

## Bundle Public Board Meeting 26 May 2023

### Agenda

Final Agenda Public Board Meeting 26 May 2023.docx

- 1 09:00 - Welcome, introductions and apologies:
- 2 Declarations of interest
- 3 Questions from members of the public  
*Minutes adoption for approval*
- 4 09:10 - Minutes of previous meeting and matters arising:
  - 4.a Minutes of the meetings held on 31 March 2023  
Item 4a Draft Public Board minutes 31 March 2023.docx
  - 4.b Actions' log  
Item 4b Public Board Actions log 26 May 2023.doc
- 5 09:15 - Patient's story: Community Dental – Diabetes Service
- 6 09:35 - Chief Executive's report  
Item 6i CEO report - May 2023.docx  
Item 6ii CEO Report Appendix B Media Report - April - 2023.pdf
- 7 09:45 - Resilience and system flow
- 8 09:50 - Committee Chairs' Assurance Reports:
  - 8.a Audit Committee: 21 April 2023  
Item 8a AC Chairs assurance report April 2023.docx
  - 8.b Quality Committee: 22 May 2023 - verbal update
  - 8.c Business Committee: 26 April 2022 and 24 May 2023 (Verbal report)  
Item 8c BC Chairs assurance report April 2023.docx
- 9 10:10 - Performance reports
  - 9.a Performance brief April 2023  
Item 9a Performance Brief (Board Version) - April 2023 (1).docx
  - 9.b Performance brief annual report 2022-23  
Item 9b Annual Performance Brief - 2022-2023.docx
- 10 10:20 - Significant Risks and Board Assurance Framework (BAF) Summary Report  
Item 10 Significant risks and Board Assurance Framework (BAF) SMT Board May 2023.docx
- 11 10:30 - Guardian for Safe Working Hours
  - 11.a Quarter 4 report  
Item 11a Cover paper GoSWH Quaterly report May 23.docx
  - 11.b Annual report 2022-23  
Item 11b Cover paper GoSWH Annual report May 23.docx
- 12 10:40 - Trust Board Priorities 2022-23 – end of year update  
Item 12 Board\_Trust Priorities End of Year Update 2022-23 Final.docx
- 13 11:00 - Quality Account  
Item 13i Quality Account 2022 2023 Front Sheet for Quality Committee May 23 final.docx  
Item 13ii Quality Account Draft 2022 23 Final for QC and Board May 23 pending CQIUN and KPI.docx
- 14 11:10 - Corporate Governance
  - 14.a Audit Committee Annual Report 2022-23  
Item 14a Audit Committee annual report 2022 -23.doc
  - 14.b Committees' terms of reference review (to approve changes)  
Item 14b Committees review of terms of reference for approval May 2023.docx
  - 14.c Provider licence compliance assessment  
Item 14c Compliance with NHS provider licence 2022-23.docx
  - 14.d Standing orders/ standing financial instructions amendments

- 15 11:25 - Use of Company Seal  
Item 15 Use of Seal April to May 2023.docx
- 16 11:30 - Chief Executive and Chair's Action – to ratify
- 16.a New Staff Hub Business Case and Fit Out Approvals  
Item 16a CEO and Chair Action (White Rose) May 2023.docx
- 16.b Approval of contract for estate maintenance services  
Item 16b CEO and Chair Action Maintenance Contract May 2023.docx
- 17 11:40 - Questions and discussion on Blue Box Items
- 18 11:50 - Any other business
- 19 11:55 - Close of the public section of the Board
- 20.i Quality Strategy update– reviewed by Quality Committee May 2023  
Item 20i Quality Strategy Update May 23 final.docx
- 20.ii Mortality report - Quarter 4 update and Annual Report 2022-23  
Item 20iia Mortality report Q4 22.23.docx  
Item 20iib Annual mortality report 2223.docx
- 20.iii Board workplan  
Item 20iii Public Board workplan 2022-23 v1 18 05 23.pdf
- 20.iv Approved minutes and briefing notes for noting:
- 20.iv.a Audit Committee: 10 March 2023  
Item 20iva AC minutes March 2023 Public.docx
- 20.iv.b Quality Committee: 20 February 2023  
Item 20ivb QC minutes 20 February 2023.docx
- 20.iv.c Business Committee: 22 February 2023 and 29 March 2023  
Item 20ivci BC Minutes February 2023.doc  
Item 20ivcii BC Minutes March 2023.doc
- 20.iv.d Scrutiny Board :Adults, Health and Active Lifestyles: March 2023  
Item 20ivd Scrutiny Board AdultsHealth Active Lifestyles March minutes.pdf
- 20.iv.e West Yorkshire and Harrogate Mental Health Services Collaborative - Committees in Common 26 April 2023  
Item 20ive\_WYMHSC Committees in Common\_AAA Report\_26.04.2023.pdf

**+ Agenda Trust Board Meeting Held In Public**  
**Venue: Holbeck Room, Hillside Enterprise Centre Beeston Road Holbeck Leeds**  
**LS11 8ND**

**Date** 26 May 2023  
**Time** 9:00am – 12.00 (noon)  
**Chair** Brodie Clark CBE, Trust Chair

AGENDA			Paper
2023-24 1	9.00	<b>Welcome, introductions and apologies:</b> <i>(Trust Chair)</i> Attendees: Jo Brayshaw Falls ACP Pathway Lead shadowing Executive Director of Nursing and AHPs Apologies: None	N
2023-24 2		<b>Declarations of interest</b> <i>(Trust Chair)</i>	N
2023-24 3		<b>Questions from members of the public</b>	N
2023-24 4	9.10	<b>Minutes of previous meeting and matters arising</b> <i>(Trust Chair)</i> *For approval*	
4a		Minutes of the meetings held on: 31 March 2023	Y
4b		Actions' log: 31 March 2023	Y
2023-24 5	9.15	<b>Patient story – Diabetes Service</b> <i>(Steph Lawrence)</i>	N
QUALITY AND DELIVERY			
2023-24 6	9.35	<b>Chief Executive's report</b> <i>(Thea Stein)</i>	Y
2023-24 7	9.45	<b>Resilience and system flow</b> <i>(Sam Prince)</i>	N
2023-24 8	9.50	<b>Committee Chairs' assurance reports:</b>	
8a		Audit Committee: 21 April 2023 <i>(Khalil Rehman)</i>	Y
8b		Quality Committee: 22 May 2023 (Verbal report) <i>(Helen Thomson)</i>	Y
8c		Business Committee: 26 April 2022 and 24 May 2023 (Verbal report) <i>(Richard Gladman)</i>	Y
2023-24 9	10.10	<b>Performance reports:</b> (reviewed by Quality and Business Committees May 2023) a) Performance brief April 2023 b) Performance brief annual report 2022/23 <i>(Bryan Machin)</i>	Y Y
2023-24 10	10.20	<b>Significant Risks and Board Assurance Framework (BAF) summary report</b> <i>(Thea Stein)</i>	Y
2023-24 11	10.30	<b>Guardian for Safe Working Hours</b> a) Quarter 4 update b) Annual report 2022-23 <i>(Dr Nagashree Nallapetta – Dr Ruth Burnett presenting)</i>	Y

<b>2023-24 12</b>	10.40	<b>Trust Board Priorities 2022-23 – end of year update</b> <i>(Bryan Machin/Steph Lawrence)</i>	<b>Y</b>
<b>BREAK</b>			
<b>SIGN OFF/APPROVAL</b>			
<b>2023-24 13</b>	11.00	<b>Quality Account</b> (reviewed by Quality Committee May 2023) <i>(Steph Lawrence)</i>	<b>Y</b>
<b>2023-24 14</b>	11.10	<b>Corporate Governance</b> <i>(Thea Stein)</i>	
<b>14a</b>		Audit Committee Annual Report 2022-23	<b>Y</b>
<b>14b</b>		Committees' terms of reference review (to approve changes)	<b>Y</b>
<b>14c</b>		Provider licence compliance assessment	<b>Y</b>
<b>14d</b>		Standing orders/ standing financial instructions amendments	<b>Y</b>
<b>2023-24 15</b>	11.25	<b>Use of Company Seal</b> <i>(Thea Stein)</i>	<b>Y</b>
<b>2023-24 16</b>	11.30	<b>Chief Executive and Chair's Action – to ratify:</b> a) New Staff Hub Business Case and Fit Out Approvals b) Approval of contract for estate maintenance services <i>(Bryan Machin)</i>	<b>Y</b> <b>Y</b>
<b>CLOSE</b>			
<b>2023-24 17</b>	11.40	<b>Questions and discussion on Blue Box Items *</b>	<b>N</b>
<b>2023-24 18</b>	11.50	<b>Any other business</b> <i>(Trust Chair)</i>	<b>N</b>
<b>2023-24 19</b>	11.55	<b>Close of the public section of the Board</b> <i>(Trust Chair)</i>	<b>N</b>

All items listed (Blue Box) in blue text, are to be received for information/assurance, having previously been scrutinised by committees. The Trust Chair will invite questions on any of these items under Item 18.

<b>*Blue Box</b>		
<b>2023-24 20(i)</b>	<b>Quality Strategy update</b> – reviewed by Quality Committee May 2023	<b>Y</b>
<b>2023-24 20(ii)</b>	<b>Mortality reports – 2022-23 Quarter 4 update and Annual Report –</b> reviewed by Quality Committee May 2023	<b>Y</b>
<b>2023-24 20(iii)</b>	<b>Board workplan – for noting</b>	<b>Y</b>
<b>2023-24 20(iv)</b>	<b>Committee minutes – for noting</b> a) Audit Committee 10 March 2023 b) Quality Committee 20 February c) Business Committee 22 February and 29 March 2023 d) Scrutiny Board Adults Health and Active Lifestyles March 2023 e) West Yorkshire Mental Health Services Collaborative Committees in Common (WYMHSC C-In-C) – 26 April 2023	<b>Y</b> <b>Y</b> <b>Y</b> <b>Y</b> <b>Y</b>

**Trust Board Meeting held in public: 31 May 2023**

**Agenda item number: 2023-24 (4a)**

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**Title: Draft Trust Board meeting minutes 31 March 2023**

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

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

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## Attendance

<b>Present:</b>	Brodie Clark CBE Thea Stein Professor Ian Lewis (IL) Richard Gladman (RG) Helen Thomson (HT) DL Alison Lowe (AL) OBE Khalil Rehman (KR) Bryan Machin Steph Lawrence MBE  Sam Prince Dr Ruth Burnett Jenny Allen	Trust Chair Chief Executive Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Executive Director of Finance and Resources Executive Director of Nursing and Allied Health Professionals (AHPs) Executive Director of Operations Executive Medical Director Director of Workforce, Organisational Development and System Development (JA)
<b>Apologies:</b>	Laura Smith	Director of Workforce, Organisational Development and System Development (LS)
<b>In attendance:</b>	Rachel Booth (RB) Diane Allison Dr Nagashree Nallapeta  Hannah Cressey Kirsty Ali Brent Riley Em Campbell	Associate Non-Executive Director Company Secretary Consultant Paediatrician- Guardian of Safe working Hours for Item 142  Senior HR Business Partner Resourcing for Item 136 Healthcare Support Worker, Beeston Neighbourhood Team for Item 136 Engagement Worker, GIPSIL (Gipton Integrated Living) for Item 136 Health Equity Lead for Item 143
<b>Minutes:</b>	Liz Thornton	Board Administrator
<b>Observers:</b>	None	
<b>Members of the public:</b>	None	

**Item 2022-23 (132)****Discussion points****Welcome introduction, apologies and preliminary business**

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

He welcomed Board members and attendees to the meeting to support a number of agenda items.

**Apologies**

Apologies were received and accepted from Laura Smith, Director of Workforce, Organisational Development and System Development (LS).

**Trust Chair's introductory remarks**

Before turning to the business on the agenda, the Trust Chair provided some introductory comments to add context to the meeting discussions:

The agenda for this meeting was a positive collection of issues with a strong focus on the people served by the Trust and the communities it operates in. The venue today is a great community centre that does so much for the people of this area. The New Wortley Centre is a great people focussed institution with much to offer and address for the people of Armley. It has a membership of people who work to improve the lives of those who live in this area – offering a range of services, groups and activities to empower them to lead happier and healthier lives.

It provides health and wellbeing support, food and hygiene support, employment support, volunteering opportunities, community café, laundry services, training, courses and workshops and much more, including their new charity shop.

It is right that we should be pleased, supportive and proud to associate with their role.

The agenda for today is equally and directly people focussed with a review of the Health Equity Strategy; with the patient safety update; with the engagement strategy and an update on the Leeds Health and Wellbeing strategy. A busy set of discussions ahead focussed on doing the best for the communities the Trust serves.

**Item 2022-23 (133)****Discussion points:****Declarations of interest**

Prior to the Trust Board meeting, the Trust Chair had considered the Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest before the papers were distributed to Board members. The Trust Chair asked the Board for any additional interests that required declaration and he noted that the draft revised register of declarations of interest formed part of the meeting papers pack. There were no new declarations of interest made at the meeting.

**Item 2022-23 (134)****Discussion points:****Questions from members of the public**

There were no questions from members of the public.

**Item 2022-23 (135)****Discussion points:****Minutes of the last meeting, matters arising and action log****a) Minutes of the previous meeting held on 3 February 2023**

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

**b) Actions' log 3 February 2023**

*2022-23 (Item 112): Jamie's Story- Speech and Swallowing Services:* The Executive Director of Operations confirmed that she had raised the provision of speech and swallowing services across the City with commissioners. The Executive Director of Nursing and AHPs said that the story would be shared with Peoples ICB Experience Committee in June 2023. **Action closed.**

## **Item 2022-23 (136)**

### **Discussion points:**

#### **Hyper-local recruitment**

Hyper-local recruitment is an alternative recruitment approach targeting particular vacancies by directly engaging the residents of Leeds from within their local communities, especially those living close to the base from which they will eventually work.

Hannah Cressey explained that as a Community Trust, the organisation was perfectly placed to offer local opportunities out in the communities it served. Hyper-local recruitment has been shown to support the reduction of turnover, particularly in the context of increasing fuel costs and providing local jobs for local communities.

Work has focussed on working with people in disadvantaged or under-represented communities in Leeds with the aim of:

- encouraging interest in diverse health and care careers
- improving access to real opportunities through bespoke campaigns reaching into local communities
- building a future pipeline of talent from local communities
- improving retention by offering local opportunities and career pathways
- ensuring candidates are well supported throughout recruitment to onboarding and beyond.

To date 101 members of staff had been recruited through this approach including nurses, healthcare assistants and domestic assistants.

Brent Riley spoke about his collaborative work with the Trust and how he had been able to practically support individuals GIPSIL work with to overcome some of the barriers they face in securing employment for example completing complex application forms on-line.

Kirsty Ali was introduced to the Board. She spoke about about her personal recruitment experience, supported by GIPSIL she had been able to secure a post as a Nursing Assistant in the Beeston Neighbourhood Team. She said that she found working at the Trust very rewarding and the offer of working flexible hours had allowed her to successfully balance her work and childcare commitments and this had had a very positive impact on her life.

The Board was pleased to see how successful the approach had been and particularly welcomed the involvement of third sector organisations which had led to very positive engagement with local communities.

The leafleting campaign had resulted in the recruitment of six nurses who chose the opportunities available in the Trust primarily due to the offer of more flexible working patterns.

The Executive Director of Nursing and AHPs said that that Trust would be developing a clear career path for staff to reach registered professional status offering staff the opportunities to study whilst working.

The Trust Chair said that this innovative approach to recruitment reflected very positively on the Trust, and he extended his thanks to all involved and said that the Board was pleased to hear about the excellent impact their work so far.

## **2022-23 Item 137**

### **Discussion points**

#### **Chief Executive's report**

The Chief Executive presented her report which focussed on:

- Junior Doctors Industrial Action
- Collaborating in partnership
- Enhance conference
- Leeds Primary Care Student Leadership Placement

- LCH Equality, Diversity & Inclusion (ED&I) Forum
- Rainbow ambassadors meeting
- Awards and recognition

Non-Executive Director (HT) noted the references to City-wide and West Yorkshire – wide meetings and said that she was unclear what decision-making powers each committee had and how these impacted on the Trust.

Non-Executive Director (IL) advised the Board that he was involved in the Delivery Committee, but this was not referenced in the paper.

**Action: The Chief Executive said that she would work with the Company Secretary to provide more clarity on the Integrated Care Board and its committees’ structure, roles and responsibilities.**

**Responsible officers: Chief Executive/ Company Secretary.**

**Outcome:** the Board

- noted the contents of the report and the work undertaken to drive forward the Trust’s strategic goals.

**2022-23 Item (138)**

**Discussion points**

**Resilience and system flow**

The Executive Director of Operations presented the paper which provided an update on the Intermediate Care Redesign Programme.

The Leeds Health and Social Care Partnership (LHSP) as improvement partners continued to work with Newton Europe on the implementation of an intermediate care redesign programme. The vision is to implement a person-centred, home-first model of intermediate care across Leeds that is joined up and promotes independence.

The scope of the programme included all short-term, rehabilitation-focused services at home and bed-based, both ‘step-up’ and ‘step-down.’ To achieve the benefits identified, the scope of the programme not only includes the intermediate care service delivery, but the interfaces with, and processes in, the rest of the system that influence the referrals to intermediate care, and the out-flow and outcomes from intermediate care.

She explained that the delivery plan consisted of five core projects over 18 months of delivery and these were set out in the paper.

The Board agreed that it would be helpful to see some baseline data now for example on re-admission rates so that the benefits could be clearly evidenced as the programme progressed.

The Executive Director of Operations said that some data should be included in the Performance Brief for April 2023.

The Trust Chair suggested that non-executive members should be regularly appraised on the progress of the programme.

**Outcome:** The Board:

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

**Item 2022-23 (139)**

**Discussion points:**

**Assurance reports from sub-committees**

**a) Quality Committee 20 February 2023 and 27 March 2022**

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

- **Wharfedale wards quality update:** the Committee heard about the improvements made and the plans to increase unit capacity to 30 patients by 1 April 2023 and a full complement of 48 by 1 October 2023 with the expectation that the finance for safe staffing is supported.
- **Integrated falls pathway:** the Committee heard about the collaborative approach in developing an Integrated Falls Service between the Trust and Leeds Teaching Hospitals NHS Trust with the introduction of a virtual falls multi-disciplinary team meeting, supported by a Consultant Geriatrician, Pharmacy and Falls specialist. The pathway has improved service accessibility / waiting times, patient experience and patient outcomes for this cohort of people with a complex risk of falls.
- **Engagement strategy update:** the Committee received the updated strategy setting out the principles, as agreed through engagement with the public, engagement team and engagement champions and aligned to the approach of Healthwatch. This identified the next steps of progressing work to bring the principles to life at service level for the people the Trust serves.
- **Assurance on strategic risks:** members had reviewed the levels of assurance against the strategic risks assigned to the Committee and decided that the level of assurance for all was reasonable.

**b) Business Committee 23 February 2023 and 29 March 2023**

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

- **Digital strategy:** the Committee had received the new draft of the strategy which was a new approach to engage staff in the digital strategy in a way that they have not engaged before, aligned to the Trust's goals, easy to understand and quick to read.
- **Workforce strategy update:** the Committee received a combined report comprising the Workforce Quarterly Report and the 2021-25 Workforce Strategy. The update described the overall increase in workforce numbers, and with successful resourcing initiatives. There was a reduction in turnover, and this was now within the tolerance zone and there had been some reduction in sickness absence.
- **Service Focus: Health Case Management:** representatives from the Health Case Management service attended the Committee meeting to provide details of the service, which was created in 2017. It supports patients with long term conditions and helps patients and their families navigate complex health and care systems. It has around 900 patients on its caseload and operates 7 days a week all year round.
- **Change programme: Admin Review:** the Committee received an update on the 'Admin Review' transformation programme. They reflected on the principles the change programme had been guided by, the consultation process and the considerable amount of staff engagement, and the benefits that were being realised.
- **Assurance on strategic risks:** members had reviewed the levels of assurance against the strategic risks assigned to the Committee and decided that the level of assurance for most was reasonable.

**c) Audit Committee 10 March 2023**

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

- **Internal Audit – progress against 2022-23 plan:** the Committee received a report from Audit Yorkshire and noted progress to conclude the 2022-23 plan.
- **Internal Audit – draft strategic plan 2022-24:** the Committee reviewed and approved the plan drafted by the internal audit provider Audit Yorkshire.
- **External Audit:** Mazars confirmed that they had commenced their planning work for the 2022-23 audit year.
- **Financial sustainability assessment action plan:** the Healthcare Financial Management Association (HFMA) had published a comprehensive assessment. The Trust completed the assessment and Audit Yorkshire conducted the NHS England

specified review, with the report being presented at the Audit Committee meeting in December 2022. At the March 2023 meeting, the Committee received and reviewed the action plan which described the planned improvements.

- **Information Governance update:** the Committee noted the progress being made on the Data Security and Protection Toolkit and the baseline submission which had been submitted by the deadline of 28 February 2023.
- **Assurance on strategic risk 2.4:** the Committee has been assigned BAF risk 2.4: 'If the Trust does not maintain the security of its IT infrastructure and increase staffs' knowledge and awareness of cyber-security, then there is a risk of being increasingly vulnerable to cyber-attacks causing disruption to services, patient safety risks, information breaches, financial loss and reputational damage'. Having reviewed all the information presented, the Committee agreed that it provided reasonable assurance that the risk was being managed adequately.

#### **d) Charitable Funds Committee 13 March 2023**

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

- **Charitable development update:** the Executive Director of Nursing and AHPs and the Committee Chair met with the Chair and Chief Executive of Leeds Cares Charity in January 2023. The Executive Director of Nursing and AHPs had subsequently sent the annual accounts to the Charity for them to undertake due diligence checks. There were a number of further questions to be answered before the Committee could recommend a way forward to the Trust Board including future branding particularly around the Trust's Charity being subsumed into another charitable organisation.
- **NHS Charities together:** the Committee heard about a recent bid for £30,000 to NHS Charities Together. The application stated that the Trusts aim was to have a significantly increased and self-sustaining income, a new and exciting strategy and refreshed branding for a relaunch, either in partnership or continue as an independent NHS Charity with specific and unique objectives in Leeds.

#### **d) Nominations and Remuneration Committee 14 March 2023**

The Trust Chair, Chair of the Committee presented the report and highlighted the key issues, namely:

- **Committee Annual Report and Terms of Reference:** the Committee considered a comprehensive Annual Report covering and decisions reached in 2022/23. The importance of the work carried out in relation to Reward was noted for inclusion; and the Annual Report was approved prior to its submission to the Audit Committee. The Terms of Reference were endorsed prior to Board approval.
- **Critical Shift Incentive:** the Committee received a verbal update from the Director of Workforce regarding the current Critical Shift Incentive Scheme, which is due to expire on 31 March 2023. The Committee agreed that virtual consideration could be considered to an extension to the current scheme if required.

**Outcome:** The Board

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

#### **Item 2022-23 (140)**

**Discussion points:**

##### **Performance brief: February 2023**

The Executive Director of Finance and Resources presented the report which he said had been scrutinised in detail by the Quality and Business committees at their meetings on 27 and 29 March respectively.

The Board discussed the paediatric neurodiversity waitlist situation and were advised that the Trust was linking in with its partners for a health system solution as this was a city-wide risk and a national issue.

**Outcome:** The Board:

- noted levels of performance in February 2023.

#### **Item 2022-23 (141)**

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

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

The Chief Executive introduced the report which provided information about the effectiveness of the risk management processes and the controls that were in place to manage the Trust's most significant risks.

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

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

##### **Risk register recent changes:**

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

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

##### **Board assurance framework (BAF)**

Details of the levels of assurance provided by the committees were included in this report.

Non-Executive Director (RG) asked about the Wharfedale Recovery Hub Documentation risk and was advised that this was picked up in the due diligence process when the Trust took on the contract, and that mitigation was being put in place to rapidly deescalate the risk.

##### **Outcome:** the Board

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

#### **Item 2021-22 (142)**

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

##### **Quarter 3 Report 22.23 of the Guardian of Safe Working Hours (GSWH)**

The Guardian presented the report which sought to provide the Board with assurance that trainee doctors and dentists working within the Trust were working safely and, in a manner, consistent with the Junior Doctors Contract 2016 Terms and Conditions of Service.

The Guardian highlighted:

- Work in progress with regards to CAMHS ST historic rota compliance and payment issues.
- The need for a doctor trainee representative on the LNC and plans to explore this at the next junior doctors' forum.
- New compliant work schedule in place for CAMHS non-resident on-call rota.

The Trust Chair asked about the recent junior doctors' industrial action.

The Executive Medical Director reported that the impact on the Trust had been minimal. The junior doctors employed by the Trust had given clear indications as to whether they intended to take part on the industrial action and cover had been put in place where necessary.

##### **Outcome:** the Board

- Supported the GSWH with the on-going work related to CAMHS ST historical rota compliance and payment issues.
- Noted the Progress made with new complaint work schedule for CAMHS non-resident on-call rota.

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

#### **Item 2022-23 (143)**

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

##### **Health Equity Strategy update**

The Executive Medical Director presented the update report which marked the end of Year 2 of the Health Equity Strategy and provided the context for the continued focus on identifying and addressing inequity, the systems and processes required to undertake the work, the impact of it and how this would inform plans for Year 3.

The Board welcomed the development of the new cultural competence programme which would underpin further progress, build on existing provision and embed cultures within teams of discovery and reflection around the experience of diverse communities as colleagues and patients/carers.

Non-Executive Director (KR) asked about cultural competency and what was different as a result of the work.

Non-Executive Director (RG) suggested that more examples of impact could be included in future reports.

The Chief Executive said that at a celebration and learning event on 29 March 2023 an illustrated e-book had been shared which included examples of progress and impact. This would be shared with Board members.

**Action:** Health Equity Lead to circulate the e-book to Board members.

**Outcome:** the Board

- Received and noted the update on strategy delivery and were content with the action plans for the next reporting period.
- Received and noted the development of new cultural competence programme, jointly across workforce and health equity.
- Noted that measures to support the delivery of the Health Equity Strategy would be included in the Trust's Key Performance indicators for 2023-24.

#### **Item 2022-23 (144)**

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

##### **Patient Safety Strategy Implementation Update Report**

The Executive Director of Nursing and AHPs presented the paper which provided a six-monthly update of progress against the national Patient Safety Strategy.

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

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

The Executive Director of Nursing and AHPs said that the Trust was following the national timetable for the implementation of the Strategy and associated PSIRF and has established the project and implementation group to support assessment and implementation. Significant work would be required to achieve successful implementation of the Strategy and the associated local Incident Response Plan, based on the new Incident Response Framework.

Associate Non-Executive Director (RB) asked what changes the new Incident Response Framework had introduced.

The Executive Director of Nursing and AHPs said that the aim was to change the culture of patient safety reporting and investigation to ensure the key focus of investigation is learning and improvement that makes a difference and is sustained. The aim is to investigate less and learn more with a systems and human factors approach with three key focuses of Insight, Involvement and Improvement.

Further updates would be provided to the Quality Committee and also to the Board in October 2023.

**Outcome:** the Board

- received and noted the update report.

#### **Item 2022-23 (145)**

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

##### **Staff survey 2022**

The Director of Workforce, Organisation Development and System Development (JA) updated the Board on the 2022 Staff Survey organisational results. The report included a comparison of the 2022 Staff Survey results compared to the 2021 results, information about how the Trust benchmarks internally and with comparative community trusts. The report also outlined the approach to the dissemination of the information to key stakeholders and local business units and teams.

