Committee Escalation and Assurance Report

Name of Committee:	Business Committee	**Report to:**	Trust Board 1st April 2025
Date of Meeting:	26th February 2025	**Date of next meeting:**	26th March 2025

Introduction

Quorate meeting with a full agenda and good debate on key topics – good challenging conversations with constructive feedback provided on papers requiring comment. This Committee included a scheduled workforce workshop element which focussed on the development of the new People & Culture Committee.

Alert	Action

Advise

- Committee heard about a challenge post-meeting to an item discussed at the January BC where the Committee had been invited to support the procurement of a 5 year contract for security incident event management. The challenge was whether appropriate alternatives had been fully considered. Committee agreed the results of the full procurement exercise would be brought back through the BC for further consideration in due course.
- The workshop element of the agenda had a presentation from the Workforce team, to set out some suggestions for the new People & Culture Committee (P&CC) and a number of views were shared as to proposed content; in particular the Committee agreed that it would be important to bring the voice of staff into the new Committee and how this could be achieved through attendance and updates from the various staff networks. It was agreed that the P&CC would meet quarterly and the ToR would be put to the Board for approval with a view to the first meeting being held in May 2025. Committee acknowledged that there would need to be the right level of read across between the BC, the QC and the P&CC, including taking workforce metrics from the Performance Brief into the P&CC.
- Committee received a proposal to sub-contract delivery of the MindMate SPA service to Northpoint and to transfer the current annual cost of the service (£719k) to Northpoint. This would transform the service into a more responsive and effective triage service which the Committee agreed was a desired outcome, however the Committee requested a fully costed business case, to include consideration of the impact on health equity. This will be provided in a future BC agenda.
- The Committee received an update on access to planned care and was pleased to learn that the waiting lists had reduced by 3000 patients in the current year with particular progress in podiatry, urology and adult speech and language. The report will be provided to the Adults, Health & Active Lifestyles Scrutiny Board in March.

Assurance

- Q&V – Committee was assured that the programme continues to progress well; the Trust remains on track to deliver financial balance in current year but recurrency of savings is still a risk for year 2 which means a credible workforce plan is needed. Human factors reporting has evolved and the Committee

Committee Escalation and Assurance Report

was assured that the programme was not negatively impacting turnover. No evidence that quality of services has reduced through the Q&V programme, but the Committee heard reduction of quality in some services was likely and this will continue to be monitored through data and reporting.

- Committee considered the draft strategic internal audit plan for 25/6 and proposed some consolidation and prioritisation in order to create capacity for some potential gaps including delegated authorities and infrastructure. Committee was also pleased to note the final audit report on key financial systems which had returned a finding of "significant assurance" but the Committee agreed that the focus on continuing improvement and development of standard procedures must remain.
- The Committee received a summary of the results of the BC effectiveness review survey and discussed areas for improvement including information flows between committees, scheduling of meetings and presentation of papers.
- The Committee agreed that it had received reasonable assurance against all relevant strategic risks.

Risks Discussed and New Risks Identified

- No new risks identified or discussed.

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

The Committee provides the following levels of assurance to the Board on these strategic risks:	**Risk score (current)**	**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	16 (extreme)	Reasonable	
Risk 3 Failure to invest in digital solutions. If the Trust fails to implement the agreed digital strategy, then, 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 (high)	Reasonable	

Committee Escalation and Assurance Report

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)	Reasonable	
Risk 5 Failure to deliver financial sustainability: There is a risk that the Trust will not be financially sustainable which will jeopardise delivery of all our strategic goals and priorities.	16 (high)	Reasonable	
Risk 6 Failure to have sufficient resource to 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.	9 (high)	Reasonable	
Risk 7 Failure to maintain business continuity (including response to cyber security): If the Trust does not have suitable and sufficient staff capacity, capability and leadership capacity and expertise, within an engaged and inclusive workforce then the impact will be a reduction in quality of care and staff wellbeing and a possible misalignment with the objectives of the Q&V programme.	12 (high)	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)	Reasonable	

Author:	Rachel Booth
Role:	Committee Chair

Committee Escalation and Assurance Report

Date:	17/03/25

Committee Escalation and Assurance Report

Name of Committee:	Audit Committee	**Report to:**	Trust Board 6th February 2025
Date of Meeting:	11th March 2025	**Date of next meeting:**	15th April 2025

Introduction

Quorate meeting with a full agenda and good debate on key topics – good challenging conversations with constructive feedback provided on papers requiring comment.

Alert	Action
• N/A	

Advise

- More detail to be included in future Internal Audit reports where the independent validation process had shown actions closed without sufficient evidence, and responsible Executive Directors to be invited to attend Committee in such instances.
- Committee discussed the possibility of secondary risks due to delays in the implementation of Internal Audit recommendations, and the need to reflect this in future reports. To be considered as part of the remit of the Risk Management Group which was in the process of being established.
- Progress on The Data Security and Protection Toolkit (DSPT) Baseline Assessment was reviewed and challenges noted, with the possibility of an 'incomplete compliance' submission and an action plan being required. An Internal Audit report on the DSPT, once published, would be used to determine if an action plan is required.
- The Committee discussed the output of the self-assessment questionnaire and the key themes resulting from it. Agenda setting meetings would be established and consideration given to Executive Directors being invited to attend in instances of limited Internal Audit opinion, or overdue recommendations/incomplete evidence of closed recommendations. Information flow between Committees would also be reviewed.

Assurance

- Committee was updated on progress against the 2024/25 Internal Audit Plan, which was on track to be fully delivered.
- Three final Internal Audit reports received – all significant assurance: Emergency Preparedness, Resilience and Response, Raising Concerns and Freedom To Speak Up, and Key Financial Systems
- Committee noted the draft Head of Internal Audit opinion which was based on internal audit work completed between April 2024 and March 2025. Final opinion to be presented to the April meeting.
- The Committee reviewed and commented on the draft Internal Audit Plan for 2025/26, further discussions to be held with the Trust Leadership Team.
- Committee approved the 2025/26 Counter Fraud Plan.

Committee Escalation and Assurance Report

- It was recommended to the Board that it approves the preparation of the 2024/25 annual accounts on a going concern basis.
- Committee received and noted the Losses, Compensations and Special Payments report.
- An activity review of the Board Assurance Framework between Oct-Feb was received, with reasonable sources of assurance received at both meetings.
- The Information Governance Annual Report was received and noted, with two reportable data breaches being closed during the period after the ICO was satisfied with the Trust's response. The IG Approval Group's review of effectiveness was also received, and the Terms of Reference were agreed subject to a further review in six months.

Risks Discussed and New Risks Identified

- N/A

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

The Committee provides the following levels of assurance to the Board on these strategic risks:	**Risk score (current)**	**Overall level of assurance provided that the strategic risk is being managed (or not)**	**Additional comments**
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)	Reasonable	N/A

Author:	Helen Robinson/Khalil Rehman
Role:	Company Secretary/Committee Chair
Date:	17/3/2025

Committee Escalation and Assurance Report

Name of Committee:	Charitable Funds Committee	**Report to:**	Trust Board 1 April 2025
Date of Meeting:	17/3/2025	**Date of next meeting:**	17 June 2025
Chair:	Alison Lowe	**Parent Committee:**	Trust Board

Introduction

This report identifies the key issues for the Board from the Charitable Funds Committee held on 17 March 2024. Quorate meeting with a comprehensive update from the Charitable Funds Officer and discussion around key topics.

Alert	Action
No alerts	

Advise

- The Charitable Funds Officer continues to develop local networks to support the further development of the LCH Charity
- Hannah House sensory room grant application submitted to The West Riding Masonic Community Fund
- Paper concerning ongoing financial support for the Charitable Funds Officer to be brought back to the next meeting.

Assurance

- The Committee received fundraising updates in relation to events in the next 12 months including the Leeds 10k, CPR-a-thon, Yorkshire 3 Peaks Walk, and the Giving Voice Choir.
- Update received regarding various grant applications
- Committee agreed the membership renewal fee for 2025/26 for NHS Charities Together (£775) based on the multiple benefits being a member brings.
- Finance report covering April 2024 – February 2025 received and accepted
- Committee annual report, self-assessment and Terms of Reference received and accepted. ToR to be amended post-meeting to clarify quoracy and deputy arrangements.
- General discussion around how to increase visibility of the charity and fundraising work across the Trust.

