

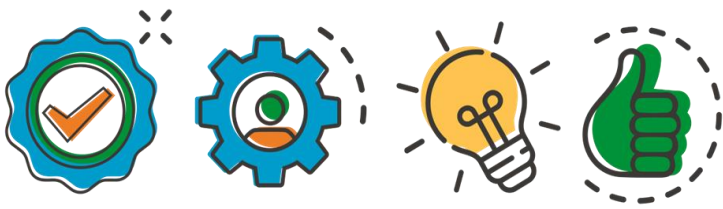
Section B: Provider Assurance - Leeds Community Healthcare

Reviewed and signed off at Board meeting on 6th March 2025

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
<i>Governance</i>		
The Board has systematically reviewed and assured the operational, workforce and financial plans for 2025/26 that form the basis of the organisation's submissions to NHS England.	Yes	
The Board has reviewed its quality and finance governance arrangements, and put in place a clinically led process to support prioritisation decisions.	Yes	
Prioritisation decisions were reviewed by the Board, including explicit consideration of the principles set out in planning guidance.	Yes	
A robust quality and equality impact assessment (QEIA) informed development of the organisation's plan and has been reviewed by the Board.	Yes	This is a dynamic process, as opposed to a one off, with EQIAs regularly reviewed by the Board.
The organisation's plan was developed with appropriate input from and engagement with system partners.	Yes	

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
<i>Plan content and delivery</i>		
The Board has systematically reviewed and is assured that it has plans in place address the key opportunities to meet the national priorities for the NHS in 2025/26. This includes the actions against the national delivery plan 'checklists' and the use of benchmarking to identify unwarranted variation / improvement opportunities.	Yes	
The Board is assured that all possible realistic in-year productivity and efficiency opportunities have been considered and are reflected across the organisation's operational, workforce and financial plans.	Yes	
The Board is assured that any key risks to quality linked to the organisation's plan have been identified and appropriate mitigations are in place.	Yes	
The Board is assured of the deliverability of the organisation's operational, workforce and financial plans. This includes appropriate profiling and triangulation of plan delivery, and mitigations against key delivery challenges and risks.	Yes	

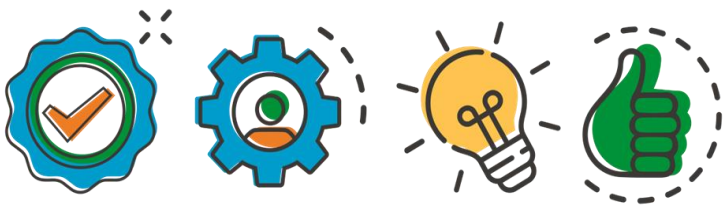
Agenda item:	2025-26 (13a)					
Title of report:	2025/26 Operational Plan Update					
Meeting:	Trust Board Held in Public					
Date:	1 April 2025					
Presented by:	Andrea Osborne - Director of Finance & Resources					
Prepared by:	Emma Tiernan Olivia Shaw					
Purpose: (Please tick ONE box only)	Assurance		Discussion		Approval	√
Executive Summary:	<p>The presentation provides a summary of the final plan submission for 2025/26 covering:</p> <ul style="list-style-type: none"> • LCH business planning priorities and wildly important goals • Workforce Plan • Operational performance plan incl. mental health narrative and planning metrics <p>Please note: The financial plan is covered in a separate paper</p>					
Previously considered by:	Trust Leadership Team - 22.1.25 Business Committee – 26.2.25 Board – 6.3.25 Business Committee – 26.3.25					
Link to strategic goals: (Please tick any applicable)	Work with communities to deliver personalised care				√	
	Use our resources wisely and efficiently				√	
	Enable our workforce to thrive and deliver the best possible care				√	
	Collaborating with partners to enable people to live better lives				√	
	Embed equity in all that we do				√	
Is Health Equity Data included in the report (for patient care and/or workforce)?	Yes		What does it tell us?			
	No	√	Why not/what future plans are there to include this information?	N/A		
Recommendation(s)	The Board is asked to note the contents of this report and approve the plan submission. .					
List of Appendices:	None					



LCH Operational Plan

Business Planning, Workforce & Performance Metrics

2025-26



Context

Section 1: LCH Business Planning

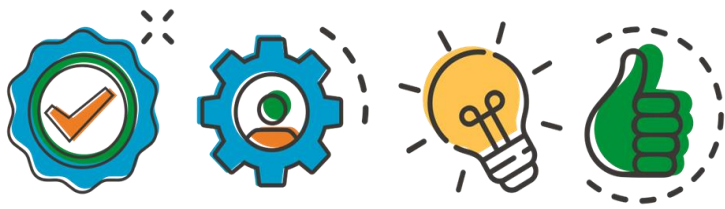
- Strategic Goals
- Priorities
- WIGs

Section 2: Workforce Plan

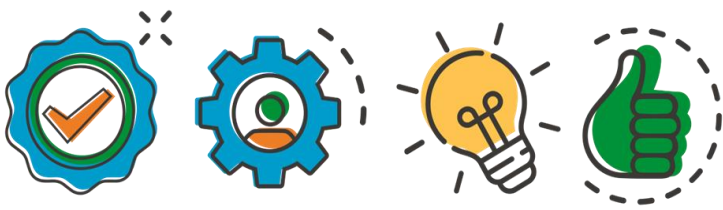
Section 3: Operational Performance Plan

- Narrative
- Planning Metrics

Please note: The financial plan is covered in a separate paper

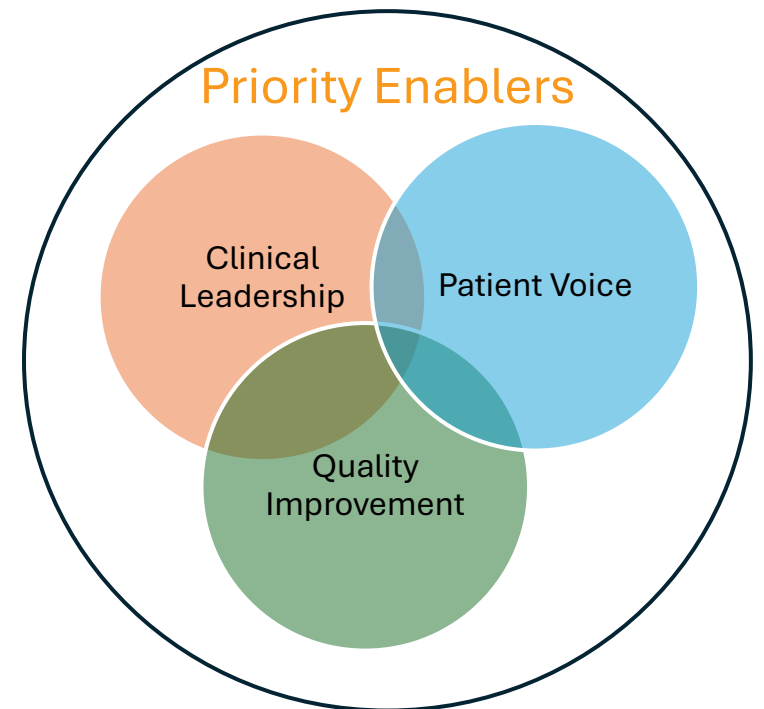


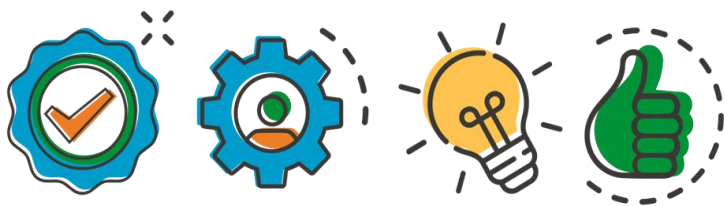
Section 1 – LCH Business Planning



Strategic Goals

- *Work with communities to deliver personalised care*
- *Enable our workforce to thrive and deliver the best possible care*
- *Collaborating with partners to enable people to live better lives*
- *To embed equity in all that we do*
- *Use our resources wisely & efficiently both in the short and longer term*





Our 25/26 Priorities



Clinical Effectiveness & Efficiency

Continue redesign programme, working with third sector partners and ensuring the patient voice and quality underpins decisions, to enable our patients to receive the most appropriate intervention to meet their needs.