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

The Chief Executive said that the organisational results had been presented at a Leaders Network Event on 30 March 2023 which included sessions led by the Workforce Directorate on 'Creating the Best Plan for your Team', disability and understanding reasonable adjustments.

The Board was pleased to see that the Trust's results were holding at steady levels.

Non-Executive Director (AL) noted the responses on overall pay levels and whilst acknowledging that the Trust had no control over national pay awards, a number of short-term incentives had been introduced locally and she encouraged the Trust to consider the longer-term approach to terms and conditions.

Non-Executive Director (AL) questioned whether the Trust had a whistleblowing policy in place and if so whether it was regularly signposted to staff.

The Chief Executive said that an excellent Freedom to Speak Up culture had been embedded in the Trust, but she accepted that there was always more that could be done.

There were a number of routes for staff to challenge and speak up including anonymously if they wished through the Freedom to Speak Up Guardian and by use of the procedures set out in the Trust's Whistleblowing Policy which was available on the Intranet. A number of Freedom to Speak Up Guardians had also been trained in the Trust's Race Equality Network.

More work was being done to support managers and develop the leadership offer to enable them to address concerns within their respective teams more effectively.

At the Board development session in May 2023 more time would be devoted to discussing the themes identified in the Staff Survey at an organisational level.

**Outcome:** The Board:

- noted the release of the 2022 Staff Survey results and the findings to date and endorsed the proposed approach to the dissemination of information.

## **Item 2021-22 (146)**

### **Discussion points:**

#### **Annual plan 2022-23**

##### **a) Operational plan 2023-24**

The Executive Director of Finance and Resources presented the draft 2023-24 operational plan which outlined the strategic framework for 2023-24. This included the Trust vision, ambition, strategic goals and proposed priorities for 2023-24. The plan had been considered by the Quality and Business committees in March 2023. Feedback from the Committees was that performance measures should be specified.

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

**Outcome:** the Board

- approved the Operational Plan for 2023-24 subject to specific performance measures being included in the next Priorities update report to Board.

##### **b) Financial Plan 2023-24**

The Executive Director of Finance and Resources presented the Financial Plan for 2023-24 which had been considered by the Business Committee on 29 March 2023 and recommended to the Board for approval.

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

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

Following a wide-ranging discussion Board members agreed to approve the Financial Plan for 2023-24 as presented, however they felt that in order to provide assurance, a more in-depth discussion was required about financial planning and this should be the focus of a future Board development session.

**Action: The Financial Plan for 2023-34 to be the focus of a Board development session.**

**Responsible officers: Chair/Chief Executive.**

**Outcome:** the Board

- approved the Financial Plan for 2023-24. The Board asked that the Senior Management Team considered how future financial planning prioritisation could give greater weight to care outcomes.

##### **c) Key performance indicators (KPIs) 2023-24**

The Executive Director of Finance and Resources presented the report which set out the proposed high-level indicators for inclusion in the 2023-24 Performance Brief to be monitored by the Board and its committees. The indicators had been discussed at both the Quality and Business Committee in March 2023 and the list of indicators included in the paper was recommended for approval.

The Executive Director of Finance and Resources pointed out that additional KPIs could be added during the year including measures to support the delivery of the Health Equity Strategy.

**Outcome:** the Board

- agreed the KPIs for 2023-24 as set out in the paper and the assurance mechanisms.

**Item 2022-23 (147)**

**Discussion points:**

**Corporate governance**

**a) Going concern consideration**

The Executive Director of Finance and Resources presented the Going Concern Consideration. He explained that the matters covered in the paper had been considered by the Audit Committee at its meeting on 10 March 2023 and were recommended for approval.

**Outcome:** the Board

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

**b) Declarations of interest and compliance with the fit and proper person requirements made by the directors for 2022/23**

The Company Secretary presented the draft report which contained the director's declarations of interest schedule of disclosures for 2022/23, confirmation that 'fit and proper person test' declarations had been made and other additional annual background checks completed.

**Outcome:** the Board

- reviewed and approved the declarations made by directors for 2022/23 (in draft).

**c) Risk appetite statement review**

The Company Secretary presented the risk appetite statement for review and approval. The details of the Trust's current risk appetite statement were set out in the document.

The Senior Management Team (SMT) had discussed the risk levels set out in the risk appetite statement and concluded that the risk levels remained appropriate.

**Outcome:** the Board

- reviewed and approved the risk appetite statement.

**Item 2022-23 (148)**

**Discussion points:**

**Engagement Strategy (principles)**

The Executive Director of Nursing and AHPs presented the paper which proposed Engagement principles to be embedded across the organisation. The principles had been developed following a review of the evidence base and the stakeholder engagement event in 2022. The principles describe what the Trust expects to see in each service, in each interaction with patients, carers, communities and citizens. The principles reflect the City's aspirations around patient experience in relation to co-ordination, communication, and compassion. It is intended that the Engagement principles will provide a more responsive, sophisticated, and useful approach to patient engagement.

The next steps in the development and implementation of the engagement principles will include:

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

An updated timeline and engagement plan was included to provide a clear timeframe for the ongoing work.

**Outcome:** the Board

- approved the proposed engagement principles to be taken forward by services
- agreed the updated timeline as set out in the paper.

<b>Item 2022-23 (149)</b>	
<b>Discussion points:</b> <b>Register of sealings December 2022 - March 2023</b> In line with the Trust's standing orders, the Chief Executive is required to maintain a register recording the use of the Trust's corporate seal.  The details of its recent use were contained within a copy of a section of the register within the report.  <b>Outcome:</b> the Board <ul style="list-style-type: none"> <li>ratified the use of the corporate seal between December 2022 and March 2023.</li> </ul>	
<b>Item 2022-23 (150)</b>	
<b>Discussion points:</b> <b>Leeds Health and Wellbeing Strategy refresh update – A strategy for 2030</b> The refreshed strategy was presented for approval.  Non-Executive Director (IL) suggested that the Trust should think about how the describing indicators in the strategy linked to the Trust's KPIs.  The Chief Executive agreed to reflect on this and discuss this further with the Trust's Head of Business Intelligence.  <b>Outcome:</b> the Board <ul style="list-style-type: none"> <li>approved the Health and Wellbeing Strategy Refresh.</li> </ul>	
<b>Item 2022-23 (151)</b>	
<b>Discussion points:</b> <b>Any other business including questions on Blue Box items</b> There were no matters of any other business to discuss, or questions raised on any items in the Blue Box.	
<b>Item 2022-23 (152)</b>	
<b>Discussion points:</b> <b>Close of the meeting</b> The Trust Chair closed the meeting at 12.05pm	
<b>Date and time of next meeting</b> <b>Friday 26 May 2023 9.00am-12.00 noon</b>	
<b>Additional items (Blue Box)</b>	
<b>2022-23 (153)</b>	Learning and Development Strategy update – reviewed by Quality Committee February 2023
<b>2022-23 (154)</b>	Patient Safety and Serious Incidents report - reviewed by Quality Committee March 2023
<b>2022-23 (155)</b>	Workforce Strategy update and report - reviewed by Business Committee February 2023
<b>2022-23 (156)</b>	<b>Committee minutes/reports – for noting</b> <ul style="list-style-type: none"> <li>a) Audit Committee – December 2022</li> <li>b) Quality Committee – January 2023</li> <li>c) Business Committee – January 2023</li> <li>d) Scrutiny Board (Adults, Health &amp; Active Lifestyles) – January and February 2023</li> <li>e) West Yorkshire Mental Health Services Collaborative Committees in Common (WYMHSC C-In-C) Escalation and Assurance Report – January 2023</li> </ul>
<b>2022-23 (157)</b>	Board workplan – for noting
	<b>Patient Story: Jacek's story (video)</b> Following the close of the meeting the Board viewed a video story.  The Board heard Jacek's story (Jacek is known as 'Jack'). He described how he came to be living on the streets and the devastating effect this has had on his health. Finding himself in hospital and then being discharged back to the streets, returning to hospital a short while later in much poorer health.

	Members heard how the Homeless and Health Inclusion Service supported Jacek to find new accommodation and live as independently as possible.
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DRAFT

Leeds Community Healthcare NHS Trust  
Trust Board meeting (held in public) actions' log: 26 May 2023

Agenda Item Number	Action Agreed	Lead	Timescale	Status
<b>31 March 2023</b>				
2022-23 (137)	<b>Integrated Care Board (ICB):</b> more clarity on the Integrated Care Board and its committees' structure, roles and responsibilities.	Chief Executive/ Company Secretary	Post Meeting	Email – Company Secretary 18 April 23
2022-23 (143)	<b>Health Equity Strategy:</b> Health Equity Lead to circulate the e-book to Board members.	Health Equity Lead	Post meeting	e-book still under development <b>Ongoing</b>
2022-23 (146b)	<b>Financial Plan 2023-24:</b> to be the focus of a Board development session.	Chair/ Chief Executive	Post meeting	Added to Board Development schedule for January 2024

Actions on log completed since last Board meeting on 31 March 2023	
Actions not due for completion before 26 May 2023: progressing to timescale	
Actions not due for completion before 26 May 2023: agreed timescales and/or requirements are at risk or have been delayed	
Actions outstanding at 26 May 2023: not having met agreed timescales and/or requirements	

**Trust Board Meeting held in public: 26 May 2023**

**Agenda item number: 2023-24 (6i)**

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**Title: Chief Executive's report**

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**Category of paper: for information**

**History: Not applicable**

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**Responsible director: Chief Executive**

**Report author: Chief Executive**

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

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

This month's report focusses on:

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

Appendix A: West Yorkshire Health and Care Partnership structure and LCH membership

Appendix B: Media report April 2023

## **Recommendations**

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

## **1. Introduction**

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

### **Director of Finance recruitment**

The Executive Director of Finance and Resources, Bryan Machin is retiring from the Trust in July 2023. Gatenby Sanderson is supporting the Trust with the recruitment of a new director. Interviews and stakeholder panels took place on 17<sup>th</sup> and 18<sup>th</sup> May 2023. The Board will be provided with an update at the May Board meeting.

### **Trust's Forward Strategy update**

The Board has now had several meetings to discuss our forward strategy and an update was provided at Board as part of the CEO report a few months ago. Conversations have continued across the organisation and city. There is a significant change underway across the ICS, ICB and Leeds place coupled with my departure in the next few months. Alongside this we are heading into a new period of financial challenge across the NHS set against a continued and welcome national focus on the development and support of community services. As such, the Chair and myself have agreed that it does not feel like the right time to present a new updated strategy, rather than the plan on a page launched at our last AGM and the criteria agreed at our last Board workshops. We have many framing strategies in place however - not least our third sector strategy, workforce, digital, clinical quality and estates. All are in operation. The new work will be continued with the Board and the new CEO.

### **Queen's Nursing Institute's William Rathbone X Annual Award nomination**

The Executive Director of Nursing and AHPs, Steph Lawrence has been nominated for the Queen's Nursing Institute's William Rathbone X Annual Award for Excellence in the Executive Nurse Leadership of Community Nursing Services, the winner of the award is to be announced on 9<sup>th</sup> June 2023.

William Rathbone X (the tenth) served as a Council member of the Queen's Nursing Institute from 1974 until his death in 2022. His lifelong commitment to nursing, and to the charity founded by William Rathbone VI and Florence Nightingale, is celebrated by this new award.

## **General Medical Council (GMC) National Education Training Survey 2022**

In April Leeds Community Healthcare (LCH) Senior Leaders received the results of the 2022 GMC National Education Training Survey (NETS), the Trust received a 75% response rate from Junior Doctors, for which the feedback was very positive. In 2021 at Trust level, LCH had 11 negative outlying performance indicators when benchmarked against the other organisations across the Yorkshire and Humber Region, in 2022 there were no negative outliers and 3 areas where the Trust was in the top 10% regionally.

The '2023 LCH Senior Leadership Engagement Annual Quality Report' from NHS England, quoted the results as "one of the best turnarounds we have seen in the NETS." LCH also ranked in the top 10 across all four Health Education England Quality Domains for the region but ranked first place for 'Delivering Curricula and Assessments'. 100% of our Junior Doctors would be 'extremely likely' to recommend LCH as a treatment and training provider.

### **International nurses: new cohort**

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

### **Hyper local recruitment – national coverage**

We have been delighted in the past month to receive national coverage of LCH's successful hyper local recruitment approach in both the Health Service Journal and from NHS Providers. As the Board is aware, this approach in recent months has yielded over 100 appointments from communities we serve, including to several "hard-to-recruit" roles that had lain vacant for some time.

### **Pay Award**

The national Pay Offer for substantively employed staff on Agenda for Change terms and conditions has been formally endorsed for implementation by the NHS Staff Council. The Offer, which includes a 5% 2023/24 pay award and a non-consolidated lump sum associated with 2022/23, will be paid with June salaries. Employees have an option to request payment of the 2022/23 lump sum in instalments if they prefer; this may be an option taken up by those in receipt of Universal Credit, for example.

The implementation of the pay award notwithstanding, a national ballot of Royal College of Nursing (RCN) members is expected to take place this month. This will

determine whether further RCN industrial action associated with the pay award will take place.

### **Industrial action**

The Trust continues to meet weekly to discuss upcoming industrial action. Currently, there are no future dates planned. The Trust met daily in the lead up to the RCN nurses strike on 30<sup>th</sup> April/1<sup>st</sup> May and planning was put in place and additional support provided and as a result all services operated as normal and there were no patient safety concerns raised. A total of 31 staff took action and there was a command-and-control structure in place internally and across West Yorkshire on the day. The RCN are now planning to re-ballot staff as their current mandate for strike action has expired. We will update once we have further information. There are no future dates for junior doctor strikes currently.

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

A full business case has now been signed off at Trust Board for work to begin on the new Team LCH Hub at White Rose Office Park (WROP). Furniture will gradually be moved out of Stockdale House and into WROP and each of the occupied floors at Stockdale House being vacated in turn, with staff relocated to the third floor as a temporary measure. The move to WROP is planned to take place between 18-21 August 2023, and the Trust will fully vacate Stockdale House by the end of August 2023.

### **West Yorkshire Community Care Collaborative**

The West Yorkshire Community Health Services Provider Collaborative (WYCHS) continues to build its network and connections, for example making links with the West Yorkshire Hospice Collaborative around shared priorities.

On the 27 April 2023, the West Yorkshire Community Health Service Provider Collaborative held its quarterly meetings of the CEOs and Chairs at a face-to-face session. This provided an opportunity to share and collectively consider the challenges we all face and what we should focus joint delivery on.

Recognising that community provision is delivered by sectors and organisations alongside the WY CHS Provider organisations invitations for the day were far ranging. 35 colleagues attended covering adult social care, primary care, GP federations, mental health, hospice, place, and the VCSE. There was a real sense of enthusiasm from those present to engage and participate in the actions. The output of the day will be a collectively agreed with a set of priorities and actions to take forward as the shared vision and purpose (our manifesto) of member organisations.

The collaborative has established a monthly meeting of leads executives from each member organisation to help drive joint decision making and prioritisation of efforts, such as discharge, community waiting lists, approaches to support vulnerable residents and input into the urgent care recovery plan. This builds on established forums for directors of finance, clinical, human resource and digital/data from across our community services provider colleagues.

### **Engaging with our staff**

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

Here are the recent visits to services undertaken by members of the Senior Management Team:

Thea Stein

4 April – Neighbourhood Team Triage Hub, Armley Moor

Steph Lawrence

1 March – Yeadon Neighbourhood Team

2 March – Wound clinic, Middleton

13 March – Wharfedale

Jenny Allen

8 March – CAMHS Crisis Team

14 April – End of Life Care

21 April – Homeless and Health Inclusion Team Chapelton

### **Launch of the Liaison and Diversion and Reconnect Service within the Humberside Area**

The Liaison and Diversion and Reconnect Service within the Humberside area was officially launched on 19 April 2023. The event brought together people from a wide variety of agencies, allowing for effective networking to take place. The event had a packed agenda, with keynote speeches being delivered by Rh. Lord Bradley, Executive Director of Operations Sam Prince, NHS England and an honest and

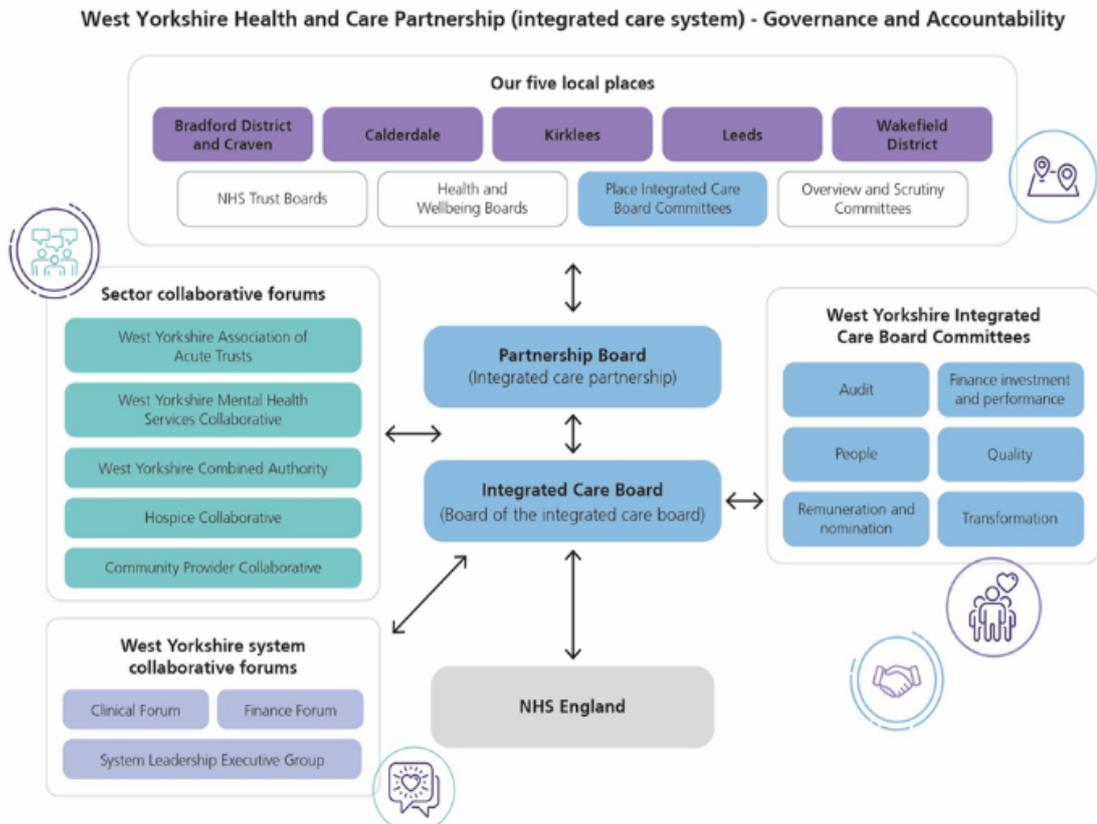
moving account by a service user. The service introduced the model and local delivery pathways and a question-and-answer session.

### **Collaborating in partnership**

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

<b>Meeting</b>	<b>Attendee</b>	<b>Date</b>
Leeds Committee of the West Yorkshire Integrated Care Board (WY ICB) – development session	Sam Prince	26 April 2023
West Yorkshire Mental Health Collaborative Committees in Common	Brodie Clark	26 April 2023
WY ICS Finance Forum	Bryan Machin	28 April 2023
WY Community Collaborative	Brodie Clark Thea Stein Sam Prince Steph Lawrence	27 April 2023
WY System Leadership Executive Group	Thea Stein	2 May 2023
WY Safeguarding Oversight & Assurance Group	Steph Lawrence	4 April 2023
Leeds Citywide Clinical and Professional Forum	Ruth Burnett	26 April 2023
Leeds Health and Wellbeing Board – Board to Board session	Brodie Clark Thea Stein Sam Prince Ian Lewis	5 April 2023
Leeds Clinical Senate	Ruth Burnett	20 April 2023

## Appendix One: West Yorkshire Health and Care Partnership structure



### West Yorkshire Health and Care Partnership Board

LCH members: Thea Stein; Brodie Clark

### ‘Our five local places’: Leeds Place (Leeds Health and Care Partnership)

#### Leeds Committee

LCH member: Thea Stein

The **sub-committees** of the Leeds Committee of the WY ICB are as follows:

- Delivery Sub-committee: LCH members Sam Prince, Ian Lewis
- Finance and Best Value Sub-committee: LCH members Bryan Machin
- Quality and People's Experience Sub-committee: LCH members Steph Lawrence

# LCH Trust Communications Report

## Social and Online Media

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## Facebook

### Insights

	This month	Last Month
Page likes	4.9k	4.9k
Followers	5,459	5,392
New likes	1	8
Page reach	3,612	5,456
Number of posts	41	35
Post Engagement	412	664
Post reach	2,989	8,175

### Top Facebook posts

1. Eid Mubarak to all those celebrating today!

**Post reach: 473, Reactions, comments and shares: 13**

2. Our Chair, Brodie Clark CBE, has announced that Thea Stein, Chief Executive, will be leaving LCH to take up a new role as Chief Executive of the Nuffield Trust independent health think tank. Read more on our website: <https://www.leedscommunityhealthcare.nhs.uk/.../ceo-thea.../>  
NHS in Leeds Leeds City Council Leeds Teaching Hospitals NHS TrustLeeds and York Partnership NHS Foundation Trust

**Post reach: 645 Reactions, comments and shares: 9**

3. Happy Vaisakhi to all those celebrating this major Sikh festival today!

**Post reach: 577 Reactions, comments and shares: 6**



## Twitter - @LCHNHSTrust

## Analytics

	This month	Last month
Followers	10,189	10,196
Profile visits	1,708	1,930
Mentions	229	209
Impressions	16,595	24,264
Tweets	41	22

## Top Tweets

1. The most popular tweet from our account which had **894 impressions and 23 total engagements** was...
  - “Our Chair, Brodie Clark CBE, has announced that Thea Stein, Chief Executive, will be leaving LCH to take up a new role as Chief Executive of the Nuffield Trust independent health Think Tank. Read more here: [leedscommunityhealthcare.nhs.uk/our-news/ceo-t...](https://leedscommunityhealthcare.nhs.uk/our-news/ceo-t...)  
[pic.twitter.com/i2UAu5LD4o](https://pic.twitter.com/i2UAu5LD4o)
2. The top media tweet below had **774 impressions and 8 total engagements**.
  - Make sure you're prepared for the next bank holiday on 1 May. Order your repeat prescriptions through the NHS App in advance. Haven't got it? Download it for free here: [nhs.uk/nhs-app/](https://nhs.uk/nhs-app/) [pic.twitter.com/SERoWt3LWY](https://pic.twitter.com/SERoWt3LWY)
3. The most popular tweet which we were mentioned in below was tweeted by @stephlawrence5\_and had **274 engagements**
  - “Very excited to be on our way to London for the [#snta](#). [@LCHNHSTrust](#) [@Thea\\_Stein](#) [@SamlizprinceSam](#) [@HRD\\_Jenny\\_Laura](#) [@BryanM\\_LeedsCH](#) [@RuthBurnett](#) [pic.twitter.com/04ZPvNcs5F](https://pic.twitter.com/04ZPvNcs5F)



## LCH Website

## Analytics

	This month	Last month
Users	35k	6,348
Average visit length	1m 09s	1m 45s

Sessions	55,924	8,111
Page views	141,04	16,235
New users	35k	27,810

## Most viewed webpages

1. Leeds Mental Wellbeing Service (Home): **9,454**
2. Home: 8,450
3. Leeds Mental Wellbeing Service- Refer Yourself: **6,942**
4. Child Speech and Language Therapy Toolkit: **3532**
5. Our Services: **3,441**
6. Neighbourhood Teams: **3006**
7. Contact us: **2251**
8. Join our team- Vacancies: **2095**
9. Our Services – Musculoskeletal: **2081**
10. Contact us- Locations – vacancies: **2040**

## Media Summary

Date	Publisher	Article	Positive/ Neutral / Negative
26 April	Nuffield Trust	Nuffield Trust announces new Chief Executive  Link: <a href="#">Nuffield Trust announces new Chief Executive   Nuffield Trust</a>	Positive
23 April	South Leeds Life	Partnership is keeping people well and out of hospital  Link: <a href="#">Partnership is keeping people well and out of hospital - South Leeds Life</a>	Positive
19 April	Ilkely Gazette	Leeds health programme receives second year funding	Positive

		Link: <a href="#">Leeds health programme receives second year funding   Ilkley Gazette</a>	
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## Graphic Design

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



# Who do I contact?

## D&V outbreaks in care homes

**NHS**  
Leeds Community  
Healthcare  
NHS Trust



For all things relating to diarrhea and/or vomiting (D and/or V) which is not related to another cause (ie. diet, medications or medical conditions), contact:

**Communicable Disease Control**  
**0113 378 5900**



For all other IPC outbreaks and general IPC advice, contact:

**Infection Prevention and Control**  
**0113 843 4511**

IPC will advise if the care home need to call UKHSA.



**REMEMBER:** Alcohol gel is not effective for many infections which cause D and/or V. Only use soap and water for hand hygiene when caring for residents with D and/or V.



