strategic Goals with the underpinning 2023/24 Trust Priorities are:

Strategic Goal - To deliver outstanding care.

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

Strategic Goal - Use our resources wisely and efficiently.

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

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

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

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

- Trust Priority: We will work pro-actively across the system with all the communities we serve to improve health outcomes, improve patient flow and continue to drive integration.

The BCDS (Business Change and Development Service) continue to lead and support several projects throughout 2023/24 to underpin the achievement of the Trust priorities. Progress on these projects is reported through the Change Management Board.

Recommendations

The Board is recommended to:

- Note the progress made against the Trust's priorities so far during the year and recognise the contribution that our staff have made to that progress whilst striving every day to provide the best possible care to the communities we serve.

Trust Priorities 2023/24 – Mid Year Update

1 Introduction

This report provides a mid-year progress update against the Trust's 2023/24 priorities.

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

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

- Trust Priority: We will work pro-actively across the system with all the communities we serve to improve health outcomes, improve patient flow and continue to drive integration.

The Trust priorities we have developed are underpinned by our learning and experience during 2022/2023. They reflect our challenge to ourselves as we seek to continuously learn and improve our provision of high-quality care to the communities we serve.

2 Priorities

The BCDS (Business Change and Development Service) continue to lead and support several projects throughout 2023/24 to underpin the achievement of the Trust Priorities. Progress on these projects is reported to the Change Management Board.

This year, due to the number of projects, priority projects were identified and agreed by TLT to help with resource allocation. These are:

- School Aged Immunisations Service Mobilisation
- Patient Safety Incident Response Framework Implementation
- Leeds Sexual Health Tender and mobilisation/demobilisation
- CAMHS EPR
- Wharfdale EPR
- New staff HQ move
- Team LCH Hubs (phase 3)
- Neighbourhood Teams Digital Allocation
- MSK Pathway redesign
- Community Dental - Time to Shine
- Patient Information Hub - A digital front door

2.1 Strategic Goal - To deliver outstanding care

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

Key focus 1: How we engage with our patients, carers, families and communities, is fundamental to the achievement of this and other priorities: our Engagement principles will be developed and ratified this year by LCH Board.

The Engagement Principles have been developed and ratified by Board. Our principles set out what good engagement looks like in LCH; they are designed to put people at the centre of our engagement work, improve how we deliver our care and services, and create an organisation wide culture of engagement.

The principles outline how we work *with* people, how we ensure that we are *listening* to all voices in particular community groups experiencing inequalities, and that we *act* on feedback we receive. These principles will underpin everything we do and support LCH in being good partners in the City's ambition to deliver care that is co-ordinated, well communicated, and compassionate.

Progress against the Principles has been impacted by reduced capacity within the Patient Experience Team. However, work has been ongoing across key areas which will help to form a true culture of engagement across the organisation, details are contained within the Patient Engagement Six Monthly report shared with Quality Committee in September 2023 and Board in October 2023.

Key focus 2: We will 'make stuff better' by embedding learning from incidents, complaints, and general feedback from the communities we serve, and drawing on best practice/clinical evidence through our development of the LCH Patient Safety Incident Response Plan, over the next 12 – 18 months. The LCH 2023/24 Change Programme projects will drive continuous improvement. For example, the review of planned and unplanned care in the Neighbourhood Teams, the Community Gynaecology Service Review and the CAMHS EPR transition.

Triage Hubs: Adult Business Unit have continued development of their community referral management and triage service across the North, South and West Neighbourhood Teams. A task and finish group has been established with dedicated workstreams to support the project. A staff survey was undertaken in April 2023 to capture feedback from staff, 141 were completed (an increase from 119 in the November survey) demonstrating increased engagement.

Waiting lists: a significant amount of work is happening to address waits in therapy services. This includes improving recruitment, reviewing our therapy triage to ensure we only accept the most appropriate referrals and that they go to the right place, and a piece of work looking at demand and capacity. A two-week pilot for therapy self-management in-reach aimed to reduce unnecessary care plans on discharge for orthopaedic patients (mainly fractured neck of femur) and reduce post discharge requirements. This saved a significant amount of Activity of Daily Living visits and

therefore clinical time, Community Care Bed (CCB) bed days and improved physio outcome measures.

In July 2023, 100% of respondents to the FFT reported that they would recommend the ABU service to friends and family.

Adult Service Offer: early conversations have begun with the Integrated Care Board (ICB) to amend how we define our service offer. This work will continue throughout the rest of this financial year. A bespoke piece of multi-agency work is also underway with Nights, Health Case Management, Continuing Care and the ICB to review how we assess and review nights packages for patients in their homes. It is anticipated there will be cost savings for the system.

Childrens Community Eye Service: a service review commenced in Q2 2023/24 to look at the Children's Community Eye Service. A crucial part of the service review is to include patient feedback in shaping pathways to assess whether the service is meeting the needs of the population. A digital survey form has been set up and the Youth Board will be involved in asking parents/ families waiting in clinic to complete the survey.

Community Gynaecology Service: the service has continued to work in partnership with Leeds Teaching Hospitals Trust (LTHT), drawing on patient feedback, to review the range of services offered in the community. As a direct result of this work 11 additional community delivered deep implants clinics have been agreed and funded with LTHT and are due to commence in Q3.

Musculoskeletal (MSK) City Wide Pathway Review: the project is led by the ICB and progressed slowly to ensure all the relevant stakeholders from across the pathway are engaged with the review work. We remain engaged with the meetings that are taking place and at the next internal LCH MSK Pathway Review Steering Group we will be discussing what actions we can take forward within our current service. This will include addressing the current service backlog.

Leeds Long Covid Rehab Service: the service continues to lead national and international research which informs local and national clinical practice. The service is currently supporting an ICB led Health Needs Assessment and Options Appraisal which will help inform decisions being made within the Integrated Care System (ICS) for beyond the end of National funding this financial year.

CBU Parent Group: flyers have been developed to advertise their new parent group which will launch in October 2023 with the first meeting scheduled for November 2023. They are also reaching out to third sector groups such as Leeds GATE to promote engagement.

Youth Board: the first Annual General Meeting took place in July 2023. The Youth Board will be supporting Children's Community Eye Service Review feedback gathering exercise.

Fair Day's work: the project has now concluded in ICAN, 0-19 Public Health Integrated Nursing Service (Health Visiting and School Nursing – PHINS) and

Speech and Language Therapy (SLT). Teams are working on putting the recommendations of the quality improvement work into action. SLT benefitted from a further time and motion study which gave the leadership team insight into a clinician's day. Additionally, 0-19 and ICAN have taken the approach to join up the staff survey results and actions with a Fair Day's Work because of the similarity in themes and actions, and so that the impact can be evidenced within the staff survey data set

Baby Bubble: how our Children's services engage with our families is incredibly important especially in a digital world. Baby Bubble Leeds is a fantastic example of using social media to create forums of support for new and expectant mothers.

Children and Young people Mental Health Service (CYPMHS) EPR Programme: a further 12 Integrated Design Office (IDO) workshops, building on the 13 carried out in early 2023, have been held. Each had a focus on a different a team within CYPMHS to review their pathway processes to understand the future state of the service's EPR (Electronic Patient Record). The new SystmOne EPR is planned for go live by November 2023.

Key focus 3: We will work with system partners to increase capacity and improve patient flow to enable us to maximise the number of referrals into urgent community response and strive to consistently meet or exceed the 70% 2 hour urgent community response standard.

Same Day Urgent Community Response: the Quick Response Active Improvement Cycle working group continue to meet to develop a proactive review process to improve data quality and increase the overall percentage of people seen within 2 hours.

Urgent Care Response/Yorkshire Ambulance Service/Local Care Direct: a pilot has commenced, supported by the ICB, to have an alternative approach to YAS category 3 and 4 calls being referred to LCH.

Self Management: improvements have been made to the self-management function; rather than rotating into LTHT which wasn't effective for relationship building, three self-management facilitators will now be permanently based within Transfer of Care (TOC). By the beginning of June 2023 approximately 5997 visits had been saved in the year to date through introducing self-management. A plan is in place to streamline self-management and the integrated clinics with an additional senior leadership role now advertised to further develop and drive the offer of self-care and ambulatory care across the Business Unit.

Please see appendix 1 for further detail and additional examples of work undertaken to support achievement of this priority.

2.2 Strategic Goal - Use our resources wisely and efficiently

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

Efficiencies are necessary to deliver the Trust's financial targets alongside the national efficiency requirement as dictated within the tariff uplift (1.1%) and the additional efficiency required to achieve the Trust's planned financial position.

- The development of the 2023/24 Efficiency Plan has been set within the context of the financial strategy, based around the key themes below.
- Make best use of all of the Trust's resources, rigorously managing the existing cost base and ensuring investment is carefully prioritised to align with key priorities. This will include reviewing agency expenditure and discretionary non-pay expenditure.
- Maximise IT & Digital transformation to support service transformation and new models of care.
- Work with partners to ensure services are provided by the right provider in the right place to ensure services are based on the most effective cost and provider capacity to provide high quality care.

The following outlines some of the work undertaken to date to support this priority.

Key focus 1: Work with services, patients, and partners to identify changes to service provision and/or pathways (both within LCH, across Leeds and across the ICB) to more effectively manage patients and therefore help to reduce waits. This will be achieved through the LCH Change Programme, Third Sector Partnerships and Primary Care Integration.

Virtual Consultations: the project officially closed in Q1, having met its aim to promote the rollout of virtual consultations across all ABU teams to reduce the reliance on face-to-face consultation visits where appropriate.

Digital Allocation: the project, aiming to introduce allocation software into the Neighbourhood Teams, is on a purposeful pause while issues with system integration are resolved. The options paper is being re-looked at to highlight any further advantages or disadvantages to the solutions.

Leeds Sexual Health: Specialist Business Unit have worked closely with Leeds Teaching Hospitals Trust, Leeds GP Confederation and third sector partners to submit a response to the retender of the Leeds Sexual Health service issued by Leeds City Council in May 2023. The team are proud of the new model they have submitted and await the outcome of the tender in December 2023.

CDS Time to Shine Project: on 1 April 2023, the NHS West Yorkshire ICB took over responsibility from NHS England for the commissioning of NHS Dentistry services across West Yorkshire. This has delayed the start of the CDS Time to Shine project. In May, the ICB Board approved a range of recommendations that seek to improve Dentistry across West Yorkshire. To deliver the recommendations we have

engaged with other regional providers to discuss how a CDS West Yorkshire Collaborative could work together to deliver these improvements collectively.

Tier 3 Specialist Weight Management Service: during Q1 and Q2 we have worked with ICB colleagues to safely pause new referrals coming into the Tier 3 Specialist Weight Management Service. This will allow us to clear the backlog of patients on the existing waiting list whilst working with system partners to design a new weight management service offer in the city. The service has now agreed a reporting mechanism with the ICB to monitor progress of the waiting list reduction. Early indications are showing a reduction in waiting list size in line with the expected trajectory.

Key focus 2: We will adopt a standardised approach to waiting list management through the Improving Patient Flow and Prioritisation Programme
The aim of the **Improving Patient Flow Programme (IPFP)** is to embed holistic, sustainable, and equitable approaches to supporting and managing people who are waiting for care within Community Health Services. To date the programme has developed Trust Wide Improving Patient Flow Prioritisation tools to consolidate the organisational work already in place to manage backlog and waiting lists.

The approach was tested with services between March and September 2023. Following completion of the testing period, the project team undertook lessons learned prior to moving into the delivery phase, and it was agreed by the Change Management Board in August 2023 to shift the scope of the IPFP Programme to a streamlined waiting list management project. That project would include access to training, directing the completion of key policies and fine tuning the process. This is still in the scoping phase. Some outstanding objectives will transfer, where appropriate, to existing projects, such as clinical systems optimisation and newly emerging programmes of work namely Frontline Digitisation Programme.

Key focus 3: Establish and deliver an efficiency programme that contributes to Trust, place and system financial sustainability whilst maintaining safe and effective care and, through Equity and Quality Impact Assessments, ensures no detriment to health inequalities.

Our Director of Finance is in contact with the West Yorkshire Community Health Services Collaborative (WYCHS), meeting scheduled for quarter 3, and the West Yorkshire Director of Finances (DoFs) network to inform our efficiency programme and governance arrangements which are in the process of being developed for.

There is a requirement, from the West Yorkshire DoFs for trusts, where appropriate, to provide recurrent efficiencies against the following areas:

- Best use of temporary staffing
- Efficient deployment of staff / rostering approaches
- Corporate services transformation
- Service redesign (including digital) / pathway reviews / community care

- Estates and premises transformation
- Procurement
- Medicines optimisation / primary care prescribing
- Demand management / MH out of area placements

Our finance team to date have been working with services to review budgets and ensure the vacancy factor is delivered recurrently. The following have been allocated against our efficiency target for this year:

- Interest receivable £600k (non-recurrent)
- Corporate contribution from developments £848k (recurrent) and
- Procurement management of price increases savings £1,015k (recurrent)

A key element of the governance arrangements around our efficiency programme are Equity and Quality Impact Assessments (EQIA) to ensure no detriment to health inequalities. EQIAs are completed with a focus on the impact of a change in quality and equity which encompasses health inequalities. EQIA's are assessed by an EQIA panel that is chaired by the Executive Director for Nursing and Allied Health Professionals, Executive Medical Director or their Deputies, and includes subject matter experts. EQIA's completed this year have included:

- Virtual therapy delivery for Leeds Mental Wellbeing Service (LMWS) step 3 via external providers
- Tier 3 Specialist Weight Management Service - pause to new referrals from 1 July 2023
- Widening the pool for recruitment to band 6 Primary Care Mental Health (PCMH) specialist posts
- LMWS Helpful Conversations
- Integrated falls pathway
- Skill mix in Audiology
- Introduction of JOY social prescribing platform for PCMH, LMWS.

A bi monthly update of EQIAs is shared with the Director of Nursing and Allied Health Professionals and Quality Committee via the Clinical Governance Report. The report includes any areas of concern for escalation. During the period the EQIA to pause Tier 3 Specialist Weight Management Service resulted in a concern of widening the health equity gap and was assessed to be a potential for short and long-term harm across Leeds. As a system decision the risks were to be shared with the Long-Term Conditions Population Board.

Please see appendix 2 for further detail and additional examples of work undertaken to support achievement of this priority.

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

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

Key focus 1: We will focus on the retention of our existing talent

The Trust has seen a sustained improvement in its turnover, which currently stands at 10.9%, well within the current threshold of 14.5%. Turnover reporting has recently been strengthened to include a focus on Turnover by Ethnicity and the closer monitoring of Reasons for Leaving to improve our targeting of retention initiatives.

Key focus 2: We will carry out locally targeted recruitment and reduce barriers to entry to widen our talent pool and diversify our workforce

Hyper local recruitment continues to be an area of focus and success for the Trust, with a programme of planned campaigns in place. Our Disability and Long Term Conditions Staff Network is engaging with us to improve our selection processes through a neurodiversity lens; and actions have been agreed by the Board to strengthen the requirement for diverse recruitment panels. The Director of Workforce co-chairs a system-wide Inspiring Children and Young People Into Health & Social Care programme including education, health, third sector and social care partners, targeted at priority neighbourhoods as well as aiming to strengthen a universal offer for 4-18 year olds in the city.

Key focus 3: We will induct our second cohort of international community nurses

Induction is underway of our Spring 2023 cohort, following a similar programme to that used for the first cohort of international nurses and with the benefit of learning from that first cohort. LCH has been given a national award for the quality of its International Nurse induction programme including its pastoral care; and feedback from international nurses via the New Starters Forum has been positive.

Key focus 4: We will continue to use our workforce data and planning methodology to both understand our longer-term workforce gaps and develop interventions to address our future needs.

On 30th June 2023 NHS England published the NHS Long Term Workforce Plan (LTWP), which focuses on training, retaining and digitally reforming the NHS workforce. The LTWP is being adopted into Trust thinking and actions related to workforce planning. The Trust's roles, responsibilities and systems for workforce planning have been defined, and have been supported by tactical approaches including for example roster reviews to identify unused clinical hours and identify efficiencies in rostering practices.

Business unit examples:

Adult Business Unit: ABU's resourcing project commenced in Q2 and aims to create a seamless advert to induction process - improving our recruitment and retention and reducing vacancies. This includes considering imaginative and creative recruitment methods, agreeing clear roles and responsibilities, and designing consistent but flexible local induction processes. Already in 2023/24 thanks to budget review and improved recruitment success, our total ABU vacancies have reduced from 127.69 WTE in April 2023 to 86.55 WTE in July 2023.

The north Neighbourhood Teams have been part of the pilot of the appraisal season which has seen significant improvements in appraisal rates. In April 2023 the average appraisal rate across the four Neighbourhood Teams was 58.9%, by July 2023 this has risen to 87.2%. We will be taking learning from this to implement across ABU.

Phase 1 of the ABU leadership review has now been completed, and a new structure is in place which is better able to respond to system need. Phase 2, focusing on staff in band 7 roles, is well underway and will be complete by October 2023.

Nursing career pathways: work has taken place to refine the competencies and roles and responsibilities of Advanced Care Practitioners (ACP). A scoping exercise has begun to formulate a plan for consolidation in practice for trainee Matrons once qualified, and to consider preceptorship needs, appreciating the different clinical backgrounds trainee Matrons come from. Scope of practice work is also underway for Therapy Assistant Practitioners. Recent quality walks demonstrate the benefit of the focused assessment nurse role and the positive impact of 'knowing what you are doing' that day.

We continue to successfully support international nurses across our Neighbourhood Teams and Recovery Hubs. There are 27 colleagues now working with us from cohorts 1 and 2 (17 in Neighbourhood Teams and 10 across the bed bases). Cohort 3 (9 nurses) are due to arrive on 2 October 2023.

Specialist Business Unit Celebration Event: In April 2023 the SBU hosted their fifth celebration event, and the first face to face event since the pandemic. The theme of the day was 'building inclusive services' and they challenged attendees to take away one small change that they could make in their service to make them more inclusive. There was a wide range of presentations from services users, LCH services, partner services and NHS England colleagues, alongside stalls and networking opportunities. Feedback from attendees showed that it was really well received.

Podiatry: the service were supported by resourcing to secure candidates via hyperlocal recruitment. The service interviewed six applicants of whom two have been appointed to a Healthcare Support Worker post in Podiatry and the other four are joining CLaSS.

Children's Business Unit: there are 7 nursing apprentices working across CAMHS, Continuing Care and Inclusion Nursing and one SLT Apprentice. This is a good

example of “growing our own” and providing better career progression routes as well as thinking creatively about creating new development opportunities to bring in and retain staff.

Leeds One Workforce Programme - **Student Pathway workstream:** two Children’s Business Unit Management Team members are co-chairs on the Student Pathway programme. This has enabled CBU and LCH to influence the conversation across the system and ensure we have opportunities to place students in community services.

An onboarding leaflet, and preceptorship booklet, both aimed at improving the onboarding of staff into CBU have been developed.

Please see appendix 3 for further detail and additional examples of work undertaken to support achievement of this priority.

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

Trust Priority: We will work pro-actively across the system with all the communities we serve to improve health outcomes, improve patient flow and continue to drive integration.

Key focus 1: Continue to work with communities and partners to create equitable care and pathways in line with LCH’s Health Equity Strategy, identifying and addressing inequity in access, experience and outcomes.

100% Digital: There has been a continued focus on encouraging services to link with 100% Digital for support. Support addresses inequity in access, experience and outcome through developing digital awareness, digitisation, and raising awareness about how to signpost / connect patients to digital support. 100% Digital are providing digital awareness and confidence training for the Respiratory and 0-19 services. They are working with School Immunisations on a pilot assessing the potential for digitisation to improve immunisation rates and supporting the LCH Falls Lead with developing a Falls App. 100% Digital are attending the Stroke Service team meeting in September 2023 and plan to meet with ABU services following a meeting with the leadership team.

Community Cancer Support Service: The team have been recommissioned by Macmillan until April 2024. Priorities for this period include developing relationships with the Primary Care Networks to increase the knowledge, skills and confidence in supporting patients with a cancer diagnosis and sharing learning from work undertaken to address inequity, for example through targeted approaches in areas of high deprivation, minority ethnic groups, people whose main language isn't English and people with Learning Disabilities. The service has a slot on the GP Confederation Strategic Board in October 2023 and are planning an event for later in the year. Work is also taking place with the third sector and social prescribing to increase knowledge of the issues people face at the end of cancer treatment and of

services people with a cancer diagnosis can access. A working group of social prescribers has been established to share training and information.

Colo Rectal and Urinary Continence Service: the service has started a pilot, working with LTHT and Seacroft Neighbourhood Team, aiming to improve the pathway from LTHT for patients on a trial without catheter (TWOC) and standardise this process which is currently quite variable. Starting TWOCs more quickly will lead to higher success rates and reduce the number of long-term catheters - improving outcomes for patients and reducing demand for our services. TWOCs are now being seen within two weeks in CUCS.

East B SkILs Reablement Team and Seacroft NT: have been nominated as the Active Recovery pilot teams to test new ways of working that enable more people to be supported at home to achieve more independent outcomes. Piloting this in an area of high deprivation with diverse communities who are often 'hidden' compared to minority ethnic groups in other areas of Leeds will enable learning to be shared around identifying and addressing inequity. An EQIA is being developed for the pilot identifying how different organisation's access to inclusive practice and support such as interpreters is brought together in one team.

The North West Recovery Hub and Wharfedale Recovery Hub: are supporting the roll out of the Rehabilitation and Recovery Beds project as part of the Home First programme – this includes improving the effectiveness of multi-disciplinary team meetings and daily meetings and developing a goals-based rehabilitation approach across the MDT to ensure consistent goal setting for patients. This work is based on a pilot earlier in the year which demonstrated a significant reduction in average length of stay at the NW Recovery Hub (from over 140 days in January 2023 to less than 30 days). An EQIA is supporting identification of inequity in this pathway, for example how choice and care closer to home relate to different communities. Accessibility and cultural competence in goal planning have also been identified for further focus.

Transfer of Care (TOC): staff have worked closely with LTHT discharge staff and Leeds City Council social workers to test out an MDT approach and the role of a case manager in supporting safe, successful, and prompt discharge. The initial pilot, on ward J32 at St James's Hospital, led to the average number of discharges per week increasing by 67%. Two further pilot wards have commenced in August.

RECONNECT: a national roll out of RECONNECT has commenced to help reduce health inequalities within the lives of those service users leaving the local prison establishments through the provision of community support for a six month period post release and up to three months pre-release. As the incumbent provider of the Liaison and Diversion Service in Humberside, Leeds Community Healthcare were awarded the contract to deliver the service within the Hull and Humber locality in early 2023. The service is progressing with a phased 'soft' implementation and have started to accept referrals from other RECONNECT providers and local probation services.

Key focus 2: Continue to engage with and support the intermediate care redesign.

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. You may have heard them referred to as the Virtual Ward (Frailty) and Virtual Ward (Respiratory), or Hospital at Home but towards the end of Q1 we changed the services naming convention based on consultation work with the public, led by Healthwatch.

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 the HomeFirst strategy. The Home Wards (Respiratory and Frailty) have consistently performed above national expectations, benchmarking positively against other areas regionally and nationally. May to July 23 average monthly occupancy was in excess of 83% for both Home Wards. The proportion of monthly referrals received by Home Comfort from the Home Wards has increased from 21% to 50% between May and July 23 demonstrating the positive impact of work to increase use of Home Comfort to support the Home Ward patient cohort.

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.

Key focus 3: Continue to work with partners to drive integration. A key focus here being CAMHS and working with primary care and schools in line with the ambitions set out in the NHS Long term plan.

We have continued to expand **Integrated Clinic provision** across the city. We now provide 40.5 days of clinics in 29 clinic locations across Leeds each week. 14 clinics are provided in GP premises, 9 in LCH premises and 6 within third sector partner premises - 3 at Forward Leeds as a pilot to provide wound care for people who are vulnerable and have particularly sever wounds: people who are homeless, drug users or sex workers. To the end of August 2023, 4,519 patients have been referred to the Clinics. 79% of referrals have been from Primary Care; without the clinics a proportion of these would have been referrals to NTs.

The **Enhance** programme is now in its second year of funding. Changes introduced in response to feedback from Neighbourhood Teams and the third sector Delivery Partners have included establishing dedicated provision in Morley and Pudsey aligned to the Neighbourhood Team footprint, agreeing a core offer across all Delivery Partners and digital and print visuals, streamlining the referral form, developing a post-code look-up tool so that referrers can very quickly identify which Enhance partner to refer to, and raising awareness across LCH and LTHT hospital discharge functions and Adult Social Care to prevent referrals landing with Neighbourhood Teams and enable timely discharge. From July 2022 to June 2023,

740 people have been supported of which 363 were NT referrals. Data analysis continues to evidence that the Enhance offer is meeting the needs of people in the most deprived communities – in quarter 1 2023/24, 48% of participants referred to Enhance live in IMD 1 & 2.

Since April 2023, a further two joint PCN / LCH **Community Matrons** have been appointed. The role aims to enable patients to stay well and at home / in the community by providing pro-active care, optimising support for patients when discharged, working as part of an MDT with the wider primary care team and developing more

Infant Mental Health Awareness Week: took place on the 12th to 16th June 2023 with the theme Bonding Before Birth. The Infant Mental Health Service (IMHS) spent the week highlighting the importance of early experiences, relationships, and bonding in utero. Every day the team released two posts on the LCH and 0-19 PHIN social media platforms (Facebook, Twitter, and Instagram). The platform that received the most engagement and interaction was the 0-19 PHINs Facebook Page, whereby collectively our posts received 80 likes, 48 shares, and 3 comments.

Additionally, two IMH team members held a Facebook Live Event in collaboration with Laura Walton from Leeds Maternity Care. The event was held on the Leeds Maternity E-Midwife page and the video has received over 188 views. Both the social media posts, and the Facebook Live were a fantastic opportunity to raise awareness of key Infant Mental Health Topics.

Safety Nets: is an 8 week, community based, social prescribing intervention that combines physical activity and psychoeducation to tackle anxiety, depression or low mood in young people on mental health service waiting lists. Yorkshire Sport Foundation funds the offer in Yorkshire and has so far sponsored Safety Nets in Barnsley, Bradford, Chesterfield, Doncaster, Kirklees, Rotherham, Scunthorpe, Wakefield and York. This programme is in partnership with Leeds United to deliver this intervention to a group of ten 11-14 year olds, starting on 04/09/2023, 16:00-18:00, at Leeds United football ground. Safety Nets falls in line with how CAMHS deliver other group offerings in the Therapy Team by using standard outcome measures. Leeds United has offered funding for 2 further cohorts and the outcomes of this first cohort will shape how it works going forward.

The **Leeds Falls Service** has been established which incorporates the LCH Community Falls Service and LTHT Falls Clinic, with twice monthly virtual MDT meetings. Task and finish groups are reviewing falls data, identifying population health needs and gaps in service provision to define future workstream priorities to support health equity.

The **Children's Community Nursing Service** in partnership with LTHT, will for the first time ever, mobilise a Children's Community CIVAS service, due to be launched by the end of September.

Please see appendix 4 for further detail and additional examples of work undertaken to support achievement of this priority.

3 Next steps

This paper will be presented at the October 2023 board.

4 Recommendations

The Board is recommended to:

- Note the progress made against the Trust's priorities so far during the year and recognise the contribution that our staff have made to that progress whilst striving every day to provide the best possible care to the communities we serve.

5 Appendices

Appendix 1 – Supporting Evidence

Strategic Goal - To deliver outstanding care

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

Key focus 2: We will 'make stuff better' by embedding learning from incidents, complaints and general feedback from the communities we serve, and drawing on best practice/clinical evidence through our development of the LCH Patient Safety Incident Response Plan, over the next 12 – 18 months. The LCH 2023/24 Change Programme projects will drive continuous improvement. For example, the review of planned and unplanned care in the Neighbourhood Teams, the Community Gynaecology Service Review and the CAMHS EPR transition.

Triage Hubs: The staff survey that was undertaken in April reported that multidisciplinary working is improving within the triage hubs, with access to other colleagues enabling face to face conversations and sharing of patient information. Areas for continued work based on the feedback include training and improvement to the phone systems - a new support tool for triage clinicians has been created alongside further training, including NCQL-led training planned for September. Soft phones have been rolled out and data from the phone system is now operational – as an example in the month of July the west hub received 1468 calls and were able to answer 1153 of these (79%).

The triage hub staff forum is scheduled for 9th October. The benefits of the joint Active Recovery approach in the triage hubs has been evident – for example in the case of Mr J. Mr J lives in Bramham and was referred to reablement for three visits each day, as well as to the NT for nursing and physiotherapy support. Limited Reablement capacity meant that Mr J's discharge was delayed. An open conversation in the North triage hub between the NT and Reablement triage staff meant that a joint package was arranged where support for Mr J was shared between the two teams. On 18 July a single route of referral was launched meaning referrals for SkILs Reablement and the NTs now both come in via SystmOne. Phase 2 of the leadership consultation has now concluded, and we are actively recruiting to an Operational Lead for the Triage Hubs, whom among other things will focus on data analysis and identify areas for continual improvement (including response time) and ensuring consistency in our approach to responding to patients, carers and professionals. A workshop on 4th September reviewed the position with managing planned and unplanned care in the Neighbourhood Teams – including significant engagement that has taken place with staff regarding their preferences. A pilot is now in development that aims to trial separate team working across a portfolio. A patient survey has also been developed and distributed to understand experiences of receiving unplanned care and how this can be improved. Responses will feed into the pilot.

Waiting Lists: In CUCS a workstream has recently started to focus on backlogs; one key activity has been merging or moving existing SystmOne waiting lists to

streamline and create clarity – as well as amending task types and creating a better process for identifying patients that have moved out of area or passed away since joining the waiting list. CUCS have also introduced a triage role to provide consistency and increase responsiveness for referrals and with referrers. A focus on waiting times has been introduced to the ABU performance process. As Active Recovery progresses, the joint working with Reablement is showing some very early impact in terms of reducing the number of patients being added to the waiting list due to an integrated approach to assessment. Figures will be available in due course from the programme team.

Adult Service Offer: The early work on the review has demonstrated the effectiveness, quality of care and efficiencies of LCH services but we continue to work with other providers to see what gains can be made for the system. We are building on our caseload cluster and case management approach working in conjunction with local Primary Care Partners and are also exploring whether we should establish specific care home caseload clusters in Neighbourhood Teams where there are several large care homes.

Baby Bubble: The 0-19 Public Health Integrated Nursing Service (Health Visiting and School Nursing) is working with Leeds Teaching Hospitals Midwifery Service to provide dedicated support and advice on all questions baby related via Baby Bubble Leeds. Baby Bubble is a collection of closed Facebook support groups for mums to be who are between eight to 20 weeks pregnant supporting them until their baby is six months old. There will be up to 30 Mums in each group all due within eight weeks of each other who can ask questions and get expert advice from registered midwives, 0-19 Specialist Public Health Nurses (Health Visitors) and 0-19 Family Health Workers, chat with other mum's throughout their pregnancy, and get specialist support in a safe space. Baby Bubble is initially rolling out in the South and East of Leeds covering the restorative cluster areas.

Children and Young people Mental Health Service (CYPMHS) EPR Programme: Additional workstreams running alongside the main development work has resulted in:

- all teams embracing the use of tasking in SystmOne,
- a review and optimisation of their appointment rotas,
- the migration of most of the documentation saved during the Carenotes outage onto SystmOne,
- the review of front-end waiting list management,
- reporting,
- the introduction of Electronic Transfer of Prescribing (ETP) which allows young people and parents to collect their prescriptions directly from their nominated pharmacy.

Key focus 3: We will work with system partners to increase capacity and improve patient flow to enable us to maximise the number of referrals into urgent community response and strive to consistently meet or exceed the 70% 2 hour urgent community response standard.

Same Day Urgent Community Response: Learning has been taken from incident investigations regarding incorrect reporting of underperformance of the 2-hour response measure. There have been some data quality issues to resolve as some contacts are being incorrectly recorded as requiring a 2-hour response (relating to patients referred for therapy). In April 72% of people assessed as requiring a response within 2 hours were seen within 2 hours, in May this was 68% and in June 72%. The national standard is 70%. Data around triage is now included with ABU's monthly performance process. We are engaged in ongoing system wide work for Same Day Urgent Community Response.

Urgent Community Response /Yorkshire Ambulance Service /Local Care Direct: Prior to the pilot, YAS were referring directly to LCH and there were a high number of rejections largely due to the patient needing to be seen elsewhere following clinical triage. Local Care Direct (LCD) have been commissioned by the ICB for this pilot to clinically triage these calls and send to LCH for allocation. We have seen an increase in acceptance of these calls - February to June 12th data shows that a total of 157 calls were pushed from YAS to LCH and 74% of calls pushed were rejected. The average monthly acceptance figure was 28% January to June. In July the LCD pilot was introduced and that month showed the acceptance of calls rise to 70%.

Appendix 2 – Supporting Evidence

Strategic Goal - Use our resources wisely and efficiently

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

Key focus 1: Work with services, patients, and partners to identify changes to service provision and/or pathways (both within LCH, across Leeds and across the ICB) to more effectively manage patients and therefore help to reduce waits. This will be achieved through the LCH Change Programme, Third Sector Partnerships and Primary Care Integration.

Virtual Consultations: A simple guide for recording virtual consultations was produced, along with a step-by-step guide to help staff set up their consultations with patients using MS Teams. Dedicated virtual consultation mailboxes created for services make virtual consultation easy to track and monitor, and virtual consultation data is included in our monthly performance process. In April and May 2023 Neighbourhood Teams conducted 171 virtual consultations. Patient feedback was collected in Seacroft - 100% of all patients surveyed confirmed that they would be happy to recommend this form of assessment to others and that that remote appointments are a convenient way of receiving health care.

Digital Allocation: Ongoing conversations regarding integration are taking place with the ICH, TPP and RL Datix. A meeting has been requested and arranged with Sandwell and West Birmingham NHS Trust to share learning as they have recently precured the Allocate eCommunity software with a plan to roll this out within their teams using the SystmOne integration that is available with this solution.

CDS Time to Shine Project: CDS West Yorkshire Collaborative have met twice and with an aim to work together and be brave on what we might consider to collaborate on. The collaborative has decided to focus on two key work areas; Access to GA and Mutual aid/joint operating model opportunities. ICB colleagues are supportive of this approach and see it as a potential vehicle to bypass the need to go out to procurement when contracts come to an end in March 2025.

Appendix 3 – Supporting Evidence

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

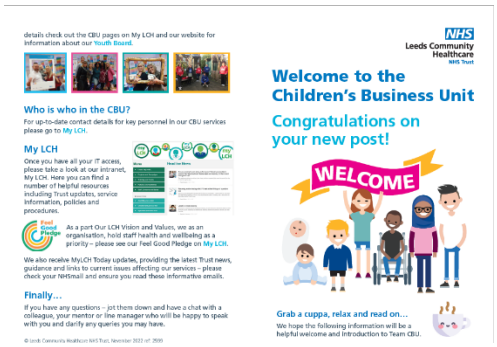
Trust Priority: We will support our workforce to recover and flourish, with enhanced focus on resourcing and health & wellbeing

ABU Phase 1 of the ABU leadership review has now completed, and a new structure is in place which is better able to respond to system need. Phase 2, focusing on staff in B7 roles, is well underway and will be complete by October 2023. There has been significant engagement with staff during this process. Focus has also been on development for leaders and a new Operational Engagement and Development meeting has been created to enable this. Staff group forums have been initiated and received positive feedback.

Nursing career pathways - work has taken place to refine the competencies and roles and responsibilities of ACPs, and a scoping exercise has begun to formulate a plan for consolidation in practice for trainee matrons once qualified, to also consider preceptorship needs appreciating the different clinical backgrounds trainee matrons come from. Scope of practice work is in train for Therapy Assistant Practitioners – this includes rollout of new TAP competency workbook, safe delegation training rolled out for both registered and non-registered staff and a documentation audit to look at delegation recording principles.