System Partner

Engage with, & where appropriate, lead system wide programmes of work, working with patients and VCSEs and drawing on data to ensure we're focussed on the right things to support system flow.



Business Critical – Well Led

Ensure we meet all our statutory & regulatory responsibilities & create a fit for purpose foundation to support recovery, sustainability & growth & achieve operational plan priorities incl. waiting list improvements



Digital, Data & Technology

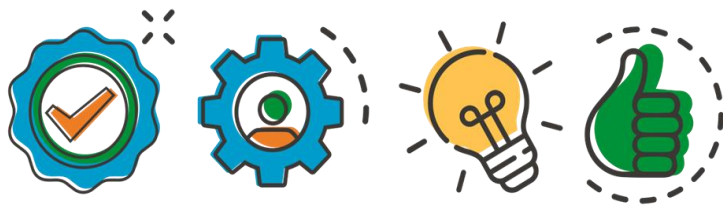
Deliver our strategic plan improving systems & processes to improve data quality and assure reporting of all service contractual requirements



WORKFORCE

Sustain momentum across the 7 themes of the Workforce Strategy:

Organisation Design, Resourcing, Inclusion, Wellbeing, Leadership, System Partner, and Foundations.



Key Initiatives & Outcomes

Clinical Effectiveness and Efficiency

Key Initiatives

- Embed service redesigns from year 1 and commence year 2 programme of Q&V
- Begin a refresh of the Estates Plan; develop a roadmap and undertake building review
- Continued emphasis on productivity, waiting lists, corporate services reform

Key Outcomes

- Reduction in DNAs
- Improvement in waiting times
- Improved productivity
- Reduction in inequity in waiting lists
- Achieve financial balance

System Partner

Key Initiatives

- Continued engagement in key programmes e.g. Active Recovery, Neighbourhood Model
- Develop a sustainable solution for Community Beds & embed WY Collaborative Community Dental service model

Key Outcomes

- Support the system by reducing hospital admissions, reducing hospital LoS and preventing hospital attendances in line with Leeds Operational plan.
- Reducing inequity in missed appointments
- Additional income generated/secured
- Community Beds Service retained

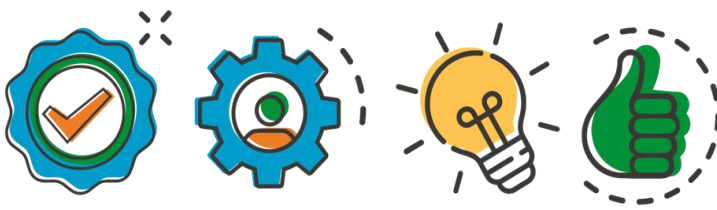
Digital, Data & Technology

Key Initiatives

- Continue integration / deployment of Digital allocation and eCommunity, Patient Information hub, Wound care app, NHS app, RPA
- Improve systems & processes to improve data quality
- IT Upgrades & Procurement

Key Outcomes

- 50% of patient letters will be digitised supporting efficiency and sustainability
- Aim to be in top x% for digital maturity against Trust peer group
- IT network is effective and resilient – target >99% "up time"



Key Initiatives & Outcomes

Business Critical / Well Led

Key Initiatives

- Deliver against Statutory and Regulatory requirements : EPRR, Green Plan, Cyber Assessment Framework, Health & Safety , FM
- Develop one overarching organisational strategy
- Develop and implement action plan in response to Well Led Findings

Key Outcomes

- A co-produced overarching organisational strategy to guide decisions and set LCH's strategic direction
- Measurable progress in ensuring our services are well led
- Met all statutory and regulatory requirements
- All systems are 100% compliant with NHS cyber security standards

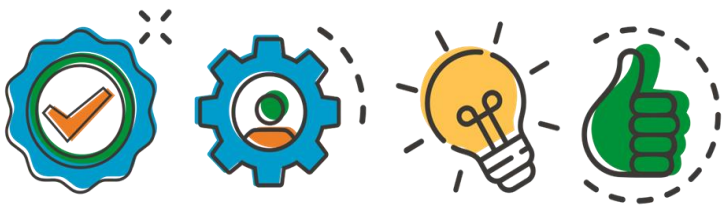
Workforce

Key Initiatives

- Progress and adjust as needed the Workforce Strategy's 7 pillars
- Support the organisation's Q&V programme including organisational change.
- Organisational cultural and engagement programme of work.
- Embedding the new People Directorate Service Delivery Model and Transformation.

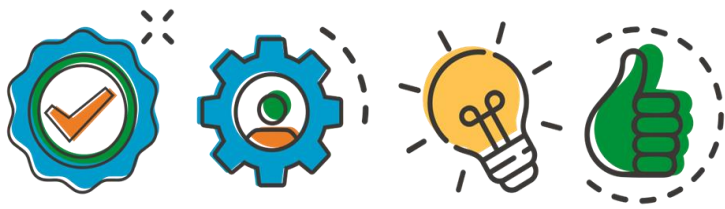
Key Outcomes

- Improved performance against lead indicators from the Staff Survey around staff engagement, motivation, LCH as a place to work and support from line managers.
- Work towards 18% of the LCH workforce being of a Black, Asian & Minority Ethnic background by 2028.
- Long term sickness absence rates return to target levels of <3.5%, with a stretch target of 3%

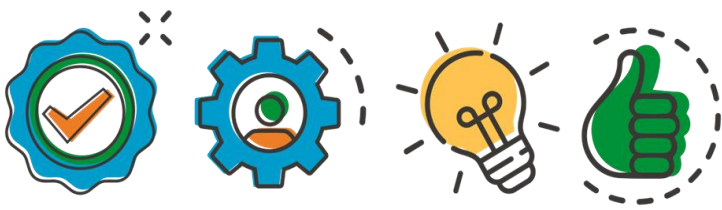


Operational Plan - Wildly Important Goals

- Support the development of the foundations of the community element of the **Neighbourhood Health Model** by April 2026
- **Reduce the backlog of people waiting** for our services in line with the national targets for 25/26
- **Transform our services through year 2 of quality and value**, for more effective service delivery that ensures equitable access and financial balance

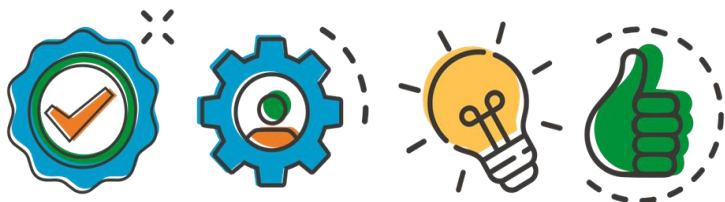


Section 3 – Workforce Plan



Workforce Plan – Headlines

National Expectation	LCH Plan
Triangulation with finance is essential	Submission completed using the Finance data and their guidance. Top level numbers match exactly.
Very little workforce growth is expected	Overall workforce sees a reduction of 3%.
High level of focus on temporary staffing. <ul style="list-style-type: none">• 10% Bank reduction• 30% Agency reduction	Conversations are ongoing with ICB. <ul style="list-style-type: none">• 8% Bank reduction• 5% Agency reduction
National focus on reducing spend on support functions to April 2022 levels	Clinical Support sees 7% reduction Infrastructure (non-clinical) sees 7% reduction