For further information see the [Guidelines for the management of norovirus outbreaks in acute and community health and social care settings \(publishing.service.gov.uk\)](https://www.service.gov.uk)

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## List of graphic design jobs completed this month

1. 0871\_Cardiac rehab\_nurse specialist lft
2. 1060\_Community Heart Failure Nurse Specialist lft
3. 1984\_Breathing techniques leaflet
4. 2033\_Learning from incidents form
5. 2137\_PHINS leaflets
6. 2141\_Integrated Gynaecology leaflet
7. 2150\_Liaison and Diversion leaflet
8. 2175\_Senior nurse development workbook
9. 2226\_COPD self-management plan leaflet
10. 2355\_Youth Board poster template
11. 2407\_FFT poster, flyer, card\_QR code
12. 2418\_NT local induction pack
13. 2617\_Parent and carer consultation group poster\_flyer
14. 2619\_Liaison and diversion promotional items
15. 2637\_Respiratory/Virtual Respiratory Ward leaflets
16. 2678\_teamLeeds logo
17. 2705\_West Leeds PCN falls pathway\_older adults
18. 2719\_Wound cleansing guide
19. 2721\_DVT leaflet
20. 2725\_LCH falls and bone health pathway
21. 2730\_Trauma informed staff support banner (CrISSP)
22. 2731\_0-19 PHINS property return stickers

## Jobs by month for media report

### 18 March - 14 May

- 0871\_Cardiac rehab\_nurse specialist lft
- 1060\_Community Heart Failure Nurse Specialist lft
- 1984\_Breathing techniques leaflet
- 2033\_Learning from incidents form
- 2137\_PHINS leaflets
- 2141\_Integrated Gynaecology leaflet
- 2150\_Liaison and Diversion leaflet
- 2175\_Senior nurse development workbook
- 2226\_COPD self-management plan leaflet
- 2355\_Youth Board poster template
- 2407\_FFT poster, flyer, card\_QR code
- 2418\_NT local induction pack
- 2617\_Parent and carer consultation group poster\_flyer
- 2619\_Liaison and diversion promotional items
- 2621\_Enhanced Care at Home branding
- 2637\_Respiratory/Virtual Respiratory Ward leaflets
- 2654\_Oral health\_smile awards
- 2678\_teamLeeds logo
- 2679\_Office move campaign
- 2696\_Audiology Transition leaflet
- 2705\_West Leeds PCN falls pathway\_older adults
- 2715\_Active Recovery\_Triage Hubs staff feedback
- 2719\_Wound cleansing guide
- 2721\_DVT leaflet
- 2725\_LCH falls and bone health pathway
- 2730\_Trauma informed staff support banner (CrISSP)
- 2731\_0-19 PHINS property return stickers
- 2733\_Certificate template for international nurses
- 2736\_Leeds Programme easy read workbook A4
- 2741\_IMHS\_0-19 Marvellous Meltdowns leaflet
- 2743\_!Stumble falls poster
- 2745\_National Spinal Network conf poster
- 2747\_SUDIC leaflets
- 2748\_Digital strategy update
- 2749\_Health Equity event materials
- 2750\_Annual report 2022-2023
- 2751\_Wharfedale Recovery Hub forms
- 2754\_Adult Nutrition and Dietetic Services referral form
- 2758\_Liaison and Diversion posters
- 2759\_Pressure ulcer prevention poster
- 2762\_CBU offers progress icons
- 2763\_ReSPECT and CHC fast track signatory development criteria
- 2764\_Apprenticeship pull up banner
- 2765\_Care home outbreaks contacts poster
- 2766\_Induction agenda\_Welcome Event
- 2767\_HSW recruitment White Rose digital stand graphics
- 2768\_Sensory aware poster
- 2769\_Children's Bloods Clinic leaflets
- 2770\_Long Covid Group\_Managing emotional challenges poster and Q&A
- 2771\_CBU preceptorship handbook
- 2772\_CNRS palm protector-hand splint advice sheet
- 2773\_ICAN eating difficulties leaflets x4
- 2775\_Statement of common purpose
- 2776\_Flexible working
- 2777\_Community Children's Nursing Service branding
- 2778\_Giving Voice song book\_10 May '23 event
- 2779\_Patient Safety pull up banner
- 2780\_IPC training in care homes poster
- 2781\_Think Delirium A5 leaflet
- 2782\_Groups for children who stammer\_KS2 leaflet
- 2783\_No bystanders advice sheets

#### KEY:

Jobs in red completed (within media report period)

Jobs in black started/still in progress (not completed/signed off)

Jobs in green - amends/updates to existing jobs or new print run organised

Jobs in blue - to start

**Trust Board Meeting held in public: 26 May 2023**

**Agenda item number: 2023-24 (8a)**

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**Title: Audit Committee Chair's Assurance Report 21 April 2023**

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

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**Responsible director: Chair of Audit Committee**  
**Report author: Chair of Audit Committee / Company Secretary**

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## **Meeting summary**

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

The Internal auditor advised the Committee that work on the 2022/23 internal audit plan was almost complete. Three audit reports had been issued in final: General Ledger (High Assurance), Police Custody Suites (Significant Assurance), and Employ to Deploy (Significant Assurance).

The Committee received an update on progress made with the actions identified in previous internal audits and noted that good progress was being made, with no overdue actions.

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

The Committee received the external auditor's audit strategy memorandum for the year ending 31 March 2023. The document summarised Mazars audit scope, approach and timeline, fees and other services. It highlighted significant audit risks and areas of key judgements and provided the details of the audit team. From the work that had already begun, the external auditors confirmed that there were no matters that it wished to bring to the Committee's attention at this time.

### **Annual report and accounts 2022/23**

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

### **Audit Yorkshire draft counter-fraud plan**

Audit Yorkshire fraud staff attended the committee meeting to present the draft counter-fraud plan which considered current and emerging fraud risks for Leeds Community Healthcare NHS Trust for 2023/24 and determined the direction anti-fraud work will take during the forthcoming financial year. This was carried out in order to ensure a risk-based approach was taken to anti-fraud activity. The plan proposed 55 days for the period 1st April 2023 to 31st March 2024 for counter fraud work. This was the same number of days as those provided in 2022/23, as agreed from the commencement of the contract in April 2022. The Committee approved the plan.

### **Amendment to the Trust's Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation of Powers**

Within the Trust's Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation of Powers document limits are included in a number of different sections throughout the document. It was proposed that a detailed scheme of delegation was included within section C. This would enable readers of the document to easily refer to the limits and ensure that any transactions are compliant with the standing financial instructions. The Committee welcomed the drawing together of this information and agreed the proposed change. The Committee asked that additional information should be included in the amendment including reference to the investment policy and approval of business cases. The revised document will be presented at the May 2023 Board meeting for approval.

### **Security management update**

The Committee received a report that responded to two areas of interest expressed by the Committee in Autumn 2022, which were Hate crime in violence and aggression cases against Trust staff, and Police liaison and partnership working.

Work is ongoing to produce more reliable data concerning hate crime reporting. The security team has conducted several meetings with senior officers of West Yorkshire Police to develop strategies for closer partnership working with a view to the introduction of Op. CAVELL in Leeds, subject to the approval of the LCH Senior Management Team. Operation 'CAVELL' is a multi-agency approach to dealing with violence, aggression and hate crime against NHS staff which was pioneered in recent years by five police forces in the South of England together with their local NHS trusts and the Crown Prosecution Service.

### **Board sub-committees' annual reports 2022/23**

The Audit Committee's draft annual report was received and agreed that it accurately reflected the Committee's activities for the year. The Committee's terms of reference were reviewed, and it was agreed that some minor changes needed to be made which the Board would be asked to approve.

The Committee also received the annual reports of the Board's other sub-committees as part of the Committee's role in reviewing the effectiveness of governance. The Committee noted that there had been good attendance and strong governance at those committees and the annual reports were approved.

### **Cyber security update**

The Assistant Director of Business Intelligence joined the meeting and presented the report which provided the Committee with the latest cyber related activities over the past six months and illustrated the main cyber defences of the Trust and how assurance of their capability is assessed. The Committee agreed that the current report provided limited assurance and requested further assurance on response times for recovery from cyber-attacks and system outages, on mitigation for the cultural challenges of changing staff behaviour to ensure that systems could not be easily compromised, and the resources required to ensure that the workforce was digitally competent.

### **Assurance**

The Audit Committee has been assigned BAF risks 3 and 7. The Committee reflected on the sources of assurance it had received at the meeting and agreed that they provided limited assurance that these two strategic risks were being managed.

**Audit Committee assurance levels**

The Audit Committee provides the following levels of assurance to the Board on these strategic risks	Risk score (current)	Agenda items reviewed	Overall level of assurance provided	Additional comments
<p><b>Risk 3</b> Failure to invest in digital solutions. If the Trust fails to invest in improving core technology and in new digital solutions, then resource may not be utilised effectively, services could be inefficient, software may be vulnerable and the impact will be delays in caring for patients and less than optimum quality of care .</p>	<p><b>High</b></p>	<ul style="list-style-type: none"> <li>• Cyber security report</li> <li>• Data Protection &amp; Cyber Security Panel (was IG Group) meeting Minutes</li> </ul>	<p>Limited</p>	<p>Further information has been requested about investment in resource and training.</p>
<p><b>Risk 7</b> 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</p>	<p><b>High</b></p>	<ul style="list-style-type: none"> <li>• Data Protection &amp; Cyber Security Panel (was IG Group) meeting Minutes</li> <li>• Cyber security report</li> </ul>	<p>Limited</p>	<p>Further information has been requested about business continuity arrangements including time to respond.</p>

**Public Board Meeting: 26 May 2023**

**Agenda item number: 2023-24 (8C)**

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

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

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

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

This report identifies the key issues for the Board from the Business Committee held on 26 April 2023 and provides assurance on how well its strategic risks are being managed. The level of assurance is based on the information in the papers, other information received and the Committee's discussion.

## **Items discussed:**

### **Estate Strategy**

The Committee reviewed the Estate Strategy 2019-2024 report. It was acknowledged that the principles of the existing strategy remained relevant, however it was recognised that the demand and need for space might have changed, influenced by different ways of working during the pandemic. There was also a stronger focus on partnership working and tackling health inequity. The Committee was advised that a key part of the next steps was to develop a plan for each site which tied into the overall service strategy, was cognisant of regional and national objectives / changes and supported the key principles of the Trust. The Committee agreed to a revised strategy being developed as well as yearly plans that describe the priority programmes of work.

### **Premises Assurance Model (PAM)**

The NHS Premises Assurance Model (PAM) is a mandatory National annual self-assessment audit, which allows NHS England to better understand the efficiency, effectiveness, and level of safety of estates and facilities (and related) services, delivered in all NHS Trusts. The Committee noted that since the previous report (October 2022) good progress has been made within Waste Management, Catering, Cleaning, Laundry and Linen. The newly formed Facilities and Safety Department will progress the requirements of the PAM further.

### **Renewal of Strategic Partnering Agreement (SPA) for Local Improvement Finance Trust (LIFT)**

On 28 September 2024 the original CVL Strategic Partnering Agreement term of 20 years comes to an end, but the agreement contains an option for any of the Participants (or their successor bodies) to take up a 5-year no obligation extension. The Committee reviewed the agreement and agreed the extension.

### **White Rose Staff Hub full business case (see CEO and Chair's action item)**

The Committee reviewed the full business case and recommended that the Board should approve it. The full business case was subsequently approved by CEO and Chair's Action.

### **White Rose fit-out contract (see CEO and Chair's action item)**

The Committee reviewed the fit-out contract and agreed to recommend that the Board should approve the awarding of the fit-out contract to Stirling Grey and to delegate the approval of any contract variation up to 10% of the approved value to the Chief Executive and Director of Finance together. The fit-out contract was subsequently approved by CEO and Chair's Action.

### **Workforce Strategy Delivery Plan**

The Committee viewed the Workforce Strategy Delivery Plan for 2023/24. The plan included progress on the Workforce Strategy's quantitative measures, to enable the Committee to see at-a-glance the trajectory and progress achieved against the Strategy's outcome measures to date, under the themes of Resourcing, Organisational Design, Leadership, Inclusion,

Wellbeing, System Partner, and Foundations. It was suggested by the Committee that links to the Third Sector should be included in the System Partner section. The Committee requested regular updates on the delivery of the objectives set out in the plan.

### **Emergency Preparedness, Resilience and Response annual report**

The Committee received the annual report. This provided details of the EPRR team's focus and activities over the last year. In line with the updated guidance and the launch of the training programme the focus has been on reviewing and refreshing LCH's Policies and Plans to reflect the latest guidance, include national and local risks and challenges, and to incorporate learning from exercises and recent events including COVID-19, the recent CAMHS Carenotes failure and the ongoing Industrial Action. The Committee discussed how the Trust worked with its system partners and how it had shared the Carenotes incident learning.

### **2023/24 Budget Setting Procedure**

This paper set out the principles used to develop 2023/24 income and expenditure budgets, as a record of the process used. Focus was placed upon the following areas: Is the budget forecast to overspend in 2022/23? What are the causes of the overspend and how can they be addressed? Where costs are considered unavoidable (following Business Unit review of cost pressures) and are expected to be incurred in 2023/24. The Committee discussed the vacancy factor, the process for checking recruitment needs, and that patient outcomes were included in the financial decision-making process.

### **Internal audit: Police Custody Suites; Employ to Deploy; IT Procurement**

The Committee discussed the internal audit reports and commented about the IT procurement report, which had received significant assurance. The Committee recognised the many system controls that had been tested out by the audit and these were shown to be working effectively. The Committee explored whether there could be opportunities for efficiencies savings including developing other procurement models.

### **Recommendation:**

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

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

The Business Committee provides the following levels of assurance to the Board on these strategic risks	Risk score (current)	Agenda items reviewed	Overall level of assurance provided that the strategic risk is being managed (or not)	Additional comments
<p><b>Risk 2 Failure to manage demand for services:</b> If the Trust fails to manage demand in service recovery and in new services and maintain equity of provision then the impact will be potential harm to patients, additional pressure on staff, financial consequences and reputational damage</p>		<ul style="list-style-type: none"> <li>• Operational and non-clinical risks report</li> <li>• Internal audit: Police Custody Suites</li> <li>• Estates management report</li> </ul>	Reasonable	
<p><b>Risk 3 Failure to invest in digital solutions.</b> If the Trust fails to invest in improving core technology and in new digital solutions, then resource may not be utilised effectively, services could be inefficient, software may be vulnerable and the impact will be delays in caring for patients and less than optimum quality of care</p>		<ul style="list-style-type: none"> <li>• Internal audit: IT Procurement</li> </ul>	Reasonable	
<p><b>Risk 4 Failure to be compliant with legislation and regulatory requirements:</b> If the Trust is</p>		<ul style="list-style-type: none"> <li>• Premises Assurance Model action plan</li> </ul>	Reasonable	

<p>not compliant with legislation and regulatory requirements then safety may be compromised, the Trust may experience regulatory intervention, litigation and adverse media attention.</p>				
<p><b>Risk 5 Failure to deliver financial and performance targets:</b> If the Trust does not deliver key financial and performance targets, agreed with NHS England and the ICB, then it will have adverse consequences for financial governance and cause reputational damage.</p>		<ul style="list-style-type: none"> <li>• White Rose Hub full business case</li> <li>• White Rose Hub fit out contract</li> <li>• Renewal of Strategic Partnering Agreement</li> <li>• Operational and non-clinical risks report</li> <li>• Internal audit: IT Procurement</li> <li>• Budget setting procedure</li> </ul>	<p>Reasonable</p>	
<p><b>Risk 6 Failure to have sufficient resource to for transformation programmes:</b> If there is insufficient resource across the Trust to deliver the Trust's priorities and targeted major change programmes and their associated projects then it will fail to effectively transform services and the positive impact on quality and financial benefit may not be realised.</p>		<ul style="list-style-type: none"> <li>• Estates Strategy (draft)</li> <li>• White Rose Hub full business case</li> <li>• White Rose Hub fit out contract</li> </ul>	<p>Reasonable</p>	
<p><b>Risk 7 Failure to maintain business continuity (including response to cyber security):</b> If the Trust is unable to maintain</p>		<ul style="list-style-type: none"> <li>• Emergency Preparedness, Resilience and Response annual report (EPRR)</li> </ul>	<p>Reasonable</p>	

<p>business continuity in the event of significant disruption then essential services will not be able to operate, leading to patient harm, reputational damage and financial loss.</p>				
<p><b>Risk 8 Failure to have suitable and sufficient staff resource (including leadership):</b> If the Trust does not have suitable and sufficient staff capacity, capability and leadership capacity and expertise, then the impact will be a reduction in quality of care and staff wellbeing and a net cost to the Trust through increased agency spend.</p>		<ul style="list-style-type: none"> <li>• Workforce Strategy Delivery Plan</li> <li>• Operational and non-clinical risks report</li> <li>• Internal audit: Employ to Deploy</li> <li>• Internal audit: Police Custody Suites</li> </ul>	<p>Reasonable</p>	

**Trust Board Meeting held in public: 26 May 2023**

**Agenda item number: 2023-24 (9a)**

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**Title: Performance Brief April 2023**

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**Category of paper:** for assurance

**History:** Quality Committee – 22 May 2023  
Business Committee – 24 May 2023

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

**Report author:** Head of Business Intelligence

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

This report seeks to provide assurance to the Board on quality, performance, compliance, and financial matters.

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

The report focuses on performance against the KPIs agreed before the commencement of the financial year.

## **Main Body**

### **Safe**

- There were 513 Patient Safety Incidents reported with harm
- There were five Serious Incidents logged on StEIS (Strategic Executive Information System)
- There were 14 incidents which met the requirement for Legal Duty of Candour, nine of these were dealt with appropriately and five are in the process of completion to meet the 10-day LCH deadline.
- There was one Central Alert System (CAS) notification in the period, this was actioned before the deadline. There are two historical alerts open under review as part of NHS England's Enduring Standards.

### **Caring**

- There were 21 complaints received in March - April 2023.
- Within the Friends and Family Test, 95.38% of feedback was good or very good.

### **Responsive**

- RTT Consultant-led performance declined further to 60.5%
- There have been nine 52-week breaches within a consultant-led pathway
- Non-consultant waiting times continue to hold steady at 86.6%
- DM01 performance has declined to 42.0%
- LMWS waiting list performance has recovered, and is now back above the target, falling to 79.9%

### **Well-led**

- Overall Statutory and Mandatory training continues to perform well at just under the 90% KPI
- The overall sickness absence rate for last 3 months has been below target, with exception of Adult Business Unit, which continues to be above 6.5% target
- The short-term absence rate has been below the 3% organisational target for over 12 months
- Turnover and staff leaving within 12 months all continue to remain within tolerance levels
- Overall Appraisal compliance continues to hover around mid-70%, against a 90% target. Of significant concern, is the Adult Business Unit, which for the last 5 months has hovered either at or below 60%

## **Recommendations**

The Board is recommended to note present levels of performance against KPIs.

# Performance Brief – April 2023

## Purpose of the report

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

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

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

## Committee Dates

- Quality Committee – 22 May 2023
- Business Committee – 24 May 2023
- Trust Board – 26 May 2023

## Recommendations

Committees and the Board are recommended to:

- Note present levels of performance
- Determine levels of assurance on any specific points

## Main Issues for Consideration

### Safe

- There were 513 Patient Safety Incidents reported with harm
- There were five Serious Incidents logged on StEIS (Strategic Executive Information System)
- There were 14 incidents which met the requirement for Legal Duty of Candour, nine of these were dealt with appropriately and five are in the process of completion to meet the 10-day LCH deadline.
- There was one Central Alert System (CAS) notification in the period, this was actioned before the deadline. There are two historical alerts open under review as part of NHS England's Enduring Standards.

### Caring

- There were 21 complaints received in March - April 2023.
- Within the Friends and Family Test, 95.38% of feedback was good or very good.

### Responsive

- RTT Consultant-led performance declined further to 60.5%
- There have been nine 52-week breaches within a consultant-led pathway
- Non-consultant waiting times continue to hold steady at 86.6%
- DM01 performance has declined to 42.0%
- LMWS waiting list performance has recovered, and is now back above the target, falling to 79.9%

### Well-led

Key headlines performing well;

- Overall Statutory and Mandatory training continues to perform well at just under the 90% KPI
- The overall sickness absence rate for last 3 months has been below target, with exception of Adult Business Unit, which continues to be above 6.5% target
- The short-term absence rate has been below the 3% organisational target for over 12 months
- Turnover and staff leaving within 12 months all continue to remain within tolerance levels

Areas performing less well: -

- Overall Appraisal compliance continues to hover around mid-70%, against a 90% target. Of significant concern, is the Adult Business Unit, which for the last 5 months has hovered either at or below 60%

# Safe – April 2023

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

Safe	Director	Target	Financial Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Time Series (from Apr-21)
Patient Safety Incidents reported as Harmful (per 1K contacts)	SL	1.42 to 2.09	2023/24	2.32												2.32	
			2022/23	2.21	2.24	2.13	2.22	2.08	2.16	1.69	1.80	1.95	1.66	1.99	1.79	2.21	
Serious Incidents (per 1K contacts)	SL	0 to 0.1	2023/24	0*												0*	
			2022/23	0.00	0.01	0.02	0.01	0.03	0.04	0.02	0.04	0.05	0.03	0.01	0*	0.00	
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	8 per year	2023/24	0*												0*	
			2022/23	0	2	0	1	0	0	0	0	0*	0*	0*	0*	3	
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	SL	0	2023/24	0*												0*	
			2022/23	0	0	0	0	0	1	0	0	0*	0*	0*	1*	2*	
Validated number of Patients with Avoidable Unstageable Pressure Ulcers	SL	10 per year	2023/24	0*												0*	
			2022/23	0	0	0	0	1	1	0	0	1*	1*	0*	0*	4*	
Number of Falls Causing Harm	SL	No Target	2023/24	42												42	
			2022/23	46	55	46	51	34	42	25	22	37	30	41	32	461	
Number of Medication Errors Causing Harm	SL	No Target	2023/24	9												9	
			2022/23	5	5	6	5	0	8	6	4	10	3	5	2	59	
Percentage of Incidents Applicable for DoC Dealt with Appropriately**	SL	100%	2023/24	100%												100%	
			2022/23	100%	0%	66%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Attributed MRSA Bacteraemia - infection rate**	SL	0	2023/24	1												1	
			2022/23	0	0	0	0	0	0	0	0	0	0	0	0	0	

\*\* Reported by exception

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

## Patient Safety Incidents reported as Harmful

There were 513 Patient Safety Incidents reported as harmful within March and April 2023. As the data is taken from a live system the incidents are continually updated which results in some variation in the reported numbers over time. An increased trend in incidents not being marked as patient safety has been noted at the time of

reporting. Communication has been shared with teams to ensure Datix is completed as accurately as possible at the point of reporting, and this will be monitored and escalated as required. The data included in this report is accurate as of the 02/05/2023.

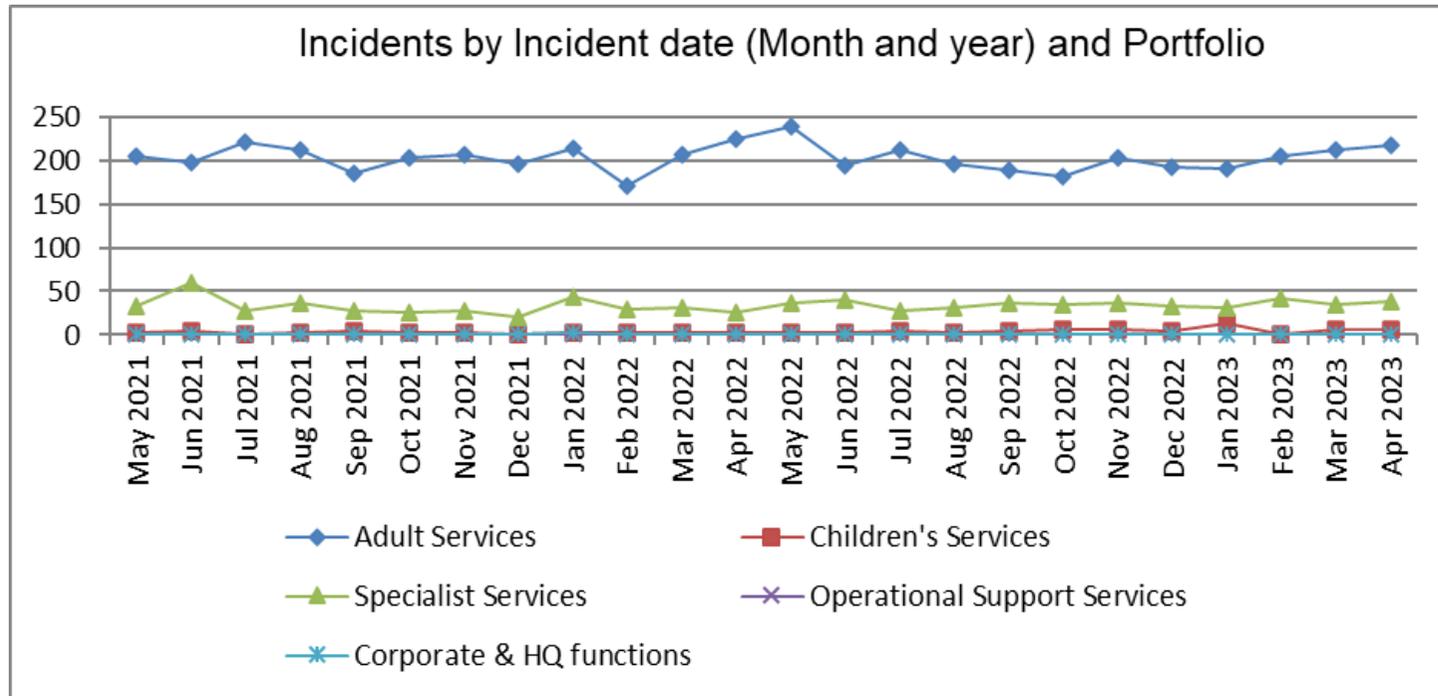


Figure 1 - Incidents by Business Unit

The numbers reported remain consistent for the Specialist Business Unit (SBU) when compared to the last reporting period. There is a slight upward reporting trend for Adult Business Unit (ABU) this reporting period with an increase of seven incidents month on month for March and April, this position will continue to be monitored as it is currently assessed to be within control limits and normal variation.

The Children’s Business Unit (CBU) reported six incidents in both March and April 2023 which is a return to reporting norms following the increase in January 2023.

### Number of Falls causing Harm

There were 64 falls incidents reported as causing harm in March and April 2023, compared to 65 in the last reporting period.

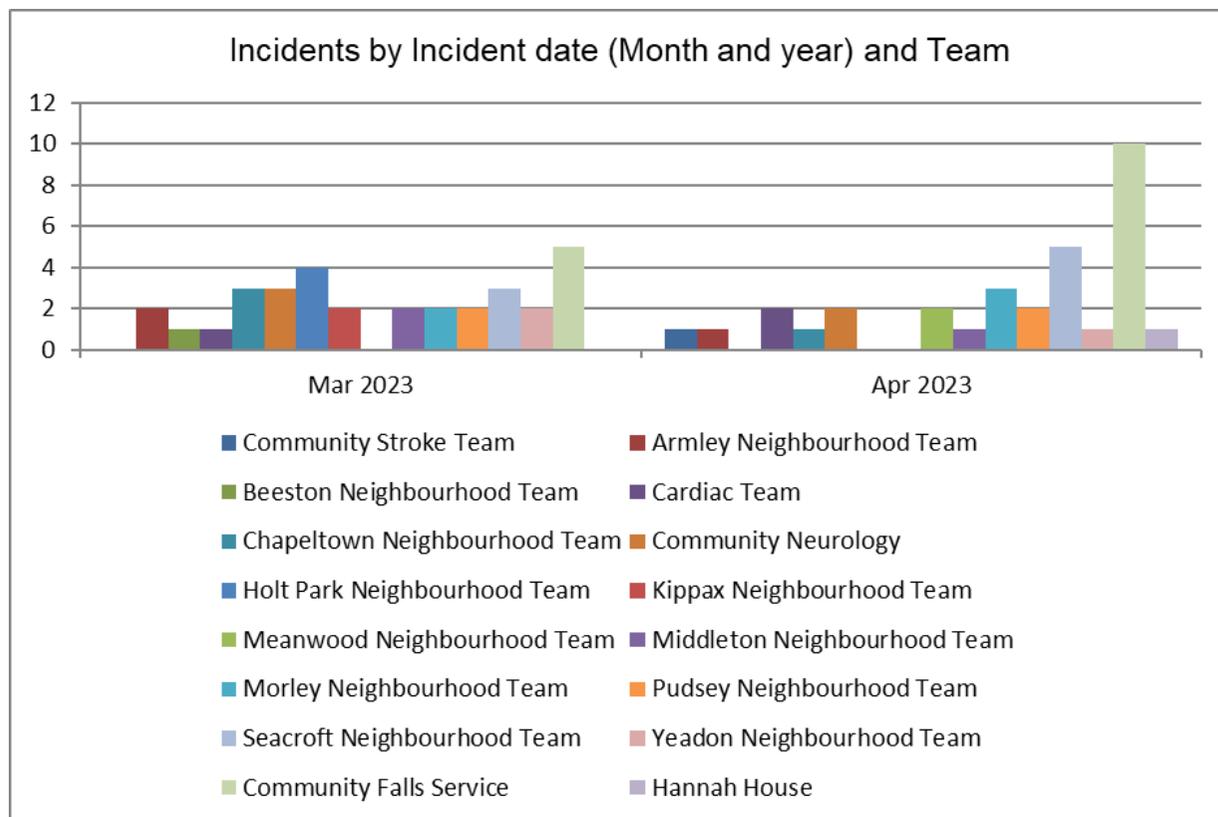


Figure 2 - Incidents by Team

The highest reporting team for falls with harm across March and April 2023 was the Community Falls Service. There was an increase of falls with harm in Holt Park Neighbourhood Team in March 2023 and in Seacroft Neighbourhood Team for the reporting period. A Falls incident was also reported by CBU, these incidents have been reviewed in further detail.