The work on therapy job planning will support health and wellbeing, as will the focus on defining clinical workloads within planned and unplanned care - this has been fed back to us by NT therapists and registered nurses in exit interviews and identified during NMTP staff engagement. Recent quality walks demonstrate the benefit of the focused assessment nurse role and the positive impact of 'knowing what you are doing' that day.

CBU: An onboarding leaflet, and preceptorship booklet, both aimed at improving the onboarding of staff into CBU have been developed. Onboarding leaflet includes specific information around CBU services.



SBU Celebration Event Feedback

Time to find out about different projects & different Services and how changed to improve equity – how it could link to our service

It's been great to be able to hear from other areas in the SBU and share best practice

The event has been fantastic. Lovely to see what the SBU work streams, that are being worked towards e.g. looking at inclusion, allyship, health inequities

Really inspirational day. Time to listen, reflect & plan. How we can do better with addressing equity.

Appendix 4 – Supporting Evidence

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

Trust Priority: We will work pro-actively across the system with all the communities we serve to improve health outcomes, improve patient flow and continue to drive integration

Key focus 1: Continue to work with communities and partners to create equitable care and pathways in line with LCH's Health Equity Strategy, identifying and addressing inequity in access, experience and outcomes.

East B SkILs Reablement Team and Seacroft NT have been nominated as the Active Recovery pilot teams to test new ways of working that enable more people to be supported at home to achieve more independent outcomes. The pilot began in August and involves increased collaborative working between Skills, Neighbourhood Team and the 3rd sector Enhance partners in the Seacroft locality to best support people to their most independent outcome, including improved discharge processes, better data visibility and new tools to support strengths based and goal based care planning.

L&D work with people from point of entry into the criminal justice system, work on helping them to reduce their offending behaviours by improving health and social outcomes, support people through the court process and then provide information for transfer to prison if appropriate. The RECONNECT model will prevent a gap in this support, joining the loop with the aim of providing the holistic care required to an often chaotic client group upon release. It is very possible that we will have worked with the prisoners being released from prison, thereby closing the circle of support. Our third sector L&D partners, Community Links, will be vital in supporting this work through the provision of 2 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 that the peer support workers will provide 1-to-1 support, facilitate support groups, share experiences, support to access 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 the support that we will be providing and will be the golden thread that runs throughout time in service.

Key focus 2: Continue to engage with and support the intermediate care redesign.

The Home Wards have made progress in the following areas over the first half of 2023/24:

- We are reviewing processes so that referrers access both Home Wards through the same access point.
- The Home Ward (Frailty) is planning to increase capacity from 37 up to 55 people being supported each day by December. The ward increased capacity to 40 places in July and communications and engagement work has been ongoing over the summer and continued with key referrers including primary care, out of

hours GPs, hospitals outside of Leeds who are caring for Leeds residents and care home providers. A design group set up in July looking at changes to processes and pathways to maximise opportunities to divert people to the Home Ward or other suitable community services (such as Quick Response). A front door study has been completed in both St James's and LGI Emergency Departments focusing on missed opportunities. This has provided important insight to start designing plans for a pilot in LGI and an improvement cycle in SJUH in Q3.

- Home Ward (Frailty) commenced a pilot of Point of Care Blood Testing in early January working closely with LTHT Pathology department – we are still undertaking a trial to establish the most effective equipment and hope to complete this to procure and roll out this new way of working over Q4. The service has responded proactively over Q2 to keep the trial on track in the face of unplanned workforce issues and is moving the trial site from Woodsley to Middleton Neighbourhood Team areas from w/c 11th September so that a larger group of staff can support the collection of the required blood tests to validate the equipment.
- Home Ward (Frailty) launched a three-month trial in Chapeltown and Seacroft in June to implement ICE (clinical system to request pathology and radiology results) – The service is developing standard operating procedures through the trial for that will benefit a range of other community services when complete. The pilot has completed successfully and plans now move on to citywide roll out commencing in November.
- The Home Ward (Frailty) has been developing new roles for Heart Failure Nurse Specialists in response to the large 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.

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 later September.

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 the clinical systems team have assessed the interoperability of the Inhealthcare solution with SystmOne; and in later October the Home Ward service teams will come together with wider system stakeholder to assess 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.

Key focus 3: Continue to work with partners to drive integration. A key focus here being CAMHS and working with primary care and schools in line with the ambitions set out in the NHS Long term plan.

Safety Nets is an 8 week, community based, social prescribing intervention that combines physical activity and psychoeducation to tackle anxiety, depression or low mood in young people on mental health service waiting lists. Yorkshire Sport Foundation funds the offer in Yorkshire and has so far sponsored Safety Nets in Barnsley, Bradford, Chesterfield, Doncaster, Kirklees, Rotherham, Scunthorpe, Wakefield and York. This programme is in partnership with Leeds United to deliver this intervention to a group of ten 11-14 year olds, starting on 04/09/2023, 16:00-18:00, at Leeds United football ground. The first hour is a tailored, and low level mental health group intervention and the second hour is sport. The programme content is modified to target presenting mental needs of CYP who were waiting on the Children's Wellbeing Practitioner waiting list, which is one of the longest held in CAMHS. The service particularly excited about this intervention as 60% of (projected) attendees are boys. Leeds United are also very excited.

The **Leeds Falls Service** has been established which incorporates the LCH Community Falls Service and LTHT Falls Clinic. Following a review in conjunction with the newly published World Falls Guidelines, the refreshed LCH falls pathway was launched on 1st August 2023 - the tier 1 falls risk screening template has been updated to incorporate part 1 and part 2 screening and the updates reflect additional screening questions when assessing a patient aged 65+ years old in their home environment, which will support identifying the appropriate assessment and intervention pathway to follow based on the patient's needs and level of falls risk. Collaborative working between LCH, the ICB and PCN colleagues has led to the falls component of the CCSP template being updated and LCH falls advice leaflets have been updated for use within LCH and across primary care so consistent information is being provided to falls risk patients. We have also developed the new Community Falls and Bone Health Pathway – Older Adults for planned and unplanned care and updated the Community Falls SOP.

We have continued to expand **Integrated Clinic provision** across the city. We are exploring with Primary Care the potential for Primary Care to provide some staff through Primary Care Additional Roles and Responsibilities (ARRS) funding. A key focus going forward will continue to be ensuring NTs maximise referrals to the clinics, reducing demand on NTs. The project is transitioning to Business As Usual and will be managed as an Ambulatory Clinic service including both the Integrated Clinic and self-management offer.

The **Enhance** programme is now in its second year of funding. Changes introduced in response to feedback from Neighbourhood Teams and the third sector Delivery Partners have included establishing dedicated provision in Morley and Pudsey aligned to the NT footprint, agreeing a core offer across all Delivery Partners and digital and print visuals, streamlining the referral form, developing a post-code look-up tool so that referrers can very quickly identify which Enhance partner to refer to, and raising awareness across LCH and LTHT hospital discharge functions and ASC to prevent referrals landing with NTs and enable timely discharge. From July ’22 to June ’23 740 people have been supported of which 363 were NT referrals. Data analysis continues to evidence that the Enhance offer is meeting the needs of people in the most deprived communities – in quarter 1 2023/24, 48% of participants referred to Enhance live in IMD 1 & 2. A range of actions are being implemented to optimise referrals from Neighbourhood Teams including engagement meetings with NTs and their respective delivery partners to ensure awareness of the Enhance offer across the whole team and spread good practice, Enhance referrals now being a focus in the ABU performance process, raising awareness of Enhance with the Triage Hubs as new staff have joined the Hubs. An Internal Audit of the project is due to start in Q3. Work on developing the business case for future funding is starting. Leeds Older People’s Forum are leading on organising an Enhance conference, 9 November, the morning being an invite to LCH Chair and other key city decision-makers to visit Neighbourhood Teams, 3rd sector Delivery Partners and Enhance service users in the north, south and west.

Trust Board Meeting held in public: 6 October 2023

Agenda item number: 2023-24 (61)

Title: Patient Safety Strategy Implementation Update Report

Category of paper: for assurance
History: N/A

Responsible director: Executive Director for Nursing and Allied Health Professionals

Report author: Deputy Director for Nursing and Quality and Head of Clinical Governance

Executive summary

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

The Strategy was published in 2019 and tested in early adopter sites. The learning from the early adopters has been used to inform the implementation of the various elements of the Strategy. This includes the Patient Safety Incident Response Framework (PSIRF) that was published in August 2022 and will replace the 2015 Serious Incident Framework. The expectation is for Trusts to have their Patient Safety Incident Response Plan (PSIRP) developed and approved by Autumn 2023, followed by a 6 month period for implementation and embedding of new processes.

There is significant work required to achieve successful implementation which is being driven by the Trust implementation group and task and finish groups.

Recommendations

The Board is recommended to:

read the paper

discuss the content

agree the level of assurance provided

1 Introduction

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

2 Background

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

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

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

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

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

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

- The **Patient Safety Syllabus** which is being developed by Health Education England in collaboration with Academy of Medical Royal Colleges (AoMRC) and NHS England. There are five levels, two have been released via the e-learning platform, 2 further levels have been identified for Patient Safety Specialists to complete and will commence in Autumn 2023.

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

3 Current Position

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

There is ongoing discussion in relation to how we can do elements of the implementation better together across the City. For example, where there is a requirement to seek engagement and involvement of partner organisations, how do we do this together to reduce duplication and prevent feedback / involvement fatigue from organisations being approached.

Patient Safety Incident Response Framework (PSIRF): LCH established an implementation group during 2021/22. The established project team has continued to support the continued delivery of the project plan. The four dedicated workstreams of Governance, Involvement, Workforce and Strategy have completed a baseline of LCH's current position in achieving the requirements of the Strategy and have action plans in place. This initial assessment identified both Governance and Workforce requirements were already well aligned with the requirements of the new Strategy.

The action plans in place for those workstreams are predominantly seeking to improve and optimise existing processes to support the implementation phase of the Strategy. The Involvement workstream has developed an internal communication plan and continues to develop an external engagement plan and has been supported by the involvement of a Patient Safety Advocate. Each workstream is working concurrently.

The workstreams have advanced to include the Governance and Quality Monitoring and Patient Safety Incident Response Planning phases of the national plan, which is continued progress from the Diagnostic and Discovery phase at the last report. The suggested timetable to implementation is detailed below:

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

A review of four years of Trust data including incidents, serious incidents, Never Events, complaints, inquests, post infection reviews and safeguarding reviews has taken place to inform the initial draft of the LCH Patient Safety Incident Response Plan. This data has informed the Trusts provisional safety priorities for the PSIRP, which prior to consultation, are:

- Pressure damage with lapses in care causing moderate or major harm.
- Patient falls with lapses in care and resulting in moderate or major harm.
- Implementing care/ deteriorating patient resulting in delayed admission to hospital.
- Cumulative moderate harm following successive minimal harm, self-harm incidents in children and young people.

- Moderate and major harm incident relating to the clinical triage process in Neighbourhood Teams.

How incidents falling into these categories will be recorded, reviewed, and investigated, in line with PSIRF, will be detailed within the Patient Safety Incident Response Plan.

In addition to the specific priorities above, the following incidents will also be reviewed:

- Moderate and major harm incidents will be reviewed for Patient Safety Investigation consideration.
- High risk near miss, no and low harm incidents will be reviewed for learning through a Rapid Review.
- Near miss, no and low harm incidents via a service level response.

Finally, the nationally mandated priorities for response are:

- Incidents meeting the Never Events criteria.
- Death thought more likely than not due to problems in care.
- Deaths of persons with learning disability.
- Child death.
- Deaths in custody (e.g. police custody, in prison, etc) where health provision is delivered by the NHS.
- Safeguarding incidents in which: 1) babies, children, or young people are on a child protection plan; looked after plan or a victim of wilful neglect or domestic abuse/violence 2) adults (over 18 years old) are in receipt of care and support needs from their local authority 3) the incident relates to Female Genital Mutilation (FGM), Prevent (radicalisation to terrorism), modern slavery and human trafficking or domestic abuse/violence.
- Domestic Homicide.
- Mental health-related homicides.

Although good progress is being made by working on the above phases simultaneously, delays to the overall implementation programme will continue to be discussed and negotiated as required with the ICB.

Patient Safety Specialists: LCH now has nine Patient Safety Specialists with the addition of the Infection Prevention and Control Specialist Lead Nurse.

Learning From Patient Safety Events service (LFPSE): LFPSE is being assessed and implemented with RLDatix and the LCH Governance Systems Manager. The LCH test site and live site are now updated with the LFPSE updates are held in a back-office form. The Governance Systems Manager has been cross referencing and testing the various elements of LFPSE with our existing system to minimise the impact of the changeover for staff.

The Governance Systems Manager is also working with his equivalent colleagues in Locala Health and Wellbeing and Mid Yorkshire Hospital Trust for a collective overview. Although the launch is planned for October 2023, soft intelligence suggests it may be extended by the national team to support a longer testing period.

Two planned updates by RLDatix to the existing system in September 2023 were cancelled by RLDatix and we are awaiting a further date. A meeting is planned for 2 October 2023 for the Governance Systems Manager to demonstrate the new forms with a core group to decide an implementation timeline and plan.

Framework for Involving Patients: The Trust has recruited the nationally mandated two Patient Safety Partners during the period. They will be supported by the Deputy Director of Nursing and Quality and the Head of Clinical Governance. The existing Patient Advocate applied for the role and was successful in becoming one of the Partners. The second Partner joins us following contact with LCH through the complaints process. Both are currently working on an introductory vlog to start to raise awareness of them as individuals and their role in supporting LCH.

An unsuccessful applicant has asked to work with LCH in a voluntary capacity which has been approved by the Trust's Leadership Team. The development of this role is expected to be gradual but provides an opportunity to broaden the reach of the Strategy into our communities and start to follow the hugely successful work of Youth Board in supporting improvements across LCH.

The engagement plan for the involvement of our external stakeholders is in development.

Patient Safety Syllabus: Level one patient safety training is in place. Since including this within LCH mandatory training we are currently at around 90% compliance. Level two patient safety training is also available on ESR and is being recommended for all staff. The working groups feel this should also be mandated to support the critical culture change toward one of Just Culture and a systems and human factors approach to patient safety. A paper is being prepared for the Trust Leadership Team to consider.

Levels three and four patient safety training have been released and are a requirement for the nine LCH Patient Safety Specialists. The courses are run by Loughborough University and require face to face and remote learning. The current Specialists have been registered with the University and we await further guidance.

National Patient Safety Alerts: A national alert was issued to ensure Trusts have a process aligned with the national requirements. LCH were already working to the national requirements. A process map has however been completed, and elements strengthened from an improvement perspective. This is now in place and as further improvements are noted they are added to the process.

4 Conclusion

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

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

5 Recommendations

The Board is recommended to:

read the paper

discuss the content

agree the level of assurance provide

Trust Board Held in Public: 6 October 2023
Agenda item number: 2023-24 (62)

Title: Leeds Community Healthcare Engagement Principles

Category of paper: For noting
History: Quality Committee 25 September 2023

Responsible director: Executive Director of Nursing and AHP
Report author: Patient Engagement and Experience Lead

Executive summary (Purpose and main points)

This paper provides an update on the LCH Engagement Principles and how these are being embedded across the organisation. The six principles have been developed following a review of the evidence base and the stakeholder engagement event in 2022. The principles describe what we expect to see in each service, in each interaction with patients, carers, communities and citizens. The principles reflect the City's aspirations around patient experience in relation to co-ordination, communication, and compassion. It is intended that the Engagement principles will provide a more responsive, sophisticated, and useful approach to patient engagement.

An update will be provided on the development and implementation of the Engagement Principles and includes:

- Work with patients and carers to make the principles real.
- Work with services to identify what the principles look like for their services and how they will measure impact.
- Alignment between this work and the third sector strategy, equity work stream and communications.

The Board is recommended to:

- Note the progress so far to embed the Engagement Principles across the organisation.
- Agree the updated aims for the next six months.

1. Introduction

1.1 This paper provides an update on the LCH Engagement principles and how these are being embedded across the organisation and in every interaction with every patient and carer.

2 Background

2.1 In November 2022 the Quality Committee agreed that LCH would develop Engagement Principles rather than a revised strategy with the aim being to focus on actions that would achieve true and meaningful engagement. The timeline included in that paper proposed that between December 2022 and March 2023, LCH would engage further on defining the principles that were coproduced during a summer workshop in 2022.

2.2 Initial engagement has taken place with key stakeholders, staff and patients and we continue to review on an ongoing basis feedback received through complaints, accessibility, service specific surveys and friends and family This has led to the development of the LCH Engagement principles, and a greater understanding of what these mean for LCH, our patients, carers and the communities we serve.

2.3 An updated timeline was approved by Quality Committee in March 2023 due to significant pressures within the Patient Experience Team and the wider system.

2.4 It was agreed that an update would be provided on the following areas:

- Work with patients and carers to make the principles real.
- Work with services to identify what the principles look like for their services and how they will measure they have successfully embedded them.
- Alignment between this work and the third sector strategy, equity work stream and communications.

3. LCH Engagement principles

3.1 Our principles set out what good engagement looks like in LCH; they are designed to put people at the centre of our engagement work, improve how we deliver our care and services, and create an organisation wide culture of engagement. The principles will outline how we work WITH people, how we ensure that we are LISTENING to all voices in particular community groups experiencing inequalities, and that we ACT on feedback we receive. These principles will underpin everything we do and support LCH in being good partners in the City's ambition to deliver care that is co-ordinated, well communicated and compassionate.

4. Progress so far

4.1 Progress to embed the Engagement Principles across the organisation has been slowed due to significant capacity issues within the Patient Experience Team. The team have experienced high turnover in the last 12 months within the Patient Experience workstream; focussed on complaints, concerns, compliments and claims, which has meant that members of the team have

had to support the complaint functions and focus efforts there to meet our national legislation for NHS complaints.

4.2 Following successful recruitment, the Patient Experience Team is at full complement as of August 23, and work to embed the Engagement Principles will recommence.

4.3 Despite pressures within the workstream, work has been ongoing across key areas which will help to form a true culture of engagement across the organisation- see appendix one for a summary of this work.

5. Next six months

5.1 Making sure the principles are accessible for all communities, developing "I" statements.

Working with learning disability, health equity and third sector colleagues we will work with people to develop a list of "I" statements that will underpin the culture of engagement with LCH.

These "I" statements will help to make the engagement principles real for staff and will provide a basis for patients and carers to hold services to account in 'living' the principles.

6. Recommendations

6.1 The Board is recommended to:

- Note the progress so far to embed the Engagement principles across the organisation.
- Agree the updated aims for the next six months.

Appendix 1

Work to make the principles real.

Publicising our principles with patients, carers and communities to raise awareness about what they can expect.

- The principles were shared with Communities of Interest members at the LCH Health inequalities communication event in April. The Patient experience team spent time capturing thoughts and feedback on the principles from staff and community members.

Making sure the principles are accessible for all communities, developing "I" statements.

- 'I' statements to be developed with people and communities over the next six months.

Working with patients and carers to help them hold services to account in delivering the principles.

- 'I' statements to be developed with people and communities over the next six months.

Work to embed in services

Make the principles real for staff – connecting the principles with what staff do and developing ownership of how people experience our services.

- The bi-monthly Engagement champion meeting agendas over the last 9 months have been based on the engagement principles, with each meeting having the theme of a principle; so far this has covered Outcomes/impact, communication, person centred, and accessibility.
- The October Engagement champion meeting will focus on staff and the impact of feedback on staff following feedback from a clinical at the June meeting.

Build the capacity to support good engagement through training, champion networks, resources and alignment with organisational and professional values and behaviours.

- There have been 2 major updates to the Civica (Membership experience system, MES) over the last six months. These updates include publicity material to advertise surveys (posters, postcards etc), improved response scales and new text analytics theme groups looking at patient pathways and healthcare staff groups.
- Service based training for use of MES has been delivered, and future sessions are planned to be delivered by Civica to increase staff confidence and skills in patient surveys and analysing feedback.
- The patient experience and patient information pages on MyLCH (LCH intranet) have been updated to include examples of patient stories, key resources, information on accessibility (accessible information standards, AIS), a calendar of events and training dates.
- The Patient Experience Team have reviewing current processes and developing these to share with staff.

Supporting services to develop data and evidence-based engagement plans.

- To be developed 2023/2024.

Trust Board Meeting held in public: 6 October 2023

Agenda item number: 2023-24 (63)

Title: Annual Workforce Equality & Diversity Report 2022/23 (Incorporating WDES and WRES Action Plans for 2023/24)

Category of paper: Assurance and approval
History: Trust Leadership Team 20 September 2023
Business Committee: 27 September 2023

Responsible director: Director of Workforce, OD and System Development
Report author: E&D Facilitator (Workforce)

Executive summary (Purpose and main points)

The Trust Board receives this annual update on progress made and future actions around equality and diversity in order that it can be assured that the requirements of the Equality Act 2010 Public Sector Equality Duties (PSED) and the NHS Standard Contract are being met.

This paper provides.

- A retrospective look at the Equality, Diversity, and Inclusion highlights during 2022
- A prospective look ahead at Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) 2023/24 Action Plans, and to have sight of those prior to publishing on the external LCH internet website by end of October 2023

- Puts on your radar, the newly released NHS Equality, Diversity, and Inclusion Improvement plan. To note that work will be taking place to look at how we can incorporate existing and planned EDI work into this, identify gaps and suggest next steps for LCH.

Recommendations

The Trust Board is recommended to:

- To note, that they will receive a further update on the NHS EDI Improvement Plan, once the mapping of current and proposed work, has identified how these dovetails, and any gaps identified, with suggested next steps.

- Agree that the continued work undertaken with the EDI workstream during 2022-23 and the WDES & WRES action plans 2023-24 provide assurance that the Trust meets the workforce requirements of the Equality Act 2010 Public Sector Equality Duties (PSED) and the NHS Standard Contract (WDES & WRES)

Annual Workforce Equality & Diversity Report (Incorporating WDES and WRES Action plans for 2023/24)

1 Introduction

1.1 This Equality, Diversity, and Inclusion (EDI) Annual Report 1 November 2022 – 31 October 2023, summarises the action taken, and progress made throughout 2022, which meets the requirements of the Public Sector Equality Duty (PSED), a requirement of the Equality Act 2010.

1.2 In addition, this report has incorporated information required by the Workforce Disability Equality Standard (WDES) and the Workforce Race Equality Standard (WRES), that is mandated in the NHS standard contract, together with proposed WDES and WRES Action Plans for LCH for 2023/2024.

1.3 The final section of the report includes an update on the activity and actions that the Trust has been delivering on across the protected characteristics covered by the Equality Act 2010, not covered elsewhere within the report.

2 Background

The section below, reminds us of the range of statutory, NHS or Organisational requirements within which the Equality, Diversity, and Inclusion work, operates within.

2.1 LCH Workforce Strategy 2021-2025 Inclusion Theme.

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

2.2 The Public Sector Equality Duty (PSED) sets out the main statutory duty that all public authorities must, in the exercise of their functions, have due regard to the need to:

- We eliminate unlawful discrimination, harassment and victimisation, and any other conduct prohibited by the Equality At 2010
- Advance equality of opportunity between people who share a protected characteristic and people who do not
- Foster good relations between people who share a protected characteristic and people who do not

Public authorities, such as LCH, also have specific duties under the Equality Act to help them comply with the public sector equality duty; publish equality information at least once a year to show how they've complied with the equality duty, prepare and publish equality objectives at least every 4 years.

2.3 The NHS Equality Delivery System (EDS) 2022 was created to help local NHS systems and organisations, in discussion with local partners and local populations, to review and improve their performance for people with characteristics protected by the Equality Act 2010. LCH is currently assessed as "Achieving" across the three domains, with a review of performance to take place in Q3, 2023.

2.4 The NHS Long Term Workforce NHS Long Term Workforce Plan (england.nhs.uk), plan defines the size, shape, mix and number of staff needed to deliver high quality patient care, now and into the future.

2.5 Early June 2023, the NHS equality, diversity, and inclusion (EDI) improvement plan was published, co-produced through engagement with staff networks and senior leaders, which supports the Long-Term workforce plan by improving the culture of our workplaces and the experience of our workforce, to boost staff retention and attract diverse new talent to the NHS. The improvement plan sets out 6 x high-impact actions, to address the widely known intersectional impact of discrimination and bias.

Please note, that work will take place during 2023 in partnership with trade unions/Staffside colleagues, and forums, and in collaboration with relevant staff networks in working through the 6 x high impact actions to identify gaps and suggest next steps.

The section below lists the 6 x **High-impact actions (Headings and icons only for illustrative purposes) – further detail can be found within the link above**

The NHS equality, diversity, and inclusion (EDI) improvement action plan - High-impact actions

1. Measurable objectives on EDI for Chairs, Chief Executives and Board members

2. Overhaul recruitment processes and embed talent management processes

3. Eliminate total pay gaps, with respect to race, disability and gender

4. Address Health inequalities within their workforce

5. Comprehensive induction and onboarding programme for international recruited staff

6. Eliminate conditions and environment in which bullying, harassment and physical harassment occurs

3 Progress made during 2022

We thought it would be helpful to use the 6 x High-impact actions table purely as a template, to capture the achievements and progress made during 2022, which then forms a significant part of this report.

High-impact action 1

Measurable objectives on EDI for Chairs, Chief Executives and Board members

Current position - *Annual Chair/CEO appraisals on EDI objectives will be added by the Board Secretary to Strategic Risk #9 and will, who will then write to the Director of Workforce outlining the next steps.*

High-impact action 2

Overhaul recruitment processes and embed talent management processes.

Current position - The overhaul of the LCH recruitment is a continuing process. Following a productive EDI Trust board workshop, early May 2023, specific actions were agreed, to be included in the 2023/24 WRES action plan with a view

that the actions would provide traction in achieving the aspirational goal of 18% BAME workforce representation by 2028.

- Recruitment – for the first time, using a new recruitment system, we have been able to gain insight into the full recruitment process from shortlisting through to being recruited to produce detailed analysis on recruitment outcomes for Race and Disability, and an overview of outcomes for the other protected characteristics. This work covers the period 2022/23 and has just been completed. We are excited to work through and understand what the data is telling us and how we can address any disparities

- Diverse panel members - Train and support a group of staff from across the Trust to support Recruitment Managers in providing diverse recruitment panels for the recruitment of Band 7 and above vacancies. (An existing WRES action)

  As part of our Hyper Local recruitment initiative LCH has built links with Afro Leads based in Leeds they promote Black owned business and have shared LCH vacancies on their very active social media channels.

  A working relationship has been established with Guiding Light Leeds who engage with Black people in the community to support in all different kinds of ways, one of which is employment. We have presented the opportunities and career pathways available in LCH to their clients. .

  With other One Leeds Workforce partners we have, as one of our positive actions, actively targeted areas of Leeds with higher representation of BAME populations in hyper-local recruitment campaigns.

  Currently, as part of Leeds One Workforce Programme, LCH, together with other health and social care partners are delivering a varied programme of work, in particular Project 5.2 Schools and Young People – Health & Care Careers.

  At the EDI Trust board workshop, early May 2023, referred to above, support and endorsement was given to Introduce a targeted talent development programme for one or more cohorts of BAME employees at LCH, focused on putting the cohort(s) in the best possible position to progress to senior positions in LCH. (*incorporated into WRES action plan*)

High-impact action 3

Eliminate total pay gaps with respect to race, disability, and gender.

Current position - Race or disability pay gap -Presently the Trust does not routinely report on race or disability pay gaps. This will be considered in line with action planning around the new NHS EDI Improvement plan.

Gender pay gap - Over the reporting period, LCH has made a positive improvement in the reduction of both the Gender Pay Gap (Mean and Median) and Gender Bonus Pay Gap.

There has been a welcomed reduction in the Mean Gender pay Gap, narrowing from 6.7% in 2022, to 3.5% in 2023.

Median Gender Pay Gap has increased, in favour of women, from -0.2% in 2022 to -1.8% in 2023.

These improvements are due in some way to the percentage decrease in Female representation in both Quartiles 1 (lowest) and 2, together with the percentage increase of Female representation in Quartile 3.

Furthermore, the Gender Bonus Pay Gap (GBPG) (Mean) within LCH is -16% in favour of women and the Gender Bonus Pay Gap (Median) remains at 0%.

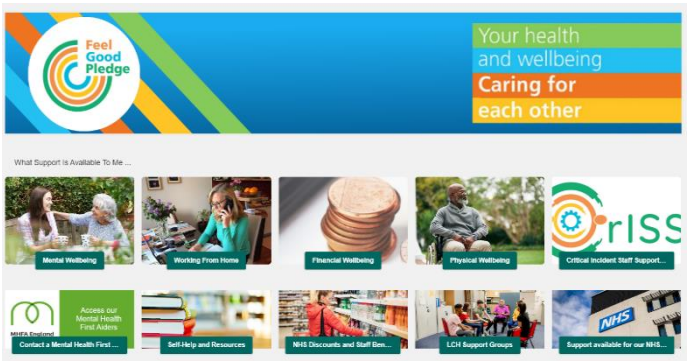
Our Gender Pay Gap actions are listed below.
We will continue to:

- Promote local, regional, and national development and networking opportunities for women.
- Use skill-based assessment tasks in recruitment.
- Ensure all of LCH promotion, pay and reward processes are transparent.
- Promote the Trusts flexible working policy for men and women
- Encourage the uptake of Shared Parental Leave - to share childcare more equally. We will continue to work with the Men's Health Forum to raise awareness and increase uptake.

High-impact action 4

Address Health Inequalities within their workforce

Current position - The Trust focus remains on staff's ***physical***, ***mental*** and **financial** wellbeing and provides a wide range of support identified on the MyLCH Health and Wellbeing Pages



The Staff Health and Wellbeing Group, which includes membership of the Trust Wellbeing Guardian, meets every six weeks, which, with a vibrant membership, drives the Health and Wellbeing agenda in conjunction with the Disability, Neurodiversity and Long-Term Conditions staff network.

In addition to the Trust Flexible Working Policy, LCH, and other health & social care organisations have come together as part of the Leeds Health & Social Care Academy, with the LCH DoW as the SRO, to promote the We can flex initiative, based on the NHS 'Supporting Your Team to Work Flexibly: A Line Manager's Guide' document which can be found here.

High-impact action 5

Comprehensive Induction and onboarding programme for International recruited staff.

Current position - The Trust has 13th July 2023 achieved the NHS Pastoral Care Quality Award or providing best practice pastoral care for international nurses and midwives. The Trust has been recognised for our commitment to supporting internationally educated nurses.

The Trust has appointed a Pastoral Lead for International Nurses and Midwives and will welcome, in October, the 3rd cohort of internationally educated nurses to LCH.

High-impact action 6

Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.

Current position – Late Autumn 2022, the Trust made a Call to Action to eliminate conditions and environment in which bullying, harassment and physical harassment occurs. The legacy of the summit is the #NoBystanders initiative which shapes the actions and activity to create safe spaces, both psychologically and culturally, for everyone involved in LCH, whether that's through patient-staff, staff-staff or staff-patient language and behaviours.

No Bystanders is now incorporated into the Chief Exec/Lead Director section of the LCH Corporate Induction and the new LCH Debriefing model is now live and with c12 trained facilitators and an access protocol in place & is being accessed.

Materials are close to completion for the element of the No Bystanders publicity materials which focus on the different routes people can access to report / support / call out / speak out together with the No Bystanders publicity & discussion materials which prompt teams to engage in discussion about possible scenarios

and understand the importance / expectation of No Bystanders at LCH. The materials were soft launched at the EDI Forum on the 12th September prior to a planned organisational launch at the Decembers Leaders Network Live.

Work on a No Bystanders MyLCH page is to be progressed to enable the resources to be stored sustainably, with a description of the origins of the work and links to associated work (for example, the Debriefing model already appears elsewhere on MyLCH)

The ED&I Forum will continue to be the governance route for the No Bystanders work and will receive an update on the progress and plans discussed today.

I hope that this demonstrates the breadth and range of EDI- related work that has taken place during 2022, some of which aligns with the new 6 x high impact actions, within the NHS EDI Improvement Plan.

4 Protected Characteristics

This section provides information on the actions and progress being made, across the range of Protected characteristics within the Equality Act.

4.1 Disability

4.1.1 There has been improvement in a number of Workforce Disability Equality Standard (WDES) metrics, resulting in reducing the disparity of opportunity/experience between Disabled and non-disabled staff. The latest WDES data (as at 31/3/23) was reviewed as part of a Board level Equality, Diversity, and Inclusion Workshop, held early May 2023.

Key headlines include:
Metric 4, percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse, has made significant positive progress.

Metric 8, percentage of staff with a long-lasting health condition or illness, saying that their employer has made adequate adjustment(s) to enable them to carry out their work, has deteriorated and is a cause for concern. (Full performance data can be found in Appendix A).

Following the Trust Board workshop, a period of wider stakeholder engagement took place, which included the Disability, Neurodiversity and Long-term conditions staff network group, to review WDES 2019- 2023 performance (Appendix A) and the proposed WDES action plan 2023/24 (Appendix C).

The new Wellbeing at Work policy contains a new section on Reasonable Adjustments, a Task & Finish group has been set up across the Directorates involved in the provision of Reasonable Adjustment equipment to consider how the existing processes for supplying specific equipment/software can be improved

4.1.2 Overall, 6% of the Trusts workforce has declared a disability through the NHS Electronic Staff Record (ESR), this figure is above the NHS national average declaration rate of 3.5%

Currently there is an electronic reminder on staff's individual ESR dashboard to requesting individuals to update their equality data if they have not updated in the previous 12 months.

We will continue collaborating with staff with disabilities/long term conditions network and individuals to improve engagement and ESR disability declaration rates.

4.1.3 We continue our partnership with Purple to help deliver the Disability Confident Leaders actions to retain accreditation and assist us in becoming a truly inclusive employer. We are also engaging with them around the content of the training around the new "Wellbeing at Work Policy".

4.1.4 The Healthcare People Management Association (HPMA) has recognised our work in achieving the Disability Confident leader's accreditation, selecting it as a finalist in the Mills & Reeve award for leading in equality diversity and inclusion, Disability Confident. The winners will be announced at the HPMA conference on the evening of the 19th of September 2023.

4.1.5 During the reporting period a total of four *Neuro diversity staff awareness sessions* have been delivered to staff by the EDI and LD team. MindMate provide Neurodiversity information and awareness for staff, children, young people and families in Leeds, which is promoted internally via the Love to Learn (lch.oak.com) platform.

4.1.6 We were pleased to launch the new Wellbeing at Work Policy *(Previously Managing Attendance Policy*), which was reviewed with a small group, through a disability lens. Key changes included, Managers guidance document around Reasonable adjustments, which should help to improve the deteriorating picture that was reported in the last National NHS Staff Survey (Metric 8 reported above). As part of the Policy,

a Healthcare Passport was introduced, which provides a tool for staff to record any support or adjustments required to carry out their duties, and paid time off for employees with a Disability or Long-Term Condition to attend medical appointments was also introduced. In addition, any sickness absence relating to mental health can be referred fast tracked to Occupational health within one week of being absent.

4.2 Race

4.2.1 There has been improvement in all but one of the WRES Indictors 2-8 (Indicator 2) "relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts". The latest WRES data (as at 31/3/23) was reviewed in more detail as part of a Board level Equality, Diversity, and Inclusion Workshop, held early May 2023, with a group challenge around range of options to maximise our prospects of achieving our longer-term ambition of BME representation target of 18% by 2025.

Key headlines include:

Indicator 5, percentage pf BME staff experiencing harassment, bullying or abuse from patients, relatives or the public, has reduced significantly to 16.3%, whilst for white staff is 23.9%

Indicator 6, For the first time in reporting, the percentage of BME and White staff experiencing harassment, bullying or abuse from staff, is similar, 12.9% and 12.8% respectively.