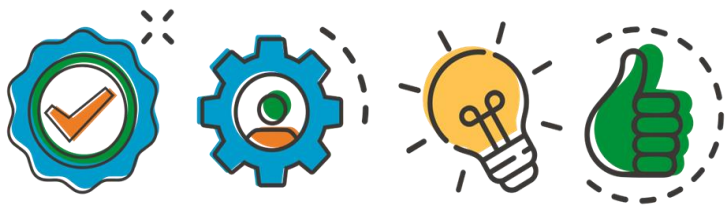
Workforce Plan – Headline Numbers

Annual Workforce Plan 2025/26	Expected Sign	Baseline		Plan	
		Staff in post outturn	Establishment	Staff in post outturn	Establishment
		Year End (31-Mar-25)		Year End (31-Mar-26)	
		Total WTE	Total WTE	Total WTE	Total WTE
		3,093.03	3,100.24	3,011.31	3,011.31
Total Workforce (WTE)					
Total Substantive		2,970.32	3,100.24	2,897.87	3,011.31
Total Bank		102.61		94.34	
Total Agency		20.10		19.10	

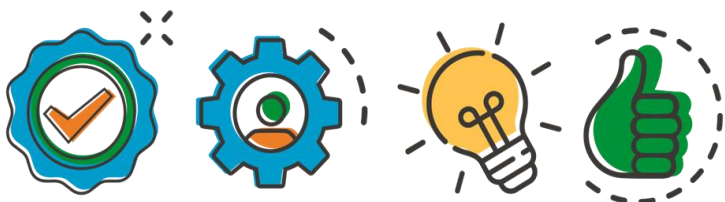
Total Substantive	+	2,970.32	3,100.24	2,897.87	3,011.31
Medical & Dental	+	73.30	72.78	76.09	76.09
Registered Nursing, Midwifery & Health Visiting Staff	+	867.17	935.92	878.59	925.97
Reg/ Qual Scientific, Therapeutic and Technical Staff	+	645.25	666.11	652.73	659.07
of which Allied Health Professionals	+	400.36	414.76	373.25	379.13
of which Other S, T & T	+	242.25	247.09	275.42	275.88
of which Healthcare Scientists	+	2.64	4.26	4.06	4.06
Clinical Support	+	571.83	643.77	533.02	581.34
Infrastructure	+	805.77	774.66	750.42	761.83
Other Staff	+	7.00	7.00	7.00	7.00

Change from March 25 to March 26							
Staff in Post				Establishment			
WTE		%		WTE		%	
	(-81.73)		-3%		(-88.93)		-3%
	(-72.46)		-2%		(-88.93)		-3%
	(-8.27)		-8%				
	(-1.00)		-5%				

	(-72.46)		-2%		(-88.93)		-3%
	2.79		4%		3.31		5%
	11.42		1%		(-9.95)		-1%
	7.48		1%		(-7.04)		-1%
	(-27.11)		-7%		(-35.63)		-9%
	33.17		14%		28.79		12%
	1.42		54%		(-0.20)		-5%
	(-38.81)		-7%		(-62.42)		-10%
	(-55.35)		-7%		(-12.83)		-2%
	0.00		0%		0.00		0%

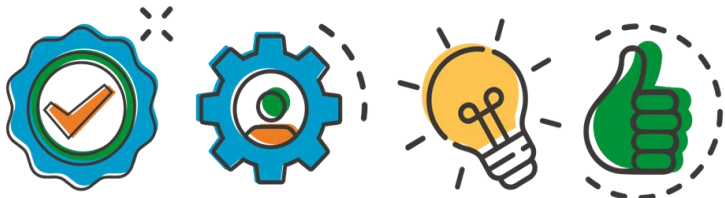


Section 4 – Operational Performance Plan



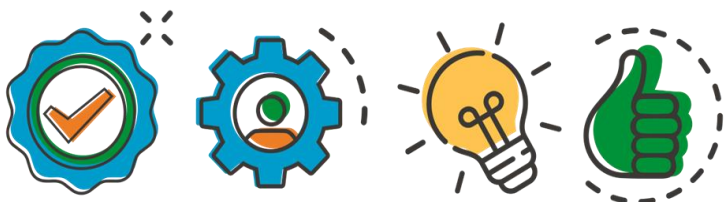
Mental Health Narrative: CYPMHS

	For completion in Headline Submission	For completion in Full submission		
Key areas of focus to	2025/26 improvement opportunity planned	Key delivery actions	Key enablers and	Key risks and support
Improve productivity by reducing unwarranted variation in the numbers of CYP accessing services and the number of contacts per whole time equivalent hours worked	<p>A benchmarking programme is underway conducted by a neutral agency. The purpose of this initiative is to assess productivity and funding streams, ensuring that our service is both efficient and competitively positioned.</p> <p>Expected output: The benchmarking will provide a comparative analysis at both regional and national levels against other providers. This will help verify parity of our service offering and identify opportunities to maximise productivity.</p>	<p>1. Output of benchmarking exercise to be understood by May-25/ early summer</p> <p>2. Providing key headlines inc. staffing, current service offer, specifications, performance & quality reports</p> <p>3. Consultant planned to regularly meet with Leadership with findings and some low level engagement with service</p>	<p>1. Commissioned independent benchmark review</p> <p>2. Engagement from service with process</p>	<p>1. Timeline slippage</p> <p>2. Lack of engagement from service</p> <p>3. Unable to predict outcome of benchmarking exercise - first exercise for CAMHS in over 8-10 years</p> <p>4. Internal CIP programme</p> <p>No requests for support from NHS E</p>
Reduce local inequalities in access to CYP mental health services, between disadvantaged groups and the wider CYP population.	<p>As above. Will help to support reducing waiting time disparities, allow for better funding stream alignment in areas of demand,</p>	<p>1. Completion of EQIAs as part of internal CIP programme</p> <p>2. Task & finish groups to understand gaps in services, risks and mitigation</p> <p>3. Closer working 3rd Sector to promote better community links</p>	<p>1. Access to health inequality data</p> <p>2. EQIA sign off panels for confirm/challenge</p> <p>3. Commitment to task and finish groups</p> <p>4. Leeds Office ICB led review of Clusters in Leeds</p>	<p>1. Data quality</p> <p>2. Capacity of service to engage</p> <p>3. Capacity of adult services to engage in transitions of areas deprivation</p>
Expand Mental Health Support Teams	<p>Currently 60% coverage of Leeds' schools achieved, all in the most deprived areas of Leeds. We have 5 teams left to establish. Funding request to be made to ICB to ensure 100% coverage of Leeds' schools.</p>	<p>1. Funding request MMST 5</p>	<p>1. Access to funding</p> <p>2. Successful recruitment</p> <p>3. Engagement in schools</p>	<p>1. Funding request declined</p> <p>2. Staff retention and turnover</p> <p>3. Unsuccessful recruitment</p>