Risks Discussed and New Risks Identified

No new risks identified

Committee Escalation and Assurance Report

Author:	Helen Robinson
Role:	Company Secretary
Date:	17 March 2025

Agenda item:	2025-26 (12i)

Title of report:	Performance Brief

Meeting:	Trust Board Meeting Held In Public
Date:	1 April 2025

Presented by:	Andrea Osborne, Director of Finance					
Prepared by:	Victoria Douglas-McTurk, Head of Business Intelligence					
Purpose: (Please tick ONE box only)	Assurance	X	Discussion		Approval	

Executive Summary:	This report gives a summary of performance for the months of January and February 2025, and highlights where performance improvements are being realised, and key risks

Previously considered by:	Trust Leadership Team – 19 March 2025 Quality Committee – 25 March 2025 Business Committee – 26 March 2025

Link to strategic goals: (Please tick any applicable)	Work with communities to deliver personalised care	X
	Use our resources wisely and efficiently	X
	Enable our workforce to thrive and deliver the best possible care	X
	Collaborating with partners to enable people to live better lives	X
	Embed equity in all that we do	X

Is Health Equity Data included in the report (for patient care and/or workforce)?	Yes	X	What does it tell us?	More than 95% of patients have an ethnicity recorded. This target is being consistently achieved.
	No		Why not/what future plans are there to include this information?	

Recommendation(s)	- None

List of Appendices:	Appendix I – Data Pack Appendix II – Performance Brief Development Update

LCH Performance Brief

January 2025 and February 2025

Introduction

This report highlights key areas of performance; including areas that are performing well, areas where improvement work is underway, and early warning of deteriorating performance.

This report uses Statistical Process Control as the analytical foundation for such judgements, as work continues to improve assurance, and the ability of this report to highlight statistically significant areas of focus and celebration. A more detailed update on the progress of these developments is given in Appendix 2.

Performance is split across six Domains, and a summary of overall performance and improvement initiatives is given for each domain, followed by a focus update into specific indicators that meet criteria for inclusion in the narrative section of this report.

The selection criteria are:

- Areas of recently recovered performance
- Areas of inconsistent performance with a deteriorating or unchanging trend
- Areas of failing performance with a deteriorating or unchanging trend

Performance Summary

Tables 1 and 2 below give an overall summary of all indicators where data is currently available, highlighting which indicators meet these criteria (indicated by the shaded areas on the grid). This includes indicators that have not yet been developed using SPC methodology, and indicators not appropriate for SPC methodology, however the judgement about long term trend in these cases is not statistically significant but is based on a non-statistical assessment of the trend.

A full data pack of all indicators is provided in Appendix 1.

A Note on Improvements in the Time Patients Wait for Care

Whilst it is not visible in the summary table significant progress has been made in reducing the time patients are waiting for care. The Access LCH Programme is acting as a positive driver of both immediate and long-term improvement in waiting list management processes.

Although patients continue to wait long times to access treatment in some of our services, improvements have been made within Neighbourhood Team, Diabetes, Tier 3 Weight Management, CAMHS, Audiology and MSK. Additionally, the total number of people waiting for care to start is continuing to decrease towards more sustainable levels.

Strong improvement also continues for people waiting more than 6 weeks for diagnostic tests, who we now expect to return to above target performance (above 99%) during this financial year.

Further detail on this is provided in the Responsive section.

Table 1a – Summary of SPC Indicator Performance and Assurance

	Passing	Inconsistent	Failing	No Target
Improving	NHS Talking Therapies 18 week treatment target NHS Talking Therapies 6 weeks treatment target	DQMI - IAPT Positive Patient Feedback	Appraisal Rate Diagnostic 6-week target (DM01) Patient Safety Training Training Compliance	Agency Spend (£k) DQMI - CSDS NT Contacts
No Change	Patient Ethnicity Recording Staff Turnover UCR 2hour Performance	Duty of Candour Leavers within 12 months Starters and Leaver Net Movement	BME Staff Proportion Eating Disorders 4-week Routine Target	DM01 Equity ND Waiting times (over 5s) NHS Talking Therapies Screening within 2 weeks Non-RTT 18 week equity NT Productivity NT Referrals NT Staff funding utilised NT Vacancies, Sickness & Maternity WTE Number of complaints RTT 18 week equity RTT 52 week equity
Deteriorating		Sickness Absence	18-week waiting list target (non-RTT) 18-week waiting list target (RTT) 52 week waiting times (RTT) 65 week waiting times (RTT) 78 week waiting times (RTT) DQMI - MHSDS	Agency Percentage LMWS Access

Table 1b – Non-SPC Indicator Summary

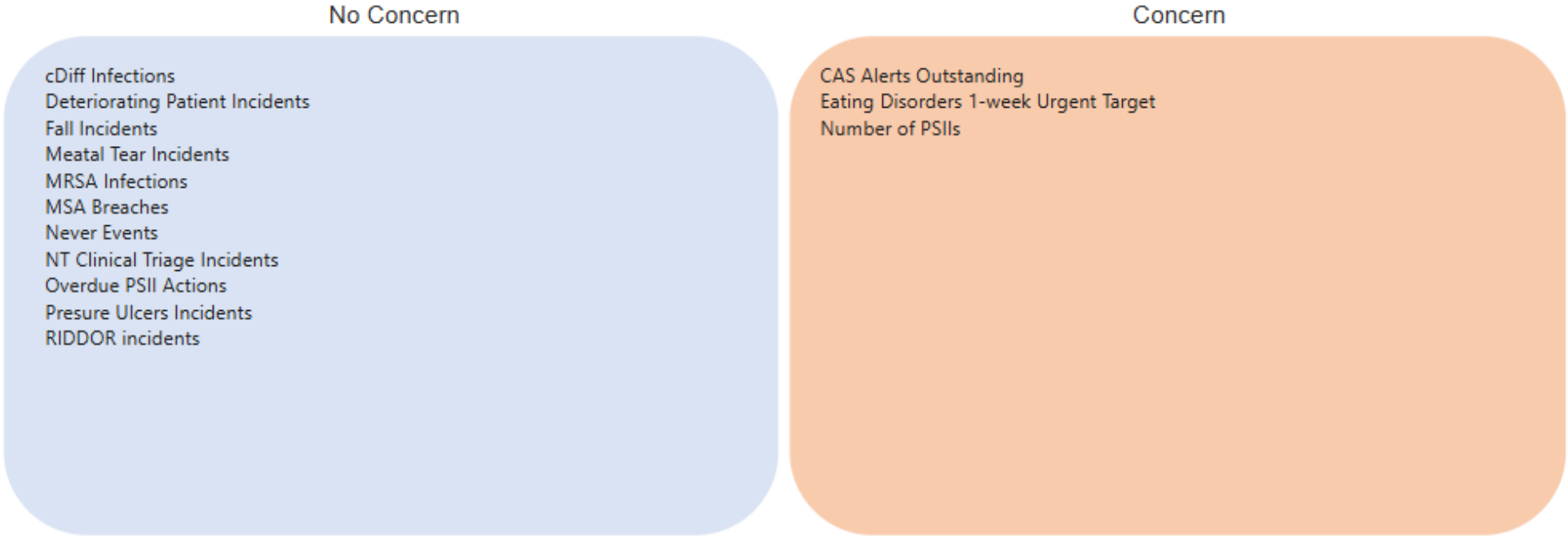


Table 2 – Indicator movements since previous report

Indicator	Previous Report	This Report	Narrative
Positive Patient Feedback	Inconsistent, No significant change	Inconsistent, Improving	A consistent improvement in performance over several months. February 2025 is above target (The first time this has occurred since Jul 2023)
NT Contacts	No Assurance icon, No significant change	No Assurance icon, Improving	Performance in February has seen a significant shift in performance with February data below the LCL.

Indicator	Previous Report	This Report	Narrative
NT Productivity	No Assurance icon, Deteriorating	No Assurance icon, No significant change	Performance has returned to inconsistent as February's data has dropped below the mean (the first time this has happened since May 2024).
DQMI - IAPT	Inconsistent, No significant change	Inconsistent, Improving	The last three months has seen a marked improvement in performance (now close to the UCL). Prior to this three-month period, performance was deteriorating below the mean.
Staff Turnover	Passing, Improving	Passing, No significant change	January & February data has seen performance above the mean. This is a slight decline in performance in comparison to the previous 15 months which had seen steady improvement.
Leavers within 12 months	Inconsistent, Improving	Inconsistent, No significant change	Performance remains below target. January & February performance has deteriorated to just below the target of 20%, with February data above the mean.
Sickness Absence	Inconsistent, No significant change	Inconsistent, Deteriorating	Performance has deteriorated over several months back to July 2024. February data has met the target, though remains above the mean.
Agency Spend (£k)	Inconsistent, Improving	No Assurance icon, Improving	Indicator continues to improve (no assurance icon presents on SPC chart)

Indicator	Previous Report	This Report	Narrative
RIDDOR incidents	Concern	No Concern	There have been no further RIDDOR reportable incidents within the reporting period

Note:

Shortened Indicator names are being used in Tables 1a, 1b and 2. More descriptive naming conventions can be cross referenced in Appendix II.