### Community Falls Service

The Community Falls Service reported five incidents in March and ten in April 2023. All incidents reported were minimal harm except one moderate harm reported in April, this incident is in the holding area and awaiting review completion or a Rapid Review report. An update will be provided in the next bimonthly report.

### **Holt Park Neighbourhood Team**

Holt Park Neighbourhood Team reported four incidents in March 2023. This is an increase from one incident in the last reporting period. Of these, two incidents were minimal harm, one moderate harm and one major harm. The major harm incident has been reviewed at Virtual Rapid Review Meeting and further information is required to conclude an outcome. The moderate harm incident is pending completion of a Rapid Review report. An update will be provided in the next bimonthly report.

### **Seacroft Neighbourhood Team**

Seacroft Neighbourhood Team reported eight incidents in March and April 2023. . Of these, five were minimal harm, two major harm and one moderate harm. All three moderate/major harm incidents are pending Rapid Review/Virtual Rapid Review meeting. An update will be provided in the next bimonthly report.

### **Hannah House**

This is an incident categorised as minimal harm for a fall out of bed, this is currently being investigated by the team and a specialist review of this incident has been requested.

### **Updates from January/February**

The increase in falls with harm for Armley Neighbourhood Team has decreased with three falls reported this period compared to twelve in January and February 2023. Of the five incidents that were awaiting Virtual Rapid Review, four have been closed as no lapses in care and the remaining incident has progressed to a Serious Incident Investigation.

The moderate harm incident awaiting review for the Community Falls Service concluded as no lapses in care.

### **Number of Incidents Involving Medication Resulting in Harm**

There were sixteen incidents involving medication which resulted in harm reported in March and April, compared to seven incidents in January and February 2023. Of these, fifteen were recorded as minimal harm and the remaining incident was moderate harm and is pending Rapid Review meeting, an update will be provided in the next bimonthly report. Seven incidents involved diabetes care and six incidents involved end of life care. Thirteen of the incidents were reported by the Neighbourhood Teams, there were two incidents where medications were missed and there was a lack of escalation to senior clinicians for follow up.

### **Validated number of patients with avoidable Category 3 Pressure Ulcers**

There were no category three pressure ulcers reported and concluded as having lapses in care at Rapid Review Meeting.

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

### **Validated number of patients with avoidable Category 4 Pressure Ulcers**

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

Early learning has been identified in relation to potential missed opportunities to identify a deteriorating patient and consideration of whether this may be linked to the pressure damage. There is currently ongoing delivery of training within the Adult Business Unit Neighbourhood Teams relating to identification of the deteriorating patient.

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

### Validated number of Patients with Avoidable Unstageable Pressure Ulcers

There were no unstageable pressure ulcers reported and concluded as having lapses in care at Rapid Review Meeting.

There were no validated Unstageable Pressure in the reporting period which concluded as lapses in care following completion of a Serious Incident Investigation.

### Serious Incidents

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

ID	Incident date	Category	Rapid Review	Date added to STEIS	Team
86819	10/12/2022	Pressure Ulcer Category Four	12/04/2023	12/04/2023	Armley NT
88557	18/12/2023	Infrastructure/Resources	03/03/2023	03/03/2023	Yeadon NT
87867	11/01/2023	Unexpected Death	17/04/2023	18/04/2023	LMWS-PCMH
88365	13/02/2023	Fall	20/03/2023	21/03/2023	Armley NT
89125	18/03/2023	Unexpected Death	26/04/2023	26/04/2023	Seacroft NT

Table 1 - Series Incidents reviewed at Rapid Review meetings

ID 88557 relates to delays in responding to call out visits and potential missed opportunities to identify a deteriorating patient.

ID 87867 is an unexpected death with missed opportunities to follow up non-contact with the patient. Early learning has been identified and shared with the team in relation to ensuring two methods of contact are considered and that safety netting advice is provided.

ID 89125 is an unexpected death with missed opportunities for timely assessment and review of a deteriorating patient.

### Duty of Candour

There were 14 incidents in the reporting period which met the requirement for Legal Duty of Candour.

Nine had been completed appropriately at the time of writing the report and of those, seven had been sent letters within 10 working days.

The team were unable to gain contact with the next of kin for one of the patients and Duty of Candour could not be completed. For the remaining incident a conversation was completed with the parent of the child who requested that no letter was sent.

The remaining five incidents requiring Duty of Candour are in the process of being actioned to meet the 10- day deadline, all of which are due in May, this will be reported in the next Performance Brief narrative.

### **Central Alert System (CAS) alerts outstanding**

There was one Central Alert System (CAS) notification during this period which required a response on the CAS website. This alert was acknowledged, assessed, and actioned within the allocated timeframe.

The two alerts which had historically been closed which are now reopened as part of NHS England's Enduring Standards, where Trusts are asked to ensure they remain concordant with historical alerts remain open. Both are being reviewed and followed up by the Medical Devices Safety Officer.

One is in the process of being reviewed to ensure compliance and provide assurance that appropriate actions have been taken. One is pending closure and will be assessed for closure at the next CAS meeting.

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

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

# Caring – April 2023

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

Caring	Director	Target	Financial Year	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Time Series (from Apr-21)
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Community Care (FFT)	SL	>=95%	2023/24	94%												94%	
			2022/23	93%	92%	93%	91%	94%	94%	93%	93%	93%	92%	87%	95%	92%	
Total Number of Formal Complaints Received	SL	No Target	2023/24	9												9	
			2022/23	4	12	13	8	14	21	16	6	12	15	7	12	140	

## Complaints

Figure 3 shows that complaints this month are assessed to be within normal variation in consideration of the previous six months and is within the upper and lower control limits for monthly complaints received in the previous four years (to include pre-COVID data).

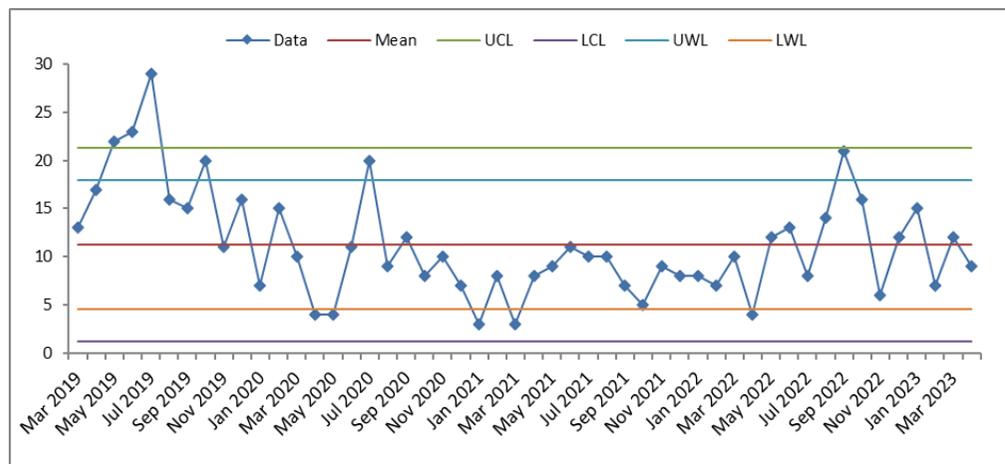


Figure 3 – All complaints received

There were 21 complaints received in the period. There has been a very slight variation in the numbers of complaints received over the last six months; with 20 reported in January and February 2023 and 16 reported in November and December 2022.

Figure 3 highlights a comparison of complaints received during the period in previous years. The number of complaints received in March- April 2023 is in line with the last reporting period but are significantly higher than the same reporting period for the preceding three years where we saw reporting below the lower control limit.

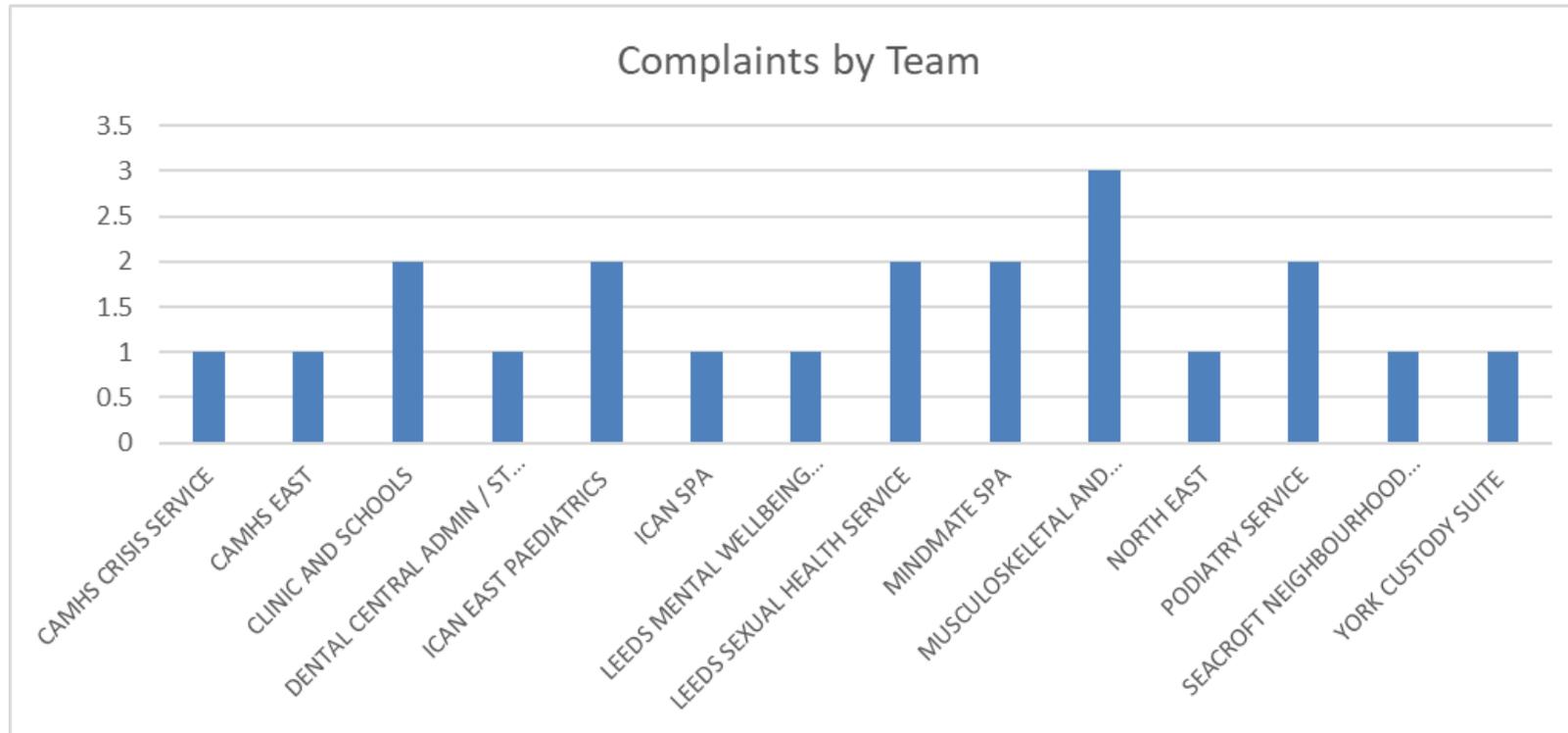


Figure 4 - Complaints by Team

Figure 4 highlights there were no significant themes in where complaints were received in the period. However, it should be noted that there have been three complaints for Musculoskeletal and Rehabilitation Service. A common theme in relation to these complaints is access to appointments / attempting to contact services to ascertain an appointment.

### Patient Feedback

In the reporting period, 95.38% of patients reported a good or very good experience in Community Care. This has been an increase of 6.38% of good or very good reports from the previous reporting period (Jan-Feb 89%). For responses that are rated poor/very poor we continue to see themes around communication between services. Good/very good responses have highlighted compassionate and friendly staff.

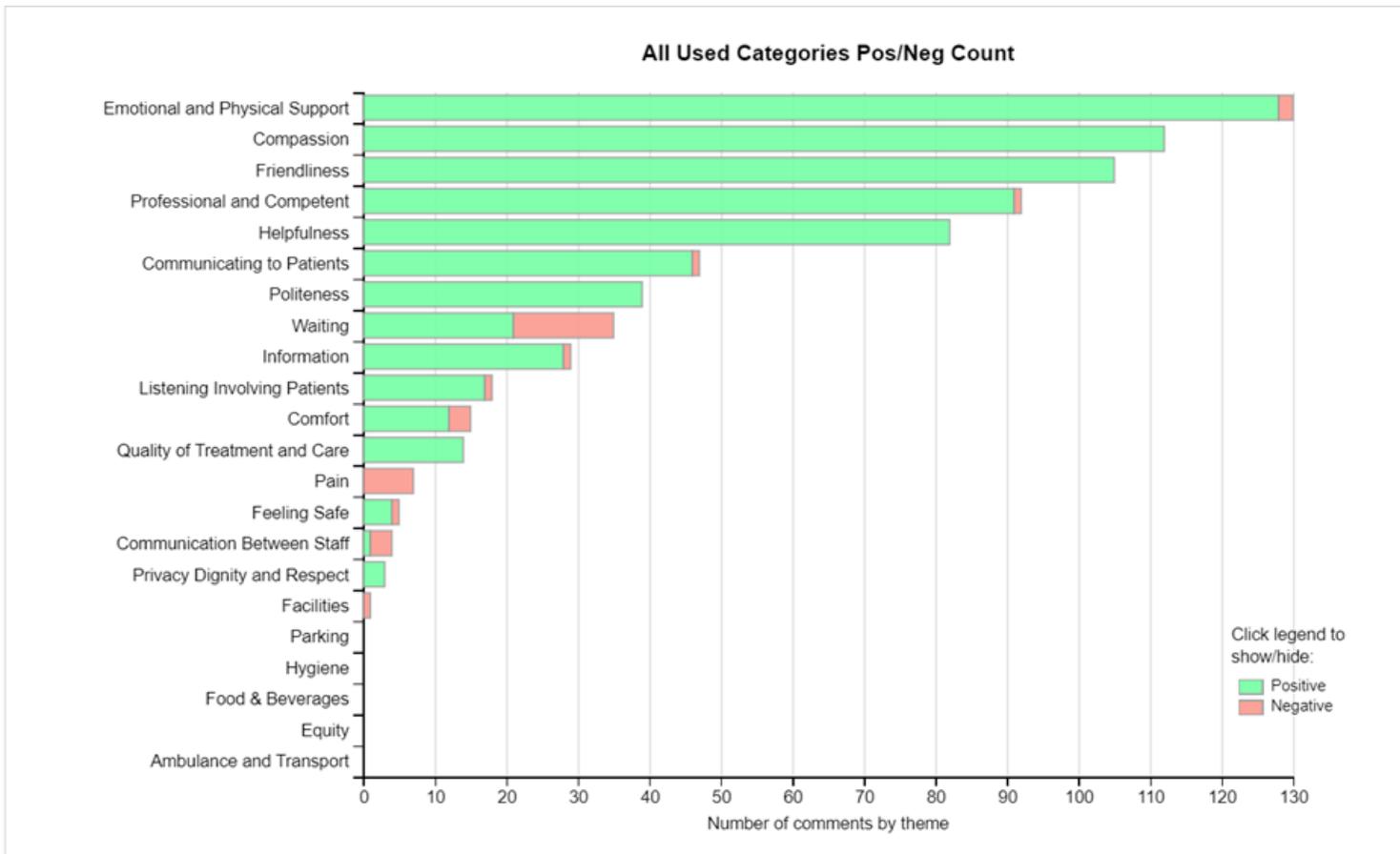


Figure 5 - Summary of Patient Feedback Themes

# Effective – April 2023

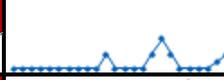
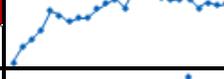
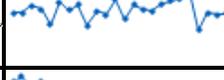
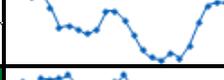
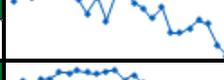
By effective, we mean that care, treatment, and support received by people achieve good outcomes and helps people maintain quality of life and is based on the best available evidence.

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Narrative for the Effectiveness Domain is provided Quarterly, and so is not due this period. No indicators are being reported by exception this period.

# Responsive – April 2023

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

Responsive	Director	Target	Financial Year	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Time Series (from Apr-21)	
Percentage of patient contacts where an ethnicity code is present in the record	SP	100%	2023/24	95.5%												95.5%		
			2022/23	95.8%	95.6%	96.5%	95.8%	95.8%	95.6%	96.0%	95.8%	95.8%	95.4%	95.2%	95.1%	95.1%		
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	>=92%	2023/24	60.5%													60.5%	
			2022/23	80.6%	83.2%	83.4%	78.2%	77.0%	75.2%	71.8%	67.7%	64.4%	66.0%	64.2%	62.7%	62.7%		
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	2023/24	9													9	
			2022/23	0	0	0	2	4	2	0	0	0	0	1	2	11		
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	SP	>=99%	2023/24	42.0%													42.0%	
			2022/23	38.3%	49.4%	46.9%	47.5%	41.5%	44.3%	50.9%	57.8%	47.0%	45.5%	52.5%	50.3%	50.3%		
% Patients waiting under 18 weeks (non reportable)	SP	>=95%	2023/24	86.6%													86.6%	
			2022/23	86.4%	90.2%	90.6%	89.9%	89.0%	88.4%	88.6%	88.5%	86.5%	87.7%	87.2%	87.5%	86.4%		
LMWS – Access Target; Local Measure (including PCMH)	SP	24456 by year end	2023/24	1,187													1,187	
			2022/23	2,312	2,699	2,570	2,536	2,716	2,781	2,867	3,088	2,013	2,467	2,438	2,448	30,395		
IAPT - Percentage of people receiving first screening appointment within 2 weeks of referral	SP	No Target	2023/24	61.2%													61.2%	
			2022/23	59.7%	52.3%	43.9%	40.5%	39.0%	42.9%	40.1%	46.4%	58.4%	67.5%	69.4%	69.0%	59.7%		
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	SP	>=95%	2023/24	98.2%													98.2%	
			2022/23	100.0%	99.4%	99.3%	98.9%	99.3%	98.4%	98.4%	98.5%	98.8%	98.7%	97.9%	97.6%	100.0%		
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	>=75%	2023/24	79.9%													79.9%	
			2022/23	92.1%	94.3%	91.2%	87.2%	84.5%	81.2%	77.8%	76.8%	75.6%	74.4%	71.9%	76.7%	92.1%		

## Consultant-led RTT Pathways

Performance against the 18-week Referral to Treat (RTT) standard remains below expectations, with 60.5% of patients waiting less than 18 weeks at the end of April (target 92%). Performance against this standard has steadily declined for the last 10 months. This pattern continues to be driven by increased demand in the Paediatric Neuro-Disability (PND) service, the problems with the inter-Trust transfer arrangements in Community Gynae service, and the Children’s Paediatric Clinics. A more detailed report of all these services is provided within Appendix 1.

There have been 9 breaches of the 52-week standard during April, and a further 2 in March. 10 of these were in Gynaecology and resulted from the long-standing issues with receiving referrals from LTH in a timely manner. One further breach occurred in PND, due to a lost referral within SystmOne. The patient now has an expedited appt with the service in May.

### Non-Consultant led Pathways

Waiting times for non-Consultant pathways have held steady during March and April with 86.6% of patients waiting less than 18 weeks at the end of April 2023. This is consistent with the performance over the last 9 months. Performance remains below the local target of 95%. There are no emergent themes from specific services.

### Diagnostic Pathways (DM01)

Despite recent improvements, performance against this standard in Children’s Audiology fell to 42.0% in April 2023. The service has reported large increases in demand over the reporting period, whilst activity levels have reduced within April with only 243 appointments completed during the month due to staff sickness.

### Improving Access to Psychological Therapies

The service is showing good improvement in treating people within 6-weeks, following recent recruitment to some vacancies. Performance has improved steadily over the last 3-months, achieving 79.9% by the end of April 2023. Performance also remains above target for the percentage of patients treated within 18 weeks.

Performance against the access target has dipped in April 2023, but the numbers presented here are not fully complete, as some data from partners has yet to be supplied and included. The service has amended its target for the year in collaboration with commissioners and is developing a response to the lower levels recorded this month.

### CAMHS Access Measures

Due to the ongoing consequences of the enforced change of patient record system, performance against CAMHS measures has not been included in this report. Performance reporting will resume once regular data flows are re-established.

### Neighbourhood Team Indicators

Responsive	Director	Target	Financial Year	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Time Series (from Apr-21)
Neighbourhood Team Face to Face Contacts	SP	No Target	2023/24	44,423												44,423	
			2022/23	50,745	53,399	49,949	51,131	50,654	49,440	50,389	48,284	46,875	48,368	41,803	45,542	50,745	
Neighbourhood Team Referrals (SystmOne only)	SP	No Target	2023/24	2,190												2,190	
			2022/23	2,206	2,657	2,463	2,572	2,591	2,497	2,585	2,607	2,494	2,795	2,289	2,618	2,206	
Neighbourhood Team Productivity (Contacts per Utilised WTE)	SP	No Target	2023/24	97.2												97.2	
			2022/23	100.4	107.0	102.2	105.7	103.1	102.9	106.1	102.9	104.9	102.7	91.1	96.4	100.4	

Referrals into Neighbourhood Teams have reduced during the reporting period but remain highly variable. However there has been a continuing trend of increases in Fast Track referrals due to the increases in the volumes of patients choosing to die at home. This stream of demand continues to add significant operational pressure to the Teams. The teams continue to respond by pausing non-essential work.

Table 2 describes the month-by-month comparisons pre- and post-COVID. There were between 2700 - 2800 fast track patients by the end of 2022 thus showing a sustained increase in deaths at home. Although this figure dropped in the month of March, this is still having a significant impact on several of the Teams.

FAST TRACK REFERRALS RECEIVED			
Month	Year 19/20	Year 22/23	% change from 19/20
April	181	260	30.4
May	213	214	0.5
June	167	231	27.7
July	187	252	25.8
August	179	227	21.1
September	205	241	15
October	220	249	11.6
November	224	272	17.6
December	227	284	20.1
January	224	288	22.2
February	210	221	5
March	251	212	-18.4

*Table 2 - Fast Track Referrals into NTs. Comparison between pre- and post-COVID*

The downward trend of face-to-face activity within the Teams continues, however some of this trend is because of planned work by the Business Unit to increase Virtual Consultations, as well as the introduction of Integrated Clinics to support some patients. However, high levels of vacancy and sickness also continue to contribute to this. Sickness levels have been reducing, reaching 8.5% in March 2023, but staff continue to work significant additional hours. The Business Unit is developing a workforce plan with support from finance and workforce teams and will continue to support International and hyperlocal Recruitment. To date 27 international staff have been employed, with a further 10 due to start shortly.

# Well-Led – April 2023

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

Well Led	Director	Target	Financial Year	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Time Series (from Apr-21)
Staff Turnover	LS/JA	<=14.5%	2023/24	12.3%												12.3%	
			2022/23	14.4%	14.5%	14.4%	14.4%	14.1%	13.9%	13.4%	13.5%	13.7%	13.1%	12.8%	12.9%	12.9%	
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%	2023/24	14.1%												14.1%	
			2022/23	19.2%	19.5%	18.4%	17.6%	17.1%	17.2%	16.4%	15.2%	16.5%	16.4%	15.7%	14.3%	14.3%	
Short term sickness absence rate (%)	LS/JA	<=3.0%	2023/24	1.6%												1.6%	
			2022/23	2.8%	2.0%	2.1%	2.9%	1.8%	1.8%	2.2%	2.3%	2.8%	2.0%	1.9%	1.8%	1.8%	
Long term sickness absence rate (%)	LS/JA	<=3.5%	2023/24	4.4%												4.4%	
			2022/23	5.1%	5.2%	5.2%	5.1%	4.7%	4.6%	4.9%	5.0%	5.1%	4.7%	4.4%	4.4%	4.4%	
Total sickness absence rate (Monthly) (%)	LS/JA	<=6.5%	2023/24	6.0%												6.0%	
			2022/23	7.9%	7.2%	7.3%	8.1%	6.5%	6.4%	7.1%	7.3%	7.9%	6.8%	6.3%	6.2%	7.9%	
AfC Staff Appraisal Rate	LS/JA	>=90%	2023/24	72.8%												72.8%	
			2022/23	79.0%	78.1%	76.7%	76.0%	76.3%	75.3%	75.5%	74.4%	72.0%	72.0%	72.3%	72.1%	72.1%	
Statutory and Mandatory Training Compliance	LS/JA	>=90%	2023/24	86.2%												86.2%	
			2022/23	88.1%	86.2%	85.6%	85.3%	85.5%	85.4%	86.3%	86.4%	86.4%	87.2%	86.2%	86.1%	86.1%	

Well Led	Director	Target	Financial Year	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Time Series (from Apr-21)
'RIDDOR' incidents reported to Health and Safety Executive	BM	No Target	2023/24	0												0	
			2022/23	1	1	0	0	2	1	1	0	0	0	1	0	7	
WRES indicator 1 - Percentage of BME staff in Bands 8-9, VSM	LS/JA	No Target	2023/24	6.8%												6.8%	
			2022/23	7.8%	7.8%	7.8%	7.8%	7.6%	7.8%	7.8%	7.6%	7.5%	7.8%	7.9%	7.2%	7.2%	
Total agency cap (£k)	BM	No Target	2023/24														
			2022/23	352	307	394	255	311	362	357	317	333	453	337	355	355	
Percentage Spend on Temporary Staff	BM	No Target	2023/24														
			2022/23	6.3%	5.4%	6.3%	4.4%	5.4%	5.1%	5.6%	6.2%	5.7%	6.1%	6.0%	5.8%	5.8%	
Neighbourhood Team Vacancies, Sickness & Maternity WTE	SP	No Target	2023/24	159												159	
			2022/23	110	100	106	119	114	117	122	134	156	132	133	139	139	
Neighbourhood Team Percentage of Funded Posts Utilised	SP	No Target	2023/24	78.2%												78.2%	
			2022/23	88.0%	89.0%	88.0%	86.0%	87.0%	86.0%	84.0%	83.0%	79.2%	83.6%	83.2%	83.2%	83.2%	
Starters / leavers net movement	SP	>=0 in favour of starters	2023/24	13												13	
			2022/23	-2	-8	2	0	10	24	3	61	-6	45	31	19	19	

### Total sickness absence

The overall sickness is showing a month-by-month reduction towards the organisational target of 6.5%, with the last 3 months below the target. The overall sickness absence levels for areas of the Trust has been below the 6.5% target, except for the Adult Business Unit which continues to be above target.

### Long-term sickness absence

Whilst long-term sickness absence has remained the same at 4.4% for the last three months, it remains of concern that many areas of the Trust remain above the 3.5% target. The HR team are linking in with each of their areas to review all long terms absences to ensure robust and supportive plans in place to manage this. There will also be a “deep-dive” over the coming months, to understand what more could be done to support staff to remain healthy and at work.