Mental Health Narrative: LMWS

	For completion in Headline Submission		For completion in Full submission	
Key areas of focus to support delivery	2025/26 improvement opportunity planned	Key delivery actions	Key enablers and dependencies	Key risks and support requirements
Deliver effective courses of treatment within NHS Talking Therapies and reduce ill-health related inactivity, through access to Individual Placement Support (IPS).	<p>LMWS ensures effective treatment through its NHS Talking Therapies service by focusing on timely access, evidence-based care, and continuous improvement.</p> <ul style="list-style-type: none">• Accessible Care – Monthly access targets (2,400+) are consistently met, with digital and face-to-face options ensuring flexibility.• Evidence-Based Treatment – NICE-approved therapies, including CBT, EMDR, and counselling, are delivered via group and one-to-one sessions.• Strong Recovery Focus – Reliable Improvement exceeds the 67% target (68% YTD), with Reliable Recovery progressing towards 48% (currently 46%).• Reduced Waiting Times – A targeted initiative has cut CBT waits, improving timely access which we aim to maintain through 25/26.• Continuous Improvement – Data-driven strategies, staff training, and a Recovery Task Group drive ongoing service enhancements. <p>By combining data-led decisions, patient-centred care, and clinical excellence, LMWS delivers high-quality, effective Talking Therapies.</p>	<p>LMWS is committed to delivering effective courses of treatment within NHS Talking Therapies and reducing ill-health-related inactivity through access to Individual Placement Support (IPS). Our approach is underpinned by three key actions:</p> <p>1. Enhancing Timely Access to Treatment</p> <p>Action: Maintain and improve access to NHS Talking Therapies by ensuring monthly referral volumes (2,400+) and offering flexible delivery models (digital and face-to-face).</p> <p>Milestones & Timings:</p> <ul style="list-style-type: none">- Q1 2025/26: Sustain current access levels and monitor demand trends.- Q2 2025/26: Implement further actions as required to improve engagement with a continued focus on hard to reach groups.- Q3-Q4 2025/26: Evaluate impact and refine approaches to ensure continued accessibility. <p>2. Improving Recovery and Reducing Waiting Times</p> <p>Action: Continue targeted interventions to sustain and improve Reliable Recovery (target 48%, currently 46%) and maintain reduced waiting times for CBT.</p> <p>Milestones & Timings:</p> <ul style="list-style-type: none">- Q1 2025/26: Continue to review progress on Reliable Recovery and implement refinements based on outcomes.- Q2 2025/26: Embed any measures identified to support continuous improvement.- Q3-Q4 2025/26: Assess long-term impact and adjust strategies as required. <p>3. Expanding Access to Individual Placement Support (IPS) to Address Ill-Health Related Inactivity</p> <p>Action: Strengthen integration between NHS Talking Therapies and IPS to support individuals with mental health needs back into employment.</p> <p>Milestones & Timings:</p> <ul style="list-style-type: none">- Q1 2025/26: Develop better links with IPS and identify any actions required to support better working.- Q2 2025/26: develop action plan for implementation of identified actions.- Q3-Q4 2025/26: Evaluate outcomes and refine approaches for sustained employment support. <p>Ongoing Monitoring and Governance</p> <p>LMWS will continue to monitor and respond to performance data through our well-established governance structures. This ensures that our interventions remain effective, evidence-led, and responsive to emerging trends, enabling continuous service improvement and the best possible outcomes for patients.</p>	<p>Key Enablers Supporting Delivery</p> <p>1. Workforce Capacity</p> <ul style="list-style-type: none">- We continue to invest in targeted recruitment and retention strategies to maintain service capacity and meet access targets (2,400+ per month).- Workforce planning is aligned with service demand, ensuring that we have the right skill mix to deliver timely and effective care.- A focus on optimising service models, including productivity, helps maximise the impact of our workforce. <p>2. Formal Confirmation of NHS Talking Therapies Metrics</p> <p>We seek formal confirmation of the completed treatment target within the 2025/26 performance monitoring framework.</p> <p>Clarity on how the target is allocated at local and national levels is essential for aligning service planning and resource distribution.</p> <ul style="list-style-type: none">- Ensuring that performance metrics are clearly defined will support accurate tracking of progress and the effective delivery of NHS Talking Therapies. <p>3. Clarity on NHS Talking Therapies Expansion Monies</p> <ul style="list-style-type: none">- Clear guidance and confirmation of NHS Talking Therapies expansion funding are critical to our ability to scale up service provision and meet growing demand.- Investment decisions will be data-driven, ensuring funding is directed where it will have the greatest impact on access, waiting times, and recovery rates. <p>4. NHS England Workforce Modelling Tool</p> <ul style="list-style-type: none">- We require confirmation of when the NHS England Workforce Modelling Tool will be available to support evidence-based workforce planning.- Understanding the timeline for its release will help us align workforce expansion and recruitment with projected service demand.- This tool is expected to provide essential data for anticipating capacity requirements, planning recruitment, and allocating resources efficiently. <p>5. Training and Development</p> <ul style="list-style-type: none">- Ongoing training places available for NICE-approved therapies (CBT, EMDR, counselling) to ensure robust future workforce planning. <p>6. Staff Wellbeing and Support</p> <ul style="list-style-type: none">- Staff wellbeing is a key priority, with a strong focus on clinical supervision, peer support, and workload management. <p>7. Enhanced Digital Offer</p> <ul style="list-style-type: none">- We continue to develop a flexible digital therapy offer alongside face-to-face provision, ensuring accessibility for all service users.- Ongoing improvements in digital systems support seamless referrals, data-driven decision-making, and improved patient outcomes.- Governance structures ensure that digital enhancements align with service needs, driving efficiency and effectiveness. <p>8. Close Working with Community Mental Health Transformation (CMHT)</p> <ul style="list-style-type: none">- Strong collaboration with CMHT ensures well-developed pathways for stepping up and stepping down care, allowing people to access the right intervention at the earliest opportunity.- Integrated working support a seamless transition between NHS Talking Therapies and CMHT services.	<p>Requests for Support from NHS England</p> <p>To mitigate these challenges and ensure successful delivery of 2025/26 NHS TT, we request the following support from NHS England:</p> <p>1. Clarity on NHS Talking Therapies Expansion Monies</p> <ul style="list-style-type: none">- Formal confirmation of funding levels for NHS TT expansion in 2025/26 to enable timely workforce and service planning.- Clear guidance on funding timelines, ensuring we can recruit and train staff in advance rather than responding reactively to late funding decisions. <p>2. Formal Confirmation of NHS Talking Therapies Metrics</p> <ul style="list-style-type: none">- Clear national guidance on the completed treatment target, including whether it will be included in the 2025/26 performance framework.- Details on target allocation across providers to ensure alignment with local capacity and demand.- Flexibility in performance expectations to account for workforce constraints and service delivery pressures. <p>3. Confirmation of NHS England Workforce Modelling Tool Availability</p> <ul style="list-style-type: none">- A confirmed release date for the Workforce Modelling Tool to support informed workforce planning.- Additional guidance on its application, ensuring providers can use it effectively for recruitment and capacity forecasting.

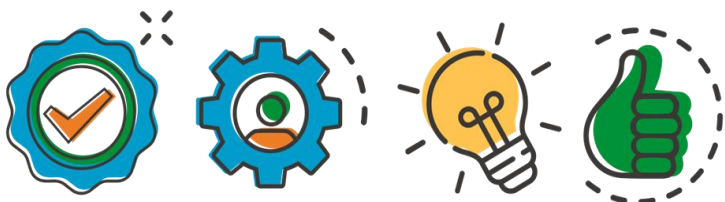


Operational Planning Metrics

	Plan											
	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
RTT waiting list – 52+ weeks	1280	1314	1348	1382	1416	1450	1479	1513	1547	1576	1610	1644
RTT waiting list – 52+ weeks children under 18	0	0	0	0	0	0	0	0	0	0	0	0
RTT waiting list – total children under 18	4	4	4	4	4	4	4	4	4	4	4	4
RTT waiting list – total	2843	2870	2898	2906	2934	2962	2970	2998	3026	3034	3062	3089
RTT waiting list – less than 18 weeks	768	703	639	567	536	536	516	516	516	496	496	496
RTT waiting list – less than 18 weeks children under 18	2	2	2	2	2	2	2	2	2	2	2	2
The number of completed non-admitted RTT pathways in the	350	362	350	362	362	350	362	350	362	362	327	362

- Reviewed YTD data and trends
- Every underpinning service line reviewed and considered within financial context, service pressures and national targets
- Alignment to the national data sets, as dictated in the tech spec, means that the information we have provided will appear inconsistent for some measures. ICB aware & wanted this approach.