Safe

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

Summary

The Trust has successfully supported fifteen Learning Response Leads to complete training delivered by the Health Services Safety Investigation Body (HSSIB) in a systems approach to investigating. This will further strengthen the trust's management of Patient Safety Incidents in line with the Patient Safety Incident Response Framework. They will continue to be supported by the six Patient Safety Specialists to ensure that a systems approach and humans factors thinking is applied to incident investigations.

The Central Alert System (CAS) Notification for the Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls remains overdue. Monthly strategy meetings continue to review the outstanding actions and the progress against each of these across the three clinical business units. This is co-ordinated by the Medical Device Safety Officer as the subject matter expert who is responsible for collating the updated position which is then uploaded by the Patient Safety Team to the Medicines and Healthcare products Regulatory Agency (MHRA).

There are four overdue PSII Actions, all have been escalated; one requires an extension, one is almost ready for completion and the remaining two are pending a response from the action owners on the current position.

Indicator Updates

This section gives updates on specific indicators that meet criteria in the Safe Domain.

Compliance in Level 1 and 2 Safety Training

What is the trend that we see?

Whilst the variation shows an improving picture between July 24 and Feb 25 which should be celebrated it is still some way from meeting the 95% target, so action is required to improve this.

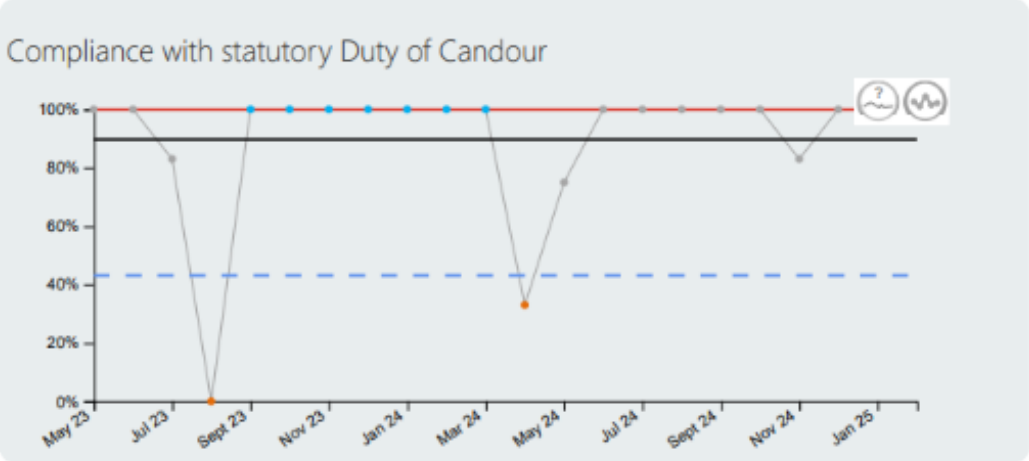
What is being done about it?

Individual Team compliance with this training is available on the Performance Information Portal (PIP) and should be formalised for review alongside other Statutory and Mandatory Training with compliance reported as part of the individual team performance meetings. Managers within the service will then ensure that time is protected for staff in their teams to complete this.

When do we expect to see improvement?

We would expect to see an improvement when the process of monitoring the compliance with this training is included within individual team performance processes.

Compliance with statutory Duty of Candour



What is the trend that we see?

Performance for this KPI is inconsistent. In August 23 there was a large dip in performance. This special cause has since been identified and remedied. Between Autumn 23 to Spring 24 there was an improving picture with 100% compliance. April 2024 saw another drop (below the confidence limit). This was due to the completion of Duty of Candour letters not meeting the timeframe. Summer 2024 onwards has seen an inconsistent performance occasionally dropping below the mean, meeting the target and dropping again, but all within the control limits.

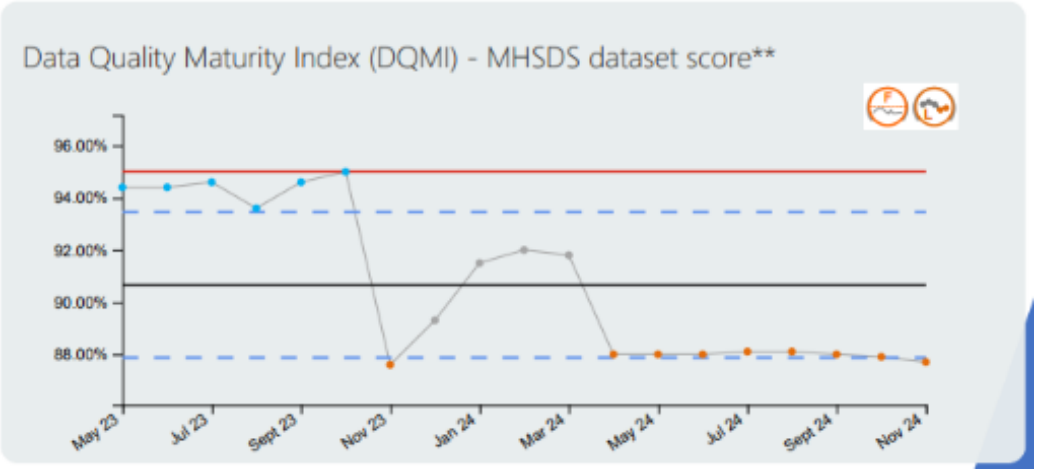
What is being done about it?

New simplified Duty of Candour template letters have been launched, and the Patient Safety Team have implemented a stretch target to allow the time to review and quality assure the letters before they are sent out. This will be included within a one-minute guide for duty of candour which is being developed as part of the incident management policy. In the interim, the Patient Safety Team continue to request letters from the authors two days before the deadline for completion.

When do we expect to see improvement?

It is expected from Q1 2025/26 this KPI may be changed based on the launch of the 2025/26 PSIRP, ongoing conversations with CQC will inform this.

DQMI – MHSDS dataset score



What is the trend that we see?

In November 2023, NHS England launched a new version of the Mental Health Services Data Set (MHSDS), and since that date, DQMI performance has dropped for all Trusts. On investigation, there are two key data items that are affecting our score, and in both cases, the data that we have submitted does not reflect the scores then calculated and displayed by NHSE Data Teams in the DQMI reporting suites.

We have also discovered some areas where additional data mapping is required to ensure that data items are submitted against the correct categories. These areas have a smaller impact on overall DQMI score than the distorted data described above.

What is being done about it?

We have highlighted the areas of data distortion to the national team for investigation and correction.

We have identified the data fields that need mapping and are allocating this work to analysts in the BI team.

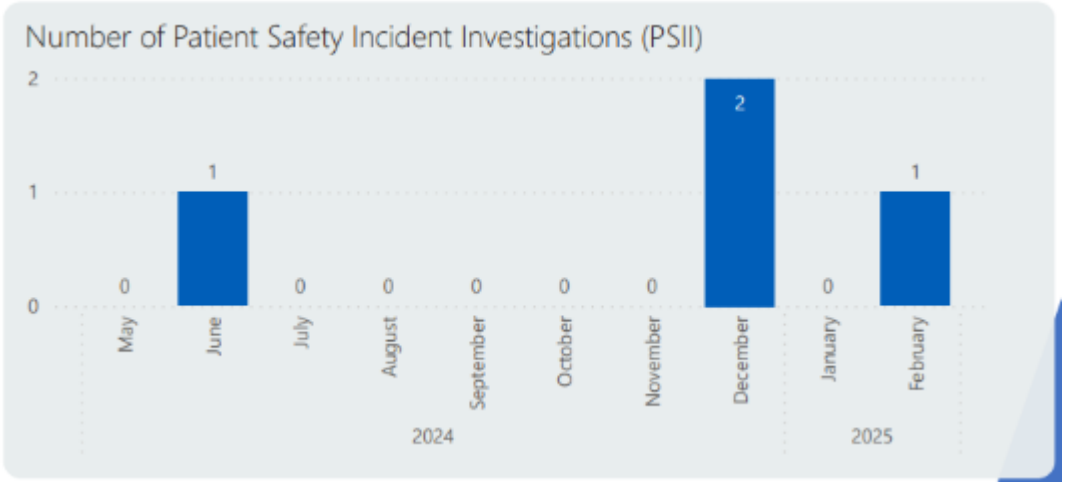
When do we expect to see improvement?

The national team has confirmed that they have no plans in place to respond to the distorted data that has been reported to them. Several Trusts have reported similar issues, and escalated these to NHS England, and received the same information.

The data mapping exercise was completed in February 2025 but won't be visible in performance indicators until the Q1 figures are released.

As we do not expect this picture to change in the near future we will omit further comment on this measure for the next 3 months.

Number of Patient Safety Incident Investigations (PSII)



What is the trend that we see?

Over the financial year there have been four Patient Safety Incident Investigations, with the latest reporting month (February 2025) presenting the fourth (two in December 24 and one in June 24)

What is being done about it?