Of serious concern, is BME staff experience of discrimination from Manager/Team, which is nearly 3 times more than White staff.
(Full performance data can be found in Appendix C).

Following the Trust Board workshop, a period of wider stakeholder engagement took place which included the Race Equality Network group, to review WRES 2019- 2023 performance.
(Appendix D) and the proposed WRES action plan 2023/24 (Appendix E).

4.2.2 During the reporting period we continue to experience enthusiasm and curiosity to be involved with two of our Programmes, which are on their fifth cohort; Black, Asian, and Minority Ethnic (BAME) Reverse Mentoring (64 people), which is a yearlong programme and the BAME Allyship Programme (52 people). Being part of the LCH BME Allyship Programme is a continuous process in which someone with white privilege and power seeks to first learn about the experiences of BAME groups (as a whole), empathise with their challenges and build relationships with them, adding your voice to that of your other than White colleagues. The 12 week programme consists of 6 x facilitated sessions, with the opportunity for Allies to interact in between the

sessions by way of “virtual” informal coffee/learning with BAME members of staff, to enhance their experience. (*REN MyLCH page*) . Delegates are provided with *tools and skills* to assist them become *influencers* for real racial equality in their teams, services and ultimately the Trust. To assist in providing support and continous learning, an Allies Forum has been established, facilitating the linking of each of the cohorts and so growing the Allies network.

The resulting heightened understanding and acknowledgement of issues and experiences linked to diversity and inclusion is crucial and will continue to be a central plank of our LCH Equality, Diversity & Inclusion (ED&I) programme.

4.2.3 The Trust has made measurable progress in the overall representation of Black, Asian, and Minority Ethnic (BAME) staff in LCH from 10.7% in October 2020 to 12.8% in June 2023.

4.2.4 The Race Equality Network (REN) has grown in both membership and influence, the input from the REN has been invaluable during the reporting period.

4.2.5 Members of the REN staff network continue to be integral in the recruitment and selection process for senior manager appointments, demonstrating LCH commitment to the WRES and transparency in the recruitment and selection process. This has resulted in growing confidence by Black, Asian and Minority Ethnic (BAME) staff that LCH is committed to the WRES & BAME staff, through increased membership of the REN and positive verbal feedback from BAME colleagues to the network Chair.

4.2.6 During the reporting period the REN has provided support and awareness to a wide range of LCH services this includes the work that REN members have been involved with that has been recognised by the NHS Pastoral Care Quality Award to recognise the LCH’s work in international recruitment and commitment to providing high-quality pastoral care to internationally educated nurses and midwives during recruitment processes and their employment.

4.3 Age

4.3.1 As illustrated in table 1, we have an ageing workforce with over 43% of LCH staff now aged 46+ years. We need to proactively look at how we can retain their skills, experience, and knowledge.

An introductory meeting has already taken place between the EDI team and the Leeds Older People's Forum, to consider "Wise up to Ageism" training, which focuses on positive attitudes and challenges bias that we hold about different ages. More information will be shared, as this work develops.

Age Band	Headcount	%	FTE
<=20 Years	20	0.52	6.40
21-25	214	5.53	170.91
26-30	457	11.81	389.68
31-35	499	12.90	393.09
36-40	500	12.92	385.87
41-45	482	12.46	378.56
46-50	432	11.17	335.72
51-55	484	12.51	379.59
56-60	474	12.25	332.53
61-65	242	6.25	136.35
66-70	54	1.40	24.80
>=71 Years	11	0.28	5.90
Grand Total	**3,869**	**100.00**	**2939.40**

Table 1 – Age Data recorded on ESR as of 31.3.2023.

4.3.2 A new appraisal process was introduced earlier this year, that includes a section entitled *Focusing on the Future* which provides the opportunity to discuss career aspirations at whatever stage of the employee lifecycle the member of staff is at.

- "I'm new and still learning" - *What can be done to support your continued learning and development?*
- "I'm happy in my current role but I'm seeking further development" - *What skills are you looking to enhance? What opportunities are available/possible? What support do you need?*
- "Something else" - *You might be content in your role, thinking about leaving, seeking a promotion or a change in career? Share as much as you would like for your appraiser to know*.

4.3.3 Currently, as part of Leeds One Workforce Programme, LCH, together with other health and social care partners are delivering a varied programme of work, in particular Project 5.2 Schools and Young People – Health & Care Careers.

4.4 Religion or belief

4.4.1 Religious identity is an often-overlooked area in the NHS, approximately two-thirds of our 1.3 million people working in the NHS declare a religion or belief. LCH religious belief data is shown in table 2.

4.4.2 Over the reporting period, recognition and awareness raising of religious and cultural events has taken place via the Mid-Day Brief.

4.4.3 A process is in place for staff to book spaces in locations in the LCH estate for prayers, reflection, or meditation. This has been considered in the move to the new HQ premises.

LCH ESR Religion data - 31.3.2023			
Religious Belief	Headcount	%	FTE
Atheism	743	19.15	629.43
Buddhism	14	0.36	10.69
Christianity	1,584	40.84	1224.75
Hinduism	20	0.52	16.93
Islam	112	2.89	89.63
Judaism	16	0.41	11.75
Not Disclosed	462	11.91	348.81
Other	271	6.99	225.09
Sikhism	37	0.95	29.54
Unspecified	620	15.98	373.63
Grand Total	**3,879**	**100.00**	**2960.24**

Table 2 – Religious Belief Data recorded on ESR as of 31.3.2023.

4.4.4 Religion requirements are included in Standards of Dress and Appearance Policy (for Clinical staff only)

4.5 Sex and pregnancy and maternity

4.5.1 Like most NHS Trusts, LCH has a higher proportion of females in its workforce to males. However, within LCH, females make up 86% of the workforce, which is significantly higher than the 77% of females in the overall NHS workforce *(NHS Digital)*.
We now need to look at what this means for LCH across a wide range of areas such as Health and Wellbeing, Flexible working. More information will be shared as this work develops.

4.5.2 LCH continues to raise awareness around Menopause, which includes promotion of the monthly Menopause support group sessions and Managers awareness sessions, which are provided through our Occupational Health Provider, as well as continuing to raise awareness sessions through staff stories. LCH signed a Workforce pledge around Menopause and achieved this for the work we are doing in this area.

4.5.3 The Men's Health Forum continues to meet monthly providing peer to support to its members and contributes to Men's Health promotion events within the organisation, in particular, domestic violence, menopause, men's mental health and suicide awareness.

4.6 Gender reassignment and sexual orientation

4.6.1 At present the National ESR system does not have the facility to record gender reassignment therefore organisational data is unavailable for this protected characteristic.
The ONS 2021 data in the table below, provides an indication of what representation may look like in LCH.

Gender identity the same as sex registered at birth	613810	93.20%
Gender identity different from sex registered at birth but no specific identity given	2086	0.30%
Trans woman	781	0.10%
Trans man	779	0.10%
All other gender identities	1108	0.20%
Not answered	39907	6.10%
Totals	658471	100.00%

- LCH has continued to roll out *Gender Neutral toilets* and sanitary bins at Seacroft & Rothwell Clinics and the new Trust HQ at the White Rose Business Park.

- For a fourth year in succession, the Trust will promote the International Pronouns Day on the 21 October 2023. Knowing and using a person's correct pronouns fosters inclusion, makes people feel respected and valued, and affirms their gender identity.

4.7 Sexual orientation

As referenced above, the National ESR system does not have the facility to record gender reassignment, the high number of "Unspecified" may well indicate the need to enhance national recording systems. LCH has seen an increase in sexual orientation declaration rates, in particular people who identify as Bisexual.

Table 3 – Sexual orientation data recorded on ESR as of 31.3.2023

LCH ESR Sexual Orientation Data - 31.3.2023			
Sexual Orientation	Headcount	%	FTE
Bisexual	54	1.39	45.58
Gay or Lesbian	68	1.75	60.50
Heterosexual or Straight	2,949	76.02	2354.57
Not Disclosed	310	7.99	221.89
Other sexual orientation not listed	10	0.26	8.60
Undecided	8	0.21	8.00
Unspecified	480	12.37	261.11
Grand Total	**3,879**	**100.00**	**2960.24**

- LCH continues to provide visible commitment to LGBTQIA+ inclusivity through the continued membership of the Stonewall Diversity Champions programme.

- In June 2023, in recognition of the LGBTQIA+ inclusion work that has taken place during the reporting period, LCH achieved accreditation as an NHS Rainbow Badge Phase II Bronze award. LCH was initially chosen as one of only 22 NHS Trusts to pilot the new model of accreditation.

- In April 2023 the first lived experience LGBTQIA+ staff network meeting took place; a second meeting is planned to take place in September 2023 to “sign off” the Terms of Reference, announce elected leadership roles and provide an outline of a work plan to support LCH’s inclusion work.

- Around 100 of the 300 or so Rainbow Ambassadors, actively participate in the network activity. With the recent Bronze award accreditation, there will be further promotion of the expectations of being a Rainbow Ambassador. For the moment, the Rainbow Ambassadors, which is open to colleagues with lived experience and as Allies, will continue to run alongside the fledgling LBTQAI+ staff Network.

- Following last year’s brilliant staff involvement both at Leeds Pride 22 Parade, and Unity day marketplace, LCH participated once again in Leeds Pride 2023, with over 60 colleagues, family and friends attending.

  LGBTQIA+ staff are more likely to face discrimination from their colleagues and patients, and this can have a detrimental impact on their health.

The ‘plus’ within the term LGBTQIA+ acts to include those identities and sexual orientations not specifically referenced. However, we recognise that this group is diverse, and their lived experience is varied.

A significant barrier in understanding the experiences of LGBTQIA+ staff is the absence of complete and accurate data. The DHSC Unified Information Standard for Protected Characteristics (UISPC) programme is considering the current data limitation within the National ESR with respect to LGBTQIA+ staff declarations. NHS England is working with DHSC and other key stakeholders to expand the workforce data currently available on National ESR to make it accurate and representative.

5 Next steps for 2023/24

5.1 Equality, Diversity, and Inclusion (EDI) continues to be a key priority for LCH, the key workstreams listed below provide targeted action in core areas of recruitment, development and health and wellbeing, to achieve our equality objectives, to be *much more representative of our communities* and that *disparities in employee experience have substantially reduced; with any remaining disparity actively tackled* by 2025.

5.2 The workstreams listed below will contribute to the delivery of the Workforce Strategy 2021-2025 equality objectives.

- Implementation of the NHS EDI Improvement plan
- Delivery of WDES, Disability Confident Leaders WRES, and LGBTQIA+ action plans
- Meet the requirements of the Gender Pay Gap Report
- Complete the EDS 2022 assessment & reporting process.

6 Conclusion

The coming 12 months offer an opportunity, shaped by the NHS EDI Improvement Plan, to further develop our EDI work and increasingly tackle disparities in experience within our workforce and continuing to increase representation.

7 Recommendations

The Trust Board is recommended to:

- To note, that they will receive a further update on the NHS EDI Improvement Plan, once the mapping of current and proposed work, has identified how these dovetails, and any gaps identified, with suggested next steps.

- Agree that the continued work undertaken with the EDI workstream during 2022-23 and the WDES & WRES action plans 2023-24, provide assurance that the Trust meets the workforce requirements of the Equality Act 2010 Public Sector Equality Duties (PSED) and the NHS Standard Contract (WDES & WRES)

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Workforce Disability Equality Standard (WDES) performance 2019 - 2023

	Metrics 1 to 3 & 10 is extracted from the workforce data held on ESR as at 31/3/23 and Metrics 4 to 9 is taken from the 2022 NHS staff survey
WDES Indicator	**Metric description**
1	Percentage of staff in AfC pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff. Cluster 1: AfC Band 1, 2, 3 and 4 Cluster 2: AfC Band 5, 6 and 7 Cluster 3: AfC Band 8a and 8b Cluster 4: AfC Band 8c, 8d, 9 and VSM (including Executive Board members) Cluster 5: Medical and Dental staff, Consultants Cluster 6: Medical and Dental staff, Non-consultant career grade Cluster 7: Medical and Dental staff, Medical and dental trainee grades .

Non Clinal Staff

		Disabled					Non Disabled					Not Known Or Not declared				
		2019	**2020**	**2021**	**2022**	**2023**	**2019**	**2020**	**2021**	**2022**	**2023**	**2019**	**2020**	**2021**	**2022**	**2023**
Cluster 1	Bands 1-4	6%	7%	6%	6%	5%	86%	85%	85%	85%	82%	8%	8%	9%	9%	13%
Cluster 2	Bands 5-7	5%	6%	5%	5%	6%	85%	87%	89%	87%	87%	9%	8%	6%	8%	7%
Cluster 3	Bands 8a-8b	4%	3%	3%	7%	5%	91%	89%	87%	92%	90%	5%	8%	10%	1%	5%
Cluster 4	Bands 8c - VSM	0%	0%	0%	0%	0%	70%	63%	60%	87%	85%	30%	38%	40%	13%	15%

Clinical Staff

		Disabled					Non Disabled					Not Known Or Not declared				
		2019	**2020**	**2021**	**2022**	**2023**	**2019**	**2020**	**2021**	**2022**	**2023**	**2019**	**2020**	**2021**	**2022**	**2023**
Cluster 1	Bands 1-4	4%	4%	4%	5%	5%	86%	85%	86%	84%	76%	8%	8%	9%	11%	20%
Cluster 2	Bands 5-7	4%	5%	5%	6%	6%	86%	85%	82%	83%	80%	10%	10%	13%	11%	14%
Cluster 3	Bands 8a-8b	4%	4%	4%	2%	3%	92%	85%	83%	85%	87%	5%	11%	14%	13%	10%
Cluster 4	Bands 8c – VSM	9%	8%	0%	0%	0%	82%	75%	85%	88%	82%	95	17%	15%	12%	18%
Cluster 5	Medical & Dental consultants	0%	0%	0%	0%	0%	79%	75%	67%	70%	59%	21%	24%	33%	30%	41%
Cluster 6	Medical & Dental non consultants	5%	13%	7%	8%	7%	60%	62%	67%	62%	64%	35%	25%	27%	30%	29%
Cluster 7	Medical & Dental trainee consultants	0%	0%	0%	0%	0%	0%	0%	0%	0%	22%	100%	100%	100%	100%	78%

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WDES Indicator	Metric description	31.3.19 score	31.3.20 score	31.3.21 score	31.3.22 score	31.3.23 score
2	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.	1.9	2.5	1.2	1	1.05
WDES Indicator	**Metric description**	**31.3.19 score**	**31.3.20 score**	**31.3.21 score**	**31.3.22 score**	**31.3.23 score**
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process	2	0	0	0	0
WDES Indicator	**Metric description** *The data contained in metrics 4-9 for 31.3.22 are taken from the 2021 NHS staff survey results*	**NHS Staff Survey 2018**	**NHS Staff Survey 2019**	**NHS Staff Survey 2020**	**NHS Staff Survey 2021**	**NHS Staff Survey 2022**
4	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse *(Nondisabled staff scores in brackets)*					
4a(i)	Staff experiencing harassment, bullying or abuse from the public in the last 12 months	34% (22%)	31% (24%)	34% (22%)	34% (24%)	14.1% (8.6%
4a(ii)	Staff experiencing harassment, bullying or abuse from managers in the last 12 months	11% (7%)	12% (5%)	15% (7%)	12% (7%)	8.8% (4.8%)
4a (iii)	Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	21% (11%)	19% (12%)	20% (11%)	20% (10%)	14.1% (8.6%)
4a (iv)	Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	56% (56%)	55% (57%)	60% (60%)	49% (53%)	58.2% (58.6%)
WDES Indicator	**Metric description**	NHS Staff Survey **2018**	NHS Staff Survey **2019**	NHS Staff Survey **2020**	NHS Staff Survey **2021**	**NHS Staff Survey 2022**
5	Percentage of Disabled staff compared to nondisabled staff believing that the Trust provides equal opportunities for career progression or promotion (*Nondisabled staff scores in brackets)*	59% (65%)	57% (64%)	56% (65%)	58% (65%)	53.5% (63.7%)
WDES Indicator	**Metric description**	NHS Staff Survey **2018**	NHS Staff Survey **2019**	NHS Staff Survey **2020**	NHS Staff Survey **2021**	**NHS Staff Survey 2022**
6	Percentage of Disabled staff compared to nondisabled staff saying that they have felt pressure from their Manager to come to work, despite not feeling well enough to perform their duties (presenteeism) (Nondisabled staff scores in brackets)	30% (20%)	22% (15%)	29% (17%)	26% (16%)	24.0% (13.1%)
WDES Indicator	**Metric description**	NHS Staff Survey **2018**	NHS Staff Survey **2019**	NHS Staff Survey **2020**	NHS Staff Survey **2021**	**NHS Staff Survey 2022**
7	Percentage of Disabled staff compared to nondisabled staff saying that they are satisfied with the extent to which the organisation values their work (Nondisabled staff scores in brackets)	44% (51%)	49% (60%)	50% (57%)	44% (53%)	44.7% (54.7%)
WDES Indicator	**Metric description**	NHS Staff Survey **2018**	NHS Staff Survey **2019**	NHS Staff Survey **2020**	NHS Staff Survey **2021**	**NHS Staff Survey 2022**
8	Percentage of staff with a long-lasting health condition or illness, saying that their employer has made adequate adjustment(s) to enable them to carry out their work	83%	79%	79%	81%	77.6%
WDES Indicator	**Metric description**	**31.3.19 score**	**31.3.20 score**	**31.3.21 score**	**31.3.22 score**	**31.3.23 score**
9a	Staff engagement score (0-10)					
	The staff engagement score for Disabled staff, compared to nondisabled staff (Nondisabled staff score in brackets)	6.8 (7.2)	6.8 (7.4)	6.8 (7.3)	6.6 (7.1)	6.7 (7.2)
9b	Examples of engagement with Disabled colleagues and networks.					
	1. 50 Voices staff group 2. NHS Staff Survey 3. Quarterly Pulse Survey 4. International Day of People with Disabilities engagement 5. Continued membership of the Leeds Physical and Sensory Impairment Strategic and operational groups 6. EDI Forum 7. Review of the Attendance Policy through a disability and LTC lens. 8. Health and Wellbeing Group 9. Creation of the Disability and Long-Term Conditions Network 10. Working with the DWP Leeds Employer & Partnership Team (Employment opportunities for claimants with LTC & Disability)					

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

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

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

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

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

2023			
% points difference (+/-) between Disabled Board members and Disabled staff in overall workforce	Total Board = 12	Overall workforce = 3480	Difference = -5%

Leeds Community Healthcare NHS Trust

Workforce Race Equality Standard (WRES) Performance 2019-2023

	Metrics 1 to 4 & 9 is extracted from the workforce data held on ESR as at 31/3/23 and Metrics 5 to 8 is taken from the 2022 NHS staff survey.
WRES Indicator	**Metric description**
1	The percentage of staff in each of the AfC Bands1-9 and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce

Clinical roles BME Representation.

	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	VSM
2023	0%	11.1%	15%	11.4%	13.4%	9.9%	7.0%	7.2%	15.4%	6.7%	0%	0%
2022	0%	18.8%	14.6%	11.3%	10.5%	9.8%	5.2%	8.7%	13.3%	7.7%	0%	0%
2021	0%	28.6%	14.3%	7.4%	10.8%	8.7%	4.9%	4.9%	5.9%	8.3%	0%	0%
2020	50%	13.3%	14.2%	8.7%	10.8%	8.1%	3.2%	4.4%	0%	10%	0%	0%
2019	50%	7.7%	12.2%	7.9%	10.7%	7.3%	3.5%	3.9%	0%	0%	0%	0%

	Medical & Dental Consultant	Medical & Dental Non-Consultant Career Grade	Medical & Dental Trainee Grades	KQ00	MQ00	NQ00	WQ00	CQ00
2023	29.6% (8)	21.4% (3)	11.1.% (1)	50% (1)	0%	18.9% (7)	14.3% (1)	0%
2022	36.7% (11)	30.8% (4)	0%	0%	0%	6.7% (1)	14.3% (1)	0%
2021	36.4% (12)	33.3% (5)	0%	0%	0%	37.5% (3)	0%	0%
2020	31.3% (5)	14.3% (1)	0%	0%	0%	0%	0%	50% (1)
2019	43.8% (14)	35.3% (6)	0%	0%	0%	0%	0%	50% (1)

Non-Clinical roles BME Representation.

	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	VSM
2023	0%	16.1%	17.5%	20.7%	19.8%	12.9%	14.1%	7.1%	4.3%	0%	0%	0%
2022	50%	22%	16%	19.3%	14.6%	15.7%	12.9%	5.5%	4.8%	0%	0%	0%
2021	40.9%	20.2%	15.7%	22.1%	14.4%	11.1%	14%	0%	7.1%	0%	0%	0%
2020	38.5%	20.3%	14.7%	20.3%	10.1%	11.1%	11.5%	0%	5.9%	0%	0%	0%
2019	38.5%	15.5%	15.5%	17.1%	10.9%	8.6%	9%	0%	5.9%	0%	0%	0%

WRES Indicator	Metric description	31.3.19 score	31.3.20 score	31.3.21 score	31.3.22 score	31.3.23 score
2	Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts	0.16	0.35	0.84	0.24	0.96
WRES Indicator	**Metric description**	**31.3.19 score**	**31.3.20 score**	**31.3.21 score**	**31.3.22 score**	**31.3.23 score**
3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process	1.34	0	1.32	0.01	0.5
WRES Indicator	**Metric description**	**31.3.19 score**	**31.3.20 score**	**31.3.21 score**	**31.3.22 score**	**31.3.23 score**
4	Relative likelihood of White staff accessing non mandatory training and CPD compared to BME staff	1.31	1	1.12	0.84	1.52
WRES Indicator	**Metric description**	NHS Staff Survey **2018**	NHS Staff Survey **2019**	NHS Staff Survey **2020**	NHS Staff Survey **2021**	NHS Staff Survey **2022**
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months *White staff percentage in brackets.	22.4% (25.7%)	21% (26.5%)	21% (24%)	23.8% (26.4%)	16.3% (23.9%)
WRES Indicator	**Metric description**	NHS Staff Survey **2018**	NHS Staff Survey **2019**	NHS Staff Survey **2020**	NHS Staff Survey **2021**	NHS Staff Survey **2022**
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months *White staff percentage in brackets.	21.2% (16.7%)	24.1% (16.7%)	24.8% (16.4%)	19.3% (16%)	12.9% (12.8%)
WRES Indicator	**Metric description**	NHS Staff Survey **2018**	NHS Staff Survey **2019**	NHS Staff Survey **2020**	NHS Staff Survey **2021**	NHS Staff Survey **2022**
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion *White staff percentage in brackets.	41% (65.4%)	39.9% (64%)	40.5% (66.3%)	45.6% (65.9%)	49.8% (62.9%)
WRES Indicator	**Metric description**	NHS Staff Survey **2018**	NHS Staff Survey **2019**	NHS Staff Survey **2020**	NHS Staff Survey **2021**	NHS Staff Survey **2022**
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team *White staff percentage in brackets.	16.9% (3.9%)	17.9% (4.3%)	15.3% (4.3%)	13.7% (4.3%)	12.1% (4.2%)
WRES Indicator	**Metric description**	**31.3.19 score**	**31.3.20 score**	**31.3.21 score**	**31.3.22 score**	**31.3.23 score**
9	Percentage of BME Board membership	0	0	0	8.3%	8.3%

Workforce Disability Equality Standard (WDES) Action Plan 2023/24

WDES Metric	Description	Action	Measures	Timescale	Lead Responsible
1	The percentage of staff in each of the AfC Bands1-9 and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce	*(Action #1-23/24)* Promote the equality self-service function on ESR and promote the case to declare/update equality data to reduce the percentage of unknown/not declared on ESR.	Decrease the percentage of "Not declared" staff disability data held on ESR below 10%. (Currently 13%)	Ongoing.	**EDI Team**
		(Action #2-23/24) Continue to work with, as part of the Leeds One Workforce (LOW) partnership, the Employer and Partnership Team (Disability Confident and Health Model) Dept for Work and Pensions to explore development for local unemployed Disabled people to gain work experience in the Trust!	An increased number of applications and appointments from people with disabilities Recruit to 100-150 posts based on organisational requirements.	Ongoing.	**Recruitment and Resourcing Team**
2	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.	*(Action #3-23/24)* Equality analysis of the recruitment process 2022/23	A relative likelihood below 1 indicates that non-disabled applicants are less likely to be appointed from shortlisting compared to Disabled applicants *(WDES Technical guidance)*	By the end of Q3 2023.	**EDI Team**

WDES Metric	Description	Action	Measures	Timescale	Lead Responsible
2	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.	*(Action #4-23/24)* All recruiting managers to attend the Trust Recruitment and Selection Managers course & refresher courses	All recruitment panels comprise of at least one panel members who has attended the Trust Recruitment and Selection Managers course,	Ongoing	**Recruitment and resourcing Team**
		(Action #5-23/24) Provide Compassionate & Inclusive leadership sessions for managers as part of the Managers Development Programme	Increased likelihood of disabled staff being appointed across all posts	Ongoing	**ODI Team**
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process	*(Action #6-23/24)* Promotion of Leeds Health & Care Academy (LHCA) Disability Awareness resources for staff development, these include but are not restricted to, - Unconscious Bias awareness - Disability Confident - Disability Etiquette - Disabled adventures in work and recruitment - Neurodiversity, an introduction - Mental Health in the workplace, managing stress. - Mental Health in the workplace, doing the right thing.	Increased access and completion of LCHA hosted Disability awareness learning. Improved WDES metric results	Ongoing	**EDI Team**

WDES Metric	Description	Action	Measures	Timescale	Lead Responsible
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process	*(Action #7-23/24)* Wellbeing at Work Policy training/awareness for Managers (content developed with input from Purple)	- Improved NHS Staff Survey results - Delivery of monthly face to face sessions - Increased attendance by managers	Ongoing	**Human Resources**
		(Action #8-23/24) Review number of formal ER cases twice per year and take corrective action as appropriate	Reduction in number of formal ER cases	Ongoing	**Human Resources**
4a(i)	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse. From the public in the last 12 months	*(Action #9-23/24)* Continued delivery of the No Bystanders actions.	Improved NHS Staff Survey results	Ongoing	**Director of Workforce**
4a(ii)	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse; From the managers in the last 12 months	*(Action #10-23/24)* Continued promotion of national and regional disability and long-term conditions awareness days & events		Ongoing	**EDI Team**
4a(iii)	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse; From other colleagues in the last 12 months	*(Action #11-23/24)* Delivery of the Cultural conversations programme and the West Yorkshire Health & Care Partnership Cultural Competency and Humility training.		Ongoing	**EDI & Health Inequalities Team**

WDES Metric	Description	Action	Measures	Timescale	Lead Responsible
4a(iv)	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse; Saying last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	*(Action #12-23/24)* Promote importance of reporting any issues to Line managers and/or the Freedom to Speak Up Guardian.	Improved NHS Staff Survey results	Ongoing	**EDI Team**
5	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	*(Action #13-23/24)* Development of an Organisational Approach to Improving Talent Management	Increased representation across the banding hierarchy and leadership structure. Elimination unequal experiences at work, where some employees experience or perceive their career progression is limited by their protected characteristics.	End of Q4 23/24	**Director of Workforce**
6	Percentage of Disabled staff compared to nondisabled staff saying that they have felt pressure from their Manager to come to work, despite not feeling well enough to perform their duties (presenteeism)	*(Action #14-23/24)* Provide monthly Wellbeing at Work Policy raining/awareness for Managers	Improved NHS Staff Survey results	Ongoing	**Human Resources**

WDES Metric	Description	Action	Measures	Timescale	Lead Responsible
7	Percentage of Disabled staff compared to nondisabled staff saying that they are satisfied with the extent to which the organisation values their work.	*(Action #15-23/24)* Promotion and release of staff to attend and actively participate in the *Disability, Neurodiversity and Long-Term Conditions staff network*.	Improved NHS Staff Survey results Increase in membership	Ongoing	**EDI Team**
		(Action #16-23/24) Provide an administrative resource and budget to the Disability, Neurodiversity and Long-Term Conditions staff network.	Improved NHS Staff Survey results	Ongoing	**EDI Team**
		(Action #17-23/24) Development of an Organisational Approach to Improving Talent Management.	Improved NHS Staff Survey results	Ongoing	**Director of Workforce**
		(Action #18-23/24) Continued promotion of Mindful Employer status achieved and positive support around mental health.		Ongoing	**EDI Team**
		(Action #19-23/24) Continued promotion as a Menopause friendly Employer – highlighting the of support available, managers awareness sessions and 1-1 support provided through OH provider.		Ongoing	**EDI Team**

WDES Metric	Description	Action	Measures	Timescale	Lead Responsible
7	Percentage of Disabled staff compared to nondisabled staff saying that they are satisfied with the extent to which the organisation values their work.	*(Action #20-23/24)* Continued promotion that LCH is an Endometriosis Friendly Employer highlighting the condition and support available.	Improved NHS Staff Survey results	Ongoing	**EDI Team**
8	Percentage of staff with a long-lasting health condition or illness, saying that their employer has made adequate adjustments(s) to enable them to carry out their work	*(Action #7-23/24)* Wellbeing at Work Policy raining/awareness for Managers.	Improved NHS Staff Survey results 80% by 31/3/24 83% by 31/3/25	Ongoing	**Human Resources**
		Promote supporting guidance and Toolkit alongside the Policy		Ongoing	**Human Resources**

Workforce Race Equality Standard (WRES) Action Plan 2023/24

WRES Indicator	Description	Action	Measures	Timescale	Lead Responsible
1	The percentage of staff in each of the AfC Bands1-9 and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce	*(Action #1-23/24)*Promote the equality self-service function on ESR and promote the case to declare/update equality data to reduce the percentage of unknown/not declared on ESR,	14.5% of LCH workforce identify as BME. 18% of LCH workforce identify as BME	31 March 2025 31 March 2028	**EDI Team**
		(Action #2-23/24) Continue to work with, as part of the Leeds One Workforce (LOW) partnership, the Employer and Partnership Team (Disability Confident and Health Model) Dept for Work and Pensions to explore development for local unemployed people from minority ethnic groups to gain work experience in the Trust.	An increased number of applications and appointments from people from minority ethnic groups. Recruit to 100-150 posts based on organisational requirements, with a target of the amount of people recruited from BAME backgrounds increased from last year (33%).	Ongoing	**Recruitment and resourcing Team**

WRES Indicator	Description	Action	Measures	Timescale	Lead Responsible
		*(Action #3-23/24)*Continued conversations with staff networks and other stakeholders to capture qualitative data that explores the underrepresentation across staff groups.	2 engagement sessions with each of the Race Equality Network and staff side reps to improve indicator	Ongoing	**EDI Team**
2	Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts.	*(Action #4-23/24)* All recruiting managers to attend the Trust Recruitment and Selection Managers course & refresher courses	All recruitment panels comprise of at least one panel members who has attended the Trust Recruitment and Selection Managers course.	Ongoing	**Recruitment and resourcing Team**
		(Action #5-23/24) International nurses recruitment cohort 3 – recruitment and onboarding.	Improved NHS Staff Survey results	Ongoing	**Recruitment and resourcing Team**
		(Action #6-23/24) Launch 6th cohort of the BME Reverse mentoring (12-month programme)	Reduction of the disparity of experience	End of Q3	**EDI Team**
		(Action #7-23/24) Launch 6th cohort BME Allyship Programme (6-month programme)	Increased representation at all levels of the Trust.	End of Q3	**EDI Team**
		(Action #8-23/24) Diverse recruitment panels – train and support group of staff from across the Trust to be an equal panel member for recruitment of Band 7+ posts.	An increase in the number of diverse recruitment panels.	End of Q3	**EDI Team**
		(Action #9-23/24) Equality analysis of the recruitment process 2022/23	Improved WRES metric scoring.	End of Q3	**EDI Team**

WRES Indicator	Description	Action	Measures	Timescale	Lead Responsible
2	Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts.	*(Action #10-23/24)* Promotion of Leeds Health & Care Academy (LHCA) learning resources for staff development, these include but are not restricted to, - Allyship - An Introduction to Intersectionality - Creating an environment based on Respect. - Cultural awareness in the workplace - Inclusion essentials - Inclusive language and communication - Inclusive leadership - Tackling race bias at work – a managers guide - The effective bystander - The impact of micro behaviours in the workplace - Understanding race bias at work - Understanding unconscious bias	Increased access and completion of LCHA hosted learning resources related to race and ethnicity.	Ongoing	**EDI Team**
3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process.	*(Action #11-23/24)* Delivery of the Cultural conversations programme and the West Yorkshire Health & Care Partnership Cultural Competency and Humility training.	Improved NHS Staff Survey results	Ongoing	**EDI & Health Inequalities Team**
		(Action #12-23/24) Review number of formal ER cases twice per year and take corrective action as appropriate.	Reduction in number of formal ER cases	Ongoing	**Human Resources**

WRES Indicator	Description	Action	Measures	Timescale	Lead Responsible
4	Relative likelihood of White staff accessing non mandatory training and CPD compared to BME staff.	*(Action #13-23/24)* Development of an Organisational Approach to Improving Talent Management	Increased representation across the banding hierarchy and leadership structure. Elimination unequal experiences at work, where some employees experience or perceive their career progression is limited by their protected characteristics.	End of Q4 23/24	**Director of Workforce**
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months	*(Action #14-23/24)* Investigate if information can be captured to highlight any trends from Datix reports	% reported in NHS Staff Survey is reduced to 16% by 31/3/24	31/3/24	**Patient Experience Team Lead**
		(Action #15-23/24) Ensure there is an up to date policy with requisite fair process to address issues.	Number of times race related incidents reported on DATIX and result. Percentage of incidents according to clinical and non clinical area.	31/3/24	**Patient Experience Team Lead**

WRES Indicator	Description	Action	Measures	Timescale	Lead Responsible
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	*(Action #16-23/24)* Continued delivery of the No Bystanders initiative actions *(Action #17-23/24)* Continued promotion of international, national, regional cultural awareness days & events.	% reported in NHS Staff Survey is reduced to 12%	31/3/24	**Director of Workforce** **EDI Team**
7	Percentage believing that trust provides equal opportunities for career progression or promotion.	*(Action #12-23/24)* Development of an Organisational Approach to Improving Talent Management	Reduce % reported in NHS Staff Survey, of difference between BME and White staff, to 10%	31/3/24	**Director of Workforce**
			% of BME staff and white staff who access coaching and mentoring services	31.3.24	**EDI Team**
8	In the last 12 months have you personally experienced discrimination at work from a Manager or team	*(Action #18-23/24)* Continued delivery of the No Bystanders initiative actions	% reported in NHS Staff Survey is reduced to 12%	31/3/24	**Director of Workforce**
			Number of patient and staff engagement messaging about #NoBystanders	31.3.24	

WRES Indicator	Description	Action	Measures	Timescale	Lead Responsible
8	In the last 12 months have you personally experienced discrimination at work from a Manager or team	*(Action #19-23/24)* Provide Compassionate & Inclusive leadership sessions for managers as part of the Managers Development Programme	Percentage of staff (including international staff) accessing wellbeing support, counselling, FTSUG, PTSD support due to racism	Ongoing	**ODI Team**
9	BME board membership	*(Action #20-23/24)*Target BME organisations, recruiters and community groups to publicise NED roles.	Increased applications from BME candidates for NED role vacancies	31.3.24	**EDI Team**

Trust Board Meeting held in public: 6 October 2023

Agenda item number: 2023-24 (67)

Title: Infection Prevention and Control (IPC) Board Assurance Framework (BAF)

Category of paper: For assurance
History: Quality Committee 25 September 2023

Responsible director: Executive Director of Nursing and AHP, DIPC

Report author: Deputy DIPC and Head of IPC

Executive summary

The Infection Prevention and Control BAF provides assurance that Leeds Community Healthcare are compliant or partially compliant with the criterion as outlined in the newly revised Health and Social Care Act 2008: code of practice on the prevention and control of infections (2022). The purpose of the document is to ensure that patients who use Leeds Community Healthcare NHS Trust services receive safe and effective care. It is paramount that effective prevention of infection must be part of everyday practice within LCH and be applied consistently by everyone.