[illegible]



Operational Planning Metrics

	Plan											
	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Community care contacts	88908	88946	88984	87522	87560	89098	89098	89098	87598	89098	89098	89098
The number of patients on the virtual ward	51	51	51	51	51	51	51	51	51	51	51	51
The number of patients that the virtual ward is able to simultaneously manage	65	65	65	65	65	65	65	65	65	65	65	65
Virtual ward occupancy	78.5%	78.5%	78.5%	78.5%	78.5%	78.5%	78.5%	78.5%	78.5%	78.5%	78.5%	78.5%
Urgent Community Response (UCR) referrals	505	505	505	505	505	505	505	505	575	575	505	505
Community services waiting list over 52 weeks	1916	1955	1997	2031	2103	2174	2243	2315	2384	2455	2527	2591
Number of people on waiting lists for CYP services who are waiting over 52 weeks	1426	1495	1567	1636	1708	1779	1848	1920	1989	2060	2132	2196
Number of people on waiting lists for adult services who are waiting over 52 weeks	490	460	430	395	395	395	395	395	395	395	395	395
Number of patients that achieved reliable recovery	245	253	245	253	253	245	253	245	253	253	228	253
Number of patients discharged having received at least 2 treatment appointments in the reporting period, that meet caseness at the start of treatment.	509	526	509	526	526	509	526	509	526	526	475	526
%	48.1%	48.1%	48.1%	48.1%	48.1%	48.1%	48.1%	48.1%	48.1%	48.1%	48.1%	48.1%
Number of patients that achieved reliable improvement	359	371	359	371	371	359	371	359	371	371	335	371
Number of people who are discharged having received at least 2 treatment appointments in the reporting period.	536	553	536	553	553	536	553	536	553	553	500	553
%	67.0%	67.0%	67.0%	67.0%	67.0%	67.0%	67.0%	67.0%	67.0%	67.0%	67.0%	67.0%
Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact	1011	1045	1011	1045	1045	1011	1045	1011	1045	1045	944	1045

Agenda item:	2025-26 (13b)					
Title of report:	Financial Planning and Operational Budgets 2025/26					
Meeting:	Trust Board Held In Public					
Date:	1 April 2025					
Presented by:	Andrea Osborne Executive Director of Finance & Resources					
Prepared by:	Cherrine Hawkins Interim Deputy Director of Finance					
Purpose: (Please tick ONE box only)	Assurance	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Approval	<input type="checkbox"/>
Executive Summary:	<p>This paper has been prepared to provide the Board with an update on the financial planning work and formally confirm the budgets for 2025/26 that have been submitted to NHSE on the 28th March. It should be noted that work to finalise plans remains ongoing at the time of writing, verbal updates of any key changes will be provided at Board on the 1st April</p> <p>The paper builds on the work that was presented at the Board workshop on 6 March where formal approval was given for the approach taken and the impact this has on the financial plan.</p> <p>The information presented here is consistent with the approved approach. Minor adjustments have been made to bank and agency expenditure in light of the national planning guidance requiring all systems to reduce temporary staffing costs. These costs have been reduced and expenditure switched to substantive roles following this review.</p> <p>The Trust has a challenging efficiency programme of £14m for the year and is reporting a balanced outturn based on the receipt of national funding for £1.5m depreciation cost pressures being allocated to the organisation; this has yet to be contractually confirmed but is consistent with planning guidance and informal communications with the ICB.</p>					
Previously considered by:	Business Committee, 26 th March Board Workshop, 6 March Senior Leadership Team, Meeting 19 February					

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

Is Health Equity Data included in the report (for patient care and/or workforce)?	Yes		What does it tell us?	
	No		Why not/what future plans are there to include this information?	

Recommendation(s)	Trust Board is asked to note the final financial plan for 2025/26.
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Revenue and Capital Budgets 2025/26

1 Introduction

This paper formally presents the revenue and capital budgets for the Trust for 2025/26. The assumptions are broadly consistent with the information provided and discussed at the Board workshop 6 March which resulted in delegated approval for submission of the 2025/26 plan on the 28th March 2025

The Trust has worked hard with the West Yorkshire ICB and the Leeds Place to construct the balanced plan presented here. The proposed revenue and capital budgets submitted, whilst not without risk, will allow the Trust to continue to make good progress on its priorities for 2025/26.

2 National Context

NHSE has allocated revenue allocations to Integrated Care Boards (ICBs). The WYICB allocation has been allocated to providers within the system based on the rolled forward recurrent contracts. These have been adjusted where appropriate for specific changes in line with national planning guidance.

The allocations to ICBs now include the service development funding (SDF) for mental health, primary care, cancer, and diagnostics. The ring-fenced nature of these allocations has been removed to enable systems to make flexible decisions about the use of resources. The SDF allocations to providers have yet to be finalised. This is a small risk for the Trust.

A convergence adjustment has been made to move ICBs closer to their fair share over time in a measured way, this is +/- 0.5%. For 2025/26 the Leeds Place has a convergence factor of +0.11% which represents a small increase in contract values.

NHSE devolved the £3m dental contract to the ICB during 2024/25. Following the in-year dental tender this contract is now part of the WY wide dental contract which Bradford District Care Trust is the lead provider.

NHSE expects ICBs and partner trusts to collectively to set operational plans that are underpinned by financial plans that are affordable within the overall allocation.

ICBs and provider Boards have to explicitly consider the following when deciding how to prioritise resources to best meet the health needs of their local population:

- Both the in-year and the medium-term quality,
- Financial and population health impacts of different options, and

- Plans should reflect the needs of all age groups and explicitly children and young people.

To deliver the goals set out above and live within budget, providers will need to reduce their cost base by at least 1% and achieve 4% overall improvement in productivity before taking account of any new local pressures or dealing with non-recurrent savings from 2024/25.

3 Leeds Community Healthcare Revenue Budget 2025/26

The bridge from the forecast outturn for 2024/25 to the planned position for 2025/26 is tabled below:

Bridge	£'m	£'m
24/25 Forecast Surplus / (Deficit)		1.9
Non Recurrent adjustments		
ICB Allocation	(1.5)	
Planned NR Efficiency	(2.6)	
Unplanned Efficiency	(4.7)	
Technical adjustments	(0.9)	
Non Recurrent adjustments		(9.7)
24/25 Underlying Surplus / (Deficit)		(7.8)
Cost of Inflation		(5.7)
Local Cost Pressures		(2.0)
Opening 25/26 Plan Before Efficiency		(15.5)
Efficiencies- Q&V Programme		14.0
Additional income expected		1.5
Opening Surplus/(Deficit)		0.0

The key drivers for the revenue financial plan are illustrated in the bridge diagram. The under-pinning detail is contained in the remainder of the report. After taking into consideration recurrent and non-recurrent income and expenditure for 2025/26 the Trust starts the year with an underlying break-even position.