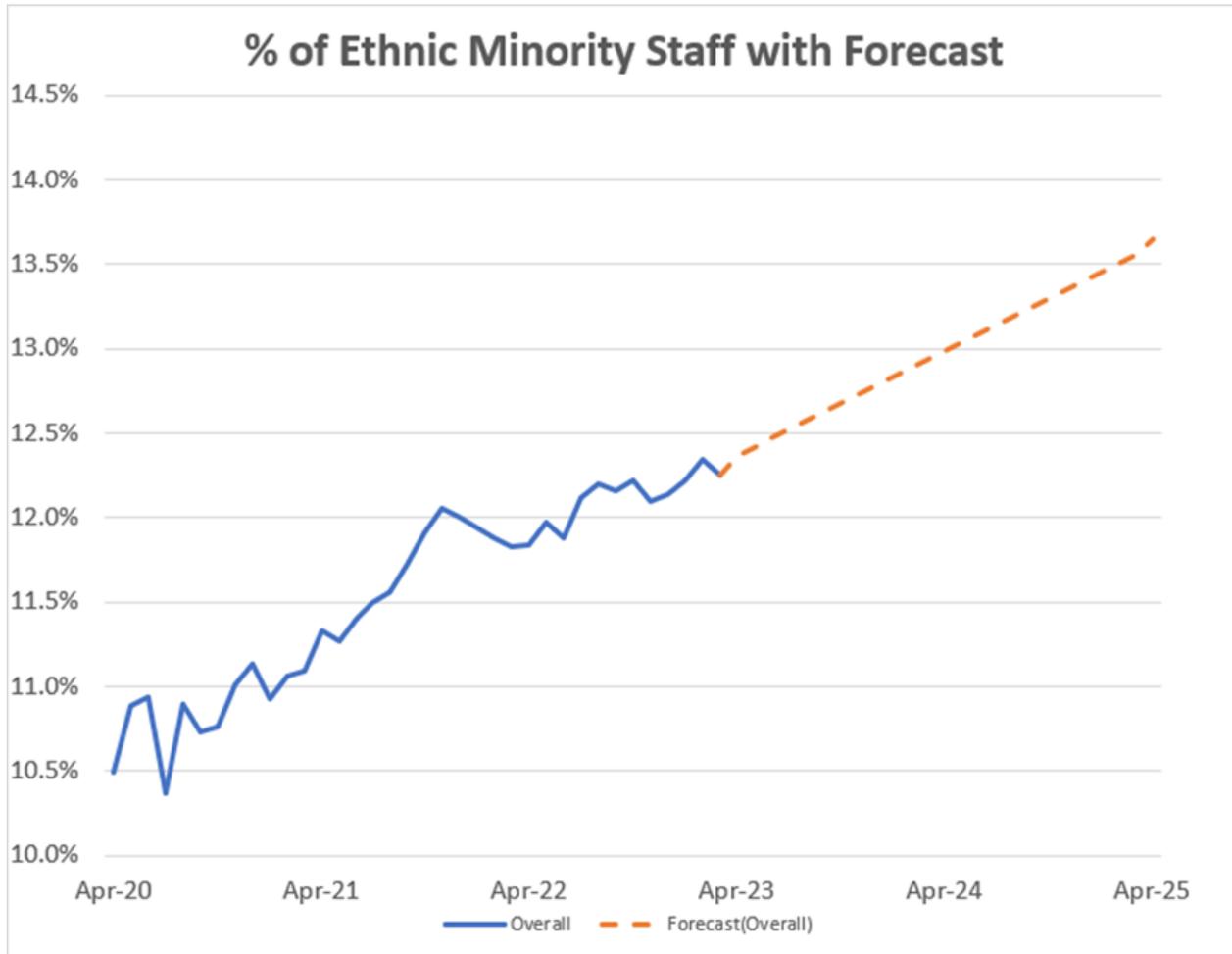
### Short-term sickness absence

During the last 12 months, Short-term sickness absence has been below target, and the latest month of April is the lowest yet at 1.6%. The main reason continues to be Infectious diseases, coughs and cold.

### WRES (Workforce Race Equality Standard)

Overall BME representation in the workforce continues to trend well although as always there is much more work to do. Following the Trust Board workshop and the planned stakeholder engagement during May it is anticipated that the WRES action plan 2023/24 will contain actions designed to specifically increase the number BME staff in non-clinical bands 7> and invest, retain and progress existing BME staff.

The Workforce Strategy BME representation target is to reach 14.5% of LCH workforce to define themselves as BME (by 31/5/25). If we continue this current trajectory our projected BME workforce will be 13.6%, please note that the 2021 Leeds ONS Census shows Leeds has a BME population of 22.1%.



It is intended that the WRES Action plan 2023/24 will contain actions designed to improve BME representation in LCH and meet the agreed target.

## **Turnover**

Staff turnover continues within tolerance at 12.3% and has continued to improve and stabilise during this financial year. This indicates a positive trend and work continues on a range of resourcing initiatives to increase supply and enhance capacity.

Traditional recruitment methods continue to be supplemented by hyper local recruitment which reaches our local communities, narrowing inequalities and streamlining and speeding up recruitment processes for all roles. To address high nursing vacancies, we have recruited and are inducting 20 international nurses and plans are in development to recruit a further 10 to commence later this year.

The main reasons for leaving are work life balance, promotion, and other reasons, 'not known'. 20.6% of leavers this year left for work life balance, followed by 20.3% leaving due to promotion, so the importance of good leadership and appraisals are key to supporting staff and managers to respond to issues which can be addressed.

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

## **Reduce the number of staff leaving the organisation within 12 months**

Staff turnover of leavers with less than 12 months service continues within tolerance at 14.1% and has continued to improve and stabilise during the past year.

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

## **Appraisal**

Our new appraisal process launched on 3<sup>rd</sup> April, this refreshed approach has been co-designed with colleagues to be meaningful to everyone, many aspects are employee-led, providing more focus on the individual. The ODI team have been running appraiser training sessions throughout April and May. One month in this is yet to have a significant impact on overall compliance rates, although we did anticipate a 'lag' from line managers attending the training to completing appraisals with colleagues and recoding these in ESR. This new approach will take some time to embed but we do expect increases in compliance across the summer period, this will be monitored by Business Unit and targeted supported will be offered where appropriate.

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

MaST continues to be static performing just under our KPI of 90%. ODI and WFI colleagues are undertaking some work with our ESR Account Manager to tidy up any anomalies in the way our training is set-up in the ESR. This work will be complete by the end of May 2023 and should cut down on MaST queries to WFI/ODI inboxes and make it easier for colleagues to find the correct level of MaST learning.

# Finance – April 2023

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

## Income & Expenditure (I&E) Summary

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

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

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

The financial performance reported here has been reported to the West Yorkshire Integrated Care Board. Month 1 reporting was not required for NHSE.

Table 1 Income & Expenditure Summary	April Plan	April Actual Contract	April Variance	YTD Plan	YTD Actual	YTD Variance	Annual Plan
	WTE	WTE	WTE	£k	£k	£k	£k
<b>Income</b>							
Income from Patient Care Activities				(16,619)	(16,619)	(0)	(195,463)
Other Operating Income				(909)	(911)	(2)	(13,715)
<b>Total Income</b>				<b>(17,529)</b>	<b>(17,531)</b>	<b>(2)</b>	<b>(209,178)</b>
<b>Expenditure</b>							
Pay	3,187	3,003	(184)	12,331	12,383	52	142,742
Non Pay				4,358	4,648	290	56,365
<b>Total Expenditure</b>	<b>3,187</b>	<b>3,003</b>	<b>(184)</b>	<b>16,689</b>	<b>17,031</b>	<b>342</b>	<b>199,108</b>
<b>EBITDA</b>	<b>3,187</b>	<b>3,003</b>	<b>(184)</b>	<b>(839)</b>	<b>(499)</b>	<b>340</b>	<b>(10,070)</b>
Depreciation				805	816	11	9,657
Public Dividend Capital				38	38	0	461
Interest Payable				56	44	(12)	672
Interest Received				(60)	(180)	(120)	(720)
<b>Retained Net Surplus</b>	<b>3,187</b>	<b>3,003</b>	<b>(184)</b>	<b>0</b>	<b>219</b>	<b>219</b>	<b>0</b>

## Appendix 1 – Backlogs and Waiting Lists

Service	Waiting List Size - Apr 2023	Waiting List Size - Jun 22	Change	Current Performance	Plan
Child Development Centres (CDC)	567	531	+36	16%	A business case has been approved to cover locum hours to cover for current vacancies. The CPC rota has now increased to 9 people, with one locum available to cover every week.
Children's Audiology	853	953	-100	42.0% (within 6-week target)	High levels of demand plus reduced activity in April have led to growth in the waiting list again.
Children's Speech & Language Therapy	1328	1377	-49	90%	Plans by the service to increase the number of follow ups offered have yet to be implemented. Waiting Lists always grow during the year, but a catch-up plan is being prepared for the school summer holidays.
Paediatric Neuro Disability Clinics	1039	736	+303	38%	An ECF for increased medical roles has been signed, and a job plan now sent to the Deanery for review. A job will be advertised following this review. In the meantime, communication continues with families regarding the expected length of wait for the service.
Community Gynaecology	237	557	-320	2%	The service continues to provide timely access to patients once referrals are transferred from LTHT and has reducing the overall waiting list size considerably during Q3 and into Q4. However ongoing issues remain with timely transfers from LTHT.
Community SLT (Speech & Swallowing)	579	544	+35	52%	Current plan to continue. The waiting list has reduced over the last 3-months from a high of 759 in December due to increases in the amount of face-to-face activity the service is now able to offer. The total number of patients waiting more than 18 weeks is reducing at a faster rate than other patient suggesting that the service is effectively balancing the need to see urgent cases and long waiters.
Community Stroke Team	489	324	+165	61%	No Plan required - but requires monitoring. It has been reported that all the patients showing as waiting more than 18 weeks are in fact awaiting 6-month reviews. Work is underway to exclude them from the waiting list, meaning that the information in this table is not accurate, and will be corrected in future versions
Covid-19 Rehabilitation	183	336	-153	90%	No plan required - but requires monitoring
MSK	7788	7909	-121	93%	No plan required - but requires monitoring
Podiatry	2605	4054	-1449	90%	Significant increases in urgent referrals from GPs following a change in triage processes has led to growth in the overall waiting lists, as these cases are prioritised. An investigation is looking into the impact of the change in process

**Trust Board Meeting held in public: 26 May 2023**

**Agenda item number: 2023-24 (9b)**

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**Title: Performance Brief Year End 2022/23**

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**Category of paper:** for assurance

**History:** Quality Committee – 22 May 2023  
Business Committee – 24 May 2023

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

**Report author:** Head of Business Intelligence

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

This report seeks to provide assurance to the Board on quality, performance, compliance, and financial matters.

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

The report focuses on performance against the KPIs agreed before the commencement of the financial year.

**Main Body**

The organisation achieved many of its performance targets last financial year, especially in the domains of Safe, Caring and Effective.

However, the operational pressures that our services faced create heavy challenges in our Responsive and Well-Led Domains.

**Recommendations**

The Board is recommended to note present levels of performance against KPIs.

# Performance Brief – End of Year Report 22/23

## Purpose of the report

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

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

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

## Committee Dates

- Quality Committee – 22 May 2023
- Business Committee – 24 May 2023
- Trust Board – 26 May 2023

## Recommendations

Committees and the Board are recommended to:

- Note the performance achieved during the 2022/23 Financial Year

# Safe – 2022/2023

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

## Data

Safe - people are protected from abuse and avoidable harm	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4	YTD	Time Series (from Apr-21)
Patient Safety Incidents reported as Harmful (per 1K contacts)	SL	1.42 to 2.09	2022/23	2.26	2.16	1.81	1.81	2.01	
			2021/22	1.88	1.97	1.84	1.83	1.88	
Serious Incidents (per 1K contacts)	SL	0 to 0.1	2022/23	0.01	0.02	0.03	0.10	0.02	
			2021/22	0.04	0.01	0.02	0.01	0.02	
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	8 per year	2022/23	2	1	0	0	3	
			2021/22	0	1	1	2	4	
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	SL	0	2022/23	0	1	0	1	2	
			2021/22	0	0	0	0	0	
Validated number of Patients with Avoidable Unstageable Pressure Ulcers	SL	10 per year	2022/23	1	2	1	1	4	
			2021/22	4	1	1	0	6	
Number of Falls Causing Harm	SL	No Target	2022/23	147	127	84	100	458	
			2021/22	138	132	136	127	533	
Number of Medication Errors Causing Harm	SL	No Target	2022/23	16	13	20	10	59	
			2021/22	15	8	12	21	56	

Safe - people are protected from abuse and avoidable harm	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4	YTD	Time Series (from Apr-21)
Number of teams who have completed Medicines Code Assurance Check 1st April 2019 versus total number of expected returns	RB	100% by year end	2022/23	68%	77%	81%	100%	100%	
			2021/22						
Percentage of Incidents Applicable for DoC Dealt with Appropriately	SL	100%	2022/23	66%	100%	100%	100%	100%	
			2021/22	100%	100%	100%	100%	100%	
Attributed MRSA Bacteraemia - infection rate	SL	0	2022/23	0	0	0	0.0%	0	
			2021/22						
Clostridium Difficile - infection rate	SL	3	2022/23	0	0	0	0.0%	0	
			2021/22						
Never Event Incidence	SL	0	2022/23	0	0	0	0	0	
			2021/22	0	0	0	0	0	
CAS Alerts Outstanding	SL	0	2022/23	0	0	2	0	0	
			2021/22	0	0	0	0	0	

## Narrative

The number of incidents reported as Harmful per 1,000 contacts returned to normal levels following increases at the start of the year, and our Serious Incident Rate remained below the target of 0.1 per 1,000 contacts. We saw a reduction in the number of falls with harm compared to the previous year. This reduction is even more striking given that LCH took over the running of the Community Rehabilitation services based at Wharfedale Hospital in November 2022.

Rates for community acquired infections remained at significantly low levels, and we remained well below our internal targets for the numbers of avoidable Pressure Ulcers, however we sadly recorded 1 validated case of a Category 4 pressure ulcer during the year. A second case has also recently been validated in a later month, but as the incident was reported in March 2023, it has been included in this report.

Our numbers of patient safety incidents remained at levels consistent with previous years. We have maintained a positive level of reporting, which we believe is a critical feature of our open and transparent culture around patient safety. This is highlighted by our reporting of incidents without harm. This year 43% of our reported patient safety incidents involved no harm occurring to patients. However, capacity gaps within our clinical teams led to an increase in the number of incidents awaiting review during the year. Services have applied a committed focus to reducing these backlogs, and along with support from corporate services have started to make progress on this. In 2023/24 we will make more of these backlogs visible, so that our teams can act faster. We will share learning from incidents more widely and effectively than ever before with new dashboards available to staff.

# Caring – 2022/2023

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

## Data

Caring - staff involve and treat people with compassion, kindness, dignity and respect	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4	YTD	Time Series (from Apr-21)
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Community Care (FFT)	SL	≥95%	2022/23	92.2%	93.0%	92.7%	91.1%	92.2%	
			2021/22	95.7%	92.1%	91.3%	91.8%	93.0%	
Total Number of Formal Complaints Received	SL	No Target	2022/23	29	43	34	33	139	
			2021/22	18	26	22	25	91	
Mixed Sex Accommodation Breaches	SL	No Target	2021/22	0	0	0	0	0	
			2020/21	0	0	0	0	0	

## Narrative

Although most of our patients reported excellent levels of satisfaction with the care they received, we marginally failed to achieve our target of 95% of patients reporting a Good or Very Good experience using our patient satisfaction surveys. We also recorded an increase in the number of complaints during the 12 months.

The primary reason for both these indicators was the dissatisfaction our patients felt with the waiting times.

We have listened to this feedback, and some of our services have implemented new methods of communication to inform our patients how long they might be expected to wait and providing regular updates on progress. These approaches have been well received, and we plan to roll them out more widely during the next year.

# Effective – 2022/2023

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

## Data

Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4	YTD	Time Series (from Apr-21)
Number of NICE guidelines with full compliance versus number of guidelines published in 2019/20 applicable to LCH	RB	100% by year end	2022/23	95%	95%	98%	98%	98%	
			2021/22						
Number of NICE guidelines with full compliance versus number of guidelines published in 2020/21 applicable to LCH	RB	No Target	2022/23	95%	95%	100%	100%	100%	
			2021/22						
Number of Unexpected Deaths in Bed Bases	RB	No Target	2022/23	3	1	3	0	7	
			2021/22	0	0	1	2	3	
Number of Sudden Unexpected Deaths in Infants and Children on the LCH Caseload	RB	No Target	2022/23	1	4	4	1	10	
			2021/22	0	1	2	2	5	
NCAPOP audits: number started year to date versus number applicable to LCH	RB	100% by year end	2022/23	100%	100%	100%	100%	100%	
			2021/22						
Priority 2 audits: number completed year to date versus number expected to be completed in 2021/22	RB	100% by year end	2022/23	0%	8%	34%	0	39%	
			2021/22						
Total number of audits completed in quarter	RB	No Target	2022/23	3	5	1	18	18	
			2021/22						

## Narrative

The effectiveness of our services is measured primarily through our compliance with NICE Guidelines, and by our Audit Programme. Our teams recorded strong progress once again in these areas as 98% of NICE Guidance from 2019/20 and 100% of guidance issued in 2020/21 has now been implemented fully. The outstanding 2% (which relates to 1 guidance) has a Trust approved exception in place. The team has made excellent progress this in clearing all backlogs from the national pause on NICE Guidance during the COVID-19 Pandemic, now leading us to be fully compliant. We are proud that our services remain at the forefront of evidence-based practice.

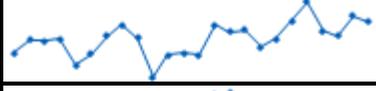
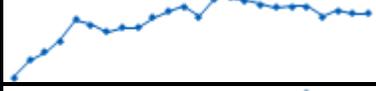
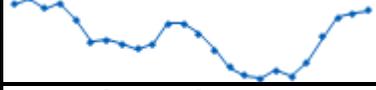
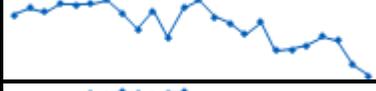
Our teams registered 46 high priority audits, and 44 Priority 2 audits this year. 39% of these were completed within the year, leading to valuable learning to help our services improve. The lower than hoped for level of audit completion was due to operational pressures and staffing changes during the year. We have recruited new staff into our Clinical Effectiveness Team to provide better support to our services and are planning to restart our Audit Training programme in the upcoming year. This was paused during the response to the COVID-19 pandemic.

During the year, more of our services began to implement outcomes measures within the care they offer. Many of these outcome measures are patient-led, including the Goals Based Outcomes measures that is preferred by many of our teams as an approach that fits with our person-centred approaches to care.

# Responsive – 2022/2023

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

## Data

Responsive - services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4	YTD	Time Series (from Apr-21)
Percentage of patient contacts where an ethnicity code is present in the record	SP	No Target	2022/23	95.9%	95.7%	95.9%	95.2%	95.7%	
			2021/22	95.8%	96.0%	96.0%	95.7%	95.9%	
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	>=92%	2022/23	83.4%	75.2%	64.4%	62.7%	62.7%	
			2021/22	87.3%	83.6%	87.2%	84.0%	84.0%	
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	2022/23	0	2	0	2	2	
			2021/22	0	0	0	0	0	
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	SP	>=99%	2022/23	46.9%	44.3%	47.0%	50.3%	50.3%	
			2021/22	43.7%	38.8%	44.7%	39.0%	39.0%	
% Patients waiting under 18 weeks (non reportable)	SP	>=95%	2022/23	90.6%	88.4%	86.5%	87.1%	87.1%	
			2021/22	79.0%	84.7%	84.1%	88.5%	88.5%	
LMWS – Access Target; Local Measure (including PCMH)	SP	24456 by year end	2022/23	7,581	8,033	7,968	7,280	30,862	
			2021/22	7,611	7,472	7,385	7,773	30,241	
IAPT - Percentage of people receiving first screening appointment within 2 weeks of referral	SP	No Target	2022/23	51.6%	40.9%	46.9%	69.1%	51.6%	
			2021/22	73.8%	65.3%	55.2%	61.2%	64.2%	
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	SP	>=95%	2022/23	99.6%	98.8%	98.6%	98.1%	98.7%	
			2021/22	99.6%	99.8%	99.6%	99.4%	99.6%	
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	>=75%	2022/23	92.5%	84.3%	76.7%	74.3%	81.4%	
			2021/22	89.6%	93.5%	95.2%	95.2%	93.1%	

Responsive - services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4	YTD	Time Series (from Apr-21)
Neighbourhood Team Face to Face Contacts	SP	No Target	2022/23	154,093	151,225	145,548	135,595	586,461	
			2021/22	171,906	165,458	163,254	154,232	654,850	
Neighbourhood Team Referrals (System One only)	SP	No Target	2022/23	7,326	7,660	7,686	7,701	30,373	
			2021/22	6,650	6,424	6,384	6,856	26,314	
Neighbourhood Team Productivity (Contacts per Utilised WTE)	SP	No Target	2022/23	102.2	102.9	104.9	96.4	96.4	
			2021/22	107.4	105.3	108.7			

## Narrative

The total number of people on our waiting lists increased during the year, as did the length of time that people needed to wait for a number of our services. Our Total Waiting List size rose from 20690 at the end of 2021/22, to reach 24,196 at the end of 2022/23. Despite only accounting for approximately 6% of our referrals, our consultant-led services were amongst those most affected by rising demand and ongoing capacity pressures. By the end of the year, 62.7% of our patients on consultant-led waiting lists were waiting less than 18 weeks. This represented a significant decline from 80.6% at the start of the year. Demand for Children’s Neurodevelopmental Services, including autism assessments has risen approximately 30% since pre-pandemic levels, creating the biggest areas of waiting list growth in both CAMHS and ICAN services. This growth in demand also accounts for the growth in list for consultant-led services as mentioned earlier

Patients waiting for our non-Consultant led pathways experienced shorter waiting times, with 87.5% of patients waiting less than 18 weeks by the end of the year. This performance remained at a consistent level all year. This year we have experienced substantial pressure on our Musculoskeletal and Podiatry services, particularly in the first six months of the year. These services worked hard to reduce the numbers of patients waiting but higher levels of urgent referrals during the last quarter of the year hampered these recovery efforts.

The Children’s Community Audiology Service improved its performance against the 6-week diagnostic (DM01) standard over the year, but remains close to 57%, significantly below the standard of 99%. This is a small service that has experienced both an increase in referrals and staff sickness. The waiting list size had dropped month-on-month between April ‘22 and Nov ‘22 before increasing slightly in Dec ‘22 – Mar ‘23.

Our Neighbourhood Teams have risen to the challenge of providing Urgent Community Response services. During the year, we provided a 2-hour response to 3298 patients, including referrals directly from Ambulance crews. The current data suggest overall performance of 59% of patients seen within 2 hours. Over the course of the next 12 months, we will refine our data collection, recording and reporting to present a more accurate position.

Our activity levels have also remained consistent, achieving approx. 130,000 patient contacts per month. On average, 22% of these have been conducted virtually, often directly requested by our patients.

# Well-Led – 2022/2023



Leeds Community  
Healthcare  
NHS Trust

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

## Data

Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4	YTD	Time Series (from Apr-21)
Staff Turnover	LS/JA	<=14.5%	2022/23	14.4%	13.9%	13.7%	12.9%	12.9%	
			2021/22	11.7%	13.5%	14.2%	13.9%	13.9%	
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%	2022/23	18.4%	17.2%	16.5%	14.3%	14.3%	
			2021/22	18.8%	19.9%	21.9%	20.1%	20.1%	
Short term sickness absence rate (%)	LS/JA	<=3.0%	2022/23	2.1%	1.8%	2.8%	1.8%	1.8%	
			2021/22	1.4%	1.8%	2.5%	2.8%	2.8%	
Long term sickness absence rate (%)	LS/JA	<=3.5%	2022/23	5.2%	4.6%	5.1%	4.4%	4.4%	
			2021/22	3.7%	4.9%	5.3%	4.6%	4.6%	
Total sickness absence rate (Monthly) (%)	LS/JA	<=6.5%	2022/23	7.3%	6.4%	7.9%	6.2%	6.2%	
			2021/22	5.1%	6.7%	7.8%	7.4%	7.4%	
AfC Staff Appraisal Rate	LS/JA	>=90%	2022/23	76.7%	75.3%	72.0%	72.1%	72.1%	
			2021/22	72.9%	70.6%	74.8%	78.5%	78.5%	
Statutory and Mandatory Training Compliance	LS/JA	>=90%	2022/23	85.6%	85.4%	86.4%	86.1%	86.1%	
			2021/22	89.2%	88.6%	87.2%	88.0%	88.0%	

Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4	YTD	Time Series (from Apr-21)
Percentage of Staff that would recommend LCH as a place of work (Staff FFT)	LS/JA	>=60%	2022/23	60.0%	61.0%				
			2021/22						
'RIDDOR' incidents reported to Health and Safety Executive	BM	No Target	2022/23	2	3	1	1	7	
			2021/22	5	1	2	2	10	
WRES indicator 1 - Percentage of BME staff in Bands 8-9, VSM	LS/JA	No Target	2022/23	7.8%	7.8%	7.5%	7.2%	7.2%	
			2021/22	5.5%	6.3%	8.4%	7.6%	7.6%	
Total agency cap (£k)	BM	No Target	2022/23	1053	928	1007	1145	4133	
			2021/22	690	705	938	1303	3636	
Percentage Spend on Temporary Staff	BM	No Target	2022/23	6.3%	5.1%	5.7%	5.8%	5.8%	
			2021/22	5.6%	4.2%	5.2%	7.4%	7.4%	
Neighbourhood Team Vacancies, Sickness & Maternity WTE	SP	No Target	2022/23	106	117	156	139	139	
			2021/22	117	121	142	103	103	
Neighbourhood Team Percentage of Funded Posts Utilised	SP	No Target	2022/23	88.0%	86.0%	79.2%	83.2%	83.2%	
			2021/22	85.0%	83.0%	82.9%	89.0%	89.0%	
Starters / leavers net movement	SP	>=0 in favour of starters	2022/23	-8	34	58	95	179	
			2021/22						

## Narrative

We have recognised the subsequent impact that the pandemic is having on our staff both professionally and personally and have sought to support them through a range of initiatives. Turnover during the year was below the 14.5% target, although turnover rates within the nursing and midwifery staff group were higher than we would wish. The Trust has responded to this through a range of recruitment initiatives such as international recruitment, recruiting from within our local communities and the development of several clinical apprenticeship roles.

Overall sickness absence during 2022/23 continued to match absence levels in the previous year; not yet returning to the under 5.8% levels of pre-pandemic. Short-term sickness absence levels remained within tolerance throughout the year. Our focus remains on supporting the prevention of and return from long-term sickness absence, where stress/anxiety/depression remains the most prevalent sickness absence reason.

The vast majority of our staff are in work most of the time. We want them to be the best they can be and to provide care as safely and effectively as they can. Our annual appraisal rates continue to be below the 90% target and have hovered around the lower 70% throughout the year. The Board has consciously relaxed our targets for appraisal in view of the capacity pressures on services, but appraisals remain a key part of our support to staff, and we are piloting a new “appraisal season,” together with new paperwork, during the coming months. Compliance with statutory and mandatory training continues to just fall short of the 90% target but compliance rates are stable and performing well, this is partly due to much of the training available online and can be completed by staff at a time that suits and partly due to increased governance around statutory and mandatory training where we have identified owners and subject matters experts for all subjects.