Recommendations

The Board is recommended to note the contents of this board assurance framework and the paramount importance of infection prevention.

Infection Prevention and Control Board Assurance Framework (BAF)

1 Introduction

'Good infection prevention and control (IPC), including cleanliness, is essential to ensure that people who use health and adult social care services receive safe and effective care.' This updated of the infection prevention control board assurance framework (BAF) is issued by NHS England for use by organisations to enable them to respond using an evidence-based approach to maintain the safety of patients, services users, staff and others. The purpose of the framework is to provide assurance to the board on the compliance with the updated version of the Health and Social Care Act 2008: code of practice on the prevention and control of infections (2022).

2 Background

During Covid a BAF was presented to Quality Committee and the board providing assurance on compliance with specific control measures for the pandemic. This version of the BAF is fully updated to reflect the ten criterion of the code of practice which was revised in 2022.

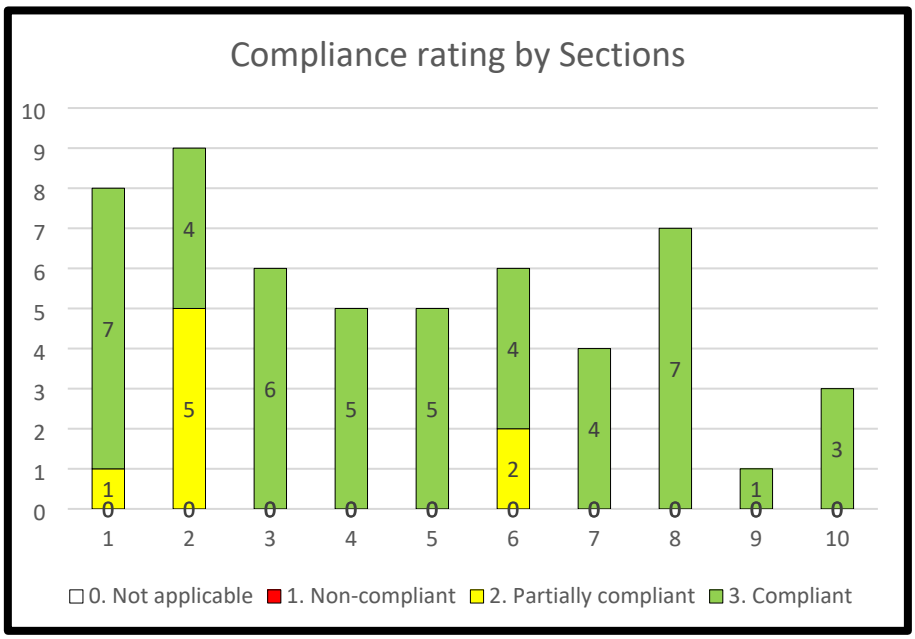
3 Current position/main body of the report

The document provides information on the identified Key Lines of Enquiry (KLOE) and provides assurance of the specific measures that LCH have in place to control the spread of infection.

4 Impact:

4.1 Quality

The majority of elements are fully compliant, there are some areas highlighted as 'partial compliance' however there are mitigating plans in place.



4.2 Resources

Non identified.

4.3 Risk and assurance

Identified elements of partial compliance are highlighted in the document and are as follows;

- They implement, monitor, and report adherence to the NIPCM – process in place to update all relevant policies that link to the NIPCM.
- There is evidence of compliance with National cleanliness standards – assurance required from external providers e.g. Leeds City Council, Ministry of Justice etc.
- The classification, segregation, storage etc of healthcare waste is consistent with HTM:07:01 – awaiting ratification of Management of Waste Policy via CCPG.
- That all identified staff are fit-tested as per Health and Safety Executive requirements and that a record is kept – provision in place to continue fit testing relevant clinical staff inline with A-Z of pathogens, locally held excel document in IPC however more robust mechanism being sought e.g. PIP for greater assurance and data metrics.
- There is evidence of a programme of planned preventative maintenance for buildings and care environments – collaborating with estaes and facilities on developing a maintenance plan. All environmental audits of LCH premises are shred with estates and non-compliant areas re-audited three monthly.
- If clinical staff undertake procedures that require additional clinical skills there is evidence staff are trained to an agreed standard and the staff member has completed a competency assessment which is recorded in their records – this requires further collaborative work with the Clinical Education Team / Clinical Leads.

5 Next steps

Review the IPC BAF on a quarterly basis and for the contents of the document to be highlighted at the IPCG. Escalations to be raised at QAIG and for Quality Committee to receive this document on a 6 monthly basis.

6 Recommendations

The Board is recommended to note the contents of this document for assurance.

National Infection Prevention and Control Board Assurance Framework

Version 1.0 March 2023

Publication approval reference:

Introduction

The National Infection Prevention and Control board assurance framework ('the framework') is issued by NHS England for use by organisations to enable them to respond using an evidence-based approach to maintain the safety of patients, services users, staff and others. The framework is for use by all those involved in care provision in England and can be used to provide assurance in NHS settings or settings where NHS services are delivered. This framework is not compulsory but should be used by organisations to ensure compliance with infection prevention and control (IPC) standards (unless alternative internal assurance mechanisms are in place).

The purpose of the framework is to provide an assurance structure for boards against which the system can effectively self-assess compliance with the measures set out in the National Infection Prevention and Control Manual (NIPCM), the Health and Social Care Act 2008: code of practice on the prevention and control of infections, and other related disease-specific infection prevention and control guidance issued by UK Health Security Agency (UKHSA).

The aim of this document is to identify risks associated with infectious agents and outline a corresponding systematic framework of mitigation measures.

The framework should be used to assure the executive board or equivalent, directors of infection prevention and control, medical directors, and directors of nursing of the assessment of the measures taken in line with the evidence based recommendations of the NIPCM (or whilst the NIPCM is being implemented) including the relevant criterion outlined in the Health and Social Care Act 2008: code of practice on the prevention and control of infections. The outcomes can be used to provide evidence to support improvement and patient safety. The adoption and implementation of this framework remains the responsibility of the **organisation and all registered care providers** must demonstrate compliance with the Health and Social Care Act 2008. This requires demonstration of compliance with the ten criteria outlined.

If the criterion is not applicable within an organisation or setting for example, ambulance services then select not applicable option.

Links

NHS England » National infection prevention and control manual (NIPCM) for England

Health and Social Care Act 2008: code of practice on the prevention and control of infections - GOV.UK (www.gov.uk)

Legislative framework

The legislative framework required to protect patients, service users, staff and others from avoidable harm in a healthcare setting is detailed in the Health and Social Care Act 2008: code of practice on the prevention and control of infections, the duty of care and responsibilities are set out in the Health and Safety at Work Act 1974, and associated regulations for employers and employees.

Local risk assessment processes are central to protecting the health, safety and welfare of patients, service users, staff and others under relevant legislation. This risk assessment process (primary care, community care and outpatient settings, acute inpatient areas, and primary and community care dental settings) has been designed to support services in identifying hazards and risks, and includes guidance on measures that should be maintained to improve and provide safer ways of working by balancing risks appropriately. Where it is not possible to eliminate risk, organisations must assess and mitigate risk and provide safe systems of work using the risk assessment process and the organisation's governance processes.

Links

Health and Social Care Act 2008: code of practice on the prevention

Health and Safety at Work etc. Act 1974

Primary care, community care and outpatient settings

Acute Inpatient areas

Primary and community care dental settings

Instructions for use

The adoption and implementation of the National Infection Prevention and Control Board Assurance Framework remains **the responsibility of the organisation and all registered care providers** must demonstrate compliance with the Health and Social Care Act 2008. This requires demonstration of compliance with the ten criteria outlined in the Act.

The Board Assurance Framework worksheet is ordered by the ten criteria of the Act and allows for evidence of compliance, gaps in compliance, mitigations, and comments to be recorded in a text format.

The compliance rating column allows for the selection of a RAG rating for each criteria using a drop down list. Specifically: not applicable, non-compliant, partially compliant, compliant.

Once options have been selected a summary plot for each criteria is generated automatically, which are displayed in the corresponding worksheet. The overall RAG status for an organisation/provider across all ten criteria is shown in plots under the summary worksheet.

N.B. Use of the framework **is not compulsory** but should be used by organisations to ensure compliance with infection prevention and control (IPC) standards (unless alternative internal assurance mechanisms are in place). In addition, not all of the criteria outlined in the framework will be relevant or applicable to all organisations or settings.

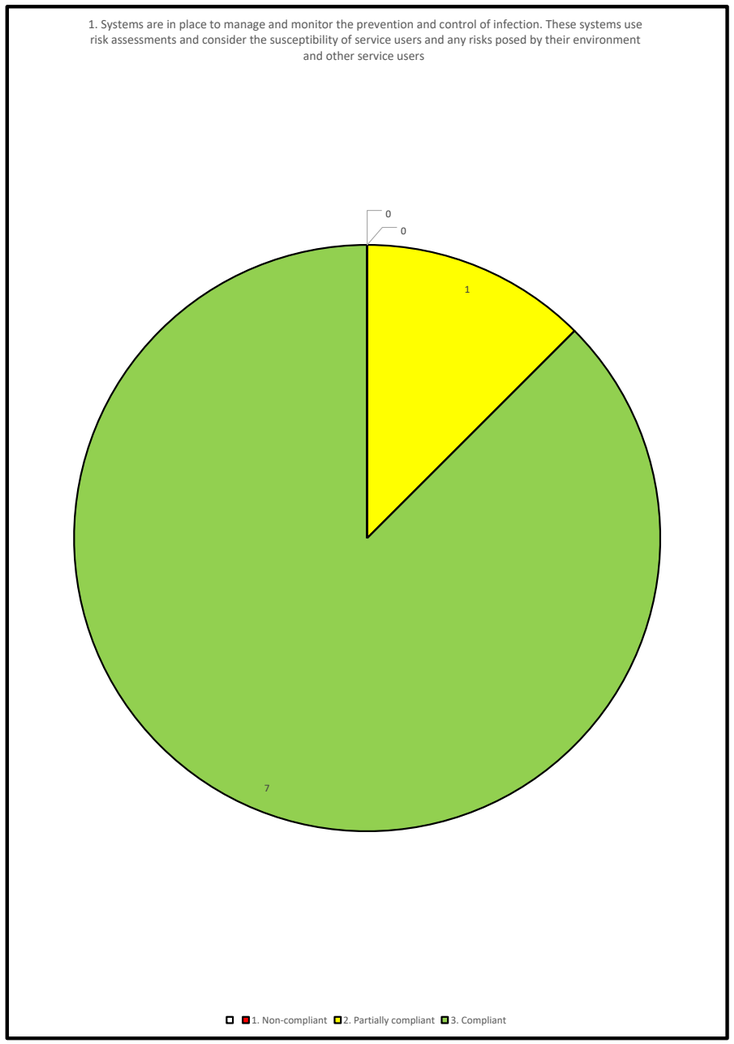
Please note: Specific URL's referred to in the document can be accessed via the ' Hyperlinks included in the BAF' tab. Or alternatively, can be accessed by clicking here.

Links

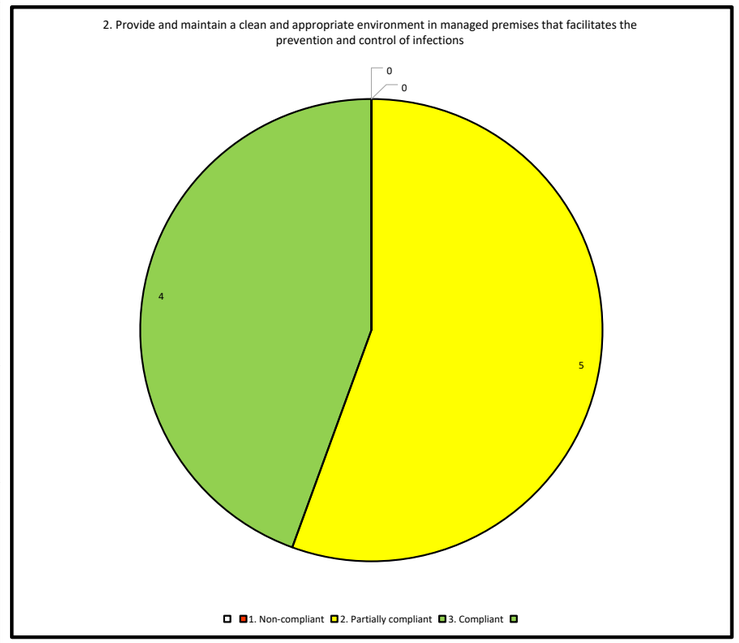
	Section 1
1.4	NIPCM
1.6	NICPM
	Primary care, community care and outpatient settings,
1.8	Acute inpatient areas
	Primary and community care dental settings
	Section 2
2.1	National cleanliness standards
2.2	Patient-Led Assessments of the Care Environment (PLACE)
2.4.1	HTM:03-01.
2.4.2	HTM:04-01
2.5	HBN:00-09
2.6	HTM:01-04
	NIPCM
2.7	HTM:07:01
	HTM:01-01
2.8	HTM:01-05
	HTM:01-06
	Section 3
3.2	UK AMR National Action Plan
3.3	UK AMR National Action Plan.
	NICE Guideline NG15
3.4	TARGET
	Start Smart, Then Focus
	Section 5
5	NIPCM
	Section 6
6.2	Roles and responsibilities
	Section 7
7	NIPCM
	Section 9
	UKHSA
9	A to Z Pathogen
	NIPCM

Infection Prevention and Control board assurance framework v0.1

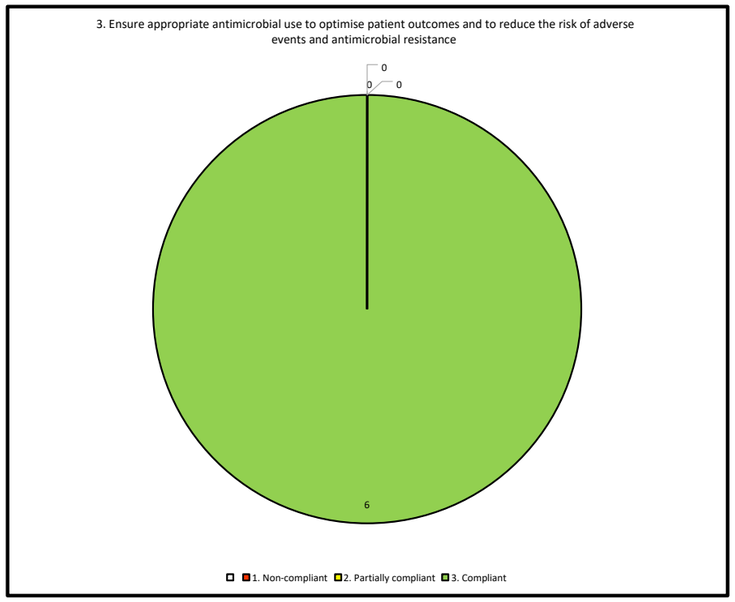
	Key Lines of Enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Comments	Compliance rating
1. Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks their environment and other users may pose to them						
Organisational or board systems and process should be in place to ensure that:						
1.1	There is a governance structure, which as a minimum should include an IPC committee or equivalent, including a Director of Infection Prevention and Control (DIPC) and an IPC lead, ensuring roles and responsibilities are clearly defined with clear lines of accountability to the IPC team.	There is a robust governance structure where a quarterly IPCG is held, escalations from this meeting feed into QAIG, upwards to Quality committee and then the board. The DIPC is the Executive Director of Nursing and AHPS and the Deputy DIPC is the Head of IPC. Terms of Reference are in place and this is reviewed annually. The Infection Prevention and Control (IPC) programme for 2023/24 to be disseminated in Quarter (Q) 1 discussed and updated quarterly at the IPC group (IPCG) outlining collective responsibility for keeping to a minimum the risks of infection and general means by which it will prevent and control such risks Programmed actions to involve all staff members and services within the Trust not solely members of the IPC team. There is an Overarching Policy in place detailing the roles and responsibilities of the organisation inline with the Health and Social Care Act code of practice (2022).				3. Compliant
1.2	There is monitoring and reporting of infections with appropriate governance structures to mitigate the risk of infection transmission.	PPM+ provides monitoring intelligence for community IPC. Relevant policies in place for the Management of Outbreaks in the Community Setting. 7 day provision of IPC to provide SME advice. Engagment with UKHSA for specific infection outbreaks. Escalation process outlined in the IPC Overarching Policy.				3. Compliant
1.3	That there is a culture that promotes incident reporting, including near misses, while focusing on improving systemic failures and encouraging safe working practices, that is, that any workplace risk(s) are mitigated maximally for everyone.	Use of Datix is embedded across the organisation, with specific entry points to capture IPC incidents such as sharps incidents and environmental issues. IPC have a process in place to monitor datix on a daily basis and a flow chart that coincides with the policy around sharps management. IPC education events and champion sessions promotes use of Datix and there is an organisational culture of promoting reporting of incidents. Plans in place across the organisation to implement PSIRF, there is an identified patient safety specialist for IPC.				3. Compliant
1.4	They implement, monitor, and report adherence to the NIPCM.	Current policy pack in place that incorporate the detail of the NIPCM and references the content. The current policy manual outlines all relevant criteria as detailed in the Health and Social care Act.	Embedding of Transmission based precautions throughout education and training.	Staff undertake Level 1 and Level 2 ESR Training. We are looking to develop some seasonal communications to appropriately risk assess for TBP's.	To be implemented as part of Annual Plan for 2023-24. A gap analysis of the new standards of IPC education from NHS England.	2. Partially compliant
1.5	They undertake surveillance (mandatory infectious agents as a minimum) to ensure identification, monitoring, and reporting of incidents/outbreaks with an associated action plan agreed at or with oversight at board level.	PPM+ provides surveillance of MRSA, CDI, GNBSI data, a process is in place for IPC to complete appropriate Post Infection Reviews of specific HCAI's. All outbreaks in inpatient areas such as Wharfdale would be escalated to the DIPC and the Managagement of Outbreakspolicy would be followed, including reporting to UKHSA. Further detail outlined in the Overarching Policy. Escalation and reporting via the IPCG and quarterly to QAIG.			PPM+ platform under review as to how effective this infratructure is. LTHT have moved to a new platform: ICNet and this will be reviewed internally as to whether it can be considered as an effective surveillance system for the community.	3. Compliant
1.6	Systems and resources are available to implement and monitor compliance with infection prevention and control as outlined in the responsibilities section of the NIPCM.	Hand hygiene, environmental, mattress and cleaning audits are completed throughout LCH. MEG is the electronic auditing platform that captures the relevant information and provides assurance of compliance. This is recorded as part of the quarterly IPCG and escalations are made to QAIG where there are notable concerns. Goverance process detailed in the Overarching Policy.			New Hand hygiene Audit being rolled out across the trust in October incorporating TBP's.	3. Compliant
1.7	All staff receive the required training commensurate with their duties to minimise the risks of infection transmission.	Staff receive training as part of induction programme which covers the core fundamental basics of IPC. All staff then undertake statutory and mandatory training as part of E-Learning for Health and the attendance figures for locations are monitored and recorded as part of IPCG and HSG. any concerns escalated to Clinical leads Via Clinical Leads Meeting and QAIG.				3. Compliant



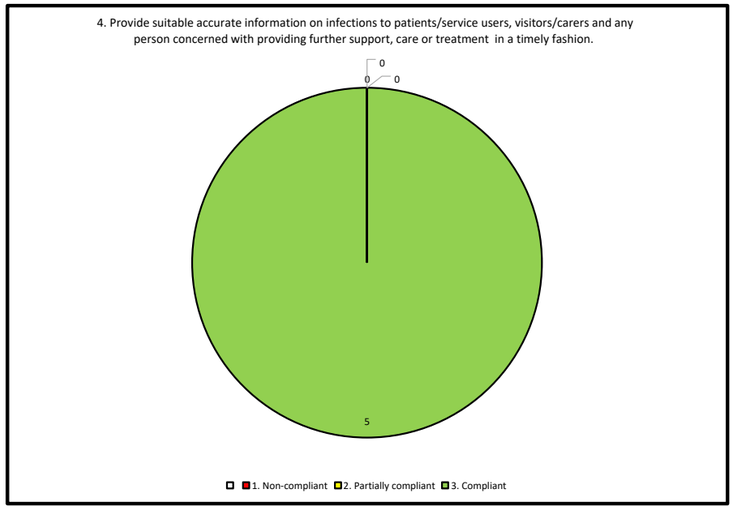
1.8	There is support in clinical areas to undertake a local dynamic risk assessment based on the hierarchy of controls to prevent/reduce or control infection transmission and provide mitigations. (primary care, community care and outpatient settings, acute inpatient areas, and primary and community care dental settings)	IPC support teams with risk assessments where required for example for specific infections e.g. CPE in an inpatient setting. Specific risks discussed via IPCG where an action log is in place.	This KLOE is compliant however to note the following to improve assurance: Formal logging of risk assessments needs to be captured with a more robust system in place.		IPC team have supported with localised training at Wharfdale on localised issues.	3. Compliant
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections						
System and process are in place to ensure that:						
2.1	There is evidence of compliance with National cleanliness standards including monitoring and mitigations (**excludes some settings e.g. ambulance, primary care/dental unless part of the NHS standard contract** these setting will have locally agreed processes in place).	The National Cleaning Standards were implemented in November 2022. Monitoring of standards is in place and this is led by the Domestic Services manager. 'Scores on the door' in place and escalation of concerns is identified through IPCG and HSG, with an action log in place. Reports to come via IPCG from Domestic Services Manager. Environmental audits capture areas of non compliance. Working group in place for implementation of standards.	Assurance required from external partners such as WYOI, LCC, Adel Beck, Custody Suits etc. Cleaning Policy to be ratified - currently being completed by LCH Estates and Facilities Team.		Continuation of short life working group to be in place with Estates to discuss assurance from external partners.	2. Partially compliant
2.2	There is an annual programme of Patient-Led Assessments of the Care Environment (PLACE) visits and completion of action plans monitored by the board.	PLACE inspections are undertaken every September. Inspection team in place and external inspectors have been recruited. Action plans and report shared Q1 of fiscal year and shared with DIPC. Escalations taken to QAIG and the Board. Anecdotal feedback to be provided to QAIG prior to national report being recieved.			Currently fully led by IPC, however more of a Facilities and Estates ownership is required. Further discussion required with LTHT / national PLACE team re completion of Wharfdale Inspections	3. Compliant
2.3	There are clear guidelines to identify roles and responsibilities for maintaining a clean environment (including patient care equipment) in line with the national cleanliness standards.	S shape cleaning in place and labelling of patient equipment. Policy in place for reusable materials and a contract is in lace for external decontamination of reusable pieces for dental and podiatry. The IPC Policy manual outlines clearly roles and responsibilities across the trust.	Policy Development for cleaning. This is 18 months out of date however Estates are leading on this and it is near completion.	National Cleaning Standards in place across the organisation and each area has been accessed and provided with a risk category.		2. Partially compliant
2.4	There is monitoring and reporting of water and ventilation safety, this must include a water and ventilation safety group and plan. **2.4.1** Ventilation systems are appropriate and evidence of regular ventilation assessments in compliance with the regulations set out in HTM:03-01. **2.4.2** Water safety plans are in place for addressing all actions highlighted from water safety risk assessments in compliance with the regulations set out in HTM:04-01	Water Safety Group in place with external provision provided by a qualified water expert. Regular legionella sampling from mains taps, as well as dental waterline testing is in place and assurance audit completion for HTM 01-05 from dental.	Water coolers maintenance checks - estates team seeking further assurance on maintenance checks and the contracts in place.	No mitigating risk in place as it is the internal mechanics of the device that require flushing through via external contract.	HSG aware - to mitigate risk consideration of putting device put of use until assurance mechanisms in place.	2. Partially compliant
2.5	There is evidence of a programme of planned preventative maintenance for buildings and care environments and IPC involvement in the development new builds or refurbishments to ensure the estate is fit for purpose in compliance with the recommendations set out in HBN:00-09	Non compliant enivironmental concerns identified through annual IPC audit completed. The audits are shared with the estates team and non compliance is re audited within three months	To capture as part of separate piece of work to identify quarterly maintenace required and for this to be discussed with HSG.	Audits are shared by IPC to Estates and Facilities - non compliant areas reaudited 3 monthly.	To discuss with Stuart Verry how non compliant elements are captured by Estates and Facilities.	2. Partially compliant
2.6	The storage, supply and provision of linen and laundry are appropriate for the level and type of care delivered and compliant with the recommendations set out in HTM:01-04 and the NIPCM.	All linen within inpatient areas such as Wharfdale is managed by LTHT. Linen policy in place and NIPCM followed. For areas such as Hannah House a process is in place and there is a Management of Linen Policy in place that details the safe processing of laundry.	Assurance required from LTHT of provision and care of linen.			3. Compliant
2.7	The classification, segregation, storage etc of healthcare waste is consistent with HTM:07:01 which contains the regulatory waste management guidance for all health and care settings (NHS and non-NHS) in England and Wales including waste classification, segregation, storage, packaging, transport, treatment, and disposal.	Procedure recently fully reviewed and updated. Awaiting ratification of management of Waste Policy. A 'Waste Lead' is in place that is part of the Estates and Facilities Team, with SME provided from IPC. Waste captured as part of the environmental audit. Concerns or escalations of non compliance via the IPCG and QAIG			New Waste Policy due to be ratified at the next CCPG - once ratified KLOE compliant.	2. Partially compliant
2.8	There is evidence of compliance and monitoring of decontamination processes for reusable devices/surgical instruments as set out in HTM:01-01, HTM:01-05, and HTM:01-06.	External decontamination process in place for dental and podiatry. Annual assurance and monitoring visit made to Tameside by IPC, dental and podiatry. All other equipment is single use and disposed of. Datix in place for instruments returned to Tameside with sharps still attached.			Tender process to be reviewed - discussed with Yasmin and Jo-ann Watson.	3. Compliant
2.9	Food hygiene training is commensurate with the duties of staff **as per food hygiene regulations**. If food is brought into the care setting by a patient/service user, family/carer or staff this must be stored in line with food hygiene regulations.	Food safety compliance in place for Wharfdale in patient area and Hannah House. Training monitorted via ESR. Compulsary training for relevant staff members. Assurance detailed through PLACE inspections and Environemtnal Audits.				3. Compliant

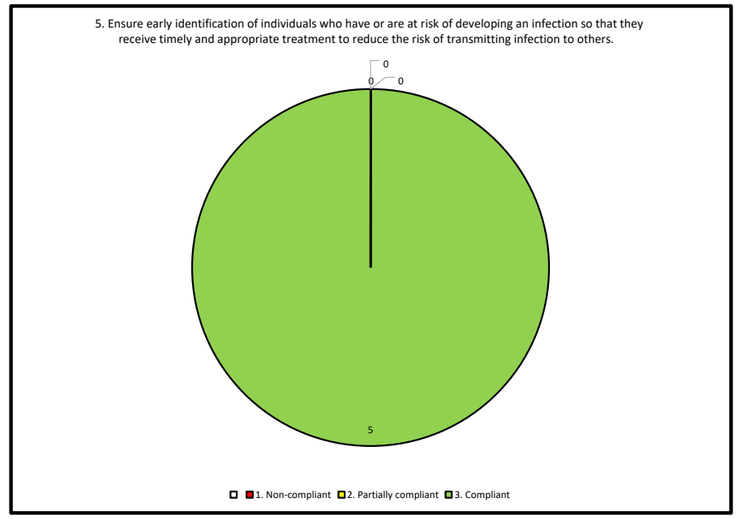


3. Ensure appropriate antimicrobial stewardship to optimise service user outcomes and to reduce the risk of adverse events and antimicrobial resistance						
Systems and process are in place to ensure that:						
3.1	If antimicrobial prescribing is indicated, arrangements for antimicrobial stewardship (AMS) are maintained and where appropriate a formal lead for AMS is nominated.	Guidelines for antimicrobial use are developed in line with Leeds health Pathways processes, with microbiology input & peer review prior to approval via the LTHT antimicrobial governance route. AMS identified lead Head of IPC and head of Medicines Management				3. Compliant
3.2	The board receives a formal report on antimicrobial stewardship activities annually which includes the organisation's progress with achieving the UK AMR National Action Plan goals.	The IPC Annual Report dtails activitiy on AMS and AMR is captured in the IPC Annual Plan as well as the IPC Overarching Policy.				3. Compliant
3.3	There is an executive on the board with responsibility for antimicrobial stewardship (AMS), as set out in the UK AMR National Action Plan.	The Executive Director of Nursing and AHP's as DIPC has overal responsibility for AMR throughout LCH.				3. Compliant
3.4	NICE Guideline NG15 'Antimicrobial Stewardship: systems and processes for effective antimicrobial medicine use' or Treat Antibiotics Responsibly, Guidance, Education, Tools (TARGET) are implemented and adherence to the use of antimicrobials is managed and monitored: •to optimise patient outcomes. •to minimise inappropriate prescribing. •to ensure the principles of Start Smart, Then Focus are followed.	LCH IPC is part of the WY ICB AMR Collaborative Working Group, as well as the place based AMR group established by LCC. Resouces and tool are shared across the system and used as part of our approach throughout LCH. It is recognised that there is a small amount of prescribing throughout the trust. A flash report will be produced from Oct 23 jointly by Medicines Management and IPC on the systems in place as well as the audit processes to ensure that prescribing is inline with trust guidance. IPC week every November captures AMR as a health promotion day, information and links are available on the Oak and IPC are part of the NHS Futures platform for sharing resources, good working practice and bench marking.			Discussions with MEG about an electronic AMR audit that can be put in place. Considerations given around joint working with LTHT for the paediatric CVAS service.	3. Compliant
3.5	Contractual reporting requirements are adhered to, progress with incentive and performance improvement schemes relating to AMR are reported to the board where relevant, and boards continue to maintain oversight of key performance indicators for prescribing, including: •total antimicrobial prescribing. •broad-spectrum prescribing. •intravenous route prescribing. •treatment course length.	IPC support teams with risk assessments where required for example for specific infections e.g. CPE in an inpatient setting. Specific risks discussed via IPCG where an action log is in place.				3. Compliant
3.6	Resources are in place to support and measure adherence to good practice and quality improvement in AMS. This must include all care areas and staff (permanent, flexible, agency, and external contractors)	There are resources available on the Oak highlighting AMR and AMS. LCH IPC are engaged with system work in relation to QI for AMR, due to relatively low prescribing rates internally there are plans in place to undertake deep dive audits/QI approach into services such as podiatry for px, LSH and WYOI.			To engage with ODI re QI for AMR.	3. Compliant
4. Provide suitable accurate information on infections to patients/service users, visitors/carers and any person concerned with providing further support, care or treatment nursing/medical in a timely fashion						
Systems and processes are in place to ensure that:						
4.1	Information is developed with local service-user representative organisations, which should recognise and reflect local population demographics, diversity, inclusion, and health and care needs.	There are leaflets and information made available for specific infections. LCH IPC collaborate with PH at LCC to ensure that the information available meets the needs of the population group of Leeds and that alternative materials in multiple languages is available via UKHSA.			To add to relevant policies the different language options for information sharing.	3. Compliant
4.2	Information is appropriate to the target audience, remains accurate and up to date, is provided in a timely manner and is easily accessible in a range of formats (eg digital and paper) and platforms, taking account of the communication needs of the patient/service user/care giver/visitor/advocate.	All policies and leaflets are revised every three years. Information is available on the internal and external internet as well as the Leeds Healthcare Pathways.			Consider QR codes on patient letters, texts to share information about specific infections.	3. Compliant
4.3	The provision of information includes and supports general principles on the prevention and control of infection and antimicrobial resistance, setting out expectations and key aspects of the registered provider's policies on IPC and AMR.	All leaflets include the general principles of IPC, including importance of hand hygiene. Other control measures might include cleaning, washing of personal items, cough etiquette etc. as well as the principles of AMR - this would be dependant on the infection.				3. Compliant

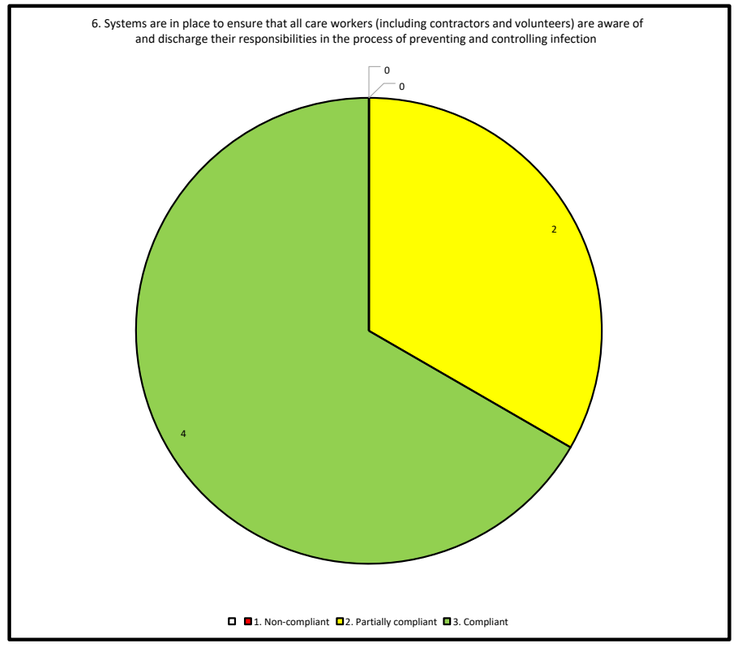


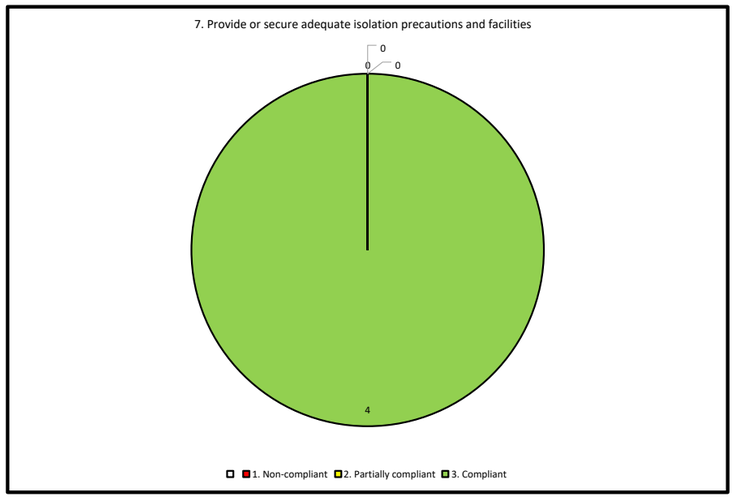
4.4	Roles and responsibilities of specific individuals, carers, visitors, and advocates when attending with or visiting patients/service users in care settings, are clearly outlined to support good standards of IPC and AMR and include: •hand hygiene, respiratory hygiene, PPE (mask use if applicable) •Supporting patients/service users' awareness and involvement in the safe provision of care in relation to IPC (eg cleanliness) •Explanations of infections such as incident/outbreak management and action taken to prevent recurrence. •Provide published materials from national/local public health campaigns (eg AMR awareness/vaccination programmes/seasonal and respiratory infections) should be utilised to inform and improve the knowledge of patients/service users, care givers, visitors and advocates to minimise the risk of transmission of infections.	In patient areas have an infection control board that highlights the important key control measures. As part of national campaigns information shared with colleagues and individuals visiting our inpatient areas and health centres. Stall provide information and we hold external events to promote IPC at venues such as Kirkgate Market, use the display screen at Milllenium Sqaure etc. We use social media means by sharing information on 'X@ and the LCH Facebook page. Campaign material for winter vaccination campaigns is ordered from central DH and is shared to proote oublic health messaging.				3. Compliant
4.5	Relevant information, including infectious status, invasive device passports/care plans, is provided across organisation boundaries to support safe and appropriate management of patients/service users.	Patient passports are in place for catheters, a localised passport is used through the acute and community setting.			Previous discussions have been had with CUCS around the auditing and usuage of Catheter Passports. Do CVAS use passports for DRIPP?	3. Compliant
5.Ensure early identification of individuals who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to others.						
Systems and processes are in place to ensure that patient placement decisions are in line with the NIPCM:						
5.1	All patients/individuals are promptly assessed for infection and/or colonisation risk on arrival/transfer at the care area. Those who have, or are at risk of developing, an infection receive timely and appropriate treatment to reduce the risk of infection transmission.	Patients admitted to inpatient areas are not routinely tested for MRSA unless there is clinical rationale to do so. If patients do have clinical symptoms, swabs/smples are taken and transferred to the laboratry as per SOP. Results are then shared with inpatient area and via PPM+. Policy Manual available on the Oak outlining requirements. Stools assessment and chart in place to ensure prompt samplingfor potential CDI cases.				3. Compliant
5.2	Patients' infectious status should be continuously reviewed throughout their **stay/period of care**. This assessment should influence placement decisions in accordance with clinical/care need(s). If required, the patient is placed /isolated or cohorted accordingly whilst awaiting test results and documented in the patient's notes.	Patients in inpatient areas have infection status regularly reviewed. Medical provision in place and escalations via GP or 111/999 should this be required. Patients have NEWS2assessment as per clinical need / policy and concerns around deterioration should be promptly escalated. IPC support with risk assessments for in patient areas.			**Education and bitesize training in place for sepsis and deteriotion.**	3. Compliant
5.3	The infection status of the patient is communicated prior to transfer to the receiving organisation, department, or transferring services ensuring correct management/placement.	Patient transfer form in place as per policy, for when patients are discharged from inpatient areas to care home or back to acute provison, detailing specific pathogens e.g. MRSA, CDI, CPE etc.			To audit transfer forms from Wharfdale to ensure completion and accuracy of detail.	3. Compliant
5.4	Signage is displayed prior to and on entry to all health and care settings instructing patients with respiratory symptoms to inform receiving reception staff, immediately on their arrival.	Signage displayed on external ward area should an outbreak be in place, as well as specfic restrictions for bays if patients are being cohorted to reduce onwards tranmission.				3. Compliant
5.5	Two or more infection cases (or a single case of serious infection) linked by time, place, and person triggers an incident/outbreak investigation and this must be reported via governance reporting structures.	Outbreaks of two or more for either staff or patient sreas are reported to UKHSA. Outbreak toolkit in place and monitoring / surveillance completed. IPC is a 7 day service and daily checkin of outbreak location are completed where SME is provided.				3. Compliant