The summarised revenue Income and Expenditure submission to the WYICB and onward to NHS England is presented below:

Statement of comprehensive income	Plan 31/03/2026 Year Ending £'000
Operating income from patient care activities	213,289
Other operating income	10,851
Employee expenses	(158,112)
Operating expenses excluding employee expenses	(66,632)
OPERATING SURPLUS/(DEFICIT)	(604)
FINANCE COSTS	
Finance income	1,728
Finance expense	(668)
PDC dividend expense	(468)
NET FINANCE COSTS	592
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	-12
Remove capital donations/grants/peppercorn lease I&E impact	12
Adjusted financial performance surplus/(deficit)	0

Income Changes

The Trust's financial plan reflects the recurrent rolled forward ICB contract from 2024/25 less the recurrent depreciation funding issued in year. The national cost uplift factors have been applied to this and the local convergence adjustment. This includes:

- 4.15% increase in contract income,
- 0.11% convergence,
- 2% efficiency factor

Local Authority contracts have been uplifted in line with the negotiated inflation rates. The Police Custody contract has been renegotiated at the end of its term and an extension has been agreed to cover the anticipated pay award and employers National Insurance increases.

Contracts with NHSE have seen the removal of funding for the Liaison and Diversion service and an adjustment for the change to the Wetherby YOI contract values. The revised recurrent values have been uplifted in line with national guidelines of 4.15%, less efficiency of 2%.

The financial envelope for the 2025/26 Dental Contract has been agreed with the lead provider; the allocation of this to specific providers is still under negotiation. The Trust doesn't not expect any material changes in the value of this contract. This contract is uplifted in the autumn in line with the Doctors and Dentists Review Body recommendations.

Following specific national guidance on depreciation funding the Trust anticipates £1.5m of the national funding earmarked to address £:£ increases in depreciation costs from 2023/24. The ICB have confirmed this approach.

The Trust is expected to sign contracts with NHS Commissioners by 31 March 2025. Contract discussions take place at a Leeds System and ICB level. The values in this report reflect the collaborative work undertaken to date.

Expenditure Changes

Material changes to planned rolled forward expenditure include:

- Increase in the pay costs baseline in respect of incremental drift of £0.6m.
- Pay award at £4.3m representing 2.8% pay award. This is in line with national assumptions, the actual increase has still to be confirmed.
- National Insurance increases of £3.8m change in employers' rate and the thresholds.
- The balance to full year increase in costs/reductions associated with agreed investments/ contracts lost.

Planned pay costs assume an in year saving of £9.1m for vacancies. This represents a 5.8% vacancy factor. This is the same as the vacancy factor savings required for 2024/25 and is considered reasonable based on the financial performance for this year.

The planning assumptions include £5.0m expenditure for bank staff and £2.2m for agency staff. The Trust is expected to reduce agency expenditure by 30% and bank expenditure by 10% for 2025/26. These reductions represent an 8% reduction in agency costs compared with 2024/25 and 6% reduction for bank costs. Given the measures taken over recent years to reduce expenditure in these areas the national targets are challenging. The reductions reported here assume successful recruitment to vacant medical posts in CYPMH and changes to a small number of bank appointments.

£1.6m is included in the plan for general inflation on non-pay expenditure; this is derived from the national inflation assumptions as applied to the Trust's expenditure profile. In addition, the plan includes cost pressures for the service charges in respect of the CHP leased properties. The inflation on these contracts is driven by CPI and is expected to be higher than the national uplift for non-pay.

New and increased budgets put before the Board/Committee include cost pressures and expenditure proposals approved by the Senior Leadership Team totalling £2m. This mainly relates to Board / Committee approved investments in relation to digital and infrastructure costs all of which are enablers to delivery of the Trusts Quality & Value Programme.

Committed reserves will be deployed to budgets as the Trust gets certainty of timing and/or expenditure values.

Efficiency Programme

To achieve a break-even position the Quality & Value Programme for 2025/26 needs to deliver £14m of savings this equates to 6.3% of turnover, 4.3% above the national planning assumption. The summary programme is as follows:

Q&V Workstream	Theme	Target £'m
Brought Forward Schemes	Year 1 - Q&V programmes achieved recurrently	4.70
	Interest Receivable	1.40
Corporate Services & Business Processes	Procurement Workplan (incl Contract Management & cross cutting themes)*	1.40
	Corporate Services Yr 2	
Estates	Rationalisation & Utilisation	0.50
	Car Parking review	
	Maintenance / Energy etc	
Digital Strategy	Patient Letters*	2.00
	Community E-Allocation Tool*	
	RPA Automation*	
Service Transformation	(BU allocations to be determined)	4.00
Total Recurrent Savings Plan		14.00

* Enabling work to savings within direct service budgets

4 Capital

The ICB capital total envelope for 2025/26 is £225m including £48.3m estates safety/critical infrastructure risks funding and £30m brokered from 2024/25 for bespoke schemes.

There are a number of precommitments against the envelope and the latest plans across the ICS show a significant shortfall. All Systems are expected to submit a fully compliant plan however can over-programme by up to 5% provided that there is a clear plan for which elements can be scaled back or deferred if needed. On this basis the ICS is expected to submit capital plans that total £234m

The Trust's indicative capital envelope proposal totals £9.7m including £1.7m for the digital strategy, £0.4m for cyber security and £6.2m in relation to leases. Lease costs remain indicative and subject to the 2024/25 outturn position and end of year CPI, the Trust will continue to work with the WYICS throughout the financial year to mitigate any risks to delivery of the capital plan as set out in the table below

Ongoing development of "new" estates and digital schemes will take place during Q1. A local tool has been developed to support prioritisation of individual schemes with clinical and operational engagement taking place via the Senior Leadership Team.

Scheme Description	Funding Stream	2025/26 £k	2026/27 £k	2027/28 £k	Total £k
Routine maintenance (non-backlog)	Internally Funded	800	1,100	1,100	3,000
IT - Cybersecurity, Infrastructure/Networking	Internally Funded	373	400	400	1,173
Hardware - rolling replacement programme	Internally Funded	500	500	500	1,500
Digital strategy	Internally Funded	1,700	2,200	1,650	5,550
Equipment - clinical other	Internally Funded	100	200	200	500
Subtotal Operational Capex		3,473	4,400	3,850	11,723
Lease Cars	IFRS16	500	500	500	1,500
St Georges Centre renewed lease	IFRS16	1,000	0	0	1,000
Thornton HC	IFRS16	1,500	0	0	1,500
Kippax	IFRS16	1,724	0	0	1,724
CHP lease re-measurement	IFRS16	1,514	3,000	3,000	7,514
Subtotal IFRS 16 Capex		6,238	3,500	3,500	13,238
Otley and Horsforth disposal	Disposal	(1,000)			(1,000)
Totals		8,711	7,900	7,350	23,961

There are further national allocations of £596 million, to drive digital transformation and enhance operational capabilities (including adoption of the Federated Data Platform & Cyber Security), and £400 million earmarked for technology initiatives aimed at improving productivity. Details on the eligibility and allocation criteria for this funding are yet to be notified.

5 Cash

The Trust's cash position remains very strong, a revised forecast, post the closure of the month 11 accounts, identifies an opening balance of £51m.

An early submission to the ICB has reported a forecast closing cash balance of £49m however at the time of submission it was acknowledged that further adjustments were required to reflect expected movements in working capital. Subject to agreement from the ICS this will be adjusted prior to the NHSE submission on the 28th March.

To note the Trust fully expects to have sufficient working capital to cover day to day operating expenditure, the capital programme and continue to meet the better payments practice code.

6 Financial Risks

As most of the Trust's income is fixed, the risk to delivering break-even are principally around the control of expenditure. There are no significant risks to actual income other than penalties on contracts identified in this plan: police custody and 0-19 PHINS contracts although to note at the time of writing WYICB contracts and capital allocations have yet to be finalised.

There are a number of risks around pay expenditure;

- The nationally agreed pay award may exceed the 2.8% currently built into the plan, historically any agreement in excess of the inflation assumptions has been funded nationally.

- Delivery of the vacancy factor will be dependent upon a level of staff turnover and continued grip and control measures for recruitment.