It is pleasing to note that with the continued focus on the Workforce Race Equality Standards (WRES) we are starting to see some improvements linked to hyper-local recruitment, where 29% of appointees since 1 April 2022 are from a Black, Asian or Minority Ethnic (BAME) background and 12.2% of the overall LCH workforce reports as BAME. Work is also ongoing to create the conditions in which higher numbers of more senior posts are attractive to, and filled by, a more diverse talent pool. This includes both considering how and where posts are advertised; and increasingly ensuring inclusion is embedded into selection processes.

## **NHS Staff Survey**

The annual NHS Staff Survey invites everyone working in the NHS to give their views on working life. It is completely independent, and we encourage our staff to complete it as an important feedback mechanism.

58.3% of LCH staff completed the 2022 survey. This is 6.3% higher than the 2021 and 13.3% higher than 2020. Our response rate for 2022 is the highest response rate the trust has ever received.

Compared to 2021 colleagues are feeling ‘more recognised and valued’, more staff are ‘looking forward to going to work’ and are ‘more enthusiastic about their role’. They feel ‘more involved and can make suggestions to make improvements.

More colleagues would ‘recommend the organisation as a place to work’ (up 4.8% from 2021 to 64.8%). This is within the top 5 scores amongst Trusts in North- East and Yorkshire region.

66.9% of colleagues feeling LCH takes ‘positive action on health and wellbeing’ (up 3.5% from 2021). More colleagues are feeling they can ‘achieve a good balance between my work life and home life’ (up 5% from 2021 to 58.2%). Generally, colleagues are feeling less burnout and tired compared to 2021 which is hopeful.

Colleagues are feeling more positive around personal development and learning with more people feeling there are ‘opportunities to develop their career in the organisation’ (up 2% from 2021) and ‘there are opportunities to improve their knowledge and skills’ (up 4% from 2021).

# Finance – 2022/2023

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

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The main source of income for Leeds Community Healthcare NHS Trust is contracts with commissioners for health care services and is in the form of aligned payment and incentive contracts, the main form of contracting between NHS providers and their commissioners for 2022/23. The Trust agreed fixed element payments with commissioners, based on funding for an agreed level of activity. The fixed element also included CQUIN funding of 1.25% of the contract value.

The Trust's initial plan for the year was to report a surplus of £1.040m and at the end of March reported a surplus of £1.042m. The position reported is subject to the External Auditors detailed examination of the annual accounts. Their findings, together with the final version of the accounts, will be reported to the Audit Committee Wednesday 21 June; before presentation to the Trust Board 28 June and submission to NHS England 30 June.

Leeds Community Healthcare continued the recovery of services from the covid pandemic. It did do under a financial regime that moved away from the emergency arrangements of the previous two years whilst maintaining a degree of stability for the Trust's income. The Trust formulated its expenditure plans to maintain day to day services, to continue to address waiting list backlogs and to continue to innovate and improve.

The Trust is firmly embedded in system working; the importance of this for financial performance is that we have a responsibility not only to manage our financial resources efficiently and effectively but also to play our part in helping the Leeds health system and the West Yorkshire Integrated Care System to manage within the resources allocated.

We were able to play a key part in providing the significant financial resources needed to invest in initiatives in advance of and during the winter months to help the Leeds health and social care system respond to patient demand and facilitate effective options outside of hospital care where that was more appropriate. Due to competing demand for investment the Integrated Care Board (ICB) in Leeds was unable to fully fund the new developments agreed across City partners, but Leeds Community Healthcare was able to ensure these developments started by utilising its own resources. These resources were available in 2022/23 only, due to the Trust making savings from a high level of vacancies and an allocation of resources for the costs of Covid in excess of costs incurred. Utilising savings from staff vacancies is not how the Trust would wish to manage its financial resources, we would rather have as many staff in post as our contract income would allow. But in a very difficult labour market it made sense to use the funds freed up to help all health and social care partners in Leeds respond as effectively as possible to service pressures.

Moving into 2023/24 those new developments are now being funded by the ICB in Leeds. Leeds Community Healthcare will continue to work hard to reduce staff vacancies as we know that will improve the level of services we are able to offer and will help to improve the health and well-being of our current staff.

## Overall Performance against National and Local Targets

In 2022/23 the Trust's adjusted income and expenditure financial performance was a surplus of £1,042k as per the plan agreed with NHS England and the West Yorkshire Integrated Care Board. The Trust spent its full capital allocation for the year of £3,778k.

The financial results are the 12th straight year that Leeds Community Healthcare has met its financial targets. The challenge to achieve that does not get any easier and, whilst the expectation that the Trust will meet its financial duties in 2023/24, the Board has approved a deliverable revenue and capital budget, it will be more difficult than in many of the 12 previous years. The Trust is better placed than many to manage the current NHS financial challenges but must continually seek to improve efficiency levels whilst improving and developing services. The Trust is reporting achievement of all the statutory financial duties for 2022/23 as presented in the table below.

Target	Target	Performance	Achieved
Planned surplus on income & expenditure	£1,040k	£1,042k	☑
Remain within External Finance Limit *	£0k	£5,357k	☑
Remain within Capital Resource Limit *	£3,778k	£3,778k	☑
Capital Cost Absorption Rate	3.50%	3.50%	☑
Agency	£3,550k	£4,133k	
Better Payment Practice Code:			
Non NHS invoices (number & value)	95% & 95%	96% & 98%	☑☑
NHS invoices (number & value)	95% & 95%	99% & 100%	☑☑
CIP recurrent savings in year	£3,030k	£3,030k	☑

## Income & Expenditure (I&E) Summary

The financial performance reported here has been reported to the West Yorkshire Integrated Care Board and NHS England.

For NHS performance purposes the Trust's turnover for 2022/23 was £218.5m from which a surplus of £1.042m (being £1.262m deficit plus £2.289m impairment and £0.015m donated depreciation added back). The cash earned from the surplus is retained by the Trust and could be used to fund capital expenditure in the future assuming ICB approval is received.

Table 1 Income & Expenditure Summary	Month 12 2022/23					
	M12 YTD Plan WTE	M12 YTD Actual Contract WTE	March Variance WTE	Annual Plan £k	Annual Actual £k	Annual Variance £k
<b>Income</b>						
Contract Income				(189,838)	(188,966)	872
Other Income				(33,870)	(29,566)	4,304
<b>Total Income</b>				<b>(223,708)</b>	<b>(218,532)</b>	<b>5,176</b>
<b>Expenditure</b>						
Pay	3,255	2,996	259	163,355	153,842	(9,513)
Non pay				49,324	55,062	5,738
<b>Total Expenditure</b>	<b>3,255</b>	<b>2,996</b>	<b>259</b>	<b>212,678</b>	<b>208,903</b>	<b>(3,775)</b>
<b>EBITDA</b>	<b>3,255</b>	<b>2,996</b>	<b>259</b>	<b>(11,030)</b>	<b>(9,629)</b>	<b>1,401</b>
Depreciation				8,709	8,586	(123)
Public Dividend Capital				840	396	(444)
Profit/Loss on Asset Disp				0	(1)	(1)
Impairment				0	2,289	2,289
Interest Payable				561	563	2
Interest Received				(120)	(943)	(823)
<b>Retained Net Surplus</b>				<b>(1,040)</b>	<b>1,262</b>	<b>2,301</b>
Add back - Impairments				0	(2,289)	(2,289)
Add back - Donated Asset Depreciation				0	(15)	(15)
<b>Adjusted Retained Surplus</b>	<b>3,255</b>	<b>2,996</b>	<b>259</b>	<b>(1,040)</b>	<b>(1,042)</b>	<b>(3)</b>

## Income

Contract income is adverse to plan mainly due to contract penalties for the 0-19 children's service £0.6m, Police Custody service £0.3m.

Other income is adverse to plan year to date by £4.3m. This is mainly due to service development funding not being received from Commissioners plus an underachievement against plan of the covid vaccination variable income £0.2m.

Other income includes Agenda for Change pay offer central funding of £6.6m and the notional 6.3% employer pension costs of £5.9m.

## Pay and Non-pay Expenditure & Vacancies

**Pay costs** for the year to date total £153.8m, £9.5m less than had been planned and is driven by the number of vacancies. Pay costs have increased in month by £13.1m mainly due to the inclusion of the National notified Agenda for Change pay award 2022/23 of £6.6m and the notional 6.3% employer pension costs of £5.9m.

There are 259 vacancies as at the end of March 2023 (271 February 2023).

In 2022/23 the Trust was set an expectation to deliver a 10% reduction on the level of agency spend for 2021/22 as part of the ICS agency cap. This means a target expenditure of £3.2m for 2022/23. The month 12 agency expenditure is £4.1m; the Trust continues to prioritise safe staffing levels over the achievement of this target in the challenging recruitment market.

This vacancy and financial picture on pay is consistent with the information about service pressures that Committees and Board have discussed.

Table 2 Month on Month Pay Costs by Category	April £k	May £k	June £k	July £k	August £k	September £k	October £k	November £k	December £k	January £k	February £k	March £k	Actuals £k
Directly employed staff	10,167	10,302	10,104	10,230	10,153	13,276	10,789	10,640	10,755	11,731	10,574	23,462	142,183
Seconded staff costs	271	276	273	301	291	313	305	293	293	228	278	408	3,528
Bank staff	355	291	301	254	258	417	300	372	332	325	354	357	3,916
Agency staff	352	307	394	255	311	362	357	317	334	453	337	436	4,213
<b>Total Pay Costs</b>	<b>11,145</b>	<b>11,176</b>	<b>11,071</b>	<b>11,039</b>	<b>11,013</b>	<b>14,368</b>	<b>11,751</b>	<b>11,622</b>	<b>11,715</b>	<b>12,736</b>	<b>11,543</b>	<b>24,662</b>	<b>153,842</b>

**Non-pay costs** are £5.7m overspent at the end of March 2023. The position is driven by:

- £3.7m - Funding for non recurrent developments
- £2m – Trustwide unidentified historic CIP

Table 3	Month 12 2022/23			
	Annual Plan £k	Annual Actual £k	Annual Variance £k	Month 11 YTD Variance £k
<b>Non Pay Costs</b>				
Drugs	871	1,006	135	124
Clinical Supplies & Services	26,644	27,586	941	2,182
General Supplies & Services	7,284	6,991	(293)	(167)
Establishment Expenses	3,316	3,520	204	(52)
Premises	9,173	8,152	(1,021)	(767)
Other Non Pay	2,036	7,806	5,771	2,452
<b>Total Non Pay Costs</b>	<b>49,324</b>	<b>55,062</b>	<b>5,738</b>	<b>3,772</b>

## Delivery of Cost Improvement Plans

The Trust had £3,030k of planned CIPs to deliver during 2022/23 of which £300k is a non-recurrent saving; at the end of March these were delivered in full.

Table 4	Month 12 2022/23		
	2022/23 YTD Plan £k	2022/23 YTD Actual £k	2022/23 YTD Variance £k
Savings Scheme			
Estates Savings	500	500	0
Covid Cover	300	300	0
Travel	500	500	0
Vacancy Factor	500	500	0
Non Pay Inflation	600	600	0
IT Kit	300	300	0
Un-identified CIP agreed by SMT	330	330	0
<b>Total Efficiency Savings Delivery</b>	<b>3,030</b>	<b>3,030</b>	<b>0</b>

## Capital Expenditure

At the end of March 2023, the Trust has spent £4,158k of which £3,778k on non IFRS 16 capital expenditure.

The significant expenditure during the year was the comprehensive refurbishment of Seacroft Clinic. The balance of the capital resource was spent on continued reduction in reduce backlog maintenance on our buildings, ensuring that they are safe environments for staff and patients, and investment in new and replacement clinical equipment and information technology.

Table 5 Capital Scheme	Month 12 2022/23		
	Annual Plan £k	Annual Actual £k	Annual Variance £k
Estate Maintenance	232	232	0
Seacroft Estate	1,976	1,976	0
Clinical Equipment	240	240	0
IT Equipment	1,274	1,274	0
National Cyber Security	0	0	0
e Rostering & e Jobs	56	56	0
Disposals	0	0	0
<b>Sub-Total Capital Expenditure</b>	<b>3,778</b>	<b>3,778</b>	<b>0</b>
PDC Capital	12	0	(12)
<b>Sub-Total Other Capital</b>	<b>12</b>	<b>0</b>	<b>(12)</b>
Lease Cars IFRS 16	205	204	(1)
Property Leases IFRS 16	154	176	22
<b>Sub-Total Finance Lease Expenditure</b>	<b>359</b>	<b>380</b>	<b>21</b>
<b>Total Capital Expenditure</b>	<b>4,149</b>	<b>4,158</b>	<b>9</b>

## Balance Sheet and Cash

There has been a step change in the value of the Trust's non-current assets from the closing 2021/22 Statement of Financial Position (Balance Sheet) and the opening SoFP for 2022/23 as circa £56.5m of Right of Use leased assets are included following the adoption of IFRS 16.

The Trust's cash position remains very strong with £41.2m in the bank at the end of March 2023. The Statement of Financial Position is shown in Table 6.

Table 6	Month 12 2022/23			
	Opening 01/04/2022 £m	Planned Outturn 31/03/23 £m	Actual Outturn 31/03/23 £m	Year End Variance 31/03/23 £m
<b>Statement of Financial Position</b>				
Property, Plant and Equipment	32.2	34.5	33.5	(0.9)
Intangible Assets	0.2	0.1	0.1	0.0
Right of Use Assets	66.5	60.9	56.5	(4.5)
Trade and Other Receivables	0.0	0.0	0.0	0.0
<b>Total Non Current Assets</b>	<b>98.9</b>	<b>95.5</b>	<b>90.1</b>	<b>(5.4)</b>
<b>Current Assets</b>				
Trade and Other Receivables	6.6	7.4	14.0	6.6
Cash and Cash Equivalents	39.5	36.2	41.2	5.0
<b>Total Current Assets</b>	<b>46.1</b>	<b>43.7</b>	<b>55.2</b>	<b>11.5</b>
<b>TOTAL ASSETS</b>	<b>145.0</b>	<b>139.2</b>	<b>145.3</b>	<b>6.2</b>
<b>Current Liabilities</b>				
Trade and Other Payables	(18.2)	(16.7)	(27.7)	(11.0)
Borrowings	(6.5)	(6.8)	(6.2)	0.6
Provisions	(0.4)	(0.2)	(0.6)	(0.4)
<b>Total Current Liabilities</b>	<b>(25.2)</b>	<b>(23.8)</b>	<b>(34.5)</b>	<b>(10.7)</b>
<b>Net Current Assets/(Liabilities)</b>	<b>20.9</b>	<b>19.9</b>	<b>20.7</b>	<b>0.8</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>119.9</b>	<b>115.4</b>	<b>110.8</b>	<b>(4.6)</b>
Non Current Borrowings	(59.8)	(54.3)	(50.3)	4.0
Non Current Provisions	(0.0)	0.0	(0.0)	(0.0)
<b>Total Non Current Liabilities</b>	<b>(59.8)</b>	<b>(54.3)</b>	<b>(50.3)</b>	<b>4.0</b>
<b>TOTAL ASSETS LESS LIABILITIES</b>	<b>60.1</b>	<b>61.1</b>	<b>60.5</b>	<b>(0.6)</b>
<b>TAXPAYERS EQUITY</b>				
Public Dividend Capital	0.8	0.8	0.8	(0.0)
Retained Earnings Reserve	26.6	27.6	25.3	(2.3)
General Fund	18.5	18.5	18.5	0.0
Revaluation Reserve	14.2	14.2	15.9	1.7
<b>TOTAL EQUITY</b>	<b>60.1</b>	<b>61.1</b>	<b>60.5</b>	<b>(0.6)</b>

## Better Payment Practice Code

The Trust's cumulative Better Payment Practice Code performance has exceeded the 95% target for paying invoices within 30 days for all four of the measures at the end of March 2023. In December 2022, January 2023 and February 2023 performance was 94%, 94.1% and 91.4% respectively, which is below the 95% target on invoice count. The invoice value target was exceeded in December 2022 and January 2023, however it was £94.2% in February 2023. There continues to be issues with the service provided by partners providing the Trust with financial services and procurement services, which have led to delays in the processing of invoices, orders and receipting. The finance team continue to take measures to ensure compliance is improved.

Month 12 2022/23			
Table 7			
BPPC Measure	Performance YTD	Target	RAG
NHS Invoices			
<i>By Number</i>	99%	95%	G
<i>By Value</i>	100%	95%	G
Non NHS Invoices			
<i>By Number</i>	96%	95%	G
<i>By Value</i>	98%	95%	G

**Trust Board Meeting held in public: 26 May 2023**  
**Agenda item number: 2023-24 (10)**

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

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**Category of paper: For assurance**  
**History: Senior Management Team 17 May 2023**

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

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

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

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

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

### **Risk register recent changes:**

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

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

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

### **Board assurance framework (BAF)**

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

### **Recommendations**

The Board is recommended to:

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

## 1. Introduction

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

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

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

## 2. Background

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

## 3. Risk register movement

Risk 1140 Wharfedale Recovery Hub documentation is the only risk scoring 15+ on the risk register.

### 3.1 New or escalated risks (scoring 15+)

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

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

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

### 3.3 Risks scoring 12 (high)

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

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

ID	Description	Rating (current)
874	Sickness levels – Neighbourhood Teams	12
877	Risk of reduced quality of patient care in neighbourhood teams due to an imbalance of capacity and demand	12

ID	Description	Rating (current)
913	Increasing numbers of referrals for complex communication assessments in Integrated Children's Additional Needs Service (ICAN)	12
957	Increased demand for the Adult Speech and Language Therapy service	12
1047	Increased volume of callers into the Leeds Sexual Health appointment line due to no walk-in service	12
1057	Inability to deliver service at WYOI due to reduced staffing levels	12
1067	Introduction of female children into the Secure Estate	12
1070	Capacity pressures in Neighbourhood Teams impacting ability to deliver full range of clinical supervision and annual appraisals	12
1096	High vacancy rate within the Community Care Beds	12
1112	Looked After Children health offer	12
1118	Industrial Action	12
1128	Reduced staffing levels in the HCP service – Police Custody	12
1139	General risk of non-concordance with overarching organisational process for medical devices	12

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

*Risk 836: CAMHS waiting list for follow-up appointments (currently scoring 9 high) Risk of increased waiting times in CAMHS service following initial assessment (urgent, prioritised or consultation clinic), as a result of reduced capacity, prioritisation of urgent work. The impact could be a delay in treatment for patients, which could lead to worsening symptoms or a continuation of treatable symptoms.*

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

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

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

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

No risks have de-escalated from a score of 12

#### 4. Board Assurance Framework Summary

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

Definitions:

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

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

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

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

Levels of assurance have been provided for seven out of the 10 strategic (BAF) risks in April 2023.

The Business Committees met in April 2023 and reasonable assurance was provided for the strategic risks this committee reviewed. The Audit Committee met in April 2023 and agreed that the two strategic risks assigned to it both had limited assurance. These are:

**Risk 3 Failure to invest in digital solutions:** If the Trust fails to invest in improving core technology and in new digital solutions, then resource may not be utilised effectively, services could be inefficient, software may be vulnerable and the impact will be delays in caring for patients and less than optimum quality of care.

**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.

Please refer to the Audit Committee Chair's assurance report (April 2023) for further details.

## **5. Recommendations**

The Board is recommended to:

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

## Appendix A. Board Assurance Framework levels of assurance

Details of strategic risks (description, ownership, scores)								Level of Assurance				Additional Information
Strategic Goal(s)	Risk	Risk ownership		Current risk score				Committee agreed level of assurance				
		Responsible Director(s)	Responsible Committee(s)	Likelihood	Consequence	Risk Score	Risk score movement	No	Limited	Reasonable	Substantial	
Deliver outstanding care	<b>Risk 1 Failure to deliver quality of care and improvements:</b> If the Trust fails to identify and deliver quality care and improvement in an equitable way, then services may be unsafe or ineffective leading to an increased risk of patient harm.	DoN	QC	3	3	9						
Deliver outstanding care	<b>Risk 2 Failure to manage demand for services:</b> If the Trust fails to manage demand in service recovery and in new services and maintain equity of provision then the impact will be potential harm to patients, additional pressure on staff, financial consequences and reputational damage.	DoO	QC/BC	4	3	12			✓			
Deliver outstanding care. Use our resources wisely and efficiently	<b>Risk 3 Failure to invest in digital solutions:</b> If the Trust fails to invest in improving core technology and in new digital solutions, then resource may not be utilised effectively, services could be inefficient, software may be vulnerable and the impact will be delays in caring for patients and less than optimum quality of care.	DoF/MD	QC/BC/AC	3	4	12			✓	✓	April 2023 Audit Committee: Limited assurance received. See assurance report.	
All four strategic goals	<b>Risk 4 Failure to be compliant with legislation and regulatory requirements:</b> If the Trust is not compliant with legislation and regulatory requirements then safety may be compromised, the Trust may experience regulatory intervention, litigation and adverse media attention.	SMT	QC/BC/TB	3	3	9				✓		
Use our resources wisely and efficiently	<b>Risk 5 Failure to deliver financial and performance targets:</b> If the Trust does not deliver key financial and performance targets, agreed with NHS England and the ICB, then it will have adverse consequences for financial governance and cause reputational damage.	DoF	BC	2	3	6				✓		

Use our resources wisely and efficiently	<b>Risk 6 Failure to have sufficient resource for transformation programmes:</b> If there is insufficient resource across the Trust to deliver the Trust's priorities and targeted major change programmes and their associated projects then it will fail to effectively transform services and the positive impact on quality and financial benefit may not be realised.	DoO	BC	3	3	9				✓		
Use our resources wisely and efficiently. Ensure our workforce is able to deliver the best possible care in all of the communities that we work with.	<b>Risk 7 Failure to maintain business continuity (including response to cyber security):</b> If the Trust is unable to maintain business continuity in the event of significant disruption then essential services will not be able to operate, leading to patient harm, reputational damage and financial loss.	DoO/DoF	BC/AC	3	4	12			✓	✓		April 2023 Audit Committee: Limited assurance received. See assurance report.
Ensure our workforce is able to deliver the best possible care in all of the communities that we work with	<b>Risk 8 Failure to have suitable and sufficient staff resource (including leadership):</b> If the Trust does not have suitable and sufficient staff capacity, capability and leadership capacity and expertise, then the impact will be a reduction in quality of care and staff wellbeing and a net cost to the Trust through increased agency spend.	DoW	BC	4	4	16				✓		
Ensure our workforce is able to deliver the best possible care in all of the communities that we work with	<b>Risk 9 Failure to involve and engage staff:</b> If the leadership of the Trust does not engage with and involve staff and create and embed a culture of equality and inclusion based on available evidence, then the impact will be that it will fail in its ambition to attract and retain a diverse and committed workforce, there will be low morale, a less representative workforce and a loss of trust and confidence in the communities we serve.	CEO/DoW	TB	2	4	8						
Work in partnership to deliver integrated care, care closer to home and reduce health inequalities	<b>Risk 10 Failure to collaborate:</b> If the Trust does not work in partnership with other organisations, then systems will not provide a single offer for patients or achieve the best outcomes for all.	CEO	TB	2	4	8						

**Trust Board meeting held in public: 26 May 2023**

**Agenda item number: 2022-23 (11a)**

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**Title: Quarter 4 Report 22.23 of the Guardian of Safe Working Hours**

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**Category of paper: For assurance**

**History: Nil**

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**Responsible director: Executive Medical Director**

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

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

### **Purpose of the report**

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

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

### **Main issues for consideration**

- Work in progress with regards to CAMHS ST historic rota compliance and payment issues.
- New appointment of Dr Elizebeth Pal as LNC Junior doctors representatives from May 23.

## **Recommendations**

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

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

## Quarterly Report of the Guardian of Safe Working Hours

### 1.0 Purpose of this report

- 1.1 To provide the Board with assurance that trainee doctors and dentists within LCH NHS Trust are working safely and in a manner compliant with the 2016 Terms & Conditions of Service (TCS).
- 1.2 To identify risks affecting trainee doctors and dentists such as working hours, quality of training and advising board on the required response.

### 2.0 Background

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

### 3.0 Quarterly report of guardian of safe working hours

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

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

### 3.1 Rota gaps and CAMHS ST rota

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

Rota Gaps (number of night shifts needing cover)		March 2023		April 2023		May 2023	
		CT	ST	CT	ST	CT	ST
	Gaps	n/a	20	n/a	19	n/a	15
	Internal Cover	n/a	0	n/a	3	n/a	8
	External cover	n/a	20	n/a	16	n/a	7
	Unfilled	n/a	0	n/a	0	n/a	0

### 3.2 Exception reports

No exception reports filed during this quarter.

### 3.3 Fines

No fines levied by the GSWH during this quarter.

### 3.4 LNC Junior doctor representative

Dr Elizebeth Pal has been accredited as the LNC Junior doctor trainee representative since May 2023. Dr Pal is a community paediatric ST6 junior doctor. This post has been vacant for the past year, Dr Pal's appointment is greatly appreciated by the LNC team and the JDF.

### 3.5 Feedback from trainees

Junior Doctors Forum (JDF) was held on 20/04/2023. Unfortunately no junior doctor attended this meeting.

GSW, Medical Education, HR, BMA discussed ongoing issues with CAMHS Rota issue and a plan has been drafted for next steps.

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

### 4.0 Impact

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

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

Issues related to possible underpayment and historic CAMHS ST rota being non-compliant remains as mentioned in previous GSWH reports. Since the last board meeting, a plan has been drafted and meeting scheduled for a task and finish group to ensure the issue is analysed in depth and explore options where information is not available. This meeting is scheduled for 21/06/23.

#### 4.2 **Community Paediatric Training**

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

GSWH has made links with the newly appointed GSWH from LTHT and will continue to support the JDs training and working pattern.

### 5.0 **Recommendations**

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

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

**Trust Board meeting held in public: 26 May 2023**

**Agenda item number: 2023-24 (11b)**

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**Title: Annual Report of the Guardian of Safe Working Hours 22.23**

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**Covering period: 01/05/2022-30/04/2023**

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**Category of paper: For assurance**

**History: Nil**

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**Responsible director: Executive Medical Director**

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

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

**Purpose of the report**

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

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

### **Main issues for consideration**

- New complaint work schedule in place for CAMHS non resident on-call rota.
- Work in progress to address CAMHS ST historic rota compliance and payment issues.
- Improved engagement with Junior Doctors in the Junior Doctor Forum (JDF)
- New appointment of Dr Elizebeth Pal as LNC Junior doctors representatives from May 23.

### **Recommendations**

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

- Receive this assurance regarding Junior Doctor working patterns and conditions within the Trust
- Receive this assurance regarding plan in place for addressing issues related to CAMHS historic rota compliance and payment issues
- To note that there is a risk a fine is levied (by GSWH in conjunction with the BMA) in response to compliance of CAMHS ST on call historic rota and financial impact on the trust if any underpayments identified.
- Support GSWH with the on-going work related to CAMHS ST historical rota compliance and payment issues

## **ANNUAL REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING**

### **1. Executive summary**

This report covers the period from May 2022 to May 2023.

A compliant rota has been introduced for CAMHS ST non resident on call rota covering community CAMHS. Work schedule has been drawn up based on the work conducted during on call and incorporating the required rest periods and breaks as per the Junior doctors contract.