The February PSIs will be subject to a full Patient Safety Incident Investigation in line with the Patient Safety Incident Response Plan to identify system learning and improvement. Learning will be shared via the six-monthly Patient Safety Report.

Recommendations and actions have been uploaded to the Datix Incident Reporting System for monitoring and assurance.

When do we expect to see improvement?

Learning will be identified through the PSII investigations and SMART actions agreed and progressed. Learning themes will also be shared via the six-monthly Patient Safety Report.

Caring

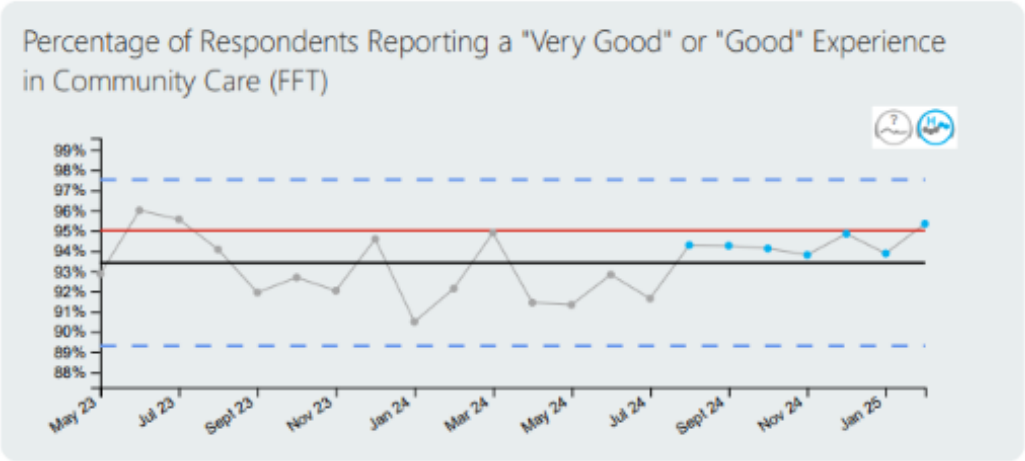
By caring, we mean staff involving and treating people with compassion, kindness, dignity, and respect.

Summary

Indicator Updates

This section gives updates on specific indicators that meet criteria in the Caring Domain.

% of Respondents reporting a “Very Good” or “Good” experience in Community Care (FFT)



What is the trend that we see?

Following a period of fluctuation, there has been an improvement in performance since July 2004, with several consecutive months above the mean. February 2025 has met the target. The first time this has occurred since July 2023. The data continues to remain in the upper and lower control limits.

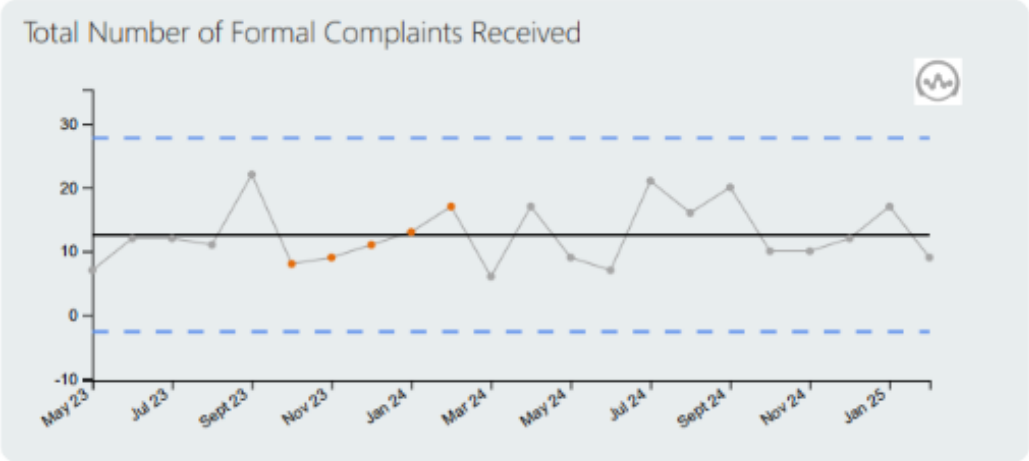
What is being done about it?

While there is currently no engagement officer in post to oversee this data, we are in the process of recruiting to the team to support monitoring and providing feedback on these findings.

When do we expect to see improvement?

Once we can monitor the data more closely, we will be able to monitor any significant changes to review if and where any improvements need to be made. We will update the progress of this in the next Performance Brief, as recruitment is in the very early stages of the administration process.

Total number of formal complaints received



What is the trend that we see?

Performance has been unstable over the last year; the last four months has seen a narrowing of variation whilst remaining inconsistent. Performance continues to remain within the upper and lower control limits.

What is being done about it?

We currently have gaps in the team and therefore no complaints officer to oversee the data. The team is currently working to Operational Pressures Escalation Levels 3. It is also on the risk register and being managed accordingly. Mandatory work is being undertaken to ensure complaints are progressed as per the complaints policy. Once recruitment to the Engagement Officer post has taken place, we will look closer at monitoring the data and report on any changes.

When do we expect to see improvement?

Once the team is no longer in OPEL 3, and recruitment of the Engagement Officer has been successful, we will be able to monitor the data more closely. I will provide an update in the next performance brief, as the recruitment process is currently in the early stages of the administration process.

Responsive

By responsive, we mean services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice, and continuity of care

Summary

Although patients continue to wait long times to access treatment in some of our services, further improvements have been made during this period. These include within Neighbourhood Team, Diabetes, Tier 3 Weight Management, CAMHS, Audiology and MSK.

The total number of people waiting for care to start is continuing to decrease towards more sustainable levels. A total of 25,618 people were waiting for care to start at the end of February 2025, compared to 30,480 at the start of the financial year. The total number of patients waiting more than 52 weeks is now showing early signs of decreasing, with 3,765 people waiting longer than a year at the end February, compared to a high of 4,377 in August 2024, and 4,035 at the end of December 2024.

Strong improvement also continues for people waiting more than 6 weeks for diagnostic tests, who we now expect to return to above target performance (above 99%) during this financial year.

Our primary areas of concern continue to focus on those waiting lists associated with accessing a Neurodevelopment Diagnostic Assessment for children and young people. These patients now comprise more than 90% of the patients who have waited more than 52 weeks for treatment from any LCH service, and waiting lists continue to grow for these services.

Access LCH Programme

The Access LCH Programme is acting as a positive driver of both immediate and long-term improvement in waiting list management processes. Cross-organisational action and learning has been evident, with departments working effectively together, towards the goals of reducing the number of people waiting more than 40 weeks, reducing and removing access barriers to attending appointments, reducing Missed Appointments, and improving the accuracy of our waiting list information.

At the time of writing, an estimated 500 additional first appointments had been conducted since the start of January as a result of the funding, but some work is still underway to confirm this number, as it is likely to be significantly higher. Previous data is being reviewed.

Improvements have been made to the communications that we give to patients, both in letters and on telephone calls relating to how they can access appointments, including transport information. A key focus has been placed on ensuring that gaps in equity are closed during this process, particularly in aiming to overcome barriers for patient's living in IMD1 compared to other IMDs. Work has been initiated to consider one-stop clinics for patients who are waiting on multiple waiting lists, CAMHS, Children's SLT, MSK and Pain are some of the services considering this.

Admin Services and Estates Services have been vitally important to the success of the campaign so far, which has allowed for 3 dedicated health centres to be opened each weekend. We have also seen increases in the number

of existing staff joining our internal bank with over 100 new registrations in January and February. We expect that this will only strengthen the bank in the more medium-term following the end of the campaign.