No additional resources have been made available by the ICB to address waiting lists in Community services.

The non-delivery of £4.7m prior year cost saving plans remains a financial risk.

The most significant risk to the Trust delivering its financial plan for 2025/26 is the Quality & Value Programme. The Trust has a good record of delivering cost reduction on discretionary expenditure and key controls will continue to remain throughout 2025/26. The Trust's focus for 2025/26 will be the delivery of recurrent efficiency schemes as these are essential to the overall sustainability of the organisation.

The Trust continues to face risks to its financial stability due to the competitive tendering of Trust services. During 2024/25 the Liaison and Diversion service was re-tendered, and the Trust was unsuccessful in its bid to retain the service. 2025/26 may see further tendering of existing services, the Trust has set aside resources to support the process.

7 Conclusions & Recommendations

Leeds Community Healthcare has a strong financial position and has consistently met or exceeded all its statutory financial duties. For 2025/26 the Trust has a plan that underpins service delivery and its strategic objectives whilst demonstrating it can deliver its financial duties.

The Committee/Board is asked to note the revenue and capital budgets for 2025/26, underpinning assumptions risks and mitigations.

Agenda item:	2025-2026 (14)					
Title of report:	2024 Staff Survey Full Results					
Meeting:	Trust Board Meeting Held In Public					
Date:	1 April 2025					
Presented by:	Laura Smith, Director of Workforce					
Prepared by:	Learning and Engagement Lead Equality & Diversity Facilitator					
Purpose: (Please tick ONE box only)	Assurance	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Approval	<input type="checkbox"/>
Executive Summary:	<p>This report details how we performed in the 2024 National Staff Survey compared to our results in 2023 and the benchmark group of community trusts across England. There was an expectation of a decline in scores, given the context, but we are encouraged to see that this was modest and that we have maintained scores across the majority of survey questions. Our results are higher than the regional and national average across all People Promise themes and the staff engagement and morale scores. Our scores compare less favourably with our Community Trust comparator group (the highest scoring benchmark group in the NHS) where, as in previous years, we are slightly below average in most themes. Locally we remain the highest performer of the Leeds NHS Trusts, both in terms of results and response rate.</p> <p>Key areas to focus on:</p> <p>Staff engagement – We compare unfavourably for staff engagement compared to our benchmark group. This is especially clear in questions relating to advocacy. As an example, colleagues are telling us that care of patients and their safety are not priorities. This requires further assessment including triangulating these results with patient safety data.</p> <p>Autonomy – We can see a theme of a decline in questions relating to autonomy and control.</p> <p>Learning and development – Results suggest a decline in opportunities for progression and development. This highlights the need for a more creative approach to staff development and improved promotion of our learning offers. However, it is also worth noting this was one of our highest scoring areas in 2023.</p>					

Previously considered by:	Embargoed results at Private Board – 6 th February 2025
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Link to strategic goals: (Please tick any applicable)	Work with communities to deliver personalised care	✓
	Use our resources wisely and efficiently	✓
	Enable our workforce to thrive and deliver the best possible care	✓
	Collaborating with partners to enable people to live better lives	
	Embed equity in all that we do	✓

Is Health Equity Data included in the report (for patient care and/or workforce)?	Yes		What does it tell us?	
	No		Why not/what future plans are there to include this information?	

Recommendation(s)	<ul style="list-style-type: none"> Endorse the proposed approach to the dissemination of the information and support to business units, services and teams.
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2024 Staff Survey – Public board report

1 Introduction

This paper sets out the key staff survey results and narrative for Leeds Community Healthcare for 2024, full details are contained in appendices 1-3.

The paper includes comparisons against 2023 data as well as how we benchmark against the community trust comparator group and national average scores. It also outlines the approach for the dissemination of the information and how the organisation proposes to use the intelligence to strengthen our ongoing approach to staff engagement and provide further focussed areas for continuing improvement.

Prior to the national results embargo being lifted, we shared an 'Initial Headlines' paper with SLT on the 22nd January 2025 and with the Private Trust Board on the 6th February 2025.

Our results are benchmarked against 14 community trusts in England and compared against the national average scores. Traditionally, the community trust comparator group is one of the highest scoring groups across the whole NHS.

2 Current position/main body of the report

Key Findings (2024 vs. 2023)

- **Response rate:** High response rate of 60.2% (-1.5% less than 2023).
- **Survey Questions:** Of the 108 questions in the survey, we maintained our scores in 75 questions.
- **People Promise Themes:** Scores maintained in 4 of the 7 themes.
- **Staff Engagement and Morale:** Decreases observed across both measures.

People Promise Themes

In our 'Initial Headlines' paper, shared with the private board in February, we highlighted maintaining our scores in all seven People Promise Themes as determined by our provider IQVIA's tolerance level of >0.3. However, the breakdown reports that we have since received from the NHS Survey Coordination Centre, apply a narrower tolerance level for determining statistical significance of >0.1. According to their analysis, we have maintained our position in four of the seven People Promise Themes but experienced statistically significant declines in

the other three. Furthermore, they indicate that the declines in our Staff Engagement and Morale scores are particularly notable. (*Appendix 1, page 139*).

Comparison to 2023

When compared to our own performance in 2023, we have successfully maintained our scores in the following People Promise Themes, these scores also remain higher than in both 2022 and 2021:

People Promise Theme	2021	2022	2023	2024	Difference against last year
We are recognised and rewarded	6.36	6.32	6.50	6.40	-0.10
We are safe and healthy	5.94	6.11	6.30	6.27	-0.03
We work flexibly	6.47	6.69	6.96	6.89	-0.07
We are a team	6.87	6.96	7.10	7.09	-0.01

However, there has been a decline in the following People Promise Themes, when comparing 2024 results with 2023 results:

People Promise Theme	2021	2022	2023	2024	Difference against last year
We are compassionate and inclusive	7.57	7.63	7.74	7.63	-0.11
We each have a voice that counts	7.06	7.07	7.19	7.03	-0.16
We are always learning	5.62	5.77	6.03	5.84	-0.19
Staff Engagement	6.98	7.05	7.19	6.95	-0.25
Staff Morale	5.80	5.86	6.13	6.00	-0.13

LCH was rightly delighted with the Trust's 2023 Staff Survey results; it's best results ever. While scores have declined compared to 2023, they remain consistent with the levels recorded in 2021 and 2022. However, staff engagement stands out as a concerning exception—this is the lowest score recorded in this category over the past few years. Staff engagement is constructed using the combined scores for morale, involvement, and advocacy.

The recently received free-text comments for the 2024 survey indicate a high number related to the themes of patient care and the impact of the Quality and Value Programme, all comments have been categorised and are being distributed to Business Unit Leaders for their consideration.

Comparison to benchmark group

In comparison to our benchmark group, we rank slightly below average across five People Promise Themes. This comparison level is similar to the Trust's position against its benchmark comparators in previous years. For themes 'We are Safe and Healthy' and 'We are always Learning', we are considerably below average. Our staff

engagement and morale scores are only marginally above the worst scores for the sector. (*Appendix 1, page 12*).

Initial comparison (embargo lifted March 13th 2025) with the National Survey Results Information indicates that LCH is above average on every People Promise theme both nationally and regionally (North East and Yorkshire Region) and the highest performing of the Leeds NHS Trusts. There will be further analysis and an update available for the Board Workshop in May, including “deep dives” into selected questions representing areas of greatest concern or achievement. We will continue to monitor our position throughout this year by regular review of our Quarterly Pulse Survey results.

Analysis Summary

Our initial analysis of the survey responses has identified the following areas of success and some opportunities for improvement:

Areas to celebrate

We work flexibly

In 2023, we saw an increase in colleague satisfaction regarding opportunities for flexible working and work life balance. This year, colleagues continue to report that they can talk openly about flexible working with their managers and achieve a good work life balance.