There has been progress to address the historic CAMHS ST On-call rota for compliance and payment issues. There is a risk a fine is levied if there is any issue identified around compliance of CAMHS ST on call historic rota and this having a financial impact on the trust if any underpayments identified.

Community paediatric Junior doctors continue to cover on-calls at LTHT. GSWH has worked with the community paediatric college tutor and will link in with the newly appointed GSWH at LTHT trust to continue to ensure the community paediatric training is not compromised due to on-call cover.

### **2. Introduction**

This report, as required by the Junior Doctor's contract, is intended to provide the Board with an evidenced based report on the working hours and practices of Junior Doctors within the Trust, confirming safe working practices and will illustrate areas for concern. This report is written with the information available relating to data to date in the period covered.

Purpose: to report on issues affecting trainee doctors and dentists such as working hours and the accessibility of training which forms part of the rotational training programme.

### **3. High level data**

Number of doctors / dentists in training (total): 20

Number of doctors / dentists in training employed by LCH 15

### **4. Annual data summary**

**Trainees within the Trust  
(Quarter 1- year 2022 to Quarter 4 year 2023)**

Department	Grade	Status	Quarter 1	Quarter 2	Quarter 3	Quarter 4
			2022	2022	2023	2023
<b>Adults</b>		LCH contract	0	0	0	0
<b>CAMHS</b>	ST	LCH contract	1	4	3	3
	ST	Honorary contract	2	1	2	2
	CT	Honorary contract	5	2	3	3
<b>Community Paediatrics</b>	ST Level 1	Honorary contract	2	2	2	2
	ST Level 2 Grid trainee	LCH contract	8	7	6	6
<b>Sexual Health</b>	ST	LCH contract	1	1	1	1
<b>GP</b>	GPSTR	LCH contract	3	2	2	2
<b>Obstetrics/ community gynae</b>		Honorary contract	1	1	1	1
<b>Dental Services</b>		Honorary contract	0	0	0	0
<b>Total</b>			21	20	20	20

## 5. Exception Reporting

No exception reports have been filed over the last year.

### 5.1 Working Hours and work schedule review

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

These changes can be allowed with appropriate safeguards with approval from junior doctors working the rota and formal approval through JDF as per the JD terms and conditions. HRBP and CAMHS medical lead have been

made aware of these exceptions and GSWH has requested the rota to be shared with all junior doctors on the rota and will request Junior doctors for approval at next JDF. GSWH has requested HRBS the need for a robust monitoring system with every cohort of junior doctors who join the trust.

## **5.2 Educational Opportunities**

No exception reports submitted relating to educational opportunities.

GSWH has offered to attend the Junior doctors forum in Leeds Teaching Hospitals NHS Trust (LTHT) to advocate for Junior doctors in community training and has worked with LCH paediatric college tutor, LTHT rota co-ordinators to work around the impact of on-calls on paediatric training.

## **6.0 Rota Gaps**

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

### **6.1 CAMHS Historic ST rota issue**

Significant amount of work and time dedicated across few services over the last year has helped achieve some development in the historic CAMHS ST rota issues. The issue is still not solved due to challenges in obtaining all the key information that is needed to evaluate and conclude the matter. It is likely that some of the data that is needed is hard to obtain. The issue has been discussed at JDFs, with BMA IRO, Director of workforce and HR BP. A meeting has been scheduled for a task and finish group to ensure the issue is analysed in depth and explore options where information is not available. This meeting is scheduled for 21/06/23. GSWH is hopeful that this meeting will help speed up the work and conclude the matter in the coming few months.

## **7. Engagement with Junior doctors and Junior doctor forum meetings**

The Virtual Junior Doctor's Forum (JDF) was held in July 2022, October 2022, January 2023 and April 2023.

Junior doctors have found the JDF platform a useful platform to voice their feedback around HR issues, training opportunities. Attendance to Junior doctors forum has improved consistently over the past year however the last JDF in April 23, no junior doctor was in attendance. GSWH hopes that engagement improves in the upcoming JDF.

LNC Junior doctors representative post has been vacant for a while. Dr Elizebeth Pal has been accredited as the LNC Junior doctor trainee representative since May 2023. Dr Pal is a community paediatric ST6 junior doctor. This post has been vacant for the past year, Dr Pal's appointment is greatly appreciated by the LNC team and the JDF.

Trust has made progress with administrative support, induction and general support for junior doctors, and there is now an accurate database of junior doctors in training at LCH and doctors tool kit app has been developed to help JDs access all relevant information at one place.

## **8 Fines**

No fines have been levied by the GSWH over the past year.

## **9 Recommendations**

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

- Receive this assurance regarding Junior Doctor working patterns and conditions within the Trust
- Receive this assurance regarding plan in place for addressing issues related to CAMHS historic rota compliance and payment issues
- To note that there is a risk a fine is levied (by GSWH in conjunction with the BMA) in response to compliance of CAMHS ST on call historic rota and financial impact on the trust if any underpayments identified.
- Support GSWH with the on-going work related to CAMHS ST historical rota compliance and payment issues

**Trust Board meeting held in public: 26 May 2023**

**Agenda item number: 2022-23 (12)**

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**Title: Trust Priorities 2022/23 – End of Year Update**

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**Category of paper: For Assurance**  
**History: SMT, 10 May 2023**

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**Responsible director: Executive Director of Nursing and Allied Health  
Professionals and Executive Director of Finance and Resources**  
**Report author: Business & Planning Manager and Clinical Governance  
Manager**

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## Executive summary

This report provides an end of year progress update against the Trust's 2022/23 priorities.

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

Our four Strategic Goals with the underpinning proposed Trust Priorities are:

- Strategic Goal - To deliver outstanding care,
  - **We will be responsive to the needs of our populations as we continue to rebuild our services back better.**
- Strategic Goal - Use our resources wisely and efficiently.
  - **We will continue to rebuild our services with a focus on our waiting list backlogs and continuous improvement.**
- Strategic Goal - Ensure our workforce community is able to deliver the best possible care in all of the communities that we work with
  - **We will build and deliver a resourcing plan to ease the burden on staff.**
- Strategic Goal - To work in partnership to deliver integrated care, care closer to home and reduce health inequalities
  - **We will work pro-actively across the Leeds Place to improve health outcomes.**

The BCDS (Business Change and Development Service) supported a number of projects throughout 2022/23 to underpin the achievement of the Trust priorities, some of which are touched upon in the main body of this report or in the appendices.

## Recommendations

The Board is recommended to:

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

## Trust Priorities 2022/23 – End of Year Update

### 1 Introduction

This report provides an end of year progress update against the Trust's 2022/23 priorities.

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

Our four strategic goals with the underpinning proposed Trust priorities are:

- Strategic Goal - To deliver outstanding care,
  - **We will be responsive to the needs of our populations as we continue to rebuild our services back better.**
- Strategic Goal - Use our resources wisely and efficiently.
  - **We will continue to rebuild our services with a focus on our waiting list backlogs and continuous improvement.**
- Strategic Goal - Ensure our workforce community is able to deliver the best possible care in all of the communities that we work with
  - **We will build and deliver a resourcing plan to ease the burden on staff.**
- Strategic Goal - To work in partnership to deliver integrated care, care closer to home and reduce health inequalities
  - **We will work pro-actively across the Leeds Place to improve health outcomes.**

The Trust priorities were developed and underpinned by our learning and experience during 2021/2022. They reflect our challenge to ourselves as we seek to continuously learn and improve our provision of high quality care to the communities we serve. Our aim being to drive the quality of our care delivery forward through the progress against those priorities.

## 2 Priorities

### 2.1 Strategic Goal - To deliver outstanding care

*Trust Priority: We will be responsive to the needs of our populations as we continue to rebuild our services back better.*

Services have continued to strive to deliver outstanding care over the past year in the face of continued pressure across the whole system and continued pressure from COVID and MPX.

**Leeds Sexual Health's and Leeds City Council's MPOX Operational Response Group** was highly commended at Compassionate City Awards under the Council Supported Project of the Year Category

*Key focus 1: How we engage with our patients is fundamental to the achievement of this and other Priorities*

**Engagement Principles:** The aim from stakeholder engagement, that has been approved by Quality Committee, is that engagement becomes the embedded culture of the Trust. A set of principles has been established. The associated measures to assess achievement are being developed.

**Sensory Impairment Training:** Over the past year almost all Front of House staff, Administration staff from Adults, Childrens and Specialist Business Unit services, and the Senior Management Team, have participated in Sensory Awareness training by BID Services (a charity who support people with hearing and/or visual impairment).

**Children's Business Unit (CBU) Youth Board:** There are currently 40 members of the Youth Board where a focus on equity, diversity and inclusion has resulted in an increasingly diverse Board, more so than before. CBU offers Board members opportunities as they arise and aligns opportunities to members own personal goals to ensure their work is meaningful.

**CBU Parent Forum:** CBU have recently launched the CBU parent forum, with help from third sector partners, which a small number of parents have joined.

**Parents and Carers Support Group:** A group has been established in the Eating Disorders Team: it is open to parents who have children known to the team. The group aims to provide support to parents and families to support their children through their time with the service.

**Children and Families Offers:** The first offer to be developed was the Communication Offer which is a directory of services and resources that support children and young people with speech, language, and communication development.

Key focus 2: Where appropriate services will develop an action plan to address any areas of inequity from their health equity data.

**LCH's Business Intelligence (BI) Strategy:** The Strategy details how information regarding inequity will be made available to services and those making planning decisions. Work is underway to implement critical improvements and modernisations within the technical infrastructure of the BI department. When complete, this will allow for development of meaningful dashboards and tools. The priority area for dashboard development will be indicators within the Responsive Domain, including waiting times.

While the transfer to PowerBI is underway, equity data reports have been developed in other formats for access/transfer/discharge, pressure ulcers, and falls incidents which enable services and Quality Leads to identify inequity in the safety of patients in these areas. From that data, we will then be able to develop actionable insights which will address inequity and improve safety and quality of care for people living in areas of high deprivation, minority ethnic communities, people whose main language isn't English and people with learning disabilities or autism. The data is assessed within the Quality Lead monthly report and any themes shared with the Business Units for further review and action.

**Specialist Business Unit Celebration Event:** The Business Unit were due to hold their annual celebration event in October 2022. However, due to the continued pressure services are under, this was postponed until Monday 24<sup>th</sup> April 2023. The theme was inclusivity in its widest context.

Key focus 3: We will 'make stuff better' through the LCH Change Programme. For example, the Neighbourhood Model Transformation Programme, the Community Gynaecology Service Review and the Fair Days Work in CBU.

The BCDS (Business Change and Development Service) supported a number of projects throughout 2022/23 to underpin the achievement of the Trust priorities, some of which are touched upon in the main body of this report or in the appendices.

**The Neighbourhood Model Transformation Programme (NMTP):** The programme continued during 2022/23 and will officially close in April 2023. Key workstreams will continue into 2023/24, managed through alternative ABU governance.

**Triage Hubs:** The Hubs are now well established in the north, west and south of the city, removing the need to triage in the Neighbourhood Teams themselves.

**Neighbourhood Stabilisation Plan:** The plan centres around key priorities such as self-management, integrated clinics, and virtual consultations that will have the biggest impact on managing demand and improving capacity.

**Wharfedale Recovery Hub:** LCH became the lead Provider for delivery of the Wharfedale Recovery Hub from 23 November 2022 and a significant amount of development work has taken place to ensure that high quality care is being provided.

**Integrated Gynaecology Service:** A considerable amount of work has been undertaken this year, in partnership with LTHT, Meanwood Health Centre, and the ICB to review the Gynaecology offer and pathways in Leeds. This resulted in LTHT putting in a bid to the elective recovery fund to develop and expand the community gynaecology offer to ensure patients are given the right care in the right setting and thereby relieving pressure on LTHT and helping to address the backlog from the pandemic. We are currently awaiting the outcome of this funding bid.

**A Fair Day's Work:** The assessment considered productivity and quality improvement areas across Children's Business Unit (CBU) with a focus on health and wellbeing.

**0-19 Ante-natal Reset and Review:** Antenatal visits to all first time parents recommenced in Q4. The 0-19 contract has been agreed for April 2023/27 and is based on the new sustainable staffing model.

**Mindmate Support Team:** A targeted approach to provide early intervention in relation to emotional and mental health commenced in January 2022 in the City Inner West, Bramley and North Leeds localities. The project is on target to be citywide by 2025.

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

## **2.2 Strategic Goal - Use our resources wisely and efficiently**

*Trust Priority: We will continue to rebuild our services with a focus on our waiting list backlogs through continuous improvement.*

*Key focus 1: Work with services, patients, and partners to identify changes to service provision and/or pathways (both within LCH and across the whole system, where applicable) to more effectively manage patients and help alleviate waits linking with the LCH Change Programme, Third Sector Partnerships and Primary Care Integration.*

Appendix 2 contains further information about the projects summarised below. Please also see section 2.4 which outlines our work with primary care and third sector partners.

**Neighbourhood Team (NT) Virtual Consultations:** The roll out of virtual consultations has been expanded to the whole of the ABU, teams were issued with dedicated email addresses to use for this purpose.

**Leeds Sexual Health: Online Contraception Booking Pilot:** Leeds Sexual Health are looking at ways to improve the digital offer to service users: offering more choice and ease of access. As part of that improvement work, the service began a pilot to offer an online service for booking of appointments starting with contraception on 26<sup>th</sup> September 2022.

**The Leeds Place Covid Medicines Delivery Unit (CMDU):** CMDU was established this year and is based at St James Hospital. It is jointly run by Leeds Community Health NHS Trust's CIVAS (Community Intra Venous Administration Service) and Leeds Teaching Hospitals NHS Trust. The CMDU offers people who are immunosuppressed and test positive for Covid-19 treatment with the newest antiviral and monoclonal antibody treatments. The aim is to prevent their condition from worsening that may then require hospitalisation.

**Colorectal and Urinary Continence Service (CUCS):** CUCS have made changes to how they work to reduce their waiting list. This included a review of the referral processes to reduce duplication, reviewing waiting lists to consider appropriate referrals to an integrated clinic, and alternative methods of triage. CUCS waiting times will be a priority in 2023/24.

**Neighbourhood Team Therapy:** An extension of backlog funding had a significant impact on therapy waits, particularly in 2022. The teams continued to utilise locums, overtime, and dedicated administrators. Unfortunately, the waiting list has risen during Q3 and Q4. To address this new therapy-led integrated clinics are being considered.

**Community Neurology Rehabilitation Service:** A redesign of the service began in September 2020 following the COVID 19 pandemic. The aim was to review the service model to address the challenges facing the service which were evident prior to the pandemic. Phase 1 of the redesign will be delivered within the current financial envelope and aims to be implemented by the end of Q1 2023/24.

**LMWS:** As part of the ongoing LMWS Development Programme the service has procured an additional subcontract partner Xyla. Xyla Digital Therapies covers the provision of digital/remote psychological therapy services for common mental health problems through a technology-based solution. It therefore enables assessment and treatment to be conducted outside of normal working hours. This will help the service respond to the needs of its services users and build capacity within the service with an aim for timelier access to therapies. The first patients were referred in Q4 and will be seen in Q1 of 2023/24.

**Community Dental Service:** Following the contract extension and commissioner led review in Q3 the service have met with NHSE to discuss the offer and agree the service improvement plan priorities. It was agreed that the service would complete a gap analysis against the current service specification. The service will present findings and recommendation from the gap analysis to commissioners in May 2023.

**Introduction of SystmOne Live in NTs:** A pilot demonstrated that SystmOne Live would have a positive impact on teams. SystmOne Live has been rolled out to the 13 NTs and Neighbourhood Nights.

**EPR Optimisation:** Over 100 pieces of development work, including the review and development of individual templates, care plans, questionnaires, and processes as well as full SystmOne unit/service reviews, has been completed.

**Community Allocation Software:** Optimisation of Health Roster (staff rota software) including the updating of staff skills and further work on the care plans which will be integral to how eCommunity will work has been completed.

**Children's Audiology Waiting List:** Support for those on the waiting list was introduced. This included a 'keeping in touch' letter sent every 6 weeks, a waiting time was shared in the letter, and a video highlighting what to expect at your appointment. This was enabled by a well-organised administration process supported by a robust capacity and demand tool.

*Key focus 2: We will adopt a standardised approach to waiting list management through the Improving Patient Flow and Prioritisation Programme*

It was recognised across the Trust that each service would benefit from reduced variation in the recording and analysis of data and performance linking with waiting times and backlogs. The aim of the Improving Patient Flow and Prioritisation Programme is to embed holistic, sustainable and consistent approaches to supporting and managing people who are waiting for care within community health services.

**Waiting List Framework:** The framework has been developed with key stakeholders and led by the Head of Business Intelligence. A service self -assessment checklist has been aligned to the framework to enable services to understand where there are opportunities for new ways of working and how to prioritise these.

Speech and Swallowing Service are the first service to trial the process with support from the Programme Team.

*Key focus 3: Use current performance and governance mechanisms to ensure there is assurance that patients are safe whilst they are on a waiting list. Services should provide assurance via the Quality and Improvement Group and Performance Panel.*

Waiting lists continue to be closely monitored by services and through Quality and Performance panels which are held monthly within Business Units. Escalations go to the LCH wide Quality and Performance panel, chaired by the Executive Director of Operations, and to QAIG (Quality Assurance and Improvement Group) by exception, which is chaired by the Executive Director of Nursing and Allied Health Professionals and the Executive Medical Director.

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

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

Appendix 3 contains further information including specific examples of work completed by the Business Units.

*Key focus 1: We will recruit and induct our first cohort of international community nurses.*

The Trust has successfully recruited seven international nurses who started on 20 June 2022. All seven have passed their OSCE (Objective Structured Clinical Examination) exam and have received their UK Nursing PIN number and are working as a registered nurse in LCH services. International recruitment continues and we have recruited a second cohort of 20 international nurses who joined us late March/early April 2023.

*Key focus 2: We will enhance and develop our Apprenticeship offer.*

We continue to support 118 apprentices on the programme including our first Physiotherapy and Occupational Therapy apprentices with a further 41 planned to commence on programme in September 2023. We are working together with Business Units to understand their apprenticeship role requirements, and how this is aligned to workforce plans.

*Key focus 3: We will carry out locally targeted recruitment and reduce barriers to entry to widen our talent pool and diversify our workforce.*

We have developed a programme of work to target local people for local roles and are working effectively with third sector organisations to remove barriers for people to access work with LCH. Over the last 12 months, 101 candidates have been appointed across registered roles, domestics, administration and clinical apprenticeships.

**Our Workforce Planning Journey:** Our intention for the process is that this is not a one-off exercise (like our annual business plan), but a continuous iterative approach to understanding and responding to our resourcing gaps over the medium to long term. So far, we have engaged with Business Units to identify high priority service areas and roles that require our attention and have started some initial modelling to establish our future needs.

*Key focus 4: We will enhance the Financial Wellbeing elements of our Health & Wellbeing Offer.*

The current financial climate remains a challenge for many. The Trust continues to look at a variety of ways to support staff, which includes signposting staff to a range of financial wellbeing information, as well as enabling staff to stream/access up to

35% of their gross pay ahead of pay day through “Instantpay”. During this time, there has also been an extension of the temporary increase in mileage rates to support staff with the increase in fuel costs.

As an Anchor organisation, we also took part in offering staff access to web-based financial support/awareness sessions which covered topics such as cooking on a budget, reduce energy bills, budget planning and money myths.

*Key focus 5: We will continue to develop our psychological and wellbeing support offer for staff.*

**Clinical Psychologist:** The Psychologist role has focused on workplace wellbeing and developed a new critical incident debriefing model; the development of a tiered structure of psychological support and interventions for staff; and a training pilot on the subject of supporting staff experiencing stress, anxiety and depression.

**Staff Health and Wellbeing (HWB) Engagement Group:** Work continues to be driven by the group which is attended by the Trust Board Well-being Guardian, to raise awareness to managers and staff on the wide range of Health and Wellbeing support available. We were pleased to launch the first meeting of a Disability and Long-Term conditions staff network group and appoint a Chair and Vice-chair, both of whom are clinicians with specialist knowledge.

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

*Trust Priority: We will work pro-actively across all the communities we serve to improve health outcomes.*

*Key focus 1: We will engage with our Local Care Partnerships (LCPs) and Primary Care Networks (PCNs) to ensure we are working together to improve health outcomes for groups where there is an identified need.*

The Integrated Care Steering Group continues to oversee implementation of the Integrated Proposal, agreed in September 2021.

**Active Recovery:** The new programme has continued during 2023; this aims to create a health and social care short term community rehabilitation and reablement service for Leeds - Leeds Active Recovery (formerly the Leeds Alliance Community Service). The alliance is governed between LCH and Leeds City Council and is operating a multi-disciplinary service delivery model.

**North West Recovery Hub:** As part of their work on length of stay (LOS), alongside Newton Europe and the Intermediate Care Redesign Programme, the service is focusing on goal setting, streamlining processes, reviews and escalations, and discharge planning.

**Medical Management of Diabetes:** Successful partnerships have formed with PCNs Middleton and Hunslet, LS25/26, Morley and Chapeltown to improve treatment targets (blood pressure, cholesterol and HbA1c) by setting diabetes as a priority, upskilling, mentoring PCNs, employing email advice and guidance and, population health management strategies. In 12 months, all sites have improved their ranking. Work is in progress to improve uptake of low-calorie diets (for remission) in PCNs Central North and LSMP and the Light; improve uptake of SGLT-2 (which offer cardio renal protection) in West Leeds, Burmantofts and Seacroft; and working with practices to improve connectivity of glucose readings with LCH using Roche.

**Non-medical Management of Diabetes:** Partnership working with the LCP development team has resulted in good progress being made with organisations who are located across the city and commissioned with longer term funding e.g., Leeds Health Awareness, Libraries and Active Leeds. This has led to improved utilisation of local education space for structured education in libraries, leisure centres and GP practices to improve the health of those with diabetes.

**Integrated PCN Frailty initiatives:** We have a number of joint roles where Community Matrons divide their time working for the Neighbourhood Teams and a PCN. Updates are included in Appendix 4.

**Integrated Clinics:** Since May 2022, 17 integrated clinics, currently focusing on wound management, catheter, and line care patients, have opened across 14 PCN sites in Leeds. Further clinics are being planned for 2023/24.

**The Enhance Third Sector Service:** The service went live in June 2022 and has confirmed funding for year two until April 2024. The programme is to link Neighbourhood Teams with 14 third sector delivery partners. The aim is to improve capacity in both sectors and avoid delayed discharges and readmissions for vulnerable people on neighbourhood caseloads. The Delivery partners also accept referrals from other sources. Data from March 2023 demonstrates 177 referrals that have been made to Enhance partners. This will be further embedded during 2023/24.

**Community Falls Service:** The initial pilot of an integrated falls service model has been established as a permanent model. It focusses on collaboration and partnership working between the Community Falls Service and LTHT Falls Clinic Geriatricians and includes twice monthly virtual MDT meetings.

*Key focus 2: We will ensure service changes including the LCH Change Programme are co-produced and capture local needs and perspectives.*

In addition to the work co-produced in partnership with the third sector as described in this section of the paper, please see engagement examples under section 2.1 Strategic Goal - To deliver outstanding care.

A review of the SystemOne Communications Template that supports an equitable approach to understanding people's communication needs is being completed by the Adult Speech and Language Team. This will also optimise concordance with the Accessible Information Standard.

*Key focus 3: We recognise that for effective partnerships it is essential that we ensure adherence to LCH's partnership governance standards.*

One of the workstreams of the Leeds Mental Well-Being Service Improvement Programme focusses on partnership governance and includes review of the services' Partnership Agreement against LCH's partnership governance standards. This is also the focus of an Internal Audit which will provide a valuable independent assessment to inform both the work with LMWS and other partnerships including the Sexual Health Service tender.

*Key focus 4: Continue working with partners to build our capacity to provide care for people in the community by keeping patients safe and offering the right care, at the right time, in the right setting.*

**Local urgent community response (UCR) services:** The service is delivered by the Neighbourhood Teams. Changes to recording processes within Neighbourhood Triage Hubs in November 2023 significantly increased the number of referrals to the teams for delivery of care. This demonstrated an improvement in data quality; but meant that performance reduced below the required national standard, which is that 70% of people who require urgent care, will be seen within 2 hours. The service responded quickly to validate this position and developed an improvement plan focussing on communications and training for staff. Data on performance is now available to teams in the Trust Performance Information Portal to increase visibility to

service teams. Plans have been developed to introduce a breach review process in early 2023/24 and will be embedded in the performance management process.

The Neighbourhood Team and SPUR are actively working with system partners including Yorkshire Ambulance Service (YAS) to develop 'push' and 'pull' models that route more people through to urgent community response (UCR) pathways.

The service introduced a new procedure for **YAS referrals for a rapid response from the Neighbourhood Teams (NTs)**. From 13<sup>th</sup> February 2023 YAS directly refer less serious calls to NTs for a rapid response within two hours to avoid an unnecessary admission to hospital or an ambulance being dispatched. Staff in the YAS Emergency Operations Centre (EOC) triage calls and those which are assessed as lower acuity are now referred to the Neighbourhood Team via SPUR. Up to 19<sup>th</sup> March 2023, 51 referrals had been received from YAS, of which 19 had been accepted. Work is ongoing to review and learn how to maximise the number of appropriate referrals that the team could respond to sooner in their journey accessing urgent and emergency care.

**Virtual Ward (Frailty):** The service has delivered and made progress on plans for a number of clinical pathway improvements including an IV antibiotic pathway for community acquired pneumonia, the introduction of a second daily virtual ward round (MDT) with additional geriatrician input, skill mixing to recruit heart failure community specialists with the aim of reducing length of stay and throughput on the ward. They have also developed and rolled out an out of hours referral route for follow up overnight or next day assessment within the LTHT Emergency Department.

The service commenced a pilot of Point of Care Blood Testing in early January working closely with LTHT Pathology department. – When trialled to establish the most effective equipment in 2023/24, will enable the service to become more productive as well as providing valuable experience for partners to consider opportunities to use in other community and primary care pathways.

**Virtual Ward (Respiratory):** Ongoing work to promote the service offer to ensure full utilisation of the ward's capacity.

**Remote Monitoring Virtual Ward:** Work is ongoing across Leeds, Wakefield, Kirklees and Calderdale to jointly procure a remote monitoring technology solution which will be completed by May 2023. It is expected that first patients will be admitted on to the remote monitored virtual ward in May/June 2023. The Enhanced Community Response Steering Group have recently approved the remote monitoring clinical workforce model and initial emergency surgery pathways to support a cohort of patients across Leeds Teaching Hospitals NHS Trust to be discharged to their homes more quickly and avoid a more lengthy hospital stay. Further clinical pathways will be phased in during 2023 to include cardiology, respiratory, frailty and urology. Plans are to have a 50 bed remote monitored virtual ward by March 2024.

**Leeds City Council:** The Transfer of Care (TOC) Hub is now operationally managed by LCH, and the aim is to be open 7 days a week from the first weekend in October.

**Third Sector Partnerships:** Operational pressures caused some planned third sector partnership development to be paused or not progressed at the intended pace. However, there has been good progress with some excellent partnership developments that reflect key objectives set out in our 3<sup>rd</sup> sector strategy with a commitment to develop integrated working and co-deliver services, work together on shared agendas, and to champion and advocate for sustainable funding for the third sector.