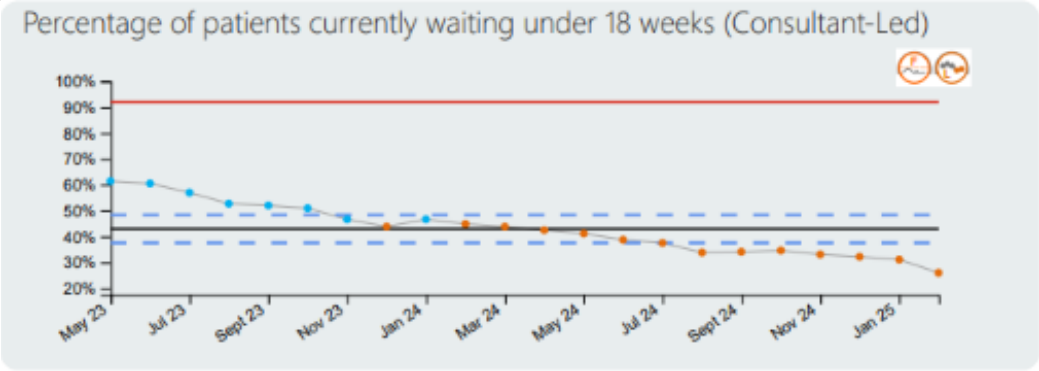
To further support waiting list validation, a new group of Super Users has been established, with a standard training programme for all validators. Training sessions are being booked for all validators during the remainder of March. New dedicated digital tools have been developed and launched using in-house software, giving greater flexibility and power to those validators. Critically, this new tool now gives the organisation a standard way to visualise and review "completed waits" (patients who have recently had a successful first appointment, and so have been removed from waiting lists, but not discharged). As a result, some services are now finding a number of patients that had been removed from waiting lists but are in fact still waiting to be seen. For example, CAMHS Medication Clinics have identified 286 patients that had been marked as seen but still require treatment. This example is being investigated currently, but early learning suggests that there is little patient safety risk posed, as all patients remain visible within SystmOne and are showing as still waiting. The primary risk is to the accuracy of reporting, and it is likely that reported numbers of patients waiting will increase for this service in coming weeks as actions are taken. This example further highlights the importance of regular waiting list validation, as an essential process that provides a vital safety net against patients falling off lists as a result of incorrect recording in the patient record.

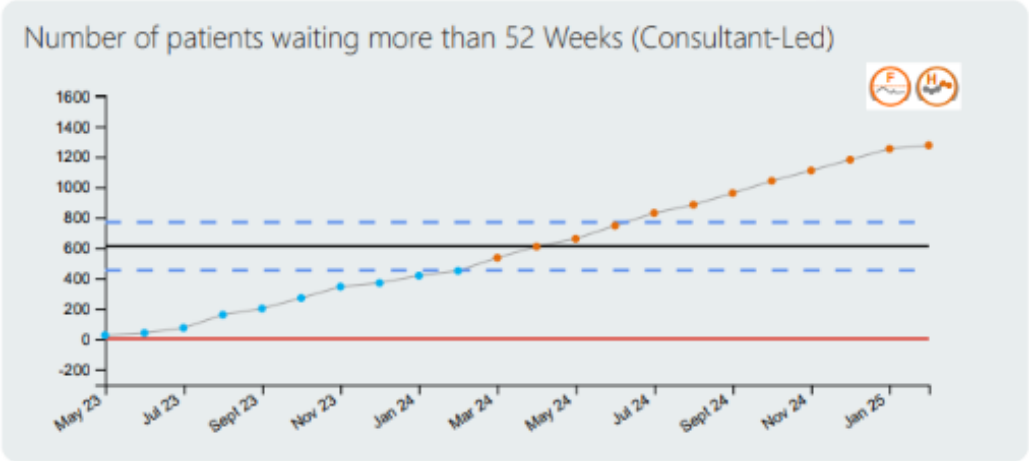
Further updates are given below on other key indicators for Responsiveness.

Indicator Updates

This section gives updates on specific indicators that meet criteria in the Responsive Domain.

RTT (Referral to Treatment) Waiting Time Standards





What is the trend that we see?

Performance continues its decline both in the Percentage of patients waiting less than 18 weeks, and the number of people waiting more than 52 weeks.

The key services affecting this performance are ICAN Paediatric Clinics (primarily PND) where demand for Pre-School Neurodevelopmental (Autism) diagnosis outstrips available capacity and Community Gynaecology where waiting times are long due to the length of wait that people experience under LTHT care prior to transfer to LCH care. The 65 & 78 week waits show a similar picture to the 52-week measure. As our current focus as a Trust is all patients waiting more than 52 weeks for care, this update includes all patients waiting more than 52 weeks.

Some performance improvements have been seen in Gynaecology from February, following work with LTHT.

What is being done about it?

For ICAN Clinics, the primary driver of the demand continues to be for Paediatric Neuro-Developmental (PND) Assessments in under 5s. The service is designing a new 'Needs-led' pathway, to run alongside the assessment and diagnosis pathway, which will provide first-line support to all families that are referred, regardless of whether they meet the criteria for diagnosis.

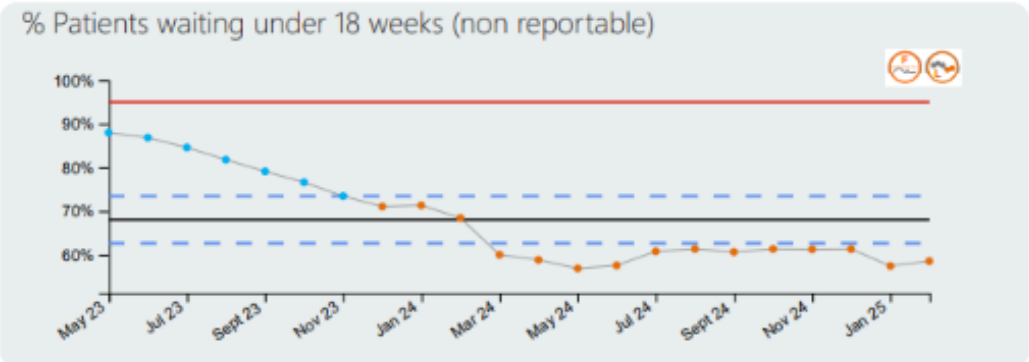
The pathway for diagnosis is also being redesigned to focus on assessments being conducted and led by Paediatricians, supported by effective information gathering from other disciplines and leveraging capacity in other CBU services. The proposed pathways have been modelled to help understand the capacity required to meet current and future demand, and this will be used to inform a business case requesting permanent ICB investment in the new model.

In the short term, additional clinics are now being offered by locum staff, which include diagnostic assessments being completed during the first appointment.

When do we expect to see improvement?

For ICAN Clinics, we expect the finalised business case to be ready by during Q4, which will also include similar modelling relating to the school-age assessment pathway provided by CAMHS.

% of patients waiting under 18 weeks (non reportable)



What is the trend that we see?

Performance has continued to hold steady but remains significantly below the target of 95%. This, however, does hide some areas of good improvement and recovery for some services.

For example, the Tier 3 Weight Management Service currently holds a waiting list of only 69 patients, compared to 570 at the end of July 2024. The Tissue Viability Service has successfully reduced the number of patients waiting from 116 at the start of April to 31 and the end of February. Children's Occupational Therapy also continue to improve, achieving a 40% reduction in the number of people waiting over the last 12 months.

The total number of patients now waiting more than 65 weeks is showing early signs of reducing, falling to 4,106 at the end of February 2025, from 4,281 at the end of December. At the time of writing, 94% of these were children awaiting ND assessments in both our Pre-School and School Age assessment teams. Of all the patients waiting more than 18 weeks within the Trust, 42% are children or young people waiting for a neurodevelopmental assessment, such as autism. A total of 4046 children are waiting on these lists, but this doesn't include further children waiting within MindMate SPA to be accepted for the school-aged assessment waiting list. There have been some early signs of reduction in the number of school-age children waiting within CAMHS.

What is being done about it?

This update focuses on updates in Neurodevelopmental Assessment Services, Podiatry, Community Dental, and Adult Speech and Swallowing Service.

School Age and Pre-School Autism Assessments

Within the school-age service, the reductions are being driven by discharges of families who have taken up a right to choose offer, and so no longer need to wait for an assessment. Further work continues within the CAMHS Quality & Value project to redesign the proposed service offer, which would lead to a reduction in referrals meeting criteria for assessment.

Our Pre-school Service is planning to commence another round of out-sourcing during Q1 next financial year, which should lead to more than 500 patients being seen by the end of June.

Podiatry

Some early signs of reductions are now visible in the number of people waiting for care to start. This has primarily been driven through the long-term transformation work the service has been focussed on delivering. Communication has been made directly with approximately 1000 patients to confirm if they still require support from the service, and over 450 to-date have requested to be discharged. A further 450 additional appointments have been created through the re-design work, a small number of which have been created through the Access LCH campaign.

This work has led to the number of people waiting for care reducing from 6,702 in December to reach 5,934 by the end of February.

However, the number of people waiting for longer than 52 weeks remains high. Over 95% of these patients were referred for low-moderate foot and ankle care, which is no longer an offer of the service, but are unable to be discharged until the full review process has been completed and signed off.

A further 450 people are also still awaiting triage within the Electronic Referral System (eRS). The service has assigned an additional 3 clinicians to the triage queue to reduce this backlog further.

Dental

Waiting Times for Community Dental remain a national and regional problem, and these challenges are replicated in LCH. Collaborative work across the region suggests that this will now longer progress as hoped across West Yorkshire, although an alternative offer of some renumeration for additional activity has been suggested. The service is currently recruiting, and has new starters joining in coming weeks, but this now poses a longer-term risk to our ability to reduce the number of people waiting, and to ensure that patients aren't waiting excessively.