We are a team

Positivity around teamwork remains high, with scores from 2023 being upheld. Most people feel they have a strong personal attachment to their team, that they work together effectively and receive the respect they deserve from colleagues.

Compassionate leadership

It is particularly encouraging to see that our high satisfaction scores for managers have been sustained compared to last year. Colleagues feel their managers encourage them, give clear feedback on their work, takes a positive interest in their health and wellbeing and care about their concerns.

Areas of focus

Staff engagement

There is a noticeable downward trend in staff engagement and perceptions around involvement in decision making. Advocacy has also declined, with fewer colleagues agreeing that patient care is the organisation's top priority. Additionally, fewer colleagues would now recommend LCH as a workplace, and an increasing number are considering leaving.

At the time of the survey (October/ November 2024), we were beginning to see a lot of change happening throughout the organisation. The scale and pace of change may have played a role in the decline in engagement. As the Quality & Value programme has progressed, the project team have continued to reflect, adapt and learn to meet the needs of the services, teams, and staff. Having listened to feedback in both real time and as a collective, the 2025/26 methodology has been adapted to further strengthen the commitment to embedding a bottom-up approach to change, ensuring that staff and patients continue to shape improvements, allowing their input to directly impact meaningful change.

Learning and development

Personal development was one of LCH's highest scoring areas in 2023, but the Trust's 2024 results indicate that respondents perceive there to be fewer opportunities for staff to learn and progress. This may reflect the recent tightening of controls on recruitment and professional development including apprenticeships.

These results highlight an opportunity to be creative with how we promote the many roles and range of programmes that are available to staff. In May 2025, colleagues across our learning teams are embarking on a trust wide roadshow to celebrate 'Learning at Work Week'. We anticipate that initiatives like this will help colleagues better understand the resources and opportunities available to support their development.

The Workforce Disability Equality Standard data

Over the years, there has been a significant positive shift at LCH in the experiences of staff facing harassment, bullying, or abuse from the public. For disabled staff, the percentage experiencing such behaviour decreased from 34% in 2018 to 14% in 2022, with a slight rise to 25% in 2023, and then a drop to 23% in 2024, suggesting some success in sustained efforts to create a safer environment. Similarly, non-disabled staff saw a decrease from 22% in 2018 to 9% in 2022, with a slight increase to 16% in 2023 and 17% in 2024, showing an overall positive trend.

The Trust has also made significant strides in reducing harassment, bullying, and abuse from managers. For disabled staff, the percentage dropped from 15% in 2020 to 7% in 2024. Non-disabled staff saw a decrease from 7% in 2018 to 3% in 2023, with a slight rise to 4% in 2024, demonstrating the success of initiatives fostering a respectful workplace.

There has been a notable reduction in harassment, bullying, or abuse experienced by staff from colleagues. For disabled staff, the percentage decreased from 21% in 2018 to 16% in 2024, with a significant drop between 2020 and 2022. Non-disabled staff saw a decline from 11% in 2018 to 8% in 2024, highlighting ongoing efforts to create a safer workplace.

Whilst the reduction in the percentage of disabled staff who experience harassment, bullying and abuse is encouraging, LCH continues to focus on closing the gap in scores between disabled and non-disabled.

The Trust has shown a strong commitment to fostering an inclusive environment that promotes equal opportunities for career progression. From 2018 to 2024, there were fluctuations in the percentage of staff who believe in equal opportunities, with a peak of 63% of disabled staff in 2023. Although there was a slight decline in 2024, the overall trend shows lasting positive impact.

The percentage of staff with long-lasting health conditions who felt their employer made adequate adjustments fluctuated over the years. In 2018, 83% reported satisfaction, dropping to 79% in 2019 and remaining steady through 2020. In 2021, it improved to 81%, dipped to 78% in 2022 and 2023, and rose again to 81% in 2024, indicating renewed efforts to meet staff reasonable adjustments.

The Workforce Race Equality Standard data

Over the past seven years, the Trust has made notable progress in reducing harassment, bullying, or abuse from patients, relatives, or the public. For BME staff, the percentage experiencing such behaviour decreased from 21-22% in 2018-2020 to 16% in 2022, with a slight rise to 18% in 2023 and 2024. Similarly, White staff saw a reduction from 26% in 2018 to 16% in 2022, with a slight increase to 18% in 2023 and 2024.

The Trust has also reduced harassment, bullying, or abuse from colleagues. For BME staff, the percentage dropped from 25% in 2020 to 14% in 2024. White staff saw a decline from 17% in 2018 to 12% in 2024.

Perceptions of equal opportunities for career progression have improved, especially among BME staff, increasing from 41% in 2018 to 51% in 2024. For White staff, the percentage remained relatively stable, around 63-67%.

Whilst the reduction in the percentage of BME who experience harassment, bullying and abuse is encouraging, LCH continues to focus on closing the gap in scores between BME and White staff,

3 Conclusion

Against the backdrop of a challenging year, it was anticipated that LCH Staff Survey scores would decline in 2024. Whilst this does reflect in some specific areas, we have largely maintained our position from last year. 2023 was an extraordinary year for increased employee satisfaction and maintaining some of those high scores in areas such as flexible working, teamwork and management, is a particularly positive achievement.

Whilst the number and level of reductions in scores this year are understandably disappointing, and there are clear areas of focus to be addressed, the results overall sit within the broader context LCH is operating in during 2024/25. Compared to previous years, LCH's overall trends remain consistent. These results reinforce our progress and provide clarity on where to focus our efforts to continued improvement.

- **4 Next steps**

We want to continue the journey of improvement, so that we continue to develop an inclusive culture and make LCH a great place to work for all. Our intent is to achieve this through implementing a business unit led cascade approach to engagement. This will enable a deeper dive with the analysis to understand the results and lead to consistent local action planning. It is this approach that has helped to drive the overall trend of improving staff survey scores at LCH since 2021.

To support this work, analysis of service and team level survey results has already been completed and compiled into reports and heatmaps for all business units, services, and teams. We have recommended that business units hold conversations in their services and teams to enable the opportunity to share, celebrate, learn and develop action plans. The new People Solutions team, now responsible for leadership development, health and wellbeing, culture and inclusion, will provide analysis of this

and other workforce/cultural data to understand where the areas of most need are in the organisation, working with our leaders and managers to target our offers.

The success of this approach is with leadership teams being responsible for cascading the results and being available for conversations with their teams to co-design, embed, and own local action plans. These need to be regularly reviewed as part of team meetings, and 'next steps' feedback to teams. Our people need to be a part of the change to feel and see the improvements. It is important that the staff survey becomes an integrated part of our cultural barometer rather than an annual standalone initiative.

Initial comparison with the National Survey Results Information indicates that LCH is above average on every People Promise theme both nationally and regionally (North East and Yorkshire Region). There will be further analysis and an update available for the Board Workshop in May, including "deep dives" into selected questions representing areas of greatest concern or achievement. We will continue to monitor our position throughout this year by regular review of our Quarterly Pulse Survey results.

- **5 Recommendations**

The Board is recommended to:

- Endorse the proposed approach to the dissemination of the information and support to business units, services, and teams.
- Note the 2024 staff survey results and how they relate to results from previous years.
- Note the areas where the Trust will focus particular efforts to improve scores.
- Note the Trust approach to sharing and acting on staff survey results.

Elise Duncan

Learning and Engagement Lead

10th March 2025

Richard Worlock

Equality & Diversity Facilitator

5th March 2025

Leeds Community Healthcare NHS Trust

NHS Staff Survey Benchmark report 2024



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