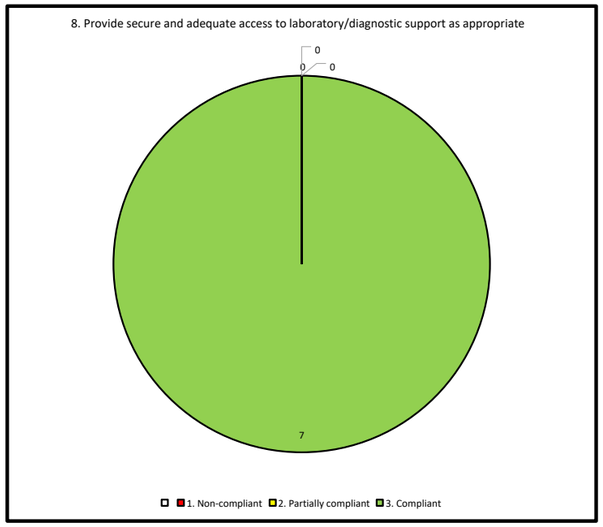


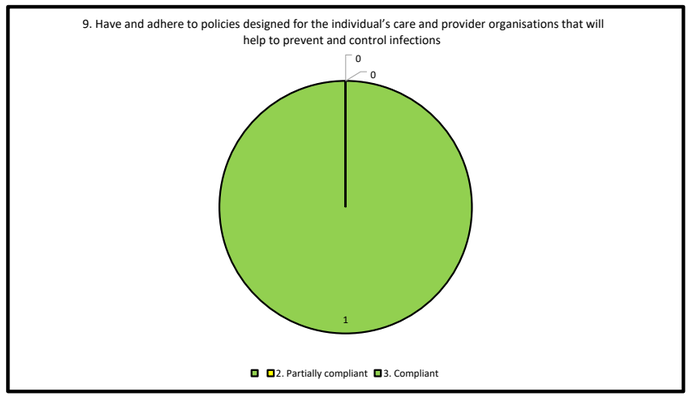
6.Systems are in place to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection						
Systems and processes are in place to ensure:						
6.1	Induction and mandatory training on IPC includes the key criteria (SICPs/TBPs) for preventing and controlling infection within the context of the care setting.	Face to face induction training is provided to new starters. This is a 15 minute presentation that captures the basic requires for IPC. All staff are then required to complete either level 1 or level 2 E-Learning for Health Training via ESR.				3. Compliant
6.2	The workforce is competent in IPC commensurate with roles and responsibilities.	Roles and responsibilities are outlined in the IPC Overarching Policy. They are discussed as part of the Induction Training.				3. Compliant
6.3	Monitoring compliance and update IPC training programs as required.	Training compliance figures captured at IPCG and HSG. Escalations of non compliance captured at QAIG via flash report. Average >90% compliance for level 1 and 2 training.				3. Compliant
6.4	All identified staff are trained in the selection and use of personal protective equipment / respiratory protective equipment (PPE/RPE) appropriate for their place of work including how to safely put on and remove (donning and doffing) PPE and RPE.	Staff receive training via E-Learning for Health. Information and videos on donning and doffing is available on the Oak. Staff undertake a PPE and Hand Hygiene Audit. Audit of system one notes for PPE/HH in place.	Gap analysis against A-Z pathogens required.			3. Compliant
6.5	That all identified staff are fit-tested as per Health and Safety Executive requirements and that a record is kept.	Staff are re fit tested every two years as outlind by the HSE. Staff that are fit tested are recorded on a locally held (IPC) excel document.	A more robust mechanism e.g. ESR / PIP to record competency is required.		Consideration around co procured PPE within the system for future pandemic prepardness, as well as sustainability approach.	2. Partially compliant
6.6	If clinical staff undertake procedures that require additional clinical skills, for example, medical device insertion, there is evidence staff are trained to an agreed standard and the staff member has completed a competency assessment which is recorded in their records before being allowed to undertake the procedures independently.	Registered staff should not be carrying out a task if they believe they are not competent. The ABU provides training to clinical and non clinical staff. Non qualified are currently undertaking new competency frameworks delivered by the Neighbourhood Team Clinical Skills and Competency Educators. All of the training provided in ABU has been peer reviewed and assessed by the relevant specialists and there are regular (3-6 monthly) meetings with those specialist services to review training materials and update training as and when there are changes to policies or practice. There are lesson plans and guides in place for all of our training sessions so that if anyone else had to cover a session there is a guide to follow.			Understand gaps for SBU and CBU	2. Partially compliant
7. Provide or secure adequate isolation precautions and facilities						
Systems and processes are in place in line with the NIPCM to ensure that:						
7.1	Patients that are known or suspected to be infectious as per criterion 5 are individually clinically risk assessed for infectious status when entering a care facility. The result of individual clinical assessments should determine patient placement decisions and the required IPC precautions. Clinical care should not be delayed based on infectious status.	Risk assessments are undertaken for inpatient areas for specific infections such as CPE. These are supprted by the IPC Team and coincide with the relevant policy and the NIPCM.	A formal logging system to be in place for risk assessments ? Added to patient notes.		Further education has been provided via the IPC team on completion of risk assessments.	3. Compliant
7.2	Isolation facilities are prioritised, depending on the known or suspected infectious agent and all decisions made are clearly documented in the patient's notes. Patients can be cohorted together if: •single rooms are in short supply and if there are two or more patients with the same confirmed infection. •there are situations of service pressure, for example, winter, and patients may have different or multiple infections. In these situations, a preparedness plan must be in place ensuring that organisation/board level assurance on IPC systems and processes are in place to mitigate risk.	In patient areas have specific isolation (side room) facilities. Hannah House is all single side rooms. Wharfdale has a number of side rooms that can be used if a patient has a specific infection e.g. CPE or CDI. Risk assessments are completed in collaboration with the IPC team, to ensure the correct positioning of the patient, including standard precaution principles and tranmission based precautions. If in the event a side room could not be a sourced a Datix would be completed and a hierachy of control measures to reduce onwards transmission would be in place. Isolation Policy available on the Oak and Level 2 IPC training covers isolation principles.				3. Compliant
7.3	Transmission based precautions (TBPs) in conjunction with SICPs are applied and monitored and there is clear signage where isolation is in progress, outlining the precautions required.	NIPCM added to policy suite and standard precautions policy reflects TBP's. Staff education and comms in place.			Education system in place to update staff on TBP's. The new HH audit tool captures this.	3. Compliant
7.4	Infectious patients should only be transferred if clinically necessary. The receiving area (ward, hospital, care home etc.) must be made aware of the required precautions.	Policies in place to reflect this, patients withhin our inpatient areas would have a risk assessment in place if they were to be transferred. If this were to occur it would be as a result of deterioration.			Transfer form in place at Wharfdale - discussed with Kirsty Jones.	3. Compliant



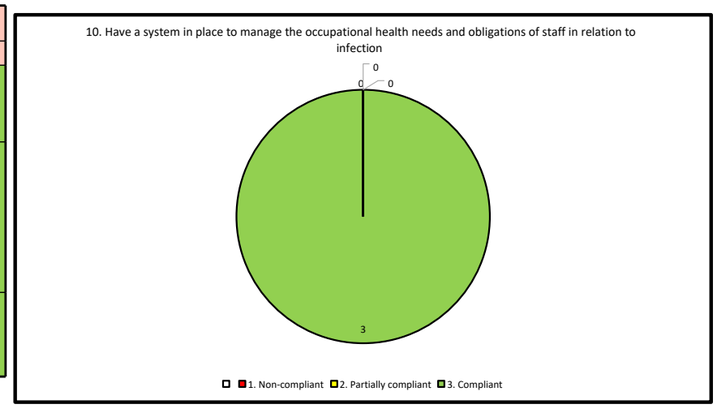


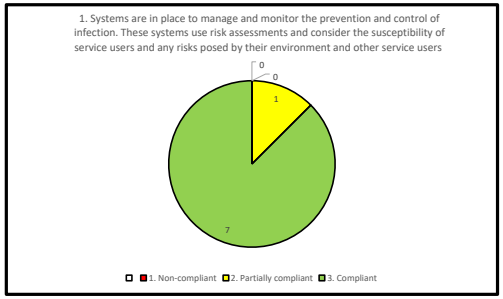
8.Provide secure and adequate access to laboratory/diagnostic support as appropriate						
Systems and processes to ensure that pathogen-specific guidance and testing in line with UKHSA are in place:						
8.1	Patient/service user testing for infectious agents is undertaken by competent and trained individuals and meet the standards required within a nationally recognised accreditation system.	Contractual arrangements / SOP in place for the processing of laboratry samples with LTHT.				3. Compliant
8.2	Early identification and reporting of the infectious agent using the relevant test is required with reporting structures in place to escalate the result if necessary.	The IPC team is a 7 day service, details are shared across the trust on how to reach out should additonal support / SME advice be required for specific pathogens / risk assessments. On call manager overnight / weekend / BH should escaltion be required. UKHSA have on call manager details should an ncident management meeting be required for a specific outbreak. Contact details for the IPC team available on the Oak. Champions are dispersed across the organisation to support teams, regular champion days are held to educate and they are a point of contact within				3. Compliant
8.3	Protocols/service contracts for testing and reporting laboratory/pathology results, including turnaround times, should be in place. These should be agreed and monitored with relevant service users as part of contract monitoring and laboratory accreditation systems.	SOP is in place for the testing of samples via LTHT laboratry. Microbiology provision provided via a SOP through LTHT. PPM+ platform shares results to the IPC team and a SOP is in place for the details of specific pathogens e.g. MRSA, CDI, E.Coli to be added onto the front page of Ssys1 notes. This is to add an additional layer of assurance as laboratry notes should be shared directly with the teams. Advice is provided on Sys 1 around decolonisation, standard precautions, tranmission based precautions etc.				3. Compliant
8.4	Patient/service user testing on admission, transfer, and discharge should be in line with national guidance, local protocols and results should be communicated to the relevant organisation.	Patients on discharge from LTHT should be provided with a transfer form highlighting any specific HCAI's e.g. MRSA, CDI, CPE. If these patients are admitted into one of our inpatient areas e.g. Wharfdale then a risk assessment with IPC will be undertaken. If patients are transferred from one of our inpatient areas to the acute setting or a care home a transfer form will detail any specific pathogens.			Audit of transfer forms to be undertaken. Liasised with Kirsty re transfer form back into LTHT should patient have a specific pathogen.	3. Compliant
8.5	Patients/service users who develops symptom of infection are tested / retested at the point symptoms arise and in line with national guidance and local protocols.	Policies are in place for testing of patients should there be a clinical concern of infection. IPC training level 2 provides education on this. Staff undertake NEWS2 clinical assessment and should the patient require a specific swab or sputum sample.				3. Compliant
8.6	There should be protocols agreed between laboratory services and the service user organisations for laboratory support during outbreak investigation and management of known/ emerging/novel and high-risk pathogens.	SOP is in place with LTHT for laboratory services. This incorporates agreements with other external providers e.g. Collindale (UKHSA) and other providers for specific testing of pathogens e.g. MPX.				3. Compliant
8.7	There should be protocols agreed between laboratory services and service user organisations for the transportation of specimens including routine/ novel/ emerging/high risk pathogens. This protocol should be regularly tested to ensure compliance	SOP is in place with LTHT for laboratory services. This incorporates agreements with other external providers e.g. Collindale (UKHSA) and other providers for specific testing of pathogens e.g. MPX.				3. Compliant
9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections						
9.1	Systems and processes are in place to ensure that guidance for the management of specific infectious agents is followed (as per UKHSA, A to Z pathogen resource, and the NIPCM). Policies and procedures are in place for the identification of and management of outbreaks/incidence of infection. This includes monitoring, recording, escalation and reporting of an outbreak/incident by the registered provider.	Specific infection policy is in place that details and references the A-Z of Pathogens. All policies available on the Oak and Leeds Healthcare Pathways. Outbreaks are monitored by the IPC team - which provides as 7 day provision as part of the cooperation agreement with LCC. Tams can contact IPC for support and SOP is in place on how to monitor an outbreak. As per policy all outbreaks are reported UKHSA and an ILOG number is provided to detail on samples. IPC attend any specific IMT's with UKHSA. Bitesize training provided to staff virtually on specific infections, accessed via the Oak. Staff attend online virtual ELFH IPC training Level 1 and Level 2 - attendance rates monitored via IPCG/HSG from BI reports. Onaverage compliance 90-92%			Gap analysis against current policies to identify potential gaps and further fit testing to be completed by IPC.	3. Compliant





10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection						
Systems and processes are in place to ensure that any workplace risk(s) are mitigated maximally for everyone. This includes access to an occupational health or an equivalent service to ensure:						
10.1	Staff who may be at high risk of complications from infection (including pregnancy) have an individual risk assessment.	Pregnancy risk assessment completed by line manager. IPC contacted if in the event of a concern that is escalated.	IPC do not have assurance of risk assessment s that are being undertaken for individual staff members as this is service specific.	Locally held by line managers.		3. Compliant
10.2	Staff who have had an occupational exposure are referred promptly to the relevant agency, for example, GP, occupational health, or accident and emergency, and understand immediate actions, for example, first aid, following an occupational exposure including process for reporting.	Process in place and contract with SWYFT occupational health service. Flow chart for staff to follow in the event of a sharps incident. Lanyard card provided to staff members, posters are displayed, screen savers in place and policy outlines procedure. IPC support staff member by contacting them within 24 hours of datix to support the individual and ensure process followed.				3. Compliant
10.3	Staff have had the required health checks, immunisations and clearance undertaken by a competent advisor (including those undertaking exposure prone procedures (EPPs).	Contract in place with SWYFT for Occupational Health Provision and staff upon employment complete medical questionnaire via Recruitment and HR.	We do not receive any data from SWYFT outlining OH provision for IPC related activity, for example immunisation, occupational irritant dermatitus, needle stick injury response.		Escalated to Ann Hobson to discuss KPI's in place with SWYFT.	3. Compliant




1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users
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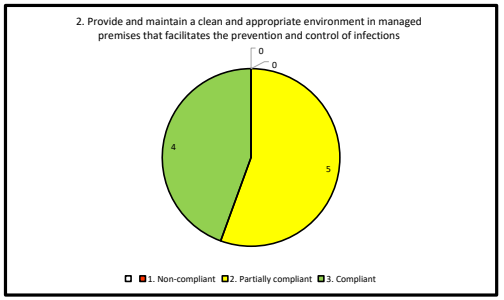
1. Non-compliant
2. Partially compliant
3. Compliant


2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections
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1. Non-compliant
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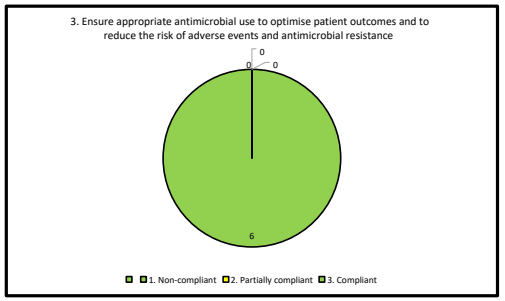
3. Compliant


3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance
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1. Non-compliant
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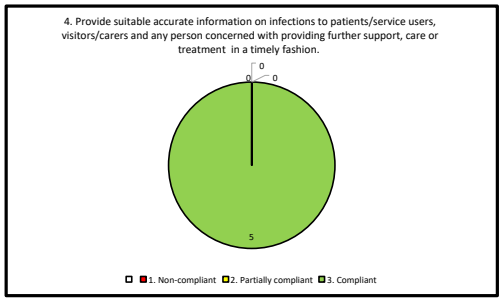
4. Provide suitable accurate information on infections to patients/service users, visitors/carers and any person concerned with providing further support, care or treatment in a timely fashion.
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1. Non-compliant
2. Partially compliant
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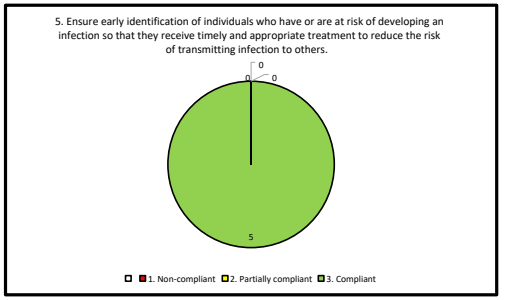
5. Ensure early identification of individuals who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to others.
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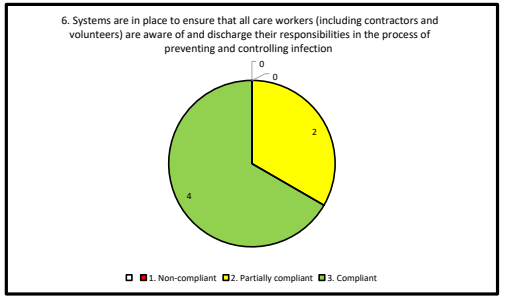
2. Partially compliant
3. Compliant


6. Systems are in place to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection
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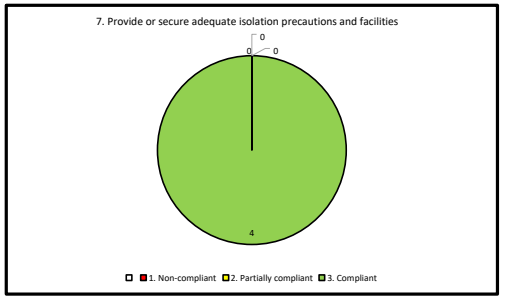
1. Non-compliant
2. Partially compliant
3. Compliant


7. Provide or secure adequate isolation precautions and facilities
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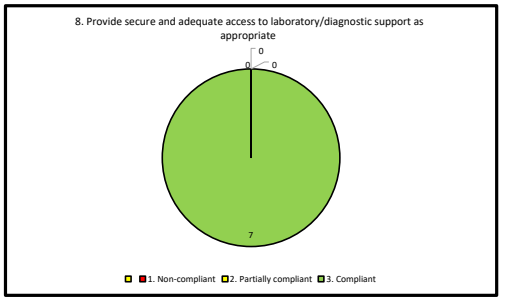
1. Non-compliant
2. Partially compliant
3. Compliant


8. Provide secure and adequate access to laboratory/diagnostic support as appropriate
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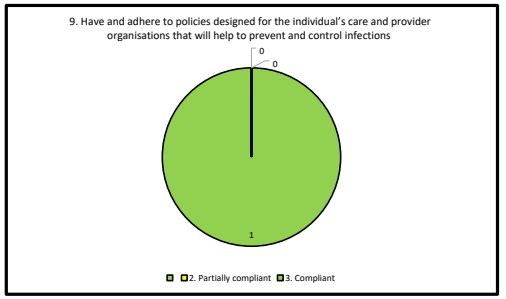
2. Partially compliant
3. Compliant


9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections
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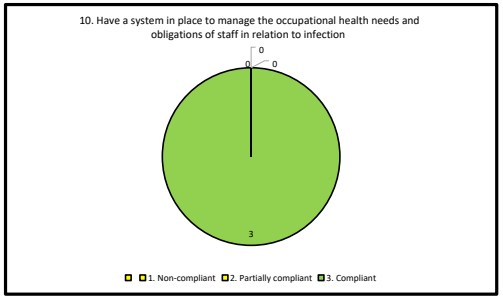
3. Compliant


10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection
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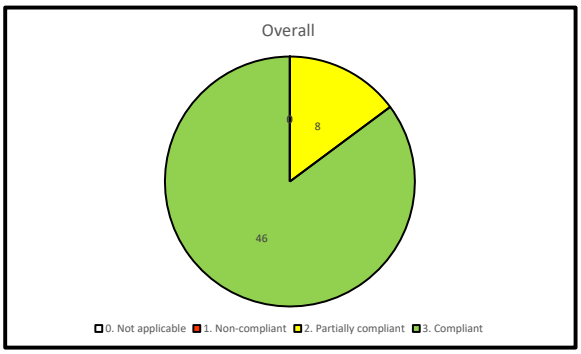
1. Non-compliant
2. Partially compliant
3. Compliant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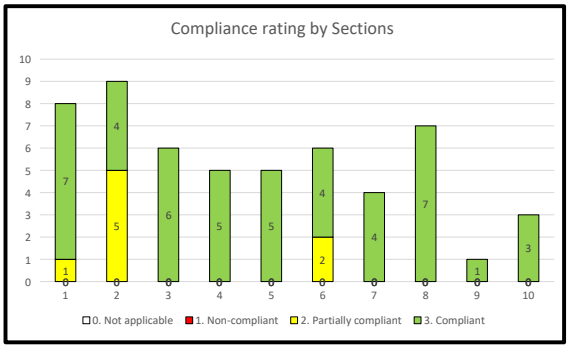
1. Non-compliant
2. Partially compliant
3. Compliant


Compliance rating by Sections
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0. Not applicable
1. Non-compliant
2. Partially compliant
3. Compliant

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 6 October 2023
Agenda item number: 2023-24 (68)

Title: Bi Annual Patient Safety and Serious Incident combined Report- March 2023- August 2023

Category of paper: For assurance

History: Quality Committee 25 September 2023

Responsible director: Executive Director of Nursing and Allied Health Professionals

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Report author: Patient Safety Manager

Executive summary

A report on Patient Safety and Serious Incidents (SI) is produced bi-annually to provide the Board of Directors with the assurance that Patient Safety is well managed, that incidents are appropriately investigated, and that learning is acted upon to improve patient care.

Patient Safety is inclusive of a patient safety culture, patient safety incident management, and the management of Central Alert System notifications that affect the safety of patients.

All Serious Incidents are currently subject to an investigation. The investigation seeks to outline the chronology of events, identify where care has not been delivered in line with the expected standard and to understand why this is the case. The investigation process explores LCH systems and processes and causation factors to patient safety incidents, to identify learning for future improvements.

The learning identified, and reflected within this report, has been shared with the Business Units, Services, and individuals as appropriate to facilitate reflection, discussion, and improvement.

Recommendations

The Board of Directors are recommended to:

- Receive and note the contents of this paper
- Provide any feedback required

Introduction

This paper specifically considers patient incidents which have occurred under the care of LCH to provide an overview of the incidents reported during the period. A review will be completed of the three highest reported incident categories and incidents which have been subject to scrutiny at a Rapid Review Meeting and reported as Serious Incidents (SIs) following the guidance from the NHS England's Serious Incident Framework published in March 2015. The report will also consider any themes and learning from near miss, no harm and minimal harm incidents where assessed as required.

This paper highlights the learning from incidents to provide assurance that appropriate action has been taken to make improvements and that improvements are embedded across the organisation.

On completion, SI reports are reviewed at a Serious Incident 45-day review meeting chaired by the Assistant Director of Nursing and Clinical Governance, the Assistant Director for Allied Health Professionals and Patient Experience or the Head of Clinical Governance. All SI reports are then reviewed for final approval by the Executive Director of Nursing and Allied Health Professionals or the Executive Medical Director prior to external disclosure to the Integrated Care Board and the Care Quality Commission.

BACKGROUND

This report will focus on patient safety themes, the learning emerging from incidents, and how we share this across the Trust to ensure continuous quality improvement.

The report will provide an overview of our concordance of the Central Alert System patient safety notifications.

The Quality Committee will continue to receive a six-monthly report of notable exceptions, assurance, improvement, lessons learned and any relevant supporting data relating to patient safety.

PATIENT SAFETY OVERVIEW

During the reporting period work has continued in readiness for implementation of the National Patient Safety Strategy. Meetings for the Patient Safety Incident Response Framework (PSIRF) through the Implementation Team, alongside task and finish groups based on the key workstream areas of Governance, Involvement, Strategy and Workforce have continued in the last six months. A Patient Safety Incident Response Plan (PSIRP) Development Group has now been established with meetings scheduled for the next three months every two weeks.

There has been recruitment of a Patient Safety Clinical Co-Ordinator and full time Patient Safety Administrator within the Patient Safety Team which has created additional capacity. This has enabled the team to proactively monitor and schedule meetings for Patient Safety Incidents reported in the organisation, which require scrutiny as part of the Rapid Review process to identify any missed opportunities, good practice and learning. The current time from incident date to first review meeting is now on average two months which is an improved position from three months in Q4 facilitating timely implementation of safety improvements.

Two tabletop reviews of moderate and major harm incidents were completed by the Clinical Governance Team and Specialist reviewers in June and July 2023. This further improved the

overall incident position for the organisation with an aim to achieve a zero backlog and return to the review of incidents within the Trust standard of ten working days.

The Patient Safety Team now have improved regular communication with the Clinical Incident Management Practitioners (CIMPs) in the Adult Business Unit (ABU). Weekly meetings have been introduced to discuss moderate and major harm incidents requiring further review, identification of themes, learning and concerns for escalation.

Over the reporting period LCH has continued to review the available methodologies from the Patient Safety Strategy in how additional reviews are completed. The Head of Clinical Governance is currently trialling the completion of a Serious Incident investigation, using the Patient Safety Incident Investigation report which will be adopted as part of the move to PSIRF.

PATIENT SAFETY INCIDENTS OVERVIEW

The data for this reporting period has been extracted from Datix based on patient incidents occurring under LCH care not solely Patient Safety Incidents and will be extracted in this way until further notice. This is to ensure all patient safety incidents are included in reporting, including where the patient safety incident box is not completed in Datix. Communications are sent to teams monthly to update any records where the patient safety incident box has not been accurately completed, to promote data quality. It should also be noted that due to a change in reporting months the previous report covered an eight-month period in comparison to six months in this report and subsequent reports. There may be some variation in the number of incidents reported when compared to the July 2022 to February 2023 data due to this. 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 05/09/2023.

There were 2984 LCH Patient Incidents reported between March 2023 and August 2023 (**Graph One**). Adult Business Unit (ABU) were the highest reporting portfolio throughout the reporting period. Of these incidents 1629 were reported as causing harm; ABU (1308), Specialist Business Unit (SBU) (298), Children's Business Unit (CBU) (19) and Corporate Business Unit (4).

Graph One – Patient Safety LCH Incidents by Month/Year and Portfolio

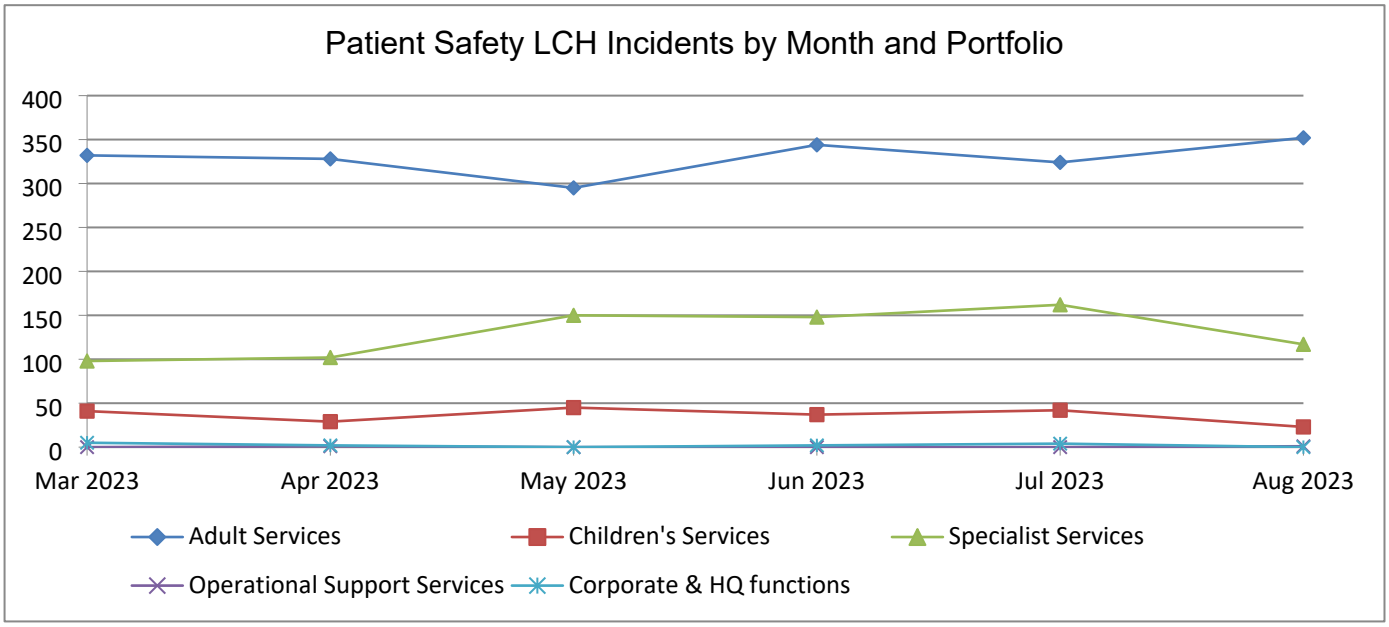


Chart One – Highest reported Incident Categories

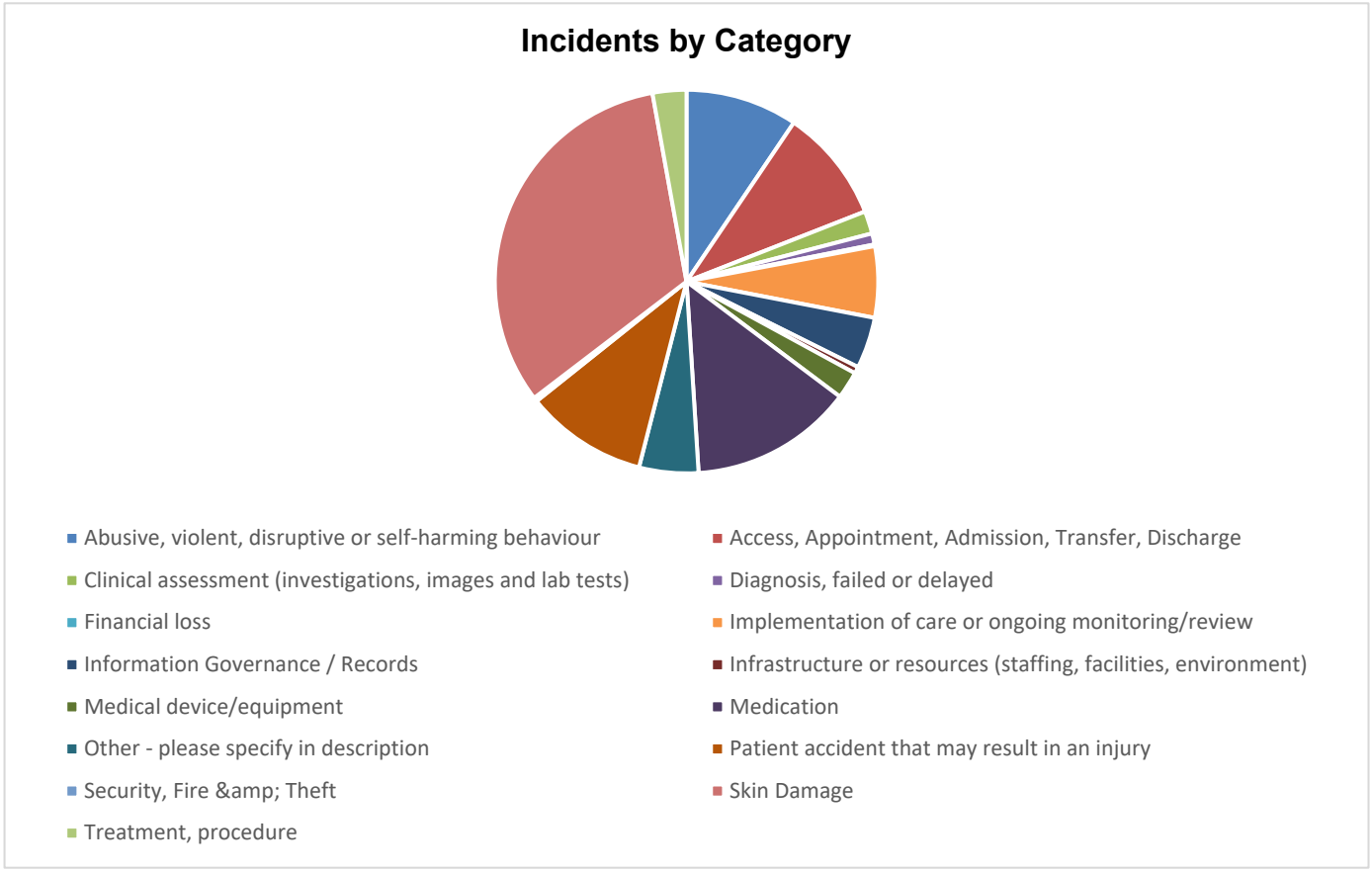


Chart One shows the highest reported incident categories over the reporting period.