At the end of February 2025, a total of 2,909 people were awaiting routine assessments within the service, of which 1,427 have waited longer than 52 weeks.

Adult SLT

The service has used funding available from Access LCH to hire two locum staff and set clear expectations of the number of patients per week that these colleagues will provide appointments to. Issues during on-boarding processes have slowed down achievement of these goals, and so it is unlikely that the service will see all patients waiting more than 52 weeks by the end of March. A long-term gap is evident between capacity and demand, where referrals have been rising steadily over the last two years, and the service is considering the need for a business case to address.

Significant work has been completed to date as part of Quality and Value to define a new offer of clinic treatment pathways, and implementation work continues on this. The service has considered deploying opt-in

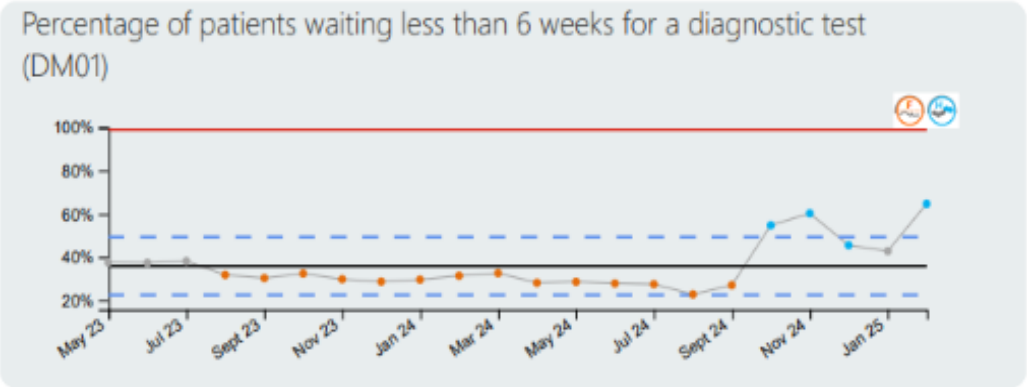
approaches, but on consideration as part of Equity Impact Assessments, this was considered unsuitable for the patients referred, many of whom are struggling with communication needs.

The service currently has 994 people waiting, which has increased from 912 in December. A total of 147 people have waited more than 52 weeks.

When do we expect to see improvement?

It is unlikely that full recovery of this target will be achieved during the next financial year, given the number of people awaiting ND assessments, however it is likely that the plans described above will begin to show impact during Q1 and 2.

% of patients waiting less than 6 weeks for a diagnostic test (DM01)



What is the trend that we see?

Performance continues to improve in recent months, following waiting list review work. The total number of people waiting has now fallen to 248 at the end of February, from 508 at the end of December. Performance against the 6-week Diagnostic Standard has also climbed to 64.7% by the end of February, and the service has confirmed that all patients waiting more than 6 weeks have an appointment booked before the end of March.

What is being done about it?

The service has a clear plan of activity during March that will be monitored during Patient Access Meetings and the Access LCH programme. At the time of writing, 121 patients out of 245 on the list had waited more than the 6 week target, and all these patients had appointments booked during March.

The service has also offered further appointments during March to patients waiting more than 4 weeks, to further reduce waiting times. The service has conducted weekend clinics with additional monies available via Access LCH, which have been popular with families.

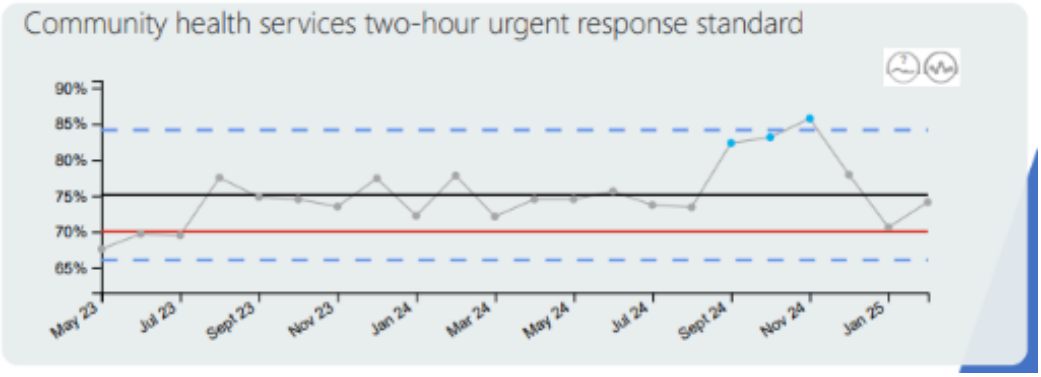
The service has also completed work with other CBU service to change protocols that led to automatic referrals being placed even when no hearing or speech concerns were present. This should lead to a safeguarding of the service's performance over the medium to long term.

New DM01 reporting requirements are under review and due for implementation by 1st Apr.

When do we expect to see improvement?

We expect to see a full recovery of the 99% target for 6-week waits during this Quarter.

Community health services two-hour urgent response standard



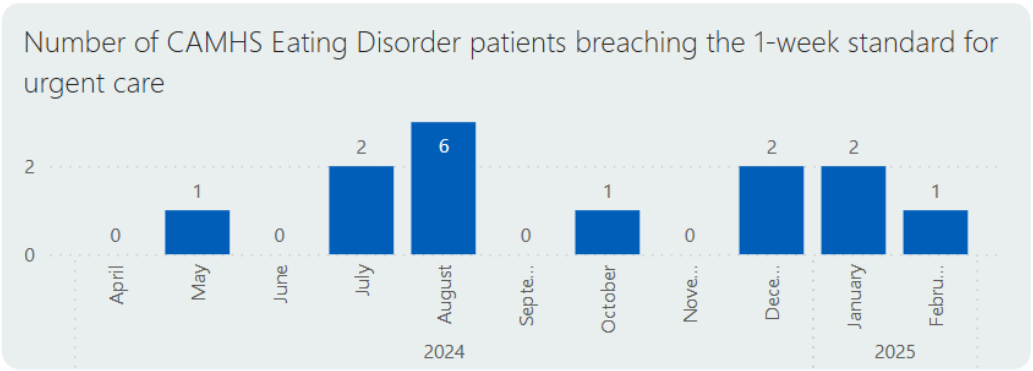
What is the trend that we see?

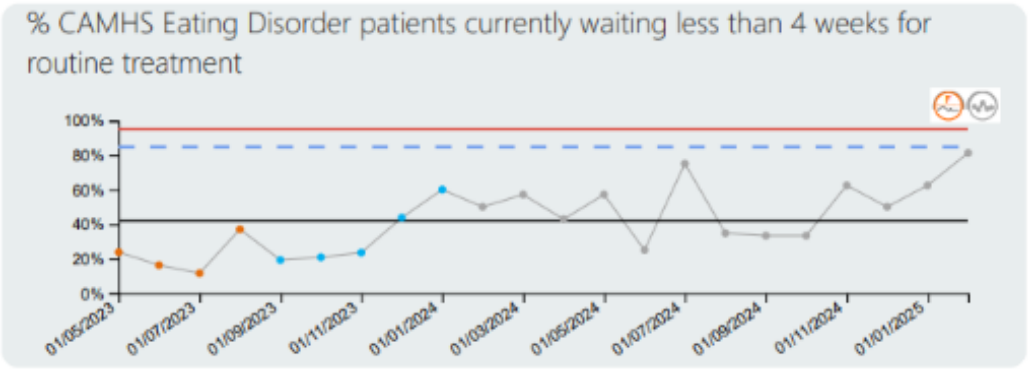
During the winter period, and also affected by increased staff sickness rates, performance against this standard deteriorated during December and January, but not to a statistically significant level. Despite operational pressures, and the pressures felt across the health and care system during that period, our teams kept performance above target, and performance has begun to improve further since February.

What is being done about it?

No further action required.

CAMHS Eating Disorder Waiting Time Standards





What is the trend that we see?

Performance against both the urgent and routine targets continues to be below target, and this is being driven by demand that outstrips capacity. The service is currently commissioned to support 100 cases per year but has received an average of 140 referrals per year since 2022. Currently there are 19 patients awaiting assessment.

The service recorded 3 breaches of the 1-week urgent standard during the reporting period.

What is being done about it?

The service is rebalancing the number of assessment appointments compared to treatment appointments, which will lead to improvements in starting new cases, but may lead to reductions in the frequency of treatment appointments for patients already on the caseload. Routine patients may have assessment appointments rescheduled if required for urgent cases.