The top three:

- Skin Damage 970 incidents (33%)
- Medication 410 incidents (14%)

- Patient accident that may result in an injury 307 incidents (10%)

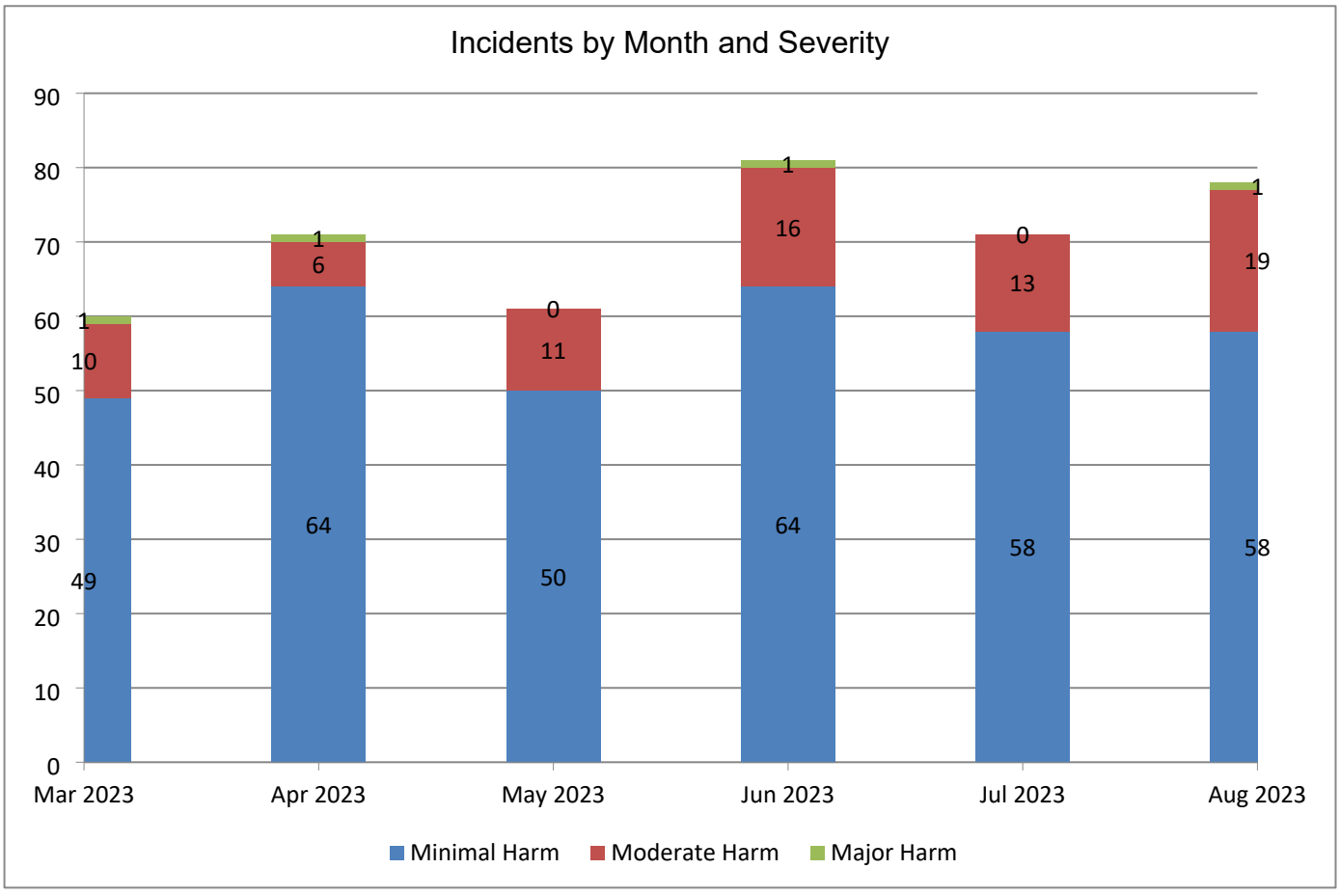
All incidents are reviewed in the monthly Business Unit reports for themes and learning and shared via the Quality Assurance and Improvement Group (QAIG).

Pressure Ulcer Incidents

A total of 970 skin damage incidents were reported, the highest sub-category of this was pressure ulcers and 422 were reported between March 2023 - August 2023. Chart Two shows the breakdown of pressure ulcers by month and severity of harm. There were 343 minimal harm, 75 moderate harm and 4 major harm pressure ulcer incidents reported.

Themes from minimal harm incidents include consideration of MCA 4 assessments and inaccurate categorisation of pressure ulcers.

Chart Three- Pressure Ulcer Incidents by Month and Severity of Harm



All pressure ulcer incidents recorded as moderate or major harm are reviewed at a Rapid Review/ Virtual Rapid Review Meeting, chaired by the Quality Leads and attended by the Deputy Director of Nursing, Deputy Director of AHPs and Head of Clinical Governance; the outcome from this reporting period is shown below.

Moderate Harm pressure ulcer incidents and outcome of Rapid/Virtual Review Meeting

There were 71 moderate harm pressure ulcers reported by the Adult Business Unit and four for the Specialist Business Unit. There were no moderate harm pressure ulcers reported for Children Business Unit.

Rapid review completed	**44**
Rapid review outstanding	**31**
Conclusion	
No lapse in care	**30**
Further review required	**6**
Proceeded to an Internal Concise	**1**
Lapses in care – No SI required	**2**
Proceeded to an SI	**5**

Of the forty-four incidents reviewed, five progressed to Serious Incident investigation, all within the Adult Business Unit Neighbourhood Teams, one each for Armley, Chapel Town, Yeadon, Woodsley and Seacroft.

One incident for the Virtual Frailty Ward – West required further investigation as an Internal Concise.

Two incidents identified lapses in care with learning held on the organisations pressure ulcer improvement plan and therefore not progressed to Serious Incident Investigation, both required the completion of statutory Duty of Candour.

Major Harm pressure ulcer incidents and outcome of Rapid/Virtual Review Meeting

There were four major harm pressure ulcers, all reported by Adult Business Unit, one each for Holt Park, Seacroft, Chapel Town and Morley Neighbourhood Team.

Rapid review completed	**3**
Rapid review outstanding	**1**
Conclusion	
No lapse in care	**2**
Further review required	**0**
Proceeded to an Internal Concise	**0**
Lapses in care – No SI required	**0**
Proceeded to an SI	**1**

Three of the incidents have been discussed at Rapid Review Meeting and the remaining incident is being prioritised for a meeting date.

One of the four incidents proceeded to a Serious Incident investigation for Holt Park Neighbourhood Team, this was de-logged at the 45-day review meeting as the investigation identified that the wound was small and healed within 13 days.

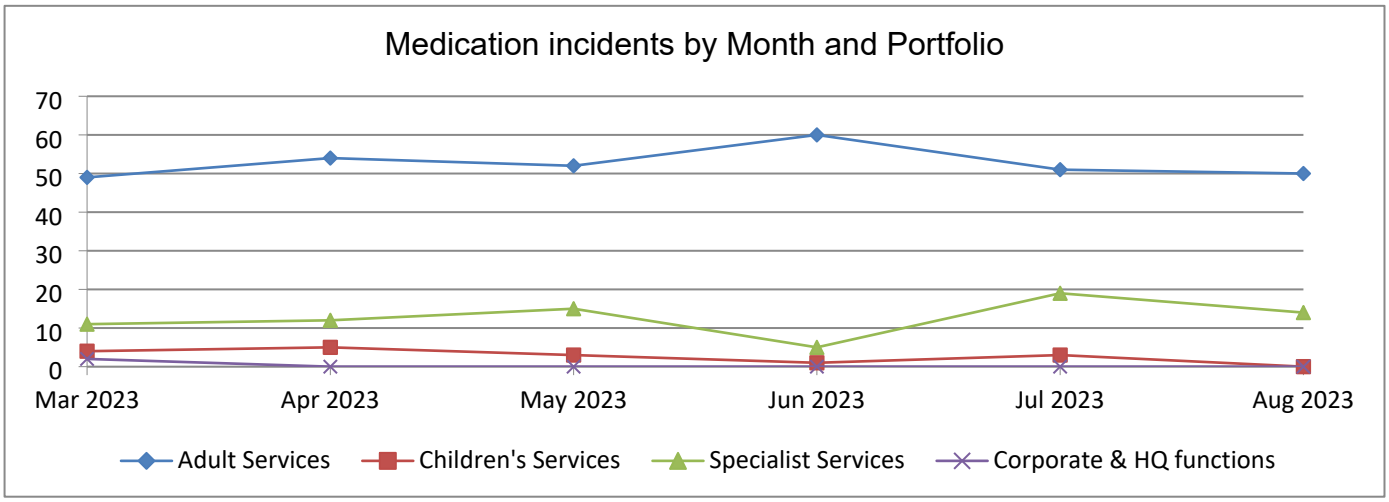
The incidents for Chapel Town and Seacroft Neighbourhood Team both concluded as no lapses in care. The Seacroft incident identified that a delay in equipment provision may have contributed to the pressure ulcer developing. The Patient Safety Team are collating information until the end of September 2023 where equipment delays are found to be a contributing factor to moderate and major harm incidents occurring, this will form part of ongoing work with Leeds Community Equipment Service led by the Deputy Director of Allied Health Professionals.

Medication Incidents

A total of 410 incidents involving medication were recorded during the reporting period; Adult Business Unit reports the greatest proportion of LCH medication incidents throughout.

- ABU - 316 incidents
- CBU – 16 incidents
- SBU – 76 incidents
- Corporate – 2 incidents (Covid Core Team) - No harm incidents

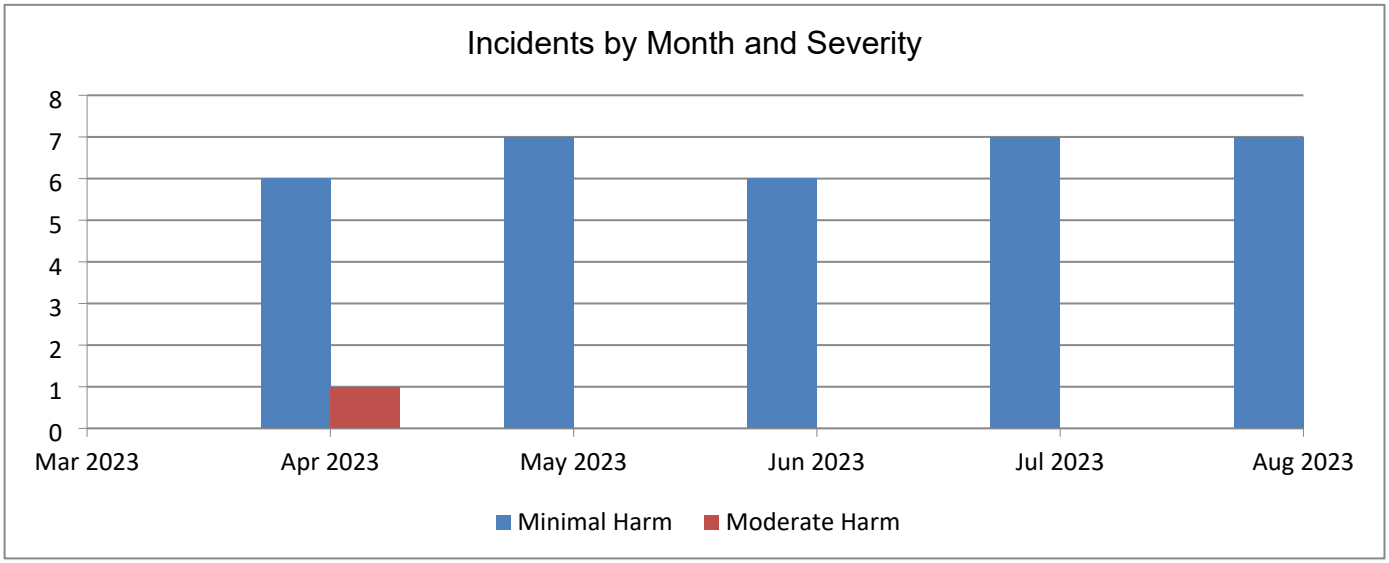
Graph Two- Medication Incidents by Month/Year and Portfolio



There were thirty-eight medication incidents that resulted in harm (See Chart Two). Of these, thirty-seven were incidents of minimal harm; Adult Business Unit (30), Specialist Business Unit (6), Children Business Unit (1).

There was one medication incident reported as moderate harm in ABU, this was discussed at Rapid Review Meeting and progressed to a Serious Incident Investigation. The investigation will focus on care planning, the processes for sharing important information and the administration of opioids when changing between an opioid patch and a syringe driver that led to opioid toxicity that required hospital admission and treatment.

Chart Two - Medication Incidents by Month/Year and Severity of Harm



Themes from medication incidents March 2023- August 2023

ABU - Wrong time, Wrong dose and Record Keeping were identified as themes throughout ABU medication incidents. Medicines administered at the wrong time continue to account for around 50% of incidents attributable to LCH. This includes missed and delayed doses which are above the long-term average and have been for the last 10 consecutive months.

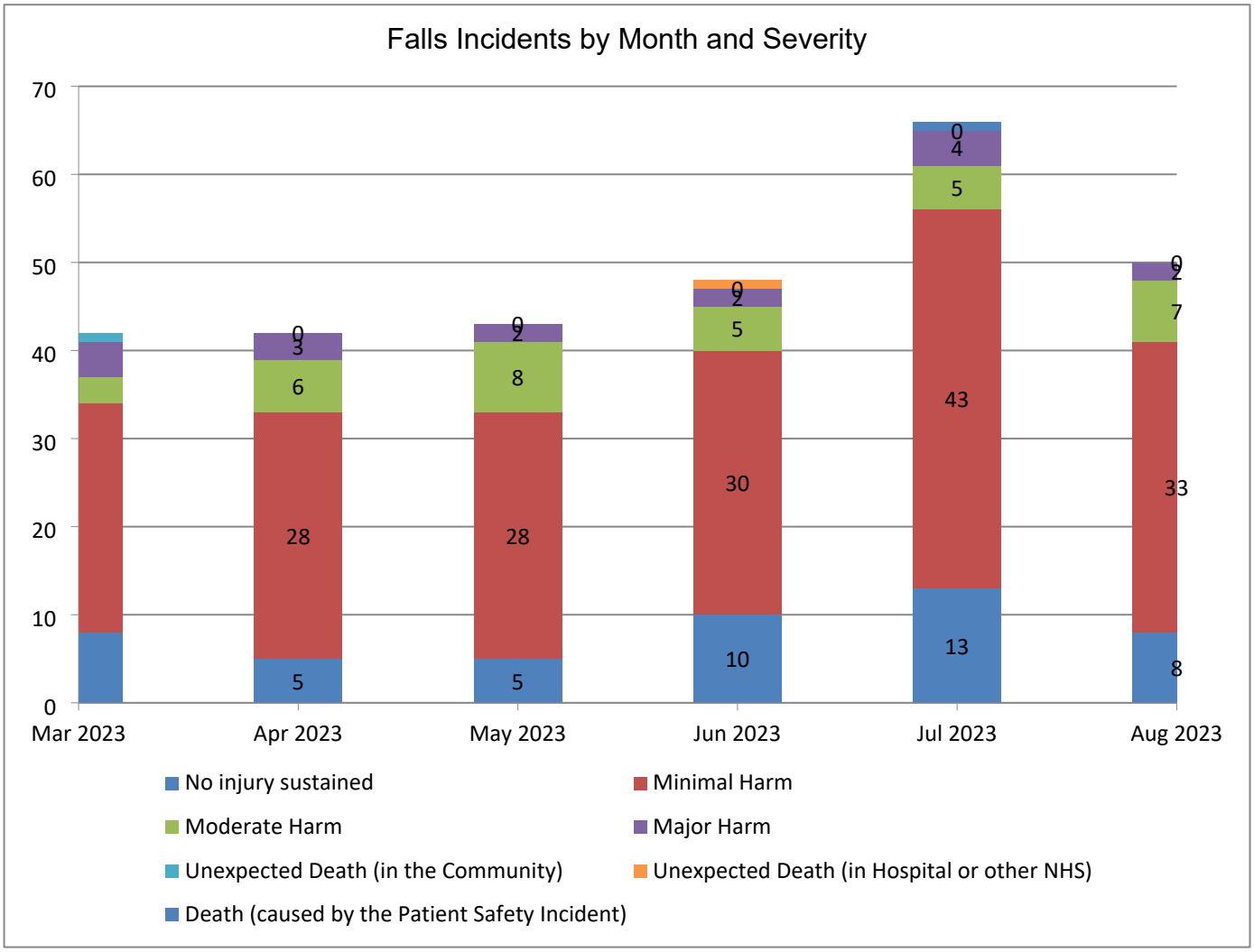
SBU- Incidents attributable to LCH are above the long term average for July and August although still within control limits, an increase in medication incidents in Secure Estates is noted.

CBU – No themes identified.

Falls Incidents

A total of 307 patient accidents that may result in an injury were reported, the highest subcategory of this was slips, trips, falls and collisions where 291 incidents were reported between March 2023 – August 2023. Chart four shows the breakdown of falls by month and severity of harm.

Chart Four- Falls Incidents by Month/Year and Severity



Of the 291 incidents recorded, 17 were major harm, 34 moderate harm, 188 minimal harm, and 49 were no injury sustained, the remaining three falls were reported as deaths.

There were no additional specific learning themes identified for no harm or minimal harm incidents other than those identified for the moderate and major harm incidents which are provided in the learning section of this report.

All falls' incidents recorded as moderate or major harm are reviewed at a Rapid Review/ Virtual Rapid Review Meeting, chaired by the Quality Leads and supported by the Deputy Director of Nursing, Deputy Director of AHPs and Head of Clinical Governance; the outcome from this reporting period is shown below.

Moderate Harm falls incidents and outcome of Rapid/Virtual Review Meeting

There were 26 moderate harm falls reported by the Adult Business Unit, eight for the Specialist Business Unit and zero for Children Business Unit.

Rapid review completed	**22**
Rapid review outstanding	**12**
Conclusion	
No lapse in care	**14**
Further review required	**4**
Proceeded to an Internal Concise	**2**
Lapses in care – No SI required	**1**
Proceeded to an SI	**1**

One incident for Armley Neighbourhood Team required further investigation as an Internal Concise.

One incident for Middleton Neighbourhood Team proceeded to Serious incident investigation but was de-logged at 45-day review meeting as identified that the incident was an accidental trip that could not have been prevented and did not meet the criteria.

One incident identified lapses in care however did not meet the criteria for Serious Incident Investigation as learning related to bone protection medication is held on the organisations falls improvement plan, statutory duty of candour was completed for this incident.

There were six moderate harm falls incidents that required further review following the first meeting. Three of the six have been reviewed, one concluded no further action, one required further information to conclude an outcome and one required further investigation as an Internal Concise. The remaining three are awaiting a second review meeting.

Major Harm falls incidents and outcome of Rapid/Virtual Review Meeting

There were 17 major harm falls reported by Adult Business Unit, there were no reported major harm falls for the Specialist or Children Business Unit.

Rapid review completed	**15**
Rapid review outstanding	**2**
Conclusion	
No lapse in care	**9**
Further review required	**3**
Proceeded to an Internal Concise	**1**
Lapses in care – No SI required	**0**
Proceeded to an SI	**2**

One incident for the Seacroft Neighbourhood Team progressed to Serious Incident investigation and was de-logged at 25-day meeting as identified that the incident was an accidental trip that could not have been prevented and did not meet the criteria.

There were five major harm falls incidents that required further review following the first meeting, two have been reviewed; one Armley Neighbourhood Team incident progressed to Serious Incident Investigation and one Morley Neighbourhood Team incident progressed to Internal Concise, the remaining three are awaiting a meeting.

Deaths and falls

Of the three deaths with falls, all have been discussed at Rapid Review Meeting and concluded as no further investigation required.

SERIOUS INCIDENTS

Serious incidents continue to be predominantly managed under the 2015 Serious Incident Framework at present, however in line with the Patient Safety Strategy, LCH has adopted an approach that focusses on human factors, systems thinking and causation factors as opposed to relying on root causes to inform learning. The triggers for completion of a Serious Incident investigation are incidents of moderate or major harm where contributing lapses in care are identified, patient deaths with lapses in care or no/minimal harm incidents which have associated high levels of risk that warrant further review. In this reporting period any incidents that were identified with lapses in care but with learning already known and held on the organisations action plan did not progress to a Serious Incident Investigation. Considering the organisations journey to PSIRF this ensures a proportionate response to incident management with a focus on learning more and investigating less.

Strategic Executive Information System (StEIS) reportable Serious Incidents

Over the period March 2023 – August 2023, the Trust reported 22 serious incidents on the StEIS system. Following further review seven incidents were de-logged from StEIS as they did not meet the SI criteria, therefore 15 were progressed to a full Serious Incident investigation.

Table One - LCH SI's by Adverse Event and Quarter reported

	2022 Q4	2023 Q1	2023 Q2	Total
Slips, trips, falls and collisions	1	1	1	3
Pressure sore / decubitus ulcer	1	2	3	6
Possible delay or failure to Monitor	0	1	0	1
Unexpected Death	0	1	0	1
Administration or supply of a medicine from a clinical area	0	0	1	1
Infection control	0	0	1	1
Implementation of care or ongoing monitoring - other	0	0	1	1
Self harm in primary care, or not during 24-hour care	0	0	1	1
Total	2	5	8	15

The Trust had no Never Events in this reporting period.

As of 5 September 2023, seven of the above remain under investigation and eight have been completed and had Executive Director sign off. Action plans generated from SI investigations are agreed at the final review meeting and added to Datix for monitoring purposes.

Serious Incident causation factors

The tables below depict the causal factors, themes and contributory factors identified during this reporting period. Several SI's had multiple causation and contributory factors.

Causation Factors	
Holistic assessment – not completed	1
Deteriorating patient	1
Infection	1
Lack of effective pressure ulcer or falls management	1
Communication breakdown with external services	1
Inappropriate clinical judgement / reasoning (triage or at visits)	1
Risk Assessment not completed / patient risks not identified	1
Failure to follow policy or agreed procedure	1
Communication breakdown within LCH services	1
Communication - Breakdown with patient or carer	1

Contributory Factors/Themes	
Remote consultation	1
Lack of reviewing clinical records	2
Patient complexity	3
Patient concordance	2
Staff capacity issues	4
Failure to follow pressure ulcer prevention and management policy or agreed procedure (e.g. infection framework)	1
Lack of / inadequate staff training	1
Communication - Breakdown with external services	1
Communication - Breakdown with patient or carer	2
Failure to identify Risks	1
Assessments – Delay	3
Documentation standards – missing information	1

Highlights, Learning and Improvements

Learning from Serious Incident Investigations- March 2023- August 2023

Learning identified from Serious Incident investigations is managed via action plans in Datix assigned to responsible leads to complete within an allocated timeframe.

The top learning identified from Investigations includes but is not limited to:

Learning from closed SIs
Best practice would be that only senior/experienced clinicians should complete an initial visit including Holistic Assessment for complex patients
All staff to have access to a work mobile phone for photographic purposes
Senior staff to manage complex patients especially when deteriorating
Staffing levels and recruitment require much more in-depth scrutiny
Clinicians must read records prior to visits.
Clinicians to understand wound categorisation
Ensure clinical decision making is made by the appropriate colleague.
Separate care plans should be added for additional interventions with appropriate time scales and care planning schedules.

Review of the system for managing therapy referrals in the priority waiting list is required
Contact to be made with patients when moving patient visits
Review of clinical records to take place before moving patient visits
Importance of early intervention of compression bandaging/hosiery for patients with leg ulcers who are assessed as appropriate for this treatment
Improvements are required around communicating the Transition Support Pathway within Community Mental Health Team and Primary Care Mental Health.
Improvements are required around the specific processes for patients under the care of Mental Health Services on Transition Support within the Did Not Attend & Cancellation Protocol.
Consistent communication of contact details of Primary Care Mental Health in electronic patient communications is required.
Earlier formal reassessment of the patient's skin condition on return to care.
Safeguarding referrals to be completed when concerns are identified.
Earlier TVN intervention for patients with complex wounds
Timely referral to other services needed to be considered
Communication should be with patients as the first point of contact if they have capacity
Therapy assessments should be completed face to face not over the telephone to accurately assess the needs, identify risks and implement appropriate management plan for patients
Importance of completing a thorough holistic assessments which is proportionate to the patient's level of need

Highlights from Pressure Ulcer Incidents

Identifying risk and subsequent management
The Trust have adopted the Purpose-T as the clinical risk assessment tool for pressure ulcers. We have noted a theme of delays in the completion of the Purpose-T which means a delay in the identification of individual risk and personalised prevention plans. This has been noted across both adult and children's incidents.

In the Children's Business Unit an audit is underway to review a cross section of children on caseload against a set criterion the service has also embarked on a piece of work to update/complete the Purpose T screening tool for all children on caseload as learning from incidents.

In the Adult Business Unit, the completion of the pressure risk assessment and management care plans has been delayed following Purpose-T completion. The pressure ulcer risk management template provides an opportunity for a clinician to consider and record the identified risk for an individual patient and how that risk is to be managed / mitigated. Delays in completing this after identifying the risk has led to a delay in appropriate and timely management. This is being addressed through the Trust Pressure Ulcer improvement plan for 2023/24.

This has been considered in relation to the 'essential visits' criteria which supports clinical prioritisation in periods of escalated demand. This is monitored through daily capacity and demand meetings and there is a formal escalation process in place where this cannot be met. Monitoring of this in the Wharfedale recovery hub will also take place in 2023/24 through the adoption of CQUIN13 from the national CQUIN schemes.

Lack of Case Management
The Trust appreciate the importance of effective case management as the caseload complexity in community continues to rise. This theme has been noted across both adult and children's incidents.

Monthly caseload reviews are being prioritised within the Adult Business Unit. The importance of this is reflected in the escalation process to senior leadership should exceptional circumstances occur which require a caseload review to be rescheduled.

Within Children's Business Unit the Working Together project which will be undertaken over the next year will aim to improve better communication between the SystmOne units to ensure that care is coordinated between teams.

Photographs of pressure ulcers
Wound photography plays an important part of monitoring wound development (both deterioration and improvement) and therefore is an essential part of clinical care, reflected within the clinical care pathway and Trust policy.

It has been identified that photographs are not always taken at the required points in care, or the quality of the photographs is limited. A guidance document for wound photography has been recirculated to all teams via the Clinical Leads in the Business Units following completion of this report.

Consideration of 24-hour repositioning
The importance of effective repositioning to offload pressure areas is regularly documented, however we have noticed that this is not always considered with regards support needs over the 24-hour period. A learning from incidents poster which consolidates the ways to support 24-hour repositioning needs has been re-circulated to all teams via the Clinical Leads in the Business Units following the identified learning.

Additions have also been made to the electronic patient record to prompt consideration of 24hr needs and we are starting to see improved documentation referencing day and night needs within incident reviews.

Communication with carers and relatives regarding repositioning
There was a lack of communication with residential care home staff and carers providing support in patients own homes in relation to repositioning including advice, education, repositioning charts and ensuring that written information is provided alongside verbal instructions.

Collaborative work, led by LCH, has now resulted in an agreed pressure prevention training module on e-learning for health being accessible to all health and social care staff, with over 1300 people in the city having completed this to date. Work is also underway with Leeds City Council colleagues to improve communications between health and social care agencies across a geographical patch.

MCA 4 and declining advice
There were delays in the completion of MCA 4 assessments for those making unwise decisions. A focus on understanding the reason that patients are declining care or intervention is required as there may be alternative options that could be considered. MCA 4 is on the improvement plan for 2023/24. The offer of the Self-Management Facilitators has recently been extended to working with patients who are making unwise decisions. Communications have been sent out to the Adult Business Unit to raise awareness of this within teams.

Task focused care
A lack of reassessment of patient's pressure ulcer risk when their needs have changed for example due to deterioration or a change of care setting has been noted. In these cases, the care delivered has been task based and does not consider the holistic needs of the patient. Data is being gathered

by the Patient Safety Team to identify in how many incidents the theme of task focused care is evident.

General Overview
The pressure ulcer assessment matrix has been used throughout the reporting period to support more accurate assessment of the harm attributed to Category 3 and Unstageable pressure ulcers This has continued to support the most appropriate level of investigation based on harm and episode of care rather than solely on the pressure ulcer category as was previously the case. This aligns to the Patient Safety Strategy to ensure a proportionate approach is taken to incident investigation.

Virtual Rapid Reviews are completed for incidents reported by the Adult Business Unit Neighbourhood Teams for Category Three and Unstageable Pressure ulcers. This is a risk based, proportionate approach to sustain timely reviews of Patient Safety Incidents during the transition to the Patient Safety Incident Response Framework (PSIRF).

All learning identified from Serious Incident Investigations for Pressure Ulcers are cross referenced against the Pressure Ulcer Steering Group's improvement plan.

Highlights from Medication Incidents

Key learning and improvements from incidents and the actions taken or underway are detailed below:

Adult Business Unit

- Importance of contemporaneous working and checking visits regularly throughout the day in the live system for any changes. There have been discussions regarding this with clinicians, teams and care homes to try and reduce the incidence of missed or delayed doses.
- To ensure all call out visit requests for medication are passed over verbally, for clarity and prioritising by the clinical triage. The Night service have now commenced a written proforma that is sent to the Neighbourhood Team at the end of each shift detailing call out visits.
- If medications are stopped then clarity should be sought on how long the medication should be omitted and if/ or when it needs to be restarted.
- Changes to patients' medication instruction must be completed by the appropriate registered staff.
- Medication visits should be allocated to an appropriate clinician based on the level of patient complexity.
- Importance of checking Medication Administration Record (MAR) charts before, during and after medication administration to ensure the five rights principle is followed and reduce the risk of medication error.
- Awareness of human factors such as distraction as a contributory factor to medication errors and reducing this risk where possible
- A compliance aid should only be in use if a patient is able to or is working towards self-managing their medications (Level 2). If a patient requires support with medication long term (Level 1), this should be dispensed in boxes rather than a compliance aid. The team will review any patients who have a compliance aid and the level of support they need to ensure appropriate.

Specialist Business Unit

- Increased incidents at Wetherby Young Offenders Institute where staff are not following the Standard Operating Procedure correctly is noted and the Clinical Team Manager and Pharmacist are taking measures to address this in the team, communication has been sent out to all staff as a reminder to follow this and will be monitored.
- Understanding of importance of checking insulin names

Childrens Business Unit

- Ensure that Medication Administration Record charts and any other documentation is changed immediately when notified of any changes to medicines.
- Doses and timings of medications need to be re-checked after a period of absence in school in case of any changes.

Full details of LCH medication incidents is held in the Medicines report, presented quarterly to QAIG.

Highlights from Falls Incidents

Inaccurate completion of the Tier 1 falls risk screening tool due to a lack of clinical judgement in identifying falls risk and the need for further falls risk assessment

Actions to address: there is a new falls pathway which incorporates updates to the Tier 2 falls risk screening questions, this has been shared and disseminated to Neighbourhood Teams along with the updated Community Falls Standard Operating Procedure (SOP).

The Community Falls Service have offered to attend Neighbourhood Team meetings to demo the new template and pathway and clarify any queries on its use.

The Tier 1 and accurate completion is also incorporated into the falls training sessions provided by the Community Falls Service that is available for all registered clinicians to access.

Tier 2 Falls Risk Assessment has not been routinely completed for patients who move into a care home from their own home whilst on a neighbourhood team caseload, so not acknowledging that there is an increased falls risk with a change of environment

Actions to address: feedback is provided at Rapid Review Meetings and is also highlighted at the falls training sessions.

Lying and standing blood pressure not completed or not fully completed and no documented rationale why

Actions to address: the clinical observations template has been previously updated to support full completion of lying and standing blood pressure with a specific text box to document the rationale if staff are unable to complete.

The importance of completing lying and standing blood pressure has been highlighted in memos to the Neighbourhood Teams, in feedback at Rapid Review Meetings and is incorporated into the falls training available to registered clinicians.

There are now links to the guidance for completing lying and standing blood pressure in the new falls pathway and the Community Falls SOP has been reviewed to incorporate the recent updates.

The Falls Risk Management Template is not consistently completed after a fall for patients on the caseload.

Actions to address: feedback is provided at Rapid Review Meetings to request that details and circumstances of individual falls on the caseload is completed and to encourage staff to use the available presets as guidance for completion, learning is shared with teams via actions assigned within Datix.

Post falls management is incorporated in the Falls training for registered clinicians and highlighted on the new Falls Pathway and updated Community Falls SOP. Posters related to the Falls Risk Management Template have been previously disseminated to Neighbourhood Team bases.

A task orientated approach to patient visits with a lack of holistic assessment e.g. wound visit or visit to administer insulin, but falls risk not addressed

Actions to address: feedback is provided at Rapid Review Meetings with specific case examples and shared with teams via actions assigned within Datix.

Missed opportunity to identify osteoporosis risk from Tier 2 falls risk assessment

Actions to address: the questions on the Tier 2 Falls Risk Assessment have been reviewed and additional guidance incorporated. This is also incorporated in the Falls Training for registered clinicians.

Service capacity issues and long waiting lists for Neighbourhood Team Physiotherapy. This has contributed to: Delays to timely Physiotherapy assessment and input for patients at risk of falls, patients deteriorating whilst on the waiting list and inconsistent reprioritisation of deteriorating patients.

Actions to address: this has been escalated to the Senior Leadership Team in ABU with specific case examples provided for their review of action required.

Inappropriate delegation from registered therapists to therapy assistant practitioners (TAP) for patients with complex presentation or complex circumstances.

Actions to address: this has been escalated to senior leadership in ABU with specific case examples provided for their review of actions required.

Limited physiotherapy assessments including: a lack of assessment of muscle strength or balance, delay in timely follow up and a lack of evidence-based assessment and interventions provided (elements of this link with capacity issues but also awareness of patient need)

Actions to address: this has been escalated to senior leadership in ABU with specific case examples provided for their review of the actions required. The Community Falls Service have previously provided sessions to Neighbourhood Team Physiotherapists to support raising awareness and learning around evidence-based assessment and input.

Missed opportunities to identify and action the needs of deteriorating patients.

Actions to address: Feedback is provided at Rapid Review Meetings and shared with teams via actions assigned within Datix. There has been Deteriorating Patient training provided to the Neighbourhood Teams including real life case studies as examples.

Organisational Learning and improvements

To enhance wider learning across the Trust, there have been two Patient Safety Summits in this reporting period. Both have taken place via MS Teams and additional learning identified from cross Business Unit conversations. The summit which took place in April 2023 included discussions around Meatal tears, Learning Disability mortality reviews and effective case management. The July 2023 summit covered individualised care, holistic care and the deteriorating patient. The next Patient Safety Summit is planned for October 2023.

There has been a recent joint workshop between Quality Committee and QAIG to focus on how we improve and evolve the current platforms we have for sharing learning across the organisation. The way learning is shared currently differs between teams and business units and a joined up/ streamlined approach to sharing learning that is accessible to as many people as possible is being considered.

The Patient Safety Team provide a quarterly report to both the LCH Pressure Ulcer and Falls Improvement groups, these reports are now shared with QAIG. This quarterly analysis allows the respective steering groups to consider themes and trends of learning incorporated into the Trust improvement plans.

The introduction of the Patient Safety Incident Response Plan (PSIRP) development group will continue to drive more meaningful involvement of patients, families, and staff in investigations embedded across LCH. The Patient Safety Incident Response Framework (PSIRF) Implementation Team has a key working group underway to focus on involvement.

Patient Safety Syllabus

Level One training is now mandated and is included in this year's statutory and mandatory training, current compliance is 88%.

Level two training is proposed to be mandated by LCH subject to approval from the Senior Management Team. This covers systems thinking and human factors and will support the organisations transition to PSIRF.

Level 3 and 4 will be completed by all nine LCH Patient Safety Specialists.

CENTRAL ALERTING SYSTEM (CAS) SAFETY ALERTS

There were forty-five CAS Alerts received during the reporting period, all of which were assessed by either the Patient Safety Manager, Medicines Safety Officer or Medical Device Safety Officer. Eight of these required a response on the CAS website all were acknowledged, assessed, and actioned within the allocated timeframe. There was a delay with two in updating the CAS website however actions required had been completed prior to the deadline.

Of the forty-four alerts, twenty-nine of these were not applicable, seven were for information only and the remaining eight were for action (See Appendix One).