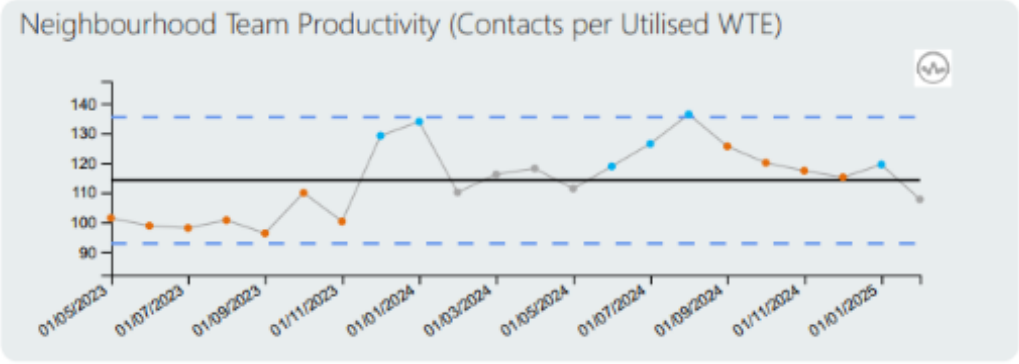
The service is conducting a deep-dive data review to present to ICB commissioners in March 2025, following which options for future arrangements will be considered, but there is no current commitment from commissioners to increase funding for this service.

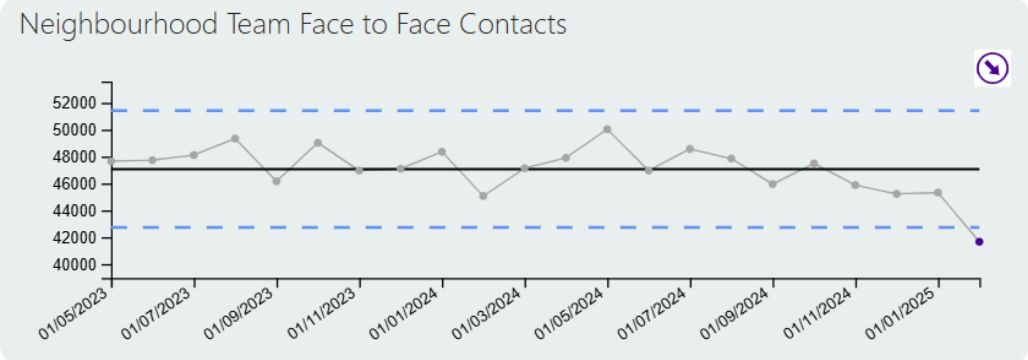
Some work is also being conducted to understand the current demand patterns for ARFID support. ARFID is a non-commissioned service offer for patients with eating disorders, and the service continues to receive referrals for this support. The deep dive has been asked to present some data to commissioners on the volume of this currently unmet demand.

When do we expect to see improvement?

We are not expecting to see any long-term improvement to this indicator during this financial year.

Neighbourhood Team productivity (contacts per utilised WTE)





What is the trend that we see?

Following recent above average performance a medium-term downward trend in productivity is emerging for the Neighbourhood Teams. This is further driven by the drop in Face-to-Face Contacts in February 2024 to below the lower control limit.

What is being done about it?

ABU Leadership team are aware of this situation and continue to monitor. Work is underway to investigate root causes, and particularly to understand the impact of recent changes to therapy activity recording within SystmOne, which may well be the primary cause of this pattern. Action plans will be developed if this cause is ruled out following these investigations.

When do we expect to see improvement?

These numbers are being investigated during March and will be reported back to the ABU Leadership team for further consideration.

Well-Led

By well-led, we mean 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

Summary

The latest Well Led metrics indicate relative stability and some small ongoing improvements against our Workforce indicators.

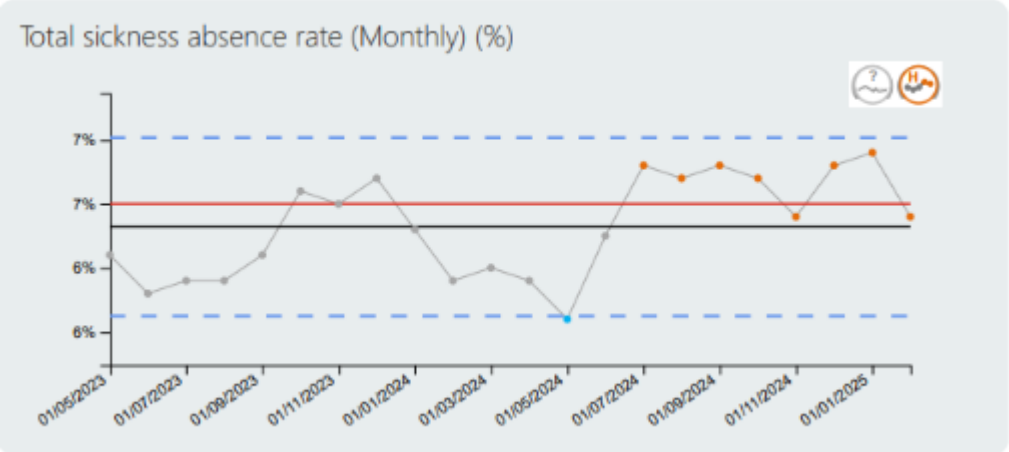
Of note this month is a shift in the length of sickness absence, with the long term absence that has been the focus of considerable work now within tolerance; and an increased priority now on addressing the increasing number of short-term absences.

Appraisal and statutory and mandatory training continue to show steady and increasing compliance.

Indicator Updates

This section gives updates on specific indicators that meet criteria in the Well-Led Domain.

Total sickness absence rate (monthly %)



What is the trend that we see?

The last 8 months has seen a deterioration in performance, with data both above the median and the target. The performance assurance is inconsistent. Data is within the control limits, however 8 datapoints above the median is a special cause, meaning further investigation is needed to understand why the performance continues to deteriorate in the trend.

What is being done about it?

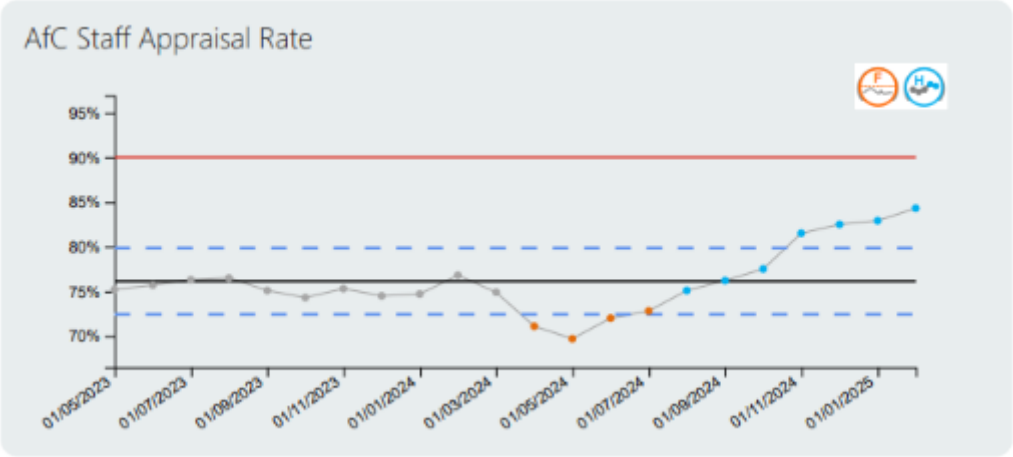
Over the last 6 months, long term sickness has reduced and is now below the target at 3.8%. The focus is now on short term sickness.

We are focussing on conducting formal processes to ensure all governance and policy is being followed correctly.

When do we expect to see improvement?

We expect to see an improvement on short term sickness as we enter spring and summer months, alongside the work being done, focussing on the reduction of short- term sickness.

Afc Staff appraisal rate



What is the trend that we see?

A steady and gradual improvement towards the target since August 2024, resulting in the highest compliance rate since 2021. The last six months performance has been above the mean. The target is above the upper control limit, which has not been met for several years.

What is being done about it?

ABU and SBU teams have been set challenges and targets as part of the trust's performance panel. ABU have featured this as a 'spotlight in their own performance meetings and have been targeting and engaging with teams with low compliance. A similar approach has been taken in SBU where the leadership team have reached out to low performing areas and offered support as well as stepped approach to improve compliance. Both Business Units have been set an ambitious target of 90% compliance by the end of March 2025.

When do we expect to see improvement?

With continued focus we expect to see further improvement by end of Q3 of next financial year.

Statutory and mandatory training compliance

What is the trend that we see?

Performance has shown a steady improvement towards the target since June 2024. Due to historical performance the 90% target is above the upper confidence control which may make the KPI difficult to achieve.

What is being done about it?

In December and January targeted communications with staff who were not compliant with Patient Safety eLearning (Level 1 and 2) and Oliver McGowan eLearning were sent; Managers were asked to address this. Further targeted communications were sent to Corporate Teams about ensuring any outstanding subjects be completed as soon as possible.