Of the fifteen for information or action, nine have been closed and the remaining six are open but action is underway.

There were two alerts which are open as part of NHS England's Enduring Standards, where Trusts are asked to ensure they remain concordant with historical alerts.
The first relates to NasoGastric (NG) Tube misplacement and all action has been taken and the alert closed.

The second remains open and relates to pulse oximeters, this 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 observational audit will be registered and completed to assess this.

A detailed overview of the CAS Alerts received and managed is contained in the bimonthly Clinical Governance report.

Appendix One – CAS Alerts relevant to LCH

Reference	Issued	Type	Status	Description
NatPSA/2023/010/MHRA	31/08/23	National Patient Safety Alert	For Action	Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls
MDR 047-08/23	30/08/23	Drug Alert	For Action	Class 2 Medicines Recall: Veriton Pharma Limited, Epistatus 2.5 mg oromucosal solution, pre-filled syringe (PFS), EL(23)A/32
103-08/23	22/08/23	Drug Alert	For Information Only	Class 4 Medicines Notification, Accord Healthcare Limited, UK, Olmesartan Medoxomil 10mg film coated tablets, EL (23)A/29
NatPSA/2023/009/OHID	26/07/23	National Patient Safety Alert	For Action	National Patient Safety Alert - Potent synthetic opioids implicated in heroin overdoses and deaths
NatPSA/2023/008/DHSC	18/07/23	National Patient Safety Alert	For Action	Shortage of GLP-1 receptor agonists
LC0090SE	03/07/23	Field Safety Notice	For Action	Urgent: Customer notice. TC-I Reusable Tip Clip Sensor.
NatPSA/2023/006/DHSC	24/05/23	National Patient Safety Alert	For Information Only	Shortage of pyridostigmine 60mg tablets
MDR 109-05/23	22/05/23	Drug Alert	For Information Only	Class 4 Medicines Defect Information: Orifarm UK Ltd, Buccolam 10mg Oromucosal solution, EL (23)A/18
CEM/CMO/2023/002	09/05/23	DOH-Chief Medical Officer Letter	For Information Only	Influenza season 2022/23: ending the prescribing and supply of antiviral medicines in primary care
NatPSA/2023/004/MHRA	09/05/23	National Patient Safety Alert	For Action	Recall of Emerade 500 micrograms and Emerade 300 micrograms auto-injectors, due to the potential for device failure
MDR 133-04/23	26/04/23	Drug Alert	For Information Only	Class 4 Medicines Defect Information: Omega Pharma Ltd, Beconase Hayfever Nasal Spray,
DSI 2023/006	12/04/23	Medical Device Alert	For Action	NuVasive Specialized Orthopedics (NSO) PRECICE Titanium Systems: UK Suspension Lifted, DSI 2023/006
FSN 2023-001	16/03/23	Field Safety Notice	For Action	Urgent Field Safety Notice (FSN) Podonics Dispence Applicator Device Recall

EL(23) A/08	10/03/23	Drug Alert	For Information only	MHRA - Class 4 Medicines Defect Information: Drugsrus Limited, Clexane 10,000 IU (100mg) / 1ml Syringes
MDR 146-02/23	07/03/23	Drug Alert	For Information only	MHRA - Class 4 Medicines Defect Information: Thornton & Ross Ltd, Methadone 1mg/mL Oral Solution BP - Sugar Free, Methadone Mixture 1mg/ml , EL(23)A/07

Leeds Community Healthcare NHS Trust

Trust Board meeting held in public: 6 October 2023

Agenda item number: 2023-24 (69i)

Title: Update on Children, Young People and Families Strategy 2022-25 – Quality Committee

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Category of paper: For information

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

Quality Committee 25 September 2023

Responsible Director: Director of Operations

Report author: Head of Service for Operations and the Children, Young People and Families Strategy – Children's Business Unit**.**

Executive Summary

This paper provides an update for the LCH Quality Committee on the progress made against the objectives as outlined in the Children's Young People and Families Strategy 2022-25. The Strategy was approved by the Trust Board.

This is the first update to the Quality Committee on the progress made on the Children's Young People and Families Strategy since the approval of the Strategy by the committee in May 2022 and covers the first year period of the Strategy implementation from June 2022 following a city-wide launch in December 2022.

The overarching aim of the Children's Young People and Families Strategy 22-25 LCH, is to deliver high quality health care in the most appropriate setting for children, young people, and their families. We achieve this by working in partnership with children, young people, and families, integrating with other organisations and by developing our services and staff.

The Children's Young People and families Strategy 2022-25

The Children's Young People and families Strategy 2022-25 is organised into our 8 objectives:

This paper provides a progress update on each of the objectives as set out in the CYPF strategy and some of the achievements within CBU. The annual Business Plan 22-23 is continual reviewed by the senior managers in the children's management team and provides evidence of a governance process in maintaining development and accountability of the CYPF Strategy.

Please note that several the objectives are in development and have a lifespan in the context of the strategy's time frame.

Progress update Q1 22/23

Objective 1: Develop Integrated Offers

Our blueprint for delivering on objective 1 is the Communication Offer, which at present is our most advanced Offer: progress so far following on from the launch events in Autumn 2022 which were system wide events for all services who work with children specifically regarding communication.

Apr-June (Q1*)*

- Held 2 Communication Offer - Next Steps events in April & May 23 for LCH staff.
- Analysed feedback from "To Be" events - local quick wins and identify partnership working starting to be implemented.
- Plan for whole system events in Oct 2023 to implement change across the "focussed support level" of the offer once the analysis of the feedback has been complete. To ensure services are streamlined and easier to access for the patient journey.
- Created 2–3-year plan for Communication Offer engagement/roll out.
- We continue to work with 3rd sector organisations in the development of the Offers.
- We are continuing to develop our 6 Offers with CBU Clinical Lead oversight on the progress made to date.

Objective 2: Effectiveness of service delivery

Outcomes

- A successful training programme on Goal Based Outcomes (GBO), delivered to all practitioners and new starters across all services to evidence outcomes for CYPF.
- Database developed on PIP as an indicator of outcomes for CYPF.
- We have developed a new SystmOne questionnaire so that we can report on the numeric GBO data. To be rolled out by mid-September.
- Findings of CBU outcomes project shared at the West Yorkshire ICB SEND outcomes event with very positive feedback.
- We have been invited to share the work at regional Designated Clinical Officer Forums in both Northeast & Cumbria, and Yorkshire.

Evidence of Good Practise

- ICAN are currently recruiting to the Children's Palliative Care Outcome Scale validation study; a study to validate a new quality of life outcome measure for children with life limiting conditions. The study is being led by Kings College London.
- ICAN are also pursuing opportunities to recruit to two randomised controlled trials for strengthening and stretching interventions for children with Cerebral Palsy, building on links with partner organisation.

- CBU has clear ambitions for improving a culture of research and innovation and has linked with the organisation lead to progress This closely matches with the trust wide vision.
- BFI Gold accreditation is a CQC UNICEF UK, and 0-19 commissioner recognised mark of excellence in breastfeeding practice. The LCH 0-19 service have achieved this sustainably for the last 4 years.
- Safe sleeping audit by 0-19 service has improved the public health message to families and is now part of the PBB programme.
- Economic wellbeing pathway for 0-19 was audited and the learning was to ensure all families are receiving the economic support they are entitled to.
- 0-19 audit of the Domestic Violence pathway highted the inconsistent use of the significant incident /safeguarding node on systemone strategies have been put in place to rectify this.

Objective 3: Patient experience

- We have effectively implemented a Shadowing Experience for young people involved in the Youth Board this will initially be supported by our paediatrician colleagues.
- We have had continued success in developing links with 3rd Sector organisations and these groups take part in consultation of any developments our services are embarked on.
- We are developing a charter to ensure that we hear the voices of children, young people, and their families.
- We are keen to ensure that the Youth Board use social media platforms and from August will have a Twitter account.
- We have successfully developed a forum called the Involvement Group for those over the age of 19.
- Our Youth Board continues to grow and has just held its first annual meeting. The Youth Board is fully embedded within CBU and takes part in numerous pieces of consultation and project work including oversight of the CYPF Strategy.
- We are resetting our involvement champions and re-establishing regular monthly drop ins.

Objective 4: Cost Effective services.

- Review and reset of the Community Childrens Eye Service.
- To develop sustainable Advance Clinical Practitioner roles across the BU to support the delivery of services.

Objective 5: Retain and Expand services.

- Successfully negotiated for the re-commissioning of the 0-19 PHINS services
- Continue to engage in conversations with partners across the city regarding several current & new contracts, for example the paediatric CIVAS service which will ensure children up to16 years of age will be offered daily antibiotics at home instead of having to go to LTHT.

- Successfully bid for the joint Flu/School Imms tender contract to be applied on September 23
- Continue to strengthen relationships with ICS/ICB colleagues to ensure we are partners in any development opportunities to expand our services.

Objective 6: Skilled and competent workforce

- CBU progressing a Workforce Strategy
- Completed Preceptorship document to be used across all services in CBU.
- Developed a recruitment film to enhance all our adverts for job vacancies.
- Developed an introduction leaflet for all new recruits to introduce #team CBU.
- CBU colleagues working with One Workforce Leeds in supporting the One Leeds Approach, in pursuit of a shared system and partnership working. I.E. Student Pathway
- We have developed a Shadowing experience programme with our Youth Board, for young people, linking in with schools and colleges.
- We are out to advert for ACP we have 2 posts in our ICAN service with a view to develop our workforce to work at their full potential.
- Continue to work with the organisation on how we utilise apprenticeships and development posts for staff at the start of their career.

Objective 7: Maximise Technology

- We continue to offer patient choice with a hybrid model of face to face and digital virtual appointments if requested by the young person or family.
- We have utilised social media to promote our services and job opportunities.
- CBU Live ensures we deliver timely messages across the whole Business Unit
- Baby Bubble Leeds: has been successfully launched in partnership with LTHT and has ensured digital inclusivity.
- Continue to support staff virtual meetings to ensure flexible working model, to be cost effective and environmentally responsible.
- Systemone clinical record templates ensure up to date data that evidences quality clinical interventions and outcomes.
- Use of communication annex to share links to useful websites and information for service users via SMS. Including FFT.
- Continue to use Eventbrite for training events and service user such as PBB.
- Highly commended at recent HSJ Digital Awards for working with West Yorkshire Healthier Together
- Re-establish CBU digital steering group.
- We are developing a communication leaflet language paragraph to go with first letter – with a potential QR code to access information.
- Patient Information Hub with the development of self-management materials for families.

Objective 8: Ensure the Health and Wellbeing of all staff is a priority.

- CBU have continued to work with practitioners on an individual basis in promoting LCH Health and Wellbeing initiatives and the significant programme of support they can access.

- Senior managers and practitioners ensure CBU has representation at HWB engagement group, the shared learning and availability of support can be disseminated across the BU.
- We continue to progress the implementation of Health & Wellbeing champions in every service.
- Fair Day's Work has concluded in ICAN, 019 & SLT.
- All services are looking at the staff survey results and theming to develop action plans.
- Support team managers to hold positive conversations with staff around flexible employment and work life balance.
- Appraisals are given priority in all services.

Conclusion

The initial stages of the strategy's implementation and the aims and objectives are on track. From the launch of the Children's Young People and Families Strategy 2022-25 steady progress has been made against all objectives as outlined above.

The 2022-23 CBU Business Plan supports the governance process of the strategy in relation to time frames and provides clear evidence of achievement throughout the year.

As with any enterprise, there is risk that the current pressures and the volume of work have the potential to impact on the timely delivery of the objectives.

Areas requiring focused attention over the coming months needs to be, to deliver on the 23/24 business plan which continues to be integral with the Strategy objectives. Evidence our outcomes for families, retain and develop our staff as well as our persistent drive on recruiting the best practitioners into our services.

Recommendation

The Board supports the continued progress on the 8 objectives and acknowledges the progress over the last several months.

NHS
Leeds Community Healthcare
NHS Trust

Children, Young People and Families Strategy 2022:2025

Youth Board feedback on our 2018-21 strategy

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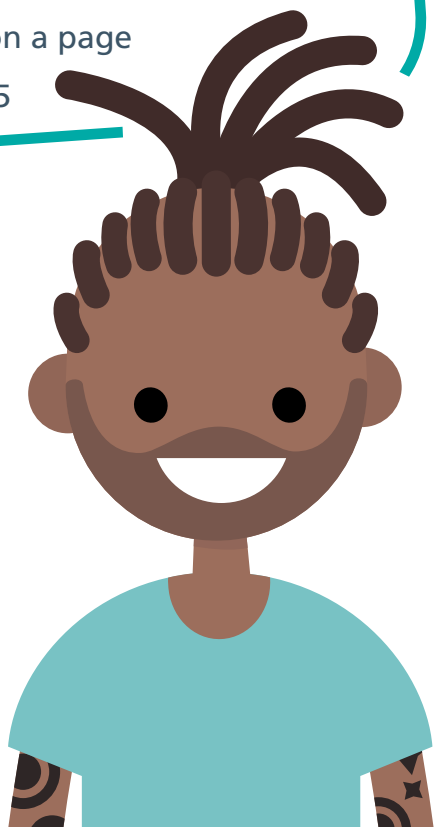


Foreword

There are few things more important for a country than improving the wellbeing and life chances of its children and young people and there has never been a more crucial time in recent history for us to focus on their wellbeing.

Children and young people represent a third of our population and their health and wellbeing will determine our future. Improving their health and wellbeing is a key priority for NHS England and NHS Improvement.

The refresh of the Leeds Community Healthcare NHS Trust Children's Strategy determines our commitment to giving all children in Leeds the best possible start in life and for them to grow up being healthy, confident and resilient. Every newborn, child and young person has a right to reach their potential and live a healthy life. We will be resolute and give assurance that the care we provide over a child's lifetime is safe responsive, effective, compassionate and individual to the child and young person's needs and considers the needs of the whole family. Leeds Community Healthcare NHS Trust is justifiably proud of its children's services. We have continued to deliver excellent quality care despite the challenges over the past two years. We continue to work with families, children and young people to improve our delivery of the services and are grateful for the patience of our children, young people and families during these times.

The ever-changing NHS landscape, especially over the last few years, offers opportunities to continue to develop and build sustainable services that deliver safe, dynamic, high-quality care, in the right place, at the right time, by the right practitioner that meets the needs of our children, young people and families in new ways. As a forward-looking organisation, we work across the system and are part of the Children and Young People's Population Board and we are continuously developing and improving our services to respond to the socio-economic changes around us.

Our overall aim is to address local variation and inequalities in health, outcomes and experience across the city.

We will work in an integrated care partnership model across our city, listening to our children, young people, and families that we serve. A key element of the strategy is the 'voice of the child' and to be familiar with the belief that Leeds can be the best city in the UK to grow up in. The transition from children's services to adult care systems can be overwhelming and daunting. We will engage with young people and families, ensuring a purposeful, planned transfer of care of adolescents to the adult-oriented healthcare system.

We not only want to provide the best possible healthcare but to be the best employer in the city, offering career development for our staff and ensuring all staff are cared for. A vital part of **keeping the best people** is looking after people well, creating and sustaining an environment in which they can thrive, and providing support in times where health and wellbeing is at risk or compromised. Our staff are working innovatively, in a compassionate and inclusive culture, ensuring we attract the best professionals and retain our staff to deliver the best possible care.

Thea Stein
Chief Executive

Being children and young people living in Leeds, it is so important to be listened to in what we need from services provided by Leeds Community Healthcare NHS Trust. This strategy sets out how this will be done, how we access services, how these services work together ensuring that children, young people, parents and carers are at the heart of all services, and the transition to accessing adult services is smooth as well.

It is so important for children and young people to be able to access all healthcare services and information. The services provided should be available and written in a way that they can understand. This is also important for our families, knowing that they will get the right level of support and know how to access it.

The strategy shows how Leeds Community Healthcare NHS Trust are working hard to ensure that they get this just right by employing dedicated staff who are passionate about the care of children and young people and that these staff are listened to and involved in developing the objectives within the strategy.

Since joining the Leeds Community Healthcare NHS Trust Youth Board we have been involved in so many projects about how we can make things better and we have loads of examples from giving feedback around new leaflets, our opinions on changes in services, social media development, taking part in photo shoots and videos, the list is endless!

To be part of the Youth Board is amazing and we feel part of Leeds Community Healthcare NHS Trust knowing that we make a difference, we are listened to and included in making things better. We also get the chance to take part in staff recruitment panels having our own Youth Board panel and this means that we are able to ask our own questions. This gives the candidates the opportunity to engage with us and can be very different to the more formal interview that takes place as well. This is so important as it shows that our views are important to the candidates and highlights that the Trust listens to and involves people in making decisions.

This new strategy builds on the previous one and, as children and young people, it's exciting to see how forward-thinking Leeds Community Healthcare NHS Trust are in how they are exploring app development and technology in developing its services. So much has happened since the first strategy was developed, we have adapted to new ways of learning having done this virtually at times, school has been very different as have our healthcare appointments as well. Although these have been challenging times we have learnt so much, new ways of doing things and some of these now work really well. We feel as young people we have learnt so much recently and will bring these experiences in helping to develop services provided by Leeds Community Healthcare NHS Trust.

What does our Youth Board say?

Children and young people will be given information around their appointments prior to attending. Ask their preferred name / pronouns to help them feel more comfortable when they attend appointments.

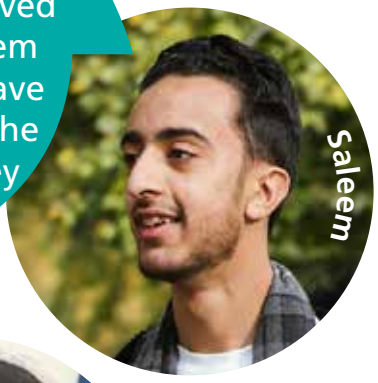
Information should be accessible and available to children, young people, parents and carers in all of our communities across the Leeds area.

Developing technology, apps and exploring social media platforms to share information, support children, young people, their parents and carers.

Flexibility around appointment times, avoiding school times if needed and how appointments are attended such as virtual and in person.

Children and young people will be involved in decisions around their care.

People accessing our services should be invited to be involved in developing them and be able to leave feedback about the services that they access.



Children and young people will have access to all our healthcare services and know how to access them.

Introduction

Leeds Community Healthcare NHS Trust is the main provider of community-based health services across Leeds, offering high quality healthcare in the most appropriate setting for children, young people and adults. We achieve this by working in partnership with children, young people and their families, other organisations including our vibrant voluntary sector, involving and developing our staff, and using our resources wisely to continually improve our services.

The children and young people we work with become adults. Adults become the parents and carers of the children and young people that this strategy is about. All our services work as much in partnership with parents and carers as they do with the children and young people themselves.

This strategy is designed to improve the health and wellbeing of all children and young people living and growing up in Leeds to enable them to reach their full potential and live happy, productive, ambitious lives in a safe environment. This document does not stand alone and contributes to the Children and Young People's Plan (revised 2018-23). **See Appendix 1 on page 25.**

In reviewing this strategy we have talked to our key partners, the children, young people and their families, and practitioners working in the organisation. What is clear from the feedback is how proud all the voices are of Leeds Community Healthcare NHS Trust children's services.

The success over the past three years has given us the confidence to set our sights higher and we will deliver on our original seven objectives with the future in mind. We will be innovative, flexible and measurable, ensuring we quantify outcomes of the offers we deliver for our children, young people and families, linking to the citywide children's outcome framework.

The revised Strategy 2022-25 continues to have the same clear mission statement and progression plan on how we will achieve our reviewed seven objectives and a new eighth objective. Over the past two years we have recognised the need to support our staff to build their resilience to enable their continued commitment to improving the lives of children and young people. Objective eight describes how we will achieve this.

We will work in partnership with our children, young people and families, hearing the voice of our Youth Board and parent groups collaborating with key partners: Leeds City Council, voluntary sector, schools, children's centres, third sector, primary care and acute trust in the city. Building on the firm foundations of our Strategy 2018-2021, we will also learn from the past two years and the challenges during the Covid 19 pandemic. A key priority and a crucial lesson we have learned is the support needed for our workforce and to continue to ensure they have a voice, feel they are listened to and enjoy working in Leeds Community Healthcare NHS Trust.

The strategy sets out an ambition to drive forward clinical offers for children, young people and families which are fully integrated with all partners across Leeds. This is a significant transformational ambition motivated by a desire to offer an improved experience for children, young people and families, better coordinated care, improved clear access, greater efficiency and ultimately create better outcomes for children and young people in Leeds.

Our key achievements

Engagement with children, young people and families has been far reaching and includes the following achievements which are linked to our strategic objectives (see Appendix 2 on page 26 for further examples):

Communication offer: Sally's story

The Communication Offer describes services and resources that support children and young people to develop speech, language, and communication skills. Sally's Story is an example of how a family might access elements of the Communication Offer which is one of the CBU offers.

Universal services | Targeted services | Specialist services

Pregnancy and birth

During pregnancy, Sally's parents were told about how to be aware of the needs of their unborn baby and ways to support language learning through developing the parent-infant relationship.

After the birth, Sally's mum was given information around caring for and connecting with her baby. This included support from Pregnancy Birth and Beyond group, libraries, Children's Centres, Family Hubs, local voluntary and community sector services, clinics etc.

Infant mental health

Sally's mum was having worrying and upsetting thoughts about her baby so the 0-19 Specialist Public Health Nurse made a referral to the Infant Mental Health Service. Sally's mum received support to develop ways to strengthen the unique relationship between herself and Sally.

Progress checks

The 0-19 Specialist Public Health Nurse highlighted the importance of participating in progress checks so that any speech, language or communication needs can be identified early. Sally's mum watched some of the recommended Top Tips for Talking Animations.

Ages and Stages

At 2½, Sally's parents completed the Ages and Stages Questionnaire (ASQ). Sally was eligible for free education and childcare and started to attend a children's centre.

Developmental review 12 months

Sally's mum brought her to a children's centre where she talked with the 0-19 practitioners about how Sally is growing and developing.

They shared information about hearing and language development to help identify any problems.

HENRY Programme

They agreed that sally's mum would attend HENRY programme 1-1 sessions to learn about how the home can be a great learning environment for speech language and communication.

Speech and Language Therapy

Sally was referred to the Speech and Language Therapy service following the ASQ as parents reported concerns about her communication and interaction. The 0-19 PHINS practitioner also referred her to a Paediatric Neuro-disability Service for suspected Autism.

Readiness for school

Sally is due to start school and her mum shared her concerns in the Set for School Questionnaire. The 0-19 Specialist Public Health Service helped **plan for a supportive learning environment in school**.

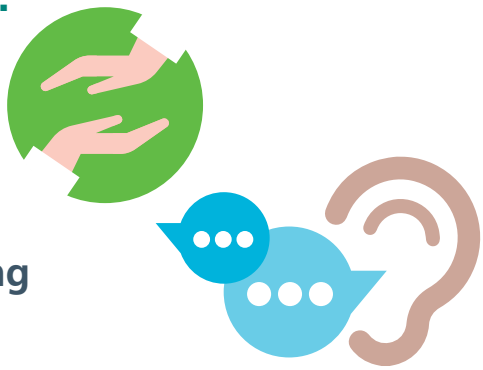
As part of the Complex Communication and Autism Assessment, the family were supported by a **Specialist Health Visitor, Speech and Language Therapist, Clinical Psychologist and Paediatrician**.

Sally received a diagnosis of autism and was supported with her communication and interaction.

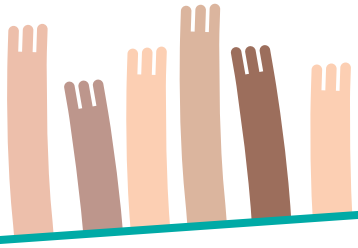
Sally continues to see a **Speech and Language Therapist** who will see her in school once she starts, to support her with her communication needs.

Our mission statement

We enable children and young people to meet their potential and live healthy lives by:



- Keeping children safe.
- Helping children achieve their goals by listening and responding to their needs.
- Empowering children, young people and their families.
- Helping children to participate.



Our services:

What makes our children's services special

Leeds Community Healthcare NHS Trust provides community-based health and wellbeing services for all children, young people and their families in Leeds aged 0-19 years (up to 25 years for children with special educational needs and/or a disability). See **Appendix 3 on page 32** for the full range of services we offer.

Our children and young people services operate across the city and the wider region of Yorkshire. We are in a very privileged position, working with families during pregnancy up to a young person's transition to adult services. Our services are life enhancing, safe, evidence-based, and dynamic with a clear understanding of our population's health needs.

Leeds Community Healthcare NHS Trust currently offers a range of services that are available to children and families at different stages or levels of need and can be classified into different levels of intervention as explained on pages 12 and 13.

Levels of intervention

All children can access the community and universal levels of support. Targeted and specialist level interventions are brought into the child's overall package of care based on need at a given moment in time.

Community:

Groups, services and self-help resources for the whole population, which underpin the universal offer, are provided by services other than Leeds Community Healthcare NHS Trust.

Universal:

These are the services and self-help resources for the whole population which have a focus on health promotion and prevention of poor health. Universal services aim to inform, educate, and train others to know about populations, early identification, and risk factors.

Universal Plus / Targeted:

Some children and families will require additional support. Children who are at risk of having ongoing needs will require close monitoring of outcomes. Additional support is provided by parents/carers, appropriately trained early years or education practitioners guided by specialists. Goals are agreed, progress is monitored, and clinical effectiveness is measured by clinical outcomes related to each goal.

Specialist:

Some children have longer term needs which require direct or indirect interventions, provided or supported by a specialist. This level of provision is likely to involve multi-agency support, in collaboration with education practitioners and parents/carers. Interventions focus on developing and maintaining skills or managing the environment to support the condition. Interventions are for children with severe or complex, specific ongoing needs. Goals are agreed, progress is monitored, and clinical effectiveness is measured by clinical outcomes related to each goal.

Golden threads:

Safeguarding, transition and health equity are the golden threads that underpin all the levels of intervention.

The graphic on page 13 illustrates which services can be accessed at the different levels of intervention described above.

Services delivering the interventions

Growing up in Leeds

Leeds is the largest city in the north of England (Leeds Joint Strategic Needs Assessment 2021). Its population is approaching one million and there are over 189,000 children living in the city. Leeds children are at the heart of the city, with a collective ambition across all sectors for Leeds to be the best city to grow up in.

We know that many children growing up in Leeds have challenges to their health and wellbeing. 24% of children live in poverty in the city compared with the national average of 19% (Leeds Joint Strategic Needs Assessment 2021). The pandemic has undoubtedly escalated the health equality outcomes across the city and the health wealth gap has widened. There is a larger number of children under the age of two growing up in the most deprived areas of the city and the pandemic has disproportionally affected the indices of multiple deprivation (IMD) in these areas the most.

The pandemic has also had a significant impact on the mental health of our young people. Self-harm admissions to hospital in Leeds have increased significantly. The birth rate has fallen over the past decade to approximately 8400 (a decrease of 12%), however, children are still the fastest growing cohort of the population with a concentration of secondary school aged pupils.

For the Leeds Community Healthcare NHS Trust Children and Young People's Strategy 2022-25 to be meaningful, it is important that it articulates how growing up in Leeds is different to growing up elsewhere and also, what it is like to live and work in Leeds as an adult. The city has an embedded determination to be the best city to grow up in. We want to make a positive difference to the lives of children and young people who live in Leeds, while recognising the need for outcomes to improve faster for children who have the greatest need.

12% decrease in the birth rate over the last decade to approx **8400**

23% of 4-5 year olds are obese or overweight

Education, Health and Care Plans (EHCP) have **tripled between 2016-21**, from 824 to 3013

Leeds is in a great position to build on its many achievements. Since 2011, the number of Children Looked After has reduced by 7% compared to a 22% rise over that period across England. The city was rated as outstanding by Ofsted in 2018. This was achieved as a result of strong partnership working with Leeds Community Healthcare NHS Trust and its practitioners.

The most comprehensive and reliable document to provide this insight and context is the Leeds Joint Strategic Needs Assessment 2021 (JSNA). The JSNA pulls together a detailed analysis of data and information from a range of sources. The latest JSNA highlights several demographic challenges in the city particularly the significant increase in childhood poverty because of the pandemic. It also provides valuable data to support the revised production of a Leeds Community Healthcare strategy that is relevant to children, young people and their families in Leeds.

In summary, there is a significant increase in the number of children and young people who grow up in Leeds that face challenges and trauma. The revised strategy needs to consider the impact of the pandemic and the widening health inequality gap in Leeds. Leeds Community Healthcare NHS Trust has a key role to play in contributing to better outcomes for children and young people in Leeds.

7% **reduction** in the number of Children Looked After from 1,346 to 1,278 between March 2020-21

An increasing proportion of people in Leeds live in the most deprived parts of the city.

26% of people in Leeds live in the 10% most deprived areas nationally

34% of pupils in primary schools in Leeds live in the 10% most deprived areas nationally

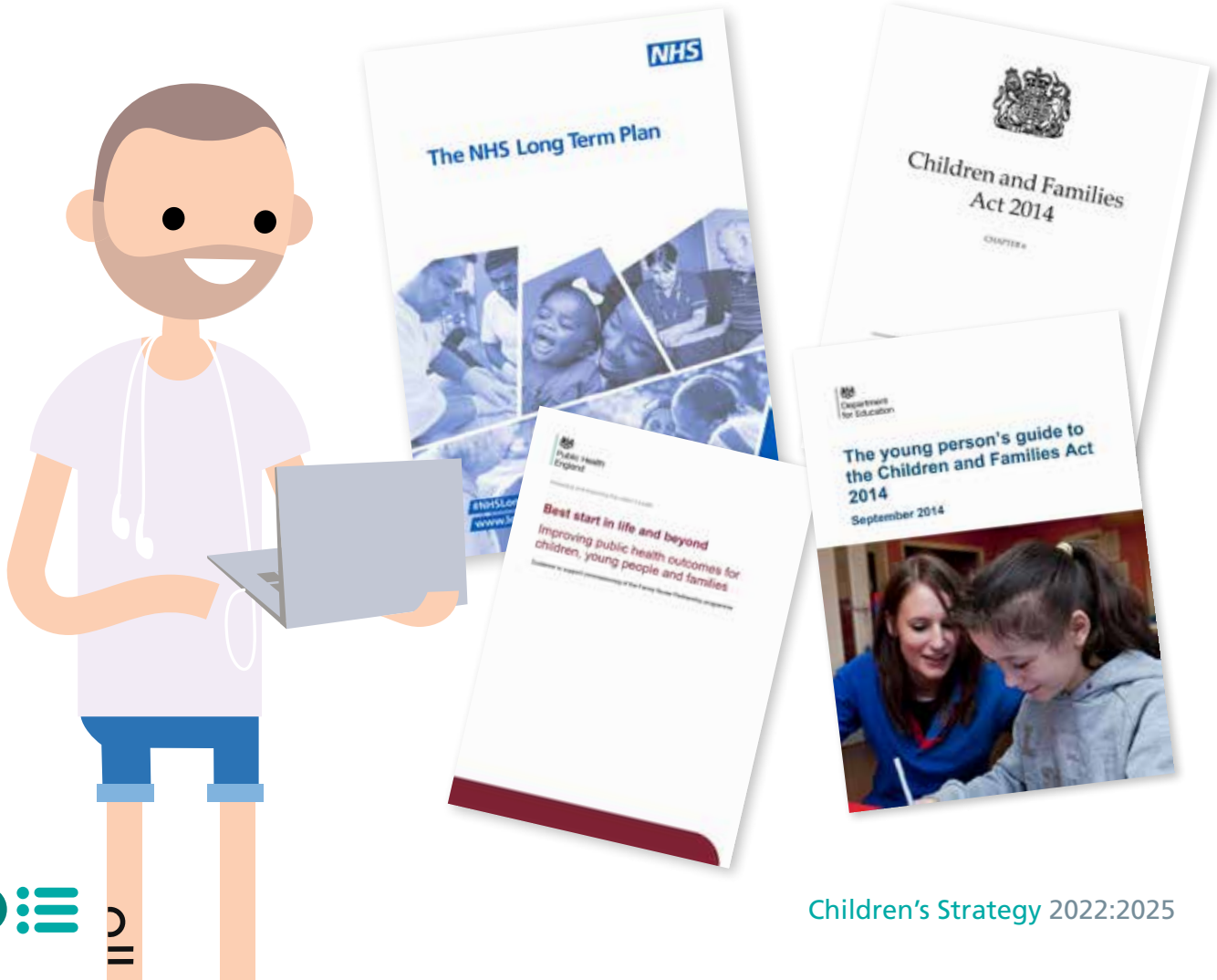
24% of children in Leeds are living in poverty

National context for children and young people

There is a plethora of policies from government supporting the delivery of services for children, young people and their families. These include the Children and Families Act 2014, (a young person's guide to the Children and Families Act 2014 is also available), Best Start in Life and Beyond (2021). The NHS Long Term Plan 2019 clearly sets out a framework for children and young people, recognising that delivering care to children and young people is diverse and complex.

The NHS Plan is a radical document that has a roadmap for joined up working across all systems in healthcare, education, and social care. Services need to work holistically across local authority and NHS teams to provide joined up care that is focused on families. The Plan recognised that many children and young people could be supported successfully in their homes by community services and primary care, with improved outcomes for children, young people and their families.

Appendix 4 on page 33 shows a list of policy drivers and influencing documents that supports the revised strategy. Whilst it is not a exhaustive list, the documents helped shape the updated Children, Young People's and Families Strategy 2022-25, and will continue to guide the direction of travel for children and young people's services in Leeds Community Healthcare NHS Trust for the foreseeable future.



Local context:
What this means for children, young people and families in Leeds

In Leeds there are several existing programmes of work in the city which link with the Children's Strategy (Appendix 4 on page 33).

The Leeds Children and Young People's Plan 2018-23 **(See Appendix 1 on page 25).** brings together national and local policies relating to children and young people. Underpinning the Plan is an assumption that all partners are working together towards a shared responsibility to address the question **'what is it like to be a child or young person growing up in Leeds, and how do we make it better?'** Leeds Community Healthcare NHS Trust's children and young people's services have a significant role to play in this partnership and also in articulating how its services contribute to improving what children and young people achieve in Leeds. The plan has five outcomes:

1. All children and young people are safe from harm.
2. All children and young people do well at all levels of learning and have the right skills for life.
3. All children enjoy healthy lifestyles.
4. All children have fun growing up.
5. All children and young people are active citizens who feel they have voice and influence.

The revised strategy is also clearly aligned to the Healthy Leeds Plan 2021. As the main provider of children, young people and family community health services in the city, we have the continued ambition to drive the provider collaboration agenda, working across all systems.

The eight objectives of the Children's Strategy set out how we are going to be key drivers to work in a system wide approach with a clear focus on population health needs and addressing the social determinants of health. The four key principles in the Healthy Leeds Plan reinforce our mission statement, and by working in the framework, we become an integral partner in the Integrated Care Partnership (ICP) West Yorkshire and Harrogate.

Working together collaboratively across all providers, the strategy describes how we are going to do this through building on our learning and updating our seven objectives. This includes introducing an eighth which focuses on our workforce, the blueprint for our offers and delivery of the services pathways.

Our strategic objectives

Our eight objectives have been reviewed and updated and are still as applicable today as when the first Children's Strategy was introduced in 2018. Our three year plan is deeply integral to our aspirations for the children, young people and families we serve and is our framework for action **(see Appendix 5 on page 34)****.**

The Leeds Community Healthcare NHS Trust Children and Young People's Strategy is underpinned by a robust business and implementation plan which runs on a three year cycle and is reviewed annually **(see Appendix 2 on page 26)****.**

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

We will...

- Implement our agreed offers.
- Ensure we are leaders in the development of integrated, collaborative care systems for children, young people and families in the community.
- Ensure all services have a defined but flexible offer with the child and family at the centre.
- Ensure transition is seamless and as a golden thread, runs through all service pathways and offers, at every stage of a child's development.
- Work towards establishing integrated teams to deliver on the offers.