To aid managers to track individual team performance a new MaST dashboard is being developed by the Workforce Reporting Team. This will allow managers and subject matter experts to easily see who is out of compliance by training topic. The dashboard is currently in testing phase and is expected to go live in April 2025.

When do we expect to see improvement?

Performance is expected to continue to improve over coming months and meet the target by end of Q2 2025.

Starters/leavers net movement

What is the trend that we see?

Due to the work of the Quality and Value Programme and vacancy control processes the Trust has seen a shift to a negative staff movement i.e. the number of starters – v – leavers since the start of the financial year. Performance remains inconsistent with data flipping above and below the median and the target. All variation is within the control limits.

What is being done about it?

This will continue to be monitored as we start Year 2 of the Quality and Value programme

When do we expect to see improvement?

Revisit metric during Q2 of 25/26.

Reduce the number of staff leaving the organisation within 12 months

What is the trend that we see?

Performance up to March 2024 was improving and consistently meeting the target. Since April 2024 there has been an inconsistent pattern.

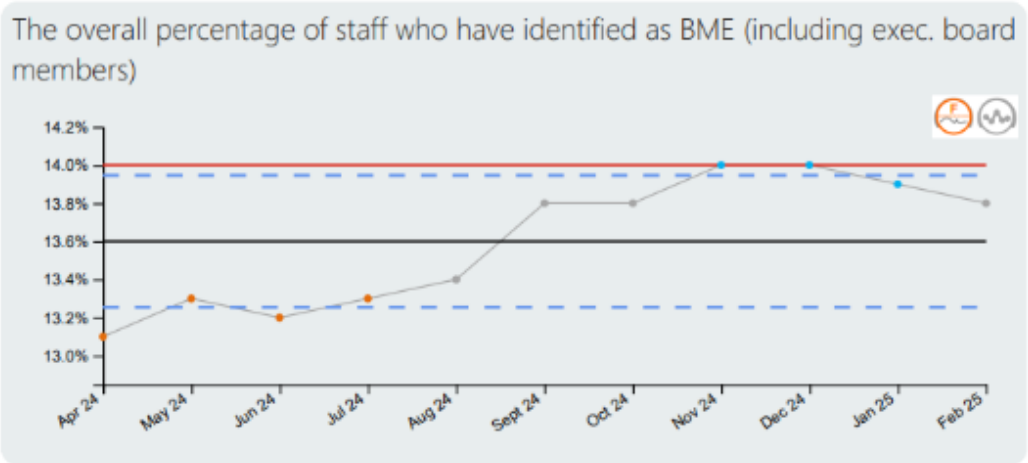
What is being done about it?

A deep dive covering a 5-year period has been completed on this metric and there are no immediate concerns to report. We expect that when the task and finish group is established to look Trust-wide KPIs, that this may be one of the KPIs, which is no longer relevant to report upon.

When do we expect to see improvement?

Performance against this metric is expected to remain within tolerance and will be reviewed again in 6 months

Percentage of staff who have identified as BME (inc. exec. Board members)



What is the trend that we see?

The performance improved from August 2024 to reach the target in November and December2024. January and February have not met the target with February falling to September/October levels. Performance remains above the mean, within the control limits. The target does sit above the upper confidence limit, meaning based on the historic trend, LCH are not statistically expected to hit this target consistently.

What is being done about it?

The change in trend to an inconsistent picture is new. We will look into the reasons for this and provide narrative in the next report.

When do we expect to see improvement?

Narrative to be provided in the next report

Finance

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

Prior Year £k	Key Financial Indicators	M11 Year To Date Plan £k	M11 Year To Date Actuals £k	M11 Year To Date Variance £k	Full Year Plan £k	Full Year Forecast £k	Full Year Variance £k
(267)	Adjusted (Surplus)/Deficit	(935)	(1,815)	880	(1,005)	(1,934)	929
43,534	Closing cash balance	43,087	54,524	(11,437)	40,941	43,791	(2,850)
(15,875)	Capital Expenditure CDEL	(9,709)	(5,822)	(3,887)	(15,020)	(7,300)	(7,720)
	Quality & Value Programme						
3,674	Recurrent savings	12,104	7,822	4,282	13,200	8,530	4,670
4,578	Non Recurrent savings	2,365	6,647	(4,282)	2,578	7,248	(4,670)
8,252	Total savings	14,469	14,469	0	15,778	15,778	0
	Temporary staffing						
3,793	Agency	3,426	1,992	1,434	3,758	2,407	1,351
5,259	Bank	4,727	4,897	(170)	5,167	5,334	(167)
9,052	Total temporary staffing	8,153	6,889	1,264	8,925	7,741	1,184
153,936	Total Gross staff costs	145,894	143,840	2,054	159,648	157,043	2,605
2.5%	Agency as a % of gross staff costs	2.3%	1.4%	-1.0%	2.4%	1.5%	-0.8%

Income & Expenditure: Year to date the Trust has shown a positive financial improvement with a £288k increase in its year-to-date position from month 10, resulting in a year-to-date surplus of £1,815k. This improvement is attributed to ongoing effective grip and control measures, technical adjustments and review of the balance sheet. The Trust is reporting and increased surplus of £1.9m for the year against a planned £1m.

Cash: The Trust's cash position remains strong, with a year-to-date closing balance of £54.5m, surpassing the planned figure by £11.44m. This positive variance is mainly due to additional income from interest, outstanding LCC invoices, and lower-than-expected capital expenditures, particularly from reduced lease costs. Looking ahead, the Trust anticipates maintaining this favourable position, with a forecast year-end cash balance of £43.8m.

Capital Expenditure: Expenditure remained behind plan as of February, primarily due to delays in finalising the lease agreement for St Georges and the impact of lease remeasurements. The forecast expenditure by the end of March 2025 is £7.3m. Capital planning for 2025/26 is ongoing, with consideration being given to bringing forward certain projects to offset any unavoidable slippage. A key risk to the forecast continues to be the signing of the St Georges lease, which is under regular review. The Trust has also received £210k additional PDV funding for EPR.

Quality & Value Programme: The Trust remains on track to deliver its planned efficiency savings and is forecast to meet its full-year target. Non recurrent savings continue to be £4.7m more than planned. These will roll forward into 2025/26 Quality & Value Programmes.

Temporary staffing: Year-to-date, the Trust has successfully kept agency expenditure below the financial plan. In February, agency spending amounted to £196k, a £10k reduction compared to Month 10. While the Domestics Service continues to depend on agency staff to cover vacancies and sickness, the Trust is forecasting overall agency expenditure being £1,351k below the planned budget by year-end. This indicates the Trust's continued focus on optimising workforce costs while maintaining necessary service delivery.

Appendix I – Data pack

	Variation/Performance Icons		
Icon	***Technical Description***	***What does this mean?***	***What should we do?***
	Common cause variation. NO SIGNIFICANT CHANGE.	This system or process is **currently not changing significantly** It shows the level of natural variation you can expect from the process or system itself.	**Consider if the level/range of variation is acceptable**. If the process limits are far apart, you may want to change something to reduce the variation in performance.
	Special cause variation of a CONCERNING nature where the measure is significantly HIGHER.	**Something's going on!** Your aim is to have low numbers, but you have some high numbers – something one-off, or a continued trend or shift of high numbers.	**Investigate** to find out what is happening/ happened. Is it a one-off event that you can explain? Or do you need to change something?
	Special cause variation of a CONCERNING nature where the measure is significantly LOWER.	**Something's going on!** Your aim is to have high numbers, but you have some low numbers - something one-off, or a continued trend or shift of low numbers.	
	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.	**Something good is happening!** Your aim is high numbers, and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	Find out what is happening/ happened. **Celebrate** the improvement or success. Is there **learning** that can be shared to other areas?
	Special cause variation of an IMPROVING nature where the measure is significantly LOWER.	**Something good is happening!** Your aim is low numbers, and you have some- either something one-off, or a continued trend or shift of low numbers. Well done!	
	Special cause variation of an increasing nature where UP is not necessarily improving nor concerning.	**Something's going on!** This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of high numbers.	**Investigate** to find out what is happening/ happened. Is it a one-off event that you can explain? Do you need to change something? Or can you celebrate a success or improvement?
	Special cause variation of an increasing nature where DOWN is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of low numbers.	

	Assurance Icons		
Icon	***Technical Description***	***What does this mean?***	***What should we do?***
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **within** those limits, then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **outside of those limits in the wrong direction,** then you know that the target cannot be achieved.	**You need to change something in the system or process if you want to meet the target.** The natural variation in the data is telling you that you will not meet the target unless something changes.
	This process is capable and will consistently PASS the target if nothing changes.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **outside of those limits in the right direction,** then you know that the target can consistently be achieved.	**Celebrate the achievement**. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.