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

We will...

- Use best practice based on current research to ensure best outcomes for children, young people and families.
- Continue to improve our use of outcome measures and produce quality data to evidence successes.
- Transform our services to focus on the child's and families' journey and outcomes.
- Work with commissioners to focus on the outcome for the child, young person and family and what has been achieved, rather than how many appointments the child has had.

3

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

We will...

- Always collaborate with the Youth Board on any developments in children's and young people's services.
- Develop a charter to ensure we hear the voices of children, young people and families, listening to feedback, acting on it and sharing it.
- Work with the voluntary sector to ensure we are inclusive of all the populations we serve.
- Develop a forum for parents, families and carers.
- Through our pathways and offers, ensure children and young people see the right person at the right time.
- Ensure we use technology and social media platforms to communicate with children, young people and families.
- Commit to annual consultation activity to inform us on how we are doing.
- Work with children, young people and families to review and update the next three yearly strategy.
- Ensure children and young people gain opportunities and experience in working with services.

4

Services will be delivered through a fair days work, within budget, be cost effective, and value for money

We will...

- Ensure service offers are value for tax payer's money.
- Ensure workforce and budget planning are aligned.
- Work with funders to ensure that our services deliver on what matters most for the health of children and young people across the city.

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

We will...

- Strive to be the preferred provider of Children's Community Healthcare Services by being productive and cost effective.
- Reduce our dependency on estates by working in a hybrid model of sharing spaces in public buildings for optimal occupancy.
- Always be ready to work with other organisations to expand our services to benefit children, young people and families.
- Employ excellent staff who give a high quality experience and care, whilst also delivering a fair day's work and being cost effective.

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

We will...

- Offer continuous support and mentorship to enhance colleagues' experience and career progression.
- Offer opportunities to work across children and young people's services to gain skills and experiences in differing fields and across traditional service boundaries.
- Collaborate with all colleagues in the workforce to offer a wide range of flexible options to enhance work life balance.
- Ensure managers and teams have the skills and resources needed to support a productive, innovative workforce.
- Develop leaders who can ensure safe, quality care which improves children, young people and families' outcomes.

7 Maximise the potential of technology

We will...

- Build on our digital offer to families with a hybrid model of face to face and virtual/video appointment options ensuring families are not digitally excluded and have improved access to services.
- Communicate through YouTube and other social media platforms to support children, young people and families to manage their own care.
- Create website pages for our offers.

8 Make children and young peoples' services a wonderful place to work and first choice appropriate employer by investing in the health and wellbeing of our workforce

We will...

- Ensure we communicate the Leeds Community Healthcare NHS Trust health and wellbeing offer to all colleagues so that they feel sustained and cared for and have access to services when needed.
- Enable leaders to be skilled in compassionate conversations through a 'people before process' philosophy.
- Offer a wellbeing conversation as part of the appraisal and manager conversations.
- Offer an insight to trauma informed practice to all staff.
- Develop health and wellbeing champions in every service.
- Ensure staff are aware of the flexible employment options available for a positive work-life balance.

Keys to success: how will we do this?

The success of the Leeds Community Healthcare Children's Strategy will be dependent upon several underpinning principles and approaches agreed by Leeds Community Healthcare Board and supported by our Youth Board and children's services practitioners as they drive this strategy forward.

Co-production and engagement – children, young people and families

Progressing and developing Leeds Community Healthcare NHS Trust children's services will take into account the views and needs of children, young people and their families through meaningful and continued engagement. We will be held accountable by the Youth Board and parent groups and we will deliver progress reports on all the objectives at a quarterly Youth Board meeting. We will monitor children, young people and family outcomes through data and children, young people and family feedback on services.

Engagement – our staff and partners in Leeds

We will continue to engage and communicate with our staff through forums to increase visibility of leaders so all have a voice in the implementation of the strategy and the development of the business planning. We will hold key milestone forums to showcase how we are implementing the strategy.

The Children's Leadership Team commits to meaningful dialogue with our partners about the future direction of Leeds Community Healthcare NHS Trust children's services including its challenges and opportunities. We welcome ideas and feedback on how we are doing and the practical support needed in getting there.

Consideration of CQC domains

Leeds Community Healthcare NHS Trust Children and Young People's Strategy will have the five Care Quality Commission (CQC) domains (safe, caring, responsive, effective, well-led) at the heart of its planning and implementation plan.

Contributing to the evidence base, research and best practice

Developments and interventions within the children's services are evidence based. We will continue to contribute to the evidence base by sharing our best practice, being involved in research activities and communicating our outcomes measures. We will share this information with all our staff in children's services, Trust Boards and commissioners.

Maximising technology

Children and young people's services will continue to develop technology and embrace new initiatives. We will drive forward new ways of working, using digital technology, wherever suitable, and endorsing digital inclusion across our communities.

Governance

Over the first year of this strategy, a detailed business plan will support the delivery of the strategic objectives and there will be a quarterly review of the actions at Children's Management Team strategy days. The business

plan will be communicated to our services and colleagues and the Youth Board overseeing the implementation of all the actions underpinning the seven objectives. They will expect accountability from the Children's Management Team on delivery of the strategy within the timeframes. An annual report will be produced, supported by services on their achievements, and submitted to the Youth Board and Leeds Community Healthcare governance structure. **See Appendix 6 on page 35 for details of the business plan.**

Using data, information systems and finance intelligently

Strong and sustainable strategic development will be underpinned by robust data and information. This will help the children and young people's services to monitor their own performance and provide performance information and results (internally and externally). These demonstrate that developments and changes within and across services are effective, timely and value for money, making the best use of the Leeds pound for children and families.

Understanding provider collaboration and Integrated Care System (ICS)

The Children's Management Team has established good relations with its key partners, building on relationships developed in recent years to enable delivery of the strategy and aims to maintain this. Whilst Leeds Community Healthcare NHS Trust Children and Young People's strategy sets out our intentions, short and long term goals supported by our business plan, the strategy will also be mindful of new commissioner arrangements and how to evidence positive outcomes for families and children to enable continued funding for services. We will be a leader in the city, working together with our partner organisations including the third sector, using our skilled knowledge and our understanding of the health and wellbeing needs of the population we serve.

We will ensure we are seen as a community asset for volunteers and voluntary sector colleagues and a good employer for the future children and young people.

Students experience

Children and young people's services will continue to support students from all disciplines. We will grow our own workforce by ensuring a varied and comprehensive experience in the offers delivered across services. We will build on our already positive relationships with our partner university.

Interdependencies

This strategy takes account of and is linked with the following local strategy documents:

Leeds Community Healthcare NHS Trust strategies:

- Quality Strategy
- Workforce Strategy
- Business Development Strategy
- Administration Review
- Estates Strategy
- Organisational Development Strategy
- Third Sector Strategy
- Quality Framework Strategy
- Engagement Strategy
- Business Intelligence Strategy

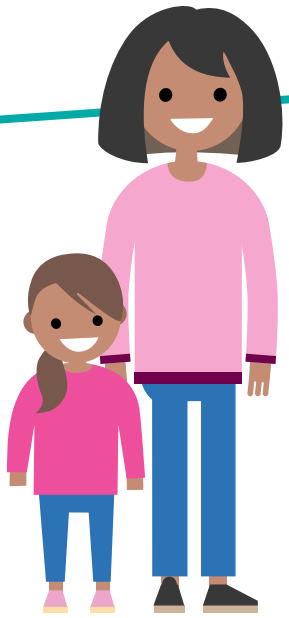
Local strategies:

- Health and Wellbeing Strategy for Leeds
- Future in Mind
- Best Start Strategy
- Early Help Strategy
- Maternity Strategy
- Attainment Achievement and Attendance Strategy and the Thriving Strategy
- NHS Plan
- Leeds SEND and Inclusion Strategy

Conclusion

The revised Leeds Community Healthcare NHS Trust Children and Young People's Strategy 2022 builds on the ambitious vision in the Children and Young People's Strategy 2018. The chief principal to have co-produced and fully integrated pathways across the city is very much as valid today as in 2018. The trailblazer Children and Young People's Strategy 2018 provided children services a framework to enable the delivery of measurable milestones to achieve a vision for children, young people and families in Leeds as well as developing our workforce and future proofing service delivery. It is predicted that our eight objectives will underpin every decision that we make.

What do parents say about the strategy?



For me as a parent I want to know how the strategy helps me to help my child. I need it to be accessible, informative and relevant to us as parents and for our children. For it to mean anything, It needs to be in a voice I can relate to and understand, sometimes we can get lost in 'professional speak' and forget that the day to day reality of supporting a child with complex needs is different for parents, compared to how it is experienced by professionals providing essential care. So for me, this strategy needs to reflect that.

If services work together, employing dedicated staff and listening to people who access these services, the highest level of care can be achieved for our children.

Children and young people's services will rise to this challenge and over the next three years will focus on delivering on all its assurances in the strategy to the families of Leeds.

References

- Children and Families Act 2014
- Public Health Outcomes Framework 2016 Healthy Lives, healthy people: Improving outcomes and supporting transparency
- 'Future in Mind – promoting, protecting and improving our children and young people's mental health and wellbeing' (2016 updated 2021)
- Leeds Health Plan 2021
- NHS Long Term Plan 2019
- Children and Young People's Plan (revised 2018-23)

Appendix 1

Leeds 2018-23 Children and Young People's Plan

Helping deliver the Best Council Plan and our Best City ambition of a strong economy in a compassionate city

What we'll do

One vision

Our vision is for Leeds to be the best city in the UK and the best city for children and young people to grow up in. We want Leeds to be a child friendly city.

Through our vision and obsessions we invest in children and young people to help build an increasingly prosperous and successful city. We aim to improve outcomes for all our children whilst recognising the need for outcomes to improve faster for children and young people from vulnerable and deprived backgrounds.

Three obsessions

1. Safely and appropriately reduce the number of children looked after
2. Reduce the number of young people not in education, employment and training
3. Improve achievement, attainment, and attendance at school

Five outcomes

Conditions of wellbeing we want for all our children and young people

All children and young people:

1. Are safe from harm
2. Do well at all levels of learning and have skills for life
3. Enjoy healthy lifestyles
4. Have fun growing up
5. Are active citizens who feel they have a voice and influence

Eleven priorities

1. Help children and parents to live in safe, supportive and loving families
2. Ensure that the most vulnerable are protected
3. Support families to give children the best start in life
4. Increase the number of children and young people participating and engaging in learning
5. Improve achievement and attainment for all
6. Improve at a faster rate educational progress for children and young people vulnerable to poor learning outcomes
7. Improve social, emotional, and mental health and wellbeing
8. Encourage physical activity and healthy eating
9. Support young people to make good choices and minimise risk-taking behaviours
10. Help young people into adulthood, to develop life skills, and be ready for work
11. Improve access to affordable, safe, and reliable connected transport for young people

How we'll do it

Behaviours that underpin everything we do

- Use Outcome Based Accountability, and ask the question: is anyone better off?
- We listen and respond to the voice of the child
- Use restorative practice to work and do with people, not for or to them
- We support and prioritise children and young people to have fun growing up

How we'll know if we've made a difference

1. Number of children looked after
2. Number of children and young people subject to a child protection plan
3. Number of parents who have had more than one child enter care at different times
4. Number of children and young people with a child in need plan
5. Percentage of pupils achieving a good level of development at the end of the Early Years Foundation Stage
6. Infant mortality rates
7. Percentage of new school places in good and outstanding schools
8. Attendance at primary and secondary schools
9. Number of fixed-term exclusions from primary and secondary schools
10. Percentage of pupils reaching the expected standard in reading, writing, and maths at the end of Key Stage 2
11. Progress 8 score for Leeds at the end of Key Stage 4
12. Destinations of young people with special educational needs and/or a disability when they leave school
13. Progress against measures in the Future in Mind dashboard
14. Prevalence of children at age 11 who are a healthy weight
15. Proportion of young offenders who re-offend
16. Under-18 conception rates
17. Admission episodes for alcohol-specific conditions: under-18s
18. Percentage of students achieving a level 3 qualification at age 19
19. Number of young people who are not in employment, education, or training, or whose status is 'not known'
20. Transport for young people indicator to be developed after further discussions with young people

Appendix 2

Achievements from our 2018-21 Implementation Plan

Completed In progress Not started

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

What does this mean?	How will we deliver this?	Progress
1. We need to strategically position ourselves to work with key partners and commissioners in Leeds to promote vertical and horizontal integration of pathways for children and young people across Leeds and lead on pioneer projects promoting new care models.	By sharing our strategic intent with commissioners and partners at appropriate forums such as Health and Wellbeing Board, Complex Needs Partnership Board, GP Federations, commissioners.	In progress
2. Agree and establish key pathways with children and young people that will form the basis of an holistic Leeds Community Healthcare NHS Trust Children's Service which places emphasis on a pathway-defined delivery model rather than a (individual) service-defined delivery model.	Review current and agree additional pathways required to create fully comprehensive Children's Business Unit offer, e.g. continence, communication, sleep, social emotional mental health.	Completed
	Review the progress of the current pathways already in development and map these out and join them up where they overlap/duplicate across services thus improving service user experience and improving efficiency.	In progress

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

What does this mean?	How will we deliver this?	Progress
1. Continue research into outcomes to agree relevant outcomes for each service and agree how they should be recorded and reported.	Review the multiple outcome measures used through the business unit and agree outcomes to be used in pathways/services.	Completed
	Ensure S1 architecture supports efficient inputs and reporting of outcomes in a meaningful and timely format.	
	Establish shared terminology across all pathways/services for outcomes and goals and links to EHCs.	
2. Continue to research and share best practice, striving to ensure that we have comprehensive packages of care and that all of this is evidenced across our pathways.	• Establish working principles/steering group. • Reviewing our packages of care. • Re-designing if necessary. • Standardising packages of care. • Interlinking packages of care. • Flexibility of delivery.	In progress
3. Work with commissioners to focus on the outcome for the child/young person and family and what has been achieved, rather than just how time and money have been spent.	Revision of service level agreements.	In progress

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

What does this mean?	How will we deliver this?	Progress
1. Accessible, easy to understand referral routes into pathways with link to SPA.	Use the current engagement forums to understand how a multi-channel forum should operate and co-produce this with children, young people and families.	
2. Establish a children and young people's (including parents and carers) forum to advise us on strategy, service delivery and service developments.		
3. Work with children and young people to understand the type, range and level of information required and co-produce a new-look website.	One website page with our infor-mation accessible in a multi channel and branded way. Use a multi-channel approach to providing better information which includes YouTube, podcasts and incorporates robust cleansing and updating of the information we provide.	
4. Provide early intervention self-care which empowers children, young people and their families to look after themselves.	Continue to rollout the use of health coaching in designing goals with children, young people and families.	
5. Create a single front door (SPA) into the service.	Continue the work to co-locate and develop a shared referral point into all of our children's services. Incorporated into children's transformation programme.	
6. Capture and respond to experience of services in a children and young people appropriate way.	Using the Youth forum to guide the development of systems that best capture feedback that is timely and informative to services to promote continuous service improvement.	
7. Support children and young people to transition successfully into adult services.	• Transition networking event. • Understand what Leeds Community Healthcare NHS Trust offer is in the children's business unit and adult services. • Preparing children and young people about adult services, systems and access. • Ensure pathways have preparation for adulthood element (+own pathway).	
8. Consider a key-worker approach to help coordinate a child or young person's experience of several services.	Use our engagement forum to understand what children, young people and families need in order to experience a more joined-up pathway and care experience. Review our pathways and workforce to see how best to deliver a key-worker approach.	

Objective 4: Services will be delivered within budget, be cost effective, productive and value for money

What does this mean?	How will we deliver this?	Progress
1. Use external intelligence such as benchmarking information and reference costs to compare our provision and outcome against cost and where necessary take appropriate action.	Review appropriate national benchmarking data against our own services and pathways. Develop a narrative for children, young people, families and commissioners which best describes our costs and value-added in terms of outcomes and reference cost, emphasising the benefit and quality of integrated pathway working. Add in electronic patient record (EPR).	
2. Review support functions to services and ensure they provide excellent value for money and add to the experience of children and young people.	Complete a business-unit wide admin and estates review including phase two of electronic patient record developments.	
3. Work on productivity within each service with clear expectations regarding workload in place.	Establish a programme of work to review, improve and standardise improve productivity across pathways/ services. Work to minimise (clinician) variation and maximise efficiency.	
4. Ensure we deliver within budget whilst being mindful of quality and outcomes.	Use existing capacity (clinical and non-clinical) to deliver revised pathways which deliver a measurable outcome and CiP where requested.	

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

What does this mean?	How will we deliver this?	Progress
1. Understand our costs (clinical and operating) relating to our offer.	Define our current offer for each service in readiness for opportunities in the non-NHS arena which particularly suit our experience and skill sets e.g. traded offer to schools, short breaks and personal budgets.	
2. Learn from best practice nationwide to ensure we provide evidence and outcome-based services.	Researching and visiting other children, young people and family services in the country which appear to offer integrated and coordinated care pathways for children, young people and families.	
3. Agree our contribution/overheads.	Understanding our service line reporting.	
4. Retain our CQC **good** rating overall, ensuring any necessary improvements are made in a timely way and be ambitious in our continuous service improvement and development to be **outstanding**.	Continue to improve and monitor our waiting times in line (or in excess of) with national and service level agreements.	
5. Understand the market and ensure we form and maintain excellent relationships with the whole range of commissioners.		
6. Work with other providers to ensure pathways are clear, seamless, avoid duplication and provide commissioner re-assurance on quality, patient experience and efficiency.		
7. Understand commissioning intentions for the short and longer term and be in a position with pipeline business cases to respond to new requests for service.	Identify order of services required to be tender ready using national and local intelligence. Ensure priority services are tender-ready (costing, activity, contracts).	
8. Work with local GP groups to understand the opportunities offered through the Five Year Forward View and commit to piloting new ways of working at local practice level to help reduce the workload and release time for more urgent need.	Identify pioneer opportunities with GP federations, school clusters and acute settings using SystmOne data for referrals and activity. Pilot and monitor (using PDSA methodology) new care models.	
9. Explore and exploit our offer to schools.	Map and define our current traded work. Identify potential for growth across existing and new services/pathways. Brand and market traded services.	

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

What does this mean?	How will we deliver this?	Progress
1. Support the health and wellbeing of our staff.	Ensure sufficient access to OH services, e.g. counselling, mindfulness. Line managers will be skilled in and supported to manage the health and wellbeing needs of their staff. Leaders will promote an ethos of health work-life balance through modelling of behaviours and support of appropriate flexible working. Development of a supportive pastoral and social support network (especially for newly qualified staff).	
2. Create a workforce plan which reflects the current and changing health and wellbeing needs of children and young people that challenges traditional professional boundaries and roles.	Develop and implement Children's Business Unit-relevant Nursing Strategy. Agree clear retention and career progression opportunities based on pathway development.	
3. Develop roles for non-registered staff and explore further opportunities for skill mix.	Establish clear route for apprenticeship recruitment and development in pathways.	
4. Be explicit about the skills, competencies and behaviours required for every role and ensure the training and development plan equips staff accordingly for existing and new roles.	Review and better define current job descriptions. Agree competencies across different bandings. Promote and provide examples of leadership roles and responsibilities at each AFC (Agenda for Change) banding. Adopt the Leeds Community Healthcare NHS Trust Preceptorship Programme, extending its scope to Allied Health Professionals (AHPs) and mentoring schemes which are profession specific.	
6. Explore opportunities to share roles across partner agencies.	Define horizontal and vertical cross-agency/partner opportunities. Develop rotational posts and/or secondment opportunities.	
7. Embrace new ways of learning and development in order to develop and retain our staff.	Promote coaching and shadowing opportunities Develop a comprehensive in-service Continued Professional Development (CPD) programme for Children's Business Unit staff which is pathway related.	

Objective 7: Children and young people's services will maximise the potential of technology

What does this mean?	How will we deliver this?	Progress
1. Complete our ambition to have the same and shared electronic patient records (EPR) across all services.	Implementation of Phase 2 electronic patient record.	
	All services will be registered with and have access to the Leeds Care Record.	
	CAMHS will move to using SystmOne.	
2. Continue with our app development.	'Let me show you'	
	'Step Up'	
3. Work with partners to understand commercial opportunities, e.g. funding for development; promotion of our development to other providers.	Explore further opportunities for implementing further technological tools and resources.	
4. Explore opportunities for Skype consultations, texting and online live chat.	Identify services/pathways suitable as early adopters.	
	Explore how business delivery beyond direct clinical can be achieved through technology, e.g. meetings.	

Appendix 3

Leeds Community Healthcare NHS Trust children's services

- ICAN Hubs:
  - Child Development Centre
  - Occupational Therapy
  - Physiotherapy
  - Community Paediatrics
  - Paediatric Neurodisability Clinics
- ICAN Citywide Services:
  - Child Protection Medical Service
  - Growth and Nutrition
  - Adoption and Fostering
  - Springfield
  - Audiology
- CAMHS Services:
  - Crisis Team and Crisis Line
  - CAMHS Outreach Service
  - Transitions Team
  - Learning Disability Team
  - Community CAMHS Teams
  - Eating Disorders Service
- MindMate Single Point of Access
- MindMate Support Team
- Continuing Care and Health Short Breaks
- Inclusion Nursing Service
- Hannah House
- Children's Community Nursing Team
- Children's Speech and Language Therapy
- 0-19 Public Health Integrated Nursing Service
- Infant Mental Health
- Children's Community Eye Service
- School Immunisations Service

The Specialist Business Unit and Safeguarding Team also provides services to children, young people and families including Dental, Dietetics, One Adoption Therapist and Social Work Team, Children's Looked After Team, Podiatry and Leeds Mental Wellbeing Service.

Appendix 4: Policy drivers

- Transforming Children and Young People's Mental Health Provision: a Green Paper (2017)

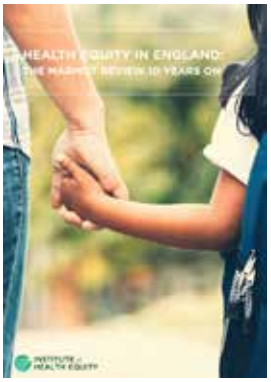
- Healthy Leeds Plan (2021)

- Best Start in Life and Beyond (2021)

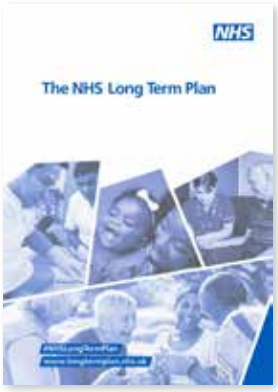
- Best Start in Speech, Language and Communication (2020)

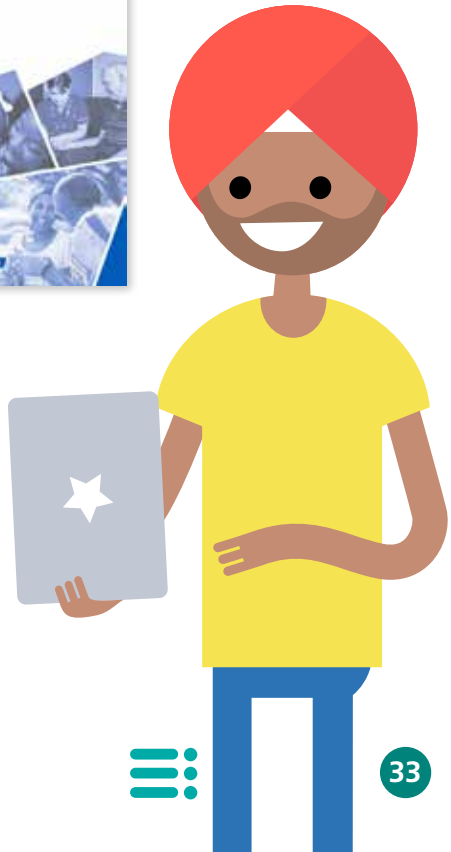
- Future in Mind: Leeds (2021-26)

- Health Equity in England: The Marmot Review 10 Years On (2020)



- NHS Long Term Plan (2019)





Appendix 5

Children's services plan on a page

Our mission statement

We enable children and young people to meet their potential and live healthy lives by:

- Keeping children safe.
- Helping children achieve their goals by listening and responding to their needs.
- Empowering children and their families.
- Helping children to participate.

Our behaviours

At LCH, our vision is to provide the best possible care to every community we serve. We will do this by:

- Caring for our patients.
- Making the best decisions.
- Leading by example.
- Caring for one another.
- Adapting to change and delivering improvements.
- Working together.
- Finding solutions.

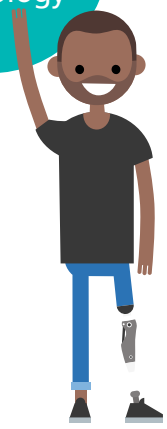
How we'll know if we've made a difference

Children, young people and families will tell us:

- They've experienced accessible and seamless services.
- They have seen the right person at the right time with the right skills.
- Their outcomes for education, health and wellbeing have improved.
- They are actively involved in their care.
- They feel included in service developments that are tailored to everyone's needs.

Our eight strategic objectives

1. Agree and develop fully integrated offers for children and young people in Leeds
2. Demonstrate the effectiveness of services through outcomes and sharing best practice
3. Children, young people and families will have a positive experience of our services
4. Services will be delivered through a fair days work, within budget, be cost effective, and value for money
5. Retain and expand services (where appropriate) by being tender-ready and open to business development opportunities
6. Services will have a workforce that is skilled and competent to meet the changing health and wellbeing needs of children and young people
7. Maximise the potential of technology
8. Make children and young peoples' services a wonderful place to work and first choice appropriate employer by investing in the health and wellbeing of our workforce



Appendix 6

2022-23 Implementation/Business Unit Plan

This is our annual implementation plan that will be renewed yearly in collaboration with our staff and children, young people and families.

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

Aims

Delivery of phase 1 offers: Launch all Phase 1 offers for children, young people and families (communication; behaviour; eating, drinking and nutrition; continence; sleep)

Building a CYPF front door: Develop a single point of referral for all children, young people and families physical health services to allow referrers a pain-free route into our services.

Scoping out options for Tics Pathway: Develop a blueprint for the offer in-line with website design that allows for an implementation project to be scoped.

CBU manuals and handbooks: Each service will have a fully developed handbook that describes its offers and pathways, the services that it offers, key partners and other core information for staff, including links to other core documents. These will sit within an overarching Business Unit Manual that describes all offers, and core processes that should be followed.

Development of children and family hubs: Collocate children, young people and families services within shared office and clinical accommodation.

2 Demonstrate the effectiveness of services through outcomes and best practice

Aims

Embedding outcome measures: Ensure that each team within the Children's Business Unit has embedded the most appropriate outcome measures, using digital solutions where possible, to be routinely reported within performance management processes and to ensure new and existing offers have clear outcome measures.

Trauma-informed practice: Ensure that all Children's Business Unit staff can access an initial high-level briefing session on these concepts (trauma-informed practice).

Research active and evidence-based workforce: TBC – link into our capabilities for delivering offers.

3 Children and young people will have a positive experience of our services

Aims

Improving transitions to adult services: Bring people together across CBU to develop guidelines for our clinicians that can lead towards consistency in practice, starting with children with complex needs and develop a map of the As Is offer across the business unit to be able to feed this into the Children's Pathways Group.

Average waiting time reporting: Develop a routine reporting process internally to allow services and administrators to see current waiting times monthly.

Improve communication with patients on waiting lists: Further improve our communications for service users receiving care, to clearly let families know how long they might be waiting, what they can do in the meantime, and what to expect when seen (linked into offers), ensuring that communications are accessible to all patients.

Engagement reporting: Develop routine reporting mechanisms of patient feedback into key decision making forums.

Setting up a parent forum: Set up a Parent Forum and task the group to help inform how we gather feedback from families that can inform service development.

Further develop our Youth Board: Ensure that our Youth Board can attract a diverse range of members, and can begin to take on board functionality.

4 Services will be delivered within budget, be cost effective, productive and value for money

Aims

Implementing 'A Fair Day's Work': All services will have clinically appropriate productivity benchmarks for all clinical staff, based on role, experience and caseload size that can be routinely monitored, to allow service managers to predict and plan care activities, and compare productivity against national peers.

Deliver improvements to SystmOne: Ensure priority areas for development are co-ordinated with service activities.

Restarting the 0-19 antenatal offer: The service would restart the Universal Antenatal offer within PHINS in full, with a redesigned workforce model across the entire contract, that can be successfully recruited to, that has involved all relevant stakeholders.

Restarting the SLT mainstream offer: The service would be able to return to a full clinical offer within the mainstream service.

Centralising training admin supportr: To ensure that the administration of external training courses can be organised in consistent and efficient ways, without taking up the time of clinicians who currently run these courses.

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

Aims

Develop a workforce plan: Develop a plan that ensures all services have the correct capacity and skills to meet the demand required by Offers, which also allows greater career progression for all disciplines, as well as improvements to preceptorship, opportunities to engage in service development and secondments, and ensure that we have a comprehensive apprenticeship offer for new starters, career changers, and those wishing to progress, and including development of leadership.

6 Retain and grow our services

Aims

Retain the 0-19 service contract: Secure an extension of the contract for the next 2 years that remains as close to the original terms and conditions as possible, by contributing effectively and positively to the PHE review process with the support of the organisation.

Children's Inclusion Nursing Traded Offer: To test the market for a potential Inclusion Nursing Traded Service, to ensure settings have access to a dedicated service specifically designed to meet the everyday care needs of children, leading to its successful design, marketing and launch.

Invest in the health support into the increasing SILC provision across the city: Investigate if any new SILCs are being built that will require additional nursing needs and develop the most appropriate service models and staffing requirements via business cases.

Invest in pre-school and school-age autism assessment pathways: Ensure strong links with the ICS-led review into these services whilst working in partnership with private providers to deliver maximum capacity to the city.

7 Maximise the potential of technology

Aims

Digitising our training offer: Identify which of our external training packages could be delivered via a video rather than face-to-face, and ensure that initial videos are made.

Improving access to our self-management resources: As our offers are developed, ensure that As Is Self-Management Resources are available both digitally but also in print via local community services (Libraries, LCPs, Children's Cenres, Schools).

Develop a CBU-wide social media team and presence: To develop CBU social media followings allowing us to share health-related content directly with young people in formats they find accessible.

8

Make children and young peoples' services a wonderful place to work and first choice appropriate employer by investing in the health and wellbeing of our workforce

Aims

xxxx: xxxxx.

xxxx: xxxxx.

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Leeds Community Healthcare NHS Trust

Agenda item 2023-24 (70)

Public Board workplan 2023
Version 3: 28 09 23

Topic	Frequency	Lead officer	4 August 2023	6 October 2023	8 December 2023	2 February 2024	28 March 2024	7 June 2024	19 June 2024-Annual Report and Accounts only	2 August 2024	4 October 2024	6 December 2024
Preliminary business												
Minutes of previous meeting	every meeting	CS	X	X	X	X	X	X		X	X	X
Action log	every meeting	CS	X	X	X	X	X	X		X	X	X
Committee's assurance reports	every meeting	CELs	X	X	X	X	X	X		X	X	X
Patient story	every meeting	EDN&AHPS	X	X	X	X	X	X		X	X	X
Quality and delivery												
Chief Executive's report	every meeting	CE	X	X	X	X	X	X		X	X	X
Performance Brief	every meeting	EDFR	X	X	X	X	X	X		X	X	X
Performance brief:Measures for inclusion in the performance brief	Annual	EDFR					X					
Perfomance Brief: annual report	Annual	EDFR						X				
Significant risks and risk assurance report	every meeting	CS	X	X	X	X	X	X		X	X	X
Care Quality Commission inspection reports	as required	EMD										
Quality account	annual	EDN&AHPS						X				
Mortality report	4 x Year	EMD	X -Blue box		X -Blue box	X -Blue box		X plus annual report Blue box		X -Blue box		X -Blue box
Staff survey	annual	DW					X					
Safe staffing report	2 x year Feb and August	EDN&AHPS	X			X				X		
Seasonal resilience and system flow	Every meeting	EDO	X	X	X	X	X	X	X	X	X	X
Business Continuity Management Policy	As required	EDO										
Serious incidents report and patient safety report combined report from March 2023	2 x year (Mar and October)	EDN&AHPS		X -Blue box			X -Blue box				X -Blue box	
Patient experience: complaints and concerns report	2 x year (Feb and August Annual report)	EDN&AHPS	X Blue box Annual report			X -Blue box				X Blue box Annual report		
Freedom to speak up report	2 x year (Feb and Aug)	CE	X plus Annual report			X				X Annual report		
Guardian of safe working hours report	4 x year	EMD	X		X		X	X Plus Annual report		X		X
Strategy and planning												
Organisational (Trust) priorities (for the coming year) for approval	Annual	EDFR				Taken in private session?	X					
Trust priorities update quarterly report	3x year February/June/Oct	EDFR/EDN&AHPS		X		X		X			X	
Third Sector Strategy	2x year (February and August)	EDO	X			X				X		
Estate Strategy	2xyear (August and December)	EDFR	X Blue box item -deferred to October 2023	X Blue box item deferred to December 2023	X -Blue box					X Blue box item		X Blue box item
Digital Strategy	2x year (Mar and Oct)	EDFR		X Blue box item deferred to December 2023	X -blue box		X -blue box				X -blue box	
Business Development Strategy	2x year(March and October)	EDO		X -Blue box taken in private			X -Blue box - taken in private				X -Blue box	
Business Intelligence Strategy	2x year First presented Feb 2022 and August	EDFR	Deferred									
Learning and Developement Strategy	2x year (March and October)	EDN&AHPS		X Blue box item deferred to December 2023	X -Blue box		X -Blue box				X -Blue box	
Engagement Strategy	2xyear (March and October)	EDN&AHPS		X			X -Blue box				X -Blue box	X -Blue box
Patient Safety Strategy	2xMarch/October	EDN&AHPS		X			X				X	
Health Equity Strategy	3 x year(March, August and December)	EMD	X		X		X			X		X
Children, Young People and Families Strategy	2xyear - Feb and August	EDO	X -Deferred to October Blue Box	X -Blue box		X				X -Deferred to October Blue Box	X -Blue box	
Quality Strategy	2xyear May and December	EDN&AHPS			X - Blue box item			X - Blue box item				X - Blue box item
Workforce Report and Strategy update	3x year Aug,Dec and June (from 2024)	DW	X - Blue box item		X - Blue box item			X - Blue box item		X - Blue box item		X - Blue box item
Research and Development Strategy	annual	EMD				X Blue box						
Governance												
Medical Director's annual report	annual	EMD	X							X		
Nurse and AHP revalidation	annual	EDN&AHPS	X							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 October	CS		X - deferred to December 2023	x						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	4 xper year	CS	X		X		X			X		X
Risk appetite statement (part of corporate governance report March)	annual	CS					X					
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							X - Blue box item		
Corporate governance report	annual	CS					X					
Reports												
WDES and WRES -annual report and action plan	annual	DW		X							X	
Equality and diversity - annual report combined with WDES and WRES from 2023	annual (Dec)	DW										
Sustainability report (Annual Green Plan)	2xyear (March and October)	EDO		X Deferred to December 2023	X		X				X	
Safeguarding -annual report	annual	EDN&AHPS	X							X		
Health and Safety Annual Plan	Annual	EDFR	X - Blue box item							X - Blue box item		
Infection prevention control assurance framework	2x year(October and March)			X -Blue box			X -Blue box				X -Blue box	
Infection prevention control annual report	annual	EDN&AHPS	X deferred from March 2023				X					

Key

CE	Chief Executive
EDFR	Executive Director of Finance and Resources
EDN	Executive Director of Nursing
EDO	Executive Director of Operations
EMD	Executive Medical Director
DW	Director of Workforce
CELs	Committees' Executive Leads
CS	Company Secretary

= received
= deferred to another meeting
= not required