**The Enhance Third Sector Service:** As detailed in Section 2.4 Key Focus One above.

**Mindmate Single Point of Access:** Is another excellent example of LCH and third sector co-delivery in an integrated team.

**BASIS:** LCH supported BASIS with their bid for NHS Charities Together (Captain Tom Moore monies) funding to work with LCH, LTHT and primary care to make services accessible and inclusive for women sex workers. BASIS have worked with the CUCS, Sexual Health service and Integrated Clinics service to make services more accessible to the women BASIS work with.

### **3 Recommendations**

The Board is recommended to:

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

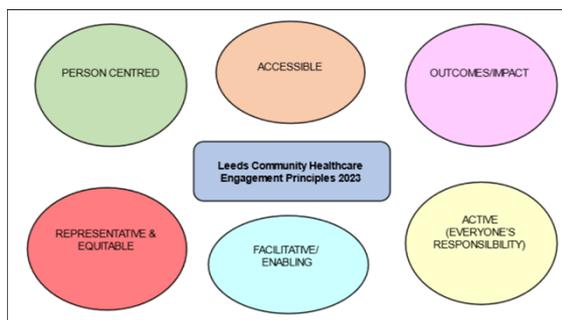
## Appendix 1 - Supporting Evidence

Strategic Goal - To deliver outstanding care

**Trust Priority: We will be responsive to the needs of our populations as we continue to rebuild our services back better.**

*Key focus 1: How we engage with our patient's is fundamental to the achievement of this and other Priorities.*

**Engagement Principles: The Principles are:**



**Sensory Impairment Training:** The training aims to develop awareness about sensory impairments and how to meet communication and access needs of people with sensory impairment when accessing services in health centres. The first of three access audits of LCH owned health centres has taken place which will identify barriers to access and develop recommendations to improve access for people with sensory impairment.

**Children's Business Unit (CBU) Youth Board:** Last quarter, the Children's Management Team (CMT) held a Youth Board takeover in which Board members attended a leadership meeting. During this session, they acted as a core member of the leadership team and spoke about what was important to them around health in Leeds. They shared information on the development of the Youth Board from a young person's perspective. There was also a conversation about the 2023/24 Business Plan. Board members fed back that as a result of the takeover, they felt part of the decision making, something which CMT will plan to do again. The Youth Board is writing of a Standard Operating Procedure and developing an application process for young people to apply to shadow clinical roles. This will be presented to CMT in the first instance.

**CBU Parent Forum:** Since the establishment of the Parent Forum, flyers have been developed to advertise and promote the parent group. The first meeting was held in November 2022 in which the group co-produced the Terms of Reference to inform how the group will run and agreed to monthly meetings. The group also attended a GATE Parent group meeting, highlighting its commitment to communicate with all groups in the community.

**Parents and Carers Support Group:** The first group was well received, and the team is running it again and are planning additional dates over the next few months. Feedback comments from the families who have attended:

*“The course was fantastic and I thought that Fiona was extremely knowledgeable and helpful.”*

*“Fiona was brilliant at responding to issues as they arose despite them not being part of the planned delivery. She made all parents feel that their contributions were valid.”*

**Children and Families Offers:** The Communication Offer provides a better understanding of services available for families and carers to access and will help the early identification of need and earlier access to services. Following the last launch event, the CBU will hold a next steps conference, planned for May 2023. The conference will consider how the offer can be further developed, building on staff experiences and communications with children, young people and families.

*Key focus 2: Where appropriate services will develop an action plan to address any areas of inequity from their health equity data.*

**Specialist Business Unit Celebration Event:** Rescheduled to Monday 24<sup>th</sup> April 2023. The theme will be inclusivity in its widest context to incorporate all protected characteristics and groups of people who data indicate are under-represented in terms of accessing our services or working within our teams. The aim of this event will be to explore issues and opportunities to open up conversations. In the lead up to this event, SBU are in the process of launching their Health Equity Board. The SBU Health Equity Board will consist of a range of staff and professions from services across the business unit with a special interest in Health Equity. The board will focus on equity in care and pathways, and equity in workforce with a proactive ‘intent to action’ approach using service intelligence and data, as mentioned above, to identify gaps and drive change. This will be underpinned by the Health Equity Strategy, with direction and escalation to the LCH Health Equity Leadership Group.

*‘research demonstrates that a workforce that is representative of the communities it serves, is better able to access marginalised groups, therefore maintaining equitable access to services’*

*Key focus 3: We will ‘make stuff better’ through the LCH Change Programme. For example, the Neighbourhood Model Transformation Programme, the Community Gynaecology Service Review and the Fair Days Work in CBU.*

**The Neighbourhood Model Transformation Programme (NMTP):** Continuing workstreams will include the triage hubs where engagement continues with the multidisciplinary triage staff to further develop the hubs and recruitment is ongoing, with positive numbers shortlisted. The ABU leadership structure redesign, phase 1 of which is nearing completion and has focused on senior leadership roles. Planned and unplanned care will also continue.

Closure documentation for the NMTP including work achieved and lessons learned is currently in development and will be widely disseminated.

**Triage Hubs:** Staff, including from LCC Reablement SKILs, Self-Management and other ABU citywide services are co-located together, working in an MDT approach. Significant work has taken place (and is ongoing) to embed this model including resolving telephony issues and estate challenges, developing and delivering a significant training package, recruitment and completing a staff survey. Monitoring and evaluation work continues to take place. Positive feedback from staff includes; that it's an effective process putting less pressure on staff, that staff have more control over their day as it's more structured, and having protected capacity for callouts and assessments is good. Recommendations are being considered around using resource effectively and reviewing the level of demand. Linked work is underway to refresh the approach to delivering planned and unplanned care in the Neighbourhood Teams and engagement sessions with staff have been completed prior to planning next steps.

**Neighbourhood Stabilisation Plan:** During 2022-23 we have managed a Neighbourhood Team stabilisation plan, aiming to support continued stabilisation across the teams. This plan centres around key priorities (such as self-management, integrated clinics, and virtual consultations) that will have the biggest impact on managing demand and improving capacity. The intention is that this plan will close in its current form in April 2023, though elements of the work will continue. Key successes include: the completion of approximately 900 virtual consultations across ABU, nearly 200 referrals to Enhance and nearly 9000 integrated clinic appointments. This work has contributed to the current improved position across NTs.

We continue to embed self-management across the Adult Business Unit. In February the service saved 3014 visits with 123 now receiving reduced input or no input due to being empowered to manage their own health needs. The service has worked collaboratively with the third sector and established clinics within localities providing both clinical aspects of care and tackling social isolation, which we know contributes to keeping people well. By working in this way with patients the service has contributed to avoiding unnecessary hospital admissions by increasing the safety net for patients, worked with individuals on their well-being and been able to directly improve their health outcomes, e.g., improving the wound healing process.

**Wharfedale Recovery Hub:** LCH is implementing an extensive training and induction programme for staff, improvement of the EPR and associated documentation, reviewing all contractual arrangements, implementation of LCH policies and guidelines and development of the business continuity plan. Work has commenced to harmonise terms and conditions for Wharfedale staff, and this aims to complete in 23/24.

**A Fair Day's Work:** Addressing productivity and Quality Improvement areas across Children's Business Unit (CBU) with a focus on health & wellbeing. Beginning with Children's Speech and Language Therapy, this work has looked at how the service has benchmarked appointments and the impact of this on staff. It has also focussed on strong staff engagement to see what improvements can be made to systems and processes to further support a staff member's view of a fair day's work.

Improvements have been identified in SLT and the workstream has concluded with 0-19 and moved to ICAN. It is due to complete at the end of Q1 23/24.

**0-19 ante-natal reset and review:** Antenatal visits to all Primps within the Leeds' restorative clusters commenced in Q4 and have been rolled out citywide. The 0-19 contract has been agreed for the 4 years commencing April 2023 and is based on the new sustainable staffing model that has been developed in conjunction with colleagues across the service and which utilises the skills of ALL staff within the service more effectively. The new model has meant a growth in our Staff Nurse and Family Health Worker establishment; the provision of significant levels of training and engagement and continual changes to existing processes required to move work across staff groups. Key to the work has been regular engagement with all of our 0-19 colleagues. Following our whole-service citywide events in October, we have recently had separate events for our School Nurses and Family Health Workers and are planning further whole service events for Q1/Q2 2023/24. We continue to canvas suggestions and ideas from the teams including use of Slido polls, weekly key messages and 'catch'-up' meetings. Further plans include the broadening of the antenatal offer to once again become a universal offer. We have established a working group to explore options for how this offer should be delivered most effectively within the new model and with continued priorities given to those most in need and in the hard-to-reach areas of Leeds.

**Mindmate Support Team:** The work is focussed on a targeted roll out to provide early intervention in relation to emotional and mental health. Team 2 commenced in Jan 2022 in the City Inner West, Bramley and North Leeds - this team will then be stretching into Pudsey and Aireborough. Recruitment has begun for team 3 who will commence in Jan 2023 in the following areas of the City Seacroft Manston, Temple Newsam, Halton, Wetherby, Garforth, Boston Spa and villages West and South of Leeds. Planning has now begun for Team 4. The project is on target to be citywide by 2025.

## Appendix 2 – Supporting Evidence

### Strategic Goal - Use our resources wisely and efficiently

#### **Trust Priority: We will continue to rebuild our services with a focus on our waiting list backlogs through continuous improvement**

*Key Focus 1: Work with services, patients, and partners to identify changes to service provision and/or pathways (both within LCH and across the whole system, where applicable) to more effectively manage patients and help alleviate waits linking with the LCH Change Programme, Third Sector Partnerships and Primary Care Integration.*

**Neighbourhood Team (NT) Virtual Consultations** - The roll out includes NTs, TVS, Nights, Pharmacy Tech, CUCS, Therapy, Self-Management, CCSS and Palliative Care. Data demonstrates an ongoing rise in the number of virtual consultations that are taking place across the business unit - as of mid-March, 873 have been recorded in this financial year. Teams are regularly promoted by the senior leadership team to consider the use of virtual consultations, and numbers are regularly monitored. In addition to this project, the Neighbourhood Teams have undertaken a range of EPR-related and digital projects to enhance service effectiveness and efficiency.

**Leeds Sexual Health – Online Contraception Booking Pilot** - The majority of sexual health services across the county offer some form of online option, so this will reflect the national picture however this pilot goes one step further by allowing for direct online provision for uncomplicated contraception cases.

The current offer is for face to face (F2F) appointments or telephone consultations. The greatest barrier to accessing either of these has been the requirement to ring the service for the appointment. The service receives regular concerns and complaints where patients report frustration at having to ring back several times to get through and having long waits for the telephone or F2F appointments. As our waiting time increase, we see a consequent increase in DNA rates.

The aims of the pilot include:

- To reduce the pressure on the phone line
- Improve accessibility by patients being able to log on at times convenient to them and not be confined to the phone operational hours
- Improve accessibility by being able to directly book appointments on-line at a time of their choosing.
- Improve accessibility to the service by providing a range of access options – Phone, online and walk ins
- Improve accessibility for those requiring provision of uncomplicated contraception
- Release capacity within the service to focus on those that need face to face support from the Leeds sexual health service

The pilot went live on 5<sup>th</sup> September so there is no data or feedback as yet however the initial feedback from staff is positive. Over the next few months data and feedback will be gathered to evaluate the impact of the pilot and if successful the

service will look to roll out the concept across other elements of the service such as PReP and Coil refit and removal appointments.

***LSH Patient feedback via online contraception:***

*I work nights, doing this online has made this so much easier rather than having to ring up and then wait around all day for them to ring me back. I tried getting this via my doctor as app with you are scarce understandably didn't know about online with you but my doctor wouldn't give me any over phone even though I've been on this pill many years nothing has changed with me so was incredibly impressed with your service thank you very much.*

**Colorectal and Urinary Continence Service (CUCS)** – CUCS have seen high waits during 2022/23 as a result of significant demand and staff availability, and this was added to the risk register due to a lack of immediate solutions. However, the service has made changes to ways of working to try and address these waits; this includes a review of referral processes to reduce duplication, reviewing waiting lists to consider appropriate referrals to an integrated clinic, and considering alternative methods of triage. CUCS waits will be a priority in 23/24.

**Neighbourhood Team Therapy:** Neighbourhood Team Therapy feedback that the extension of backlog funding had a significant impact on waits, particularly in 2022. The teams continued to utilise locums, overtime, and dedicated administrators. Unfortunately, the waiting list has risen during Q3 and Q4, particularly for physio, with 840 patients waiting as of February 2023. This is affected by teams only booking ahead by 1-2 weeks due to the Triage Hub roll out, sickness and vacancies. To address this new therapy-led integrated clinics are being scoped, and work is underway to review the scope of the band 4 therapy assistant practitioners.

**Community Neurology Rehabilitation Service** - The aim of the Community Neurology Rehabilitation Service (CNRS) service redesign, which began in September 2020, was to review the service model to address the challenges facing the service which were evident prior to the pandemic.

- Long waiting times to access the service
- Variable patient experience due to unclear pathways within the service
- Waiting times leading to ineffective use of resources
- Not able to be responsive to pressures in the system
- Lack of clarity around service offer
- Disrupted patient journey within the service due to moves between the various elements of the service
- Anecdotal reports of stakeholders not referring to the service due to the long waits – leading to patients being referred to other services that are less able to meet their needs
- Not being able to offer patients the right service in the right place at the right time

The redesign process included data analysis, clinical evidence and involved significant engagement with stakeholders, staff and patients and carers. The work was a collaborative approach with the CCG, as it was, and continues with the ICS. The outcome of this work outlined a phased approach for development of the service over a 3–5-year period alongside potential investment required to get the service to a point where it meets the service ambition:

- To provide high quality and timely neurological rehabilitation to Leeds patients.
- To ensure timely equitable access for all that need community neurological rehabilitation
- To work collaboratively with partners in Leeds

Phase 1 of the redesign will be delivered within the current financial envelope and aims to be implemented by the end of Q1 2023/24. Since January 2022 significant work has been undertaken within the service in preparation for implementation of a new service model. This has included:

- Development of a new staff model
- A case for change and staff consultation process
- Ongoing backlog trajectory modelling
- Identification of internal developments required to implement a new model such as data and performance and systems and processes
- A review of the agreed model option as learning and intelligence improves

**Community Dental Service** – following the contract extension and commissioner led review in Q3 the service have met with NHSE to discuss the offer and agree the service improvement plan priorities. It was agreed that the service would complete a gap analysis against the current service specification. The service will present findings and recommendation from the gap analysis to commissioners in May. In addition to this, commissioners will also progress key priority workstreams following their review. This will include collaborative discussions across the ICS geography which they refer to as the YH CDS Review.

The CDS Time to Shine Project will encompass the service specific improvement priorities and key priority workstreams that the whole ICS will participate in. The improvement plan and the key priority workstreams will shape our CDS Time to Shine action plan.

**Introduction of SystemOne Live in NTs** - A pilot demonstrated that SystemOne Live was easier to use, had better functionality and made life easier for busy teams. It also supports work on improvements to the EPR system as new templates only have to be designed once. Positive feedback from the pilot resulted in SystemOne Live being rolled out across the 13 NTs and Neighbourhood Nights, and this has now been completed. Support is still being provided to resolve connectivity issues and develop user guides for the self-help folders.

**EPR Optimisation** – Over 100 pieces of development work, including the review and development of individual templates, care plans, questionnaires, and processes as well as full SystemOne unit/service reviews has been completed. This workstream will close in April 2023 as part of the NMTP closure.

**Community Allocation Software** – The project team have been working on optimisation of the use of Health Roster including the updating of staff skills and further work on the care plans which will be integral to how eCommunity will work. RL Datix completed their development of the software in January 23 to enable integration with multiple SystemOne units. We are now at a stage where LCH can carry out internal testing, initially to test proof of concept and then in-depth testing against our local

procedures and assure ourselves of meeting clinical safety checks. Alongside this, our IT team are exploring the most effective and efficient way to set up the IT infrastructure required. This may include an outsourced solution. A number of IG requirements and checks have been requested from RL Datix including the most prominent, a data sharing agreement. We are also risk assessing the longevity of the deployment of this software beyond the lifetime of the contract. We aim to have solutions to all outstanding items by May with intention of starting a pilot in July.

**Children's Audiology Waiting List** - This included a keeping in touch letter sent every 6 weeks, a waiting time in letter, a video highlighting what to expect at your appointment & a well-organized admin process supported by a robust capacity & demand tool. The impact of this can be read in the following feedback:

*"We would like to thank ICAN audiology for the excellent care my daughter received. Skye was very nervous about the appointment at Armley Moor Health Centre today but was put at ease by Alexia and the audiologist. The pre-appointment information was great to prepare Skye with what to expect and the same images were used on the information boards in the waiting area which Skye recognised and was interested in. Skye was really pleased to receive a sticker (she seems to rate health services on the quality of the stickers - top marks for audiology!) We were kept informed about expected waiting times and received an appointment sooner than we expected. Overall, a great experience from referral to discharge."*

Key focus 2: We will adopt a standardised approach to waiting list management through the Improving Patient Flow and Prioritisation Programme

**Waiting List Framework** – The Speech and Swallowing Service highlighted four areas to focus on:

**Waiting list management:**

- Review parts of the system where one part is moving faster or slower than other parts (all parts should move at the same speed).

**Prioritisation:**

- Assessments of clinical need to consider any vulnerability of the patient resulting from any protected characteristic.

**Waiting times:**

- Service non-attendance process.
- Explore service approaches to self-management while waiting.

The learning from the testing has helped to produce the final draft of the Waiting List Framework and the toolkit of resources will be available for other services to pick up and use via the Intranet. Two further services will join the testing period following the completion of the waiting list audit. The Programme Team and key stakeholders plan to broaden the knowledge base for waiting lists and backlogs by linking with key organisations across Leeds and beyond.

Key focus 3: Use current performance and governance mechanisms to ensure there is assurance that patients are safe whilst they are on a waiting list. Services should provide assurance via the Quality and Improvement Group and Performance Panel.

No additional information.

## Appendix 3 – Supporting Evidence

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

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

Key focus 1: We will recruit and induct our first cohort of international community nurses.

No additional information.

Key focus 2: We will enhance and develop our Apprenticeship offer.

No additional information.

Key focus 3: We will carry out locally targeted recruitment and reduce barriers to entry to widen our talent pool and diversify our workforce.

Of those recruited, 33% of people were unemployed before being offered work with Leeds Community Healthcare, 25% live in priority neighbourhood across Leeds and 29% of people appointed are from Black, Asian and minority ethnic backgrounds. We are developing wider 3<sup>rd</sup> sector connections to enable wider reach in communities. Members of the Leeds Anchor Network are interested in learning from our experience and highlighting this work in Anchor Network comms, with LCH representation on the Good Jobs, Better Health Project Board meeting. There is an ambition to expand further upon this work in 23/24 to recruit more people in this way and continue to remove barriers, building relationships with communities.

**Our Workforce Planning Journey** - The information gained will be used to develop actionable plans, utilising various “levers” such as Recruitment, Retention, Reward, Development, Contingent workforce. Plans will consider the current resource gaps, and also the additional resources required as a result of the additional investment coming into Community Services in the coming weeks.

Key focus 4: We will enhance the Financial Wellbeing elements of our Health & Wellbeing Offer.

No additional information.

Key focus 5: We will continue to develop our psychological and wellbeing support offer for staff.

No additional information.

## Business unit Examples:

Following the development of a workforce/resourcing plan for the ABU, four priority areas for recruitment support were confirmed: nursing, therapy, TOC (Transfer of Care) and self-management. As we finish Q4, significant recruitment is in train in the business unit, with over 80 staff being interviewed across NCA and staff nurse posts. Hyper-local recruitment has been a success for the ABU, with Wharfedale being a particular example, and will continue to be a priority into next year. We also have a further cohort of international nurses due to start shortly. Plans are being developed to create a dedicated resourcing project for 23/24.

Whilst there are understandable challenges in proactively supporting colleagues' health and wellbeing given the service pressures in several areas, our teams in ABU work hard to come up with innovative and creative ideas. This includes Wednesday walks and fish and chips Friday in Meanwood NT and a bake-off competition in Neighbourhood Nights. Nights are also creating a vlog on the Safe Shores mobile appendix app - discussing the benefits of the app which is designed to help keep staff safe when lone working in patient facing roles.

**CBU recruitment video:** A montage has been created in which different staff members across all CBU services showcase why they enjoy working for LCH & in particular, Children's Community services. The development of this product was supported by the Youth Board who helped to ensure the content was reflective of a young person's experience of receiving care in LCH services. This video will be used for all children's job adverts going forward with the vision that it will form an attractive offer to new recruits.

**SBU** have embedded Diversity and Inclusion within the workforce strategy, this is also a priority for our SBU Health Equity Board, with a focus on accessible and equitable recruitment so that we have a representative workforce of the communities we serve, with a focus on removing barriers to current recruitment process.

## SBU Workforce Project Sept 2022 – March 2023

The overall aim of the project was for all SBU services to be at 90%-100% establishment by the end March 2023. They achieved this and are currently 93% established (including vacancy factor)!

Just some of the ways they did this are listed below:

- Worked with Head of Workforce systems and intelligence who has developed a detailed LCH workforce data dashboard to enable workforce planning

Workforce Dashboard																																												
Workforce Movements Yearly	Workforce Movements Monthly	Leavers List	Internal Movement	Staff Movement Model	Recruitment Data																																							
<p>Workforce Movements Report</p> <p>This report is designed to support workforce planning activities.</p> <p>This report helps us to understand how our workforce has changed over time and determine if our activities are working as intended in line with our workforce plans and performance goals.</p> <p>Summary</p> <p>Workforce Movements Jan 2022 - Dec 2022</p> <table border="1"> <thead> <tr> <th>Staff Group</th> <th>Headcount start of period</th> <th>2022 to 2023</th> <th>Leavers in period</th> <th>Headcount end of period</th> <th>Net change in period</th> <th>Workforce percent Jan 2022</th> <th>Workforce percent Jan 2023</th> <th>Yearly percentage change</th> <th>Current Vacancy Rate</th> <th>Current Turnover Rate</th> <th>Net Movement (Gross)</th> </tr> </thead> <tbody> <tr> <td>Allied Health Professionals</td> <td>451</td> <td>66</td> <td>71</td> <td>484</td> <td>13.2</td> <td>63.6</td> <td>65.5%</td> <td>-6.7%</td> <td>14.6%</td> <td>-</td> <td>2</td> </tr> <tr> <td>Administrative and Clerical</td> <td>102</td> <td>148</td> <td>116</td> <td>134</td> <td>23.0</td> <td>72.9</td> <td>3.8%</td> <td>-12.3%</td> <td>15.3%</td> <td>24</td> </tr> </tbody> </table>										Staff Group	Headcount start of period	2022 to 2023	Leavers in period	Headcount end of period	Net change in period	Workforce percent Jan 2022	Workforce percent Jan 2023	Yearly percentage change	Current Vacancy Rate	Current Turnover Rate	Net Movement (Gross)	Allied Health Professionals	451	66	71	484	13.2	63.6	65.5%	-6.7%	14.6%	-	2	Administrative and Clerical	102	148	116	134	23.0	72.9	3.8%	-12.3%	15.3%	24
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- Worked with services and the communication team to develop posters to be used on social media to promote vacancies and test the off line approach.

- Tested an offline approach to recruitment for Police Custody and WYOI (historically difficult to recruit to posts). The outcomes were as follows:

Offline approach	NHS jobs	Outcomes:
21 expressed an interest	2 applicants	Of the 21 shortlisted for interview
1 didn't meet criteria	1 didn't meet criteria	1 DNA, 4 cancelled interview
20 shortlisted for interview	1 shortlisted for interview	18 people interviewed and appointable

Feedback from candidates and staff:

*"I was surprised there was such a role in police custody. I never knew there were working clinicians I wish there was more knowledge of such roles. The first time I knew about police custody was when I saw the poster which was shared with me. I am now pleased that I can have another career pathway I can consider"*

*"Not having to go through NHS jobs made it so much easier and encouraged me to apply"*

*"This has been fantastic and great to communicate with candidates throughout the process"*

*"We have never had so much interest before, this has been amazing"*

## Appendix 4 – Supporting Evidence

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

**Trust Priority: We will work pro-actively across all the communities we serve to improve health outcomes.**

Key focus 1: We will engage with our Local Care Partnerships (LCPs) and Primary Care Networks (PCNs) to ensure we are working together to improve health outcomes for groups where there is an identified need.

**Active Recovery** - Key developments during Q4 include embedding the Reablement SkILs service into the NT triage hubs - SkILs staff have progressed with rotation through the triage hubs (where not their main role) and a triage steering group has been established jointly between NMTP/AR to develop community referral and triage further. Read access has been enabled to each other's systems. Joint review has been established for people waiting for NT/SkILs or both that are sitting with TOC, and a weekly performance report has been co-designed to cover demand, timeliness and caseload. Timeliness has improved for SkILs since Active Recovery go-live and has remained stable for NTs. For SkILs, while this is a positive trend suggesting some impact of Active Recovery, data gaps from Nov 2022 (due to issues with the data warehouse) mean we cannot see whether this reduction is within the standard "noise", or if the trend continues. Attributing this reduction to AR remains inconclusive until we have observed it over a longer time period. Active Recovery now sits within the Intermediate Care Redesign Programme.

**North West Recovery Hub** - The service now actively participates in weekly multiagency review of long LOS pathway 2 rehab patients who are still in LTHT, to improve hospital flow. The service is also now reporting nationally using the correct codes around reason to reside, so is able to understand caseloads, escalate delays, evaluate changes and improvements better.

**Non-medical Management of Diabetes** - Learning has highlighted the need for better communication of the assets linked to diabetes care. Consequently, a funded city-wide communication strategy is being developed with Leeds City Council and local partners to develop tailored comms. Access to technology is also a priority with workstreams focussing on improved access to Flash Glucose Monitors in underserved communities and self-management apps to enhance self-management. Diabetes Leeds has also contributed funds to support and evaluate Active Leeds' 'LEAP' programme, which focusses on long term conditions. This will provide 400 people living with diabetes in Armley, Middleton and Hunslet and West Leeds access to a health coach and ultra-low-cost gym membership. Improved activity levels and community connections, well-being and cardiovascular outcomes are anticipated.

**Integrated PCN Frailty initiatives** - In West PCN, LCH is funding a Community Matron to work as part of a new PCN Frailty Home Visiting service. The service aims to enable patients to stay well and at home / in the community by providing pro-active care, optimising support for patients when discharged, working as part of an MDT with the wider primary care team and also with NTs, developing more streamlined and

integrated ways of working with the neighbourhood team and Virtual Ward Frailty, and reducing duplication. The team recently Commenced Proactive work with moderately frail, established Frailty Clinics and started undertaking Comprehensive Geriatric Assessments in care homes

We also have an 18-month pilot with Beeston PCN - a dual Community Matron role working across Beeston Neighbourhood Team and a GP practice in Beeston PCN focused on the frail elderly population. The aim of the role is to improve care and efficiencies through providing early and timely intervention, reduce duplication across Primary Care and Neighbourhood Teams, reduce inappropriate referrals in and out of the Neighbourhood Team and build better relationships between the Neighbourhood Team and practice.

A care home project with Morley PCN is now in its second year and has had excellent feedback from patients, care home managers and the PCN. Having a Community Matron working across the care homes has reduced duplication of services and assessments, reduced both the number of NT and GP urgent call outs, increased the number of patients supported to stay in the care home for end-of-life care and appropriate referrals to the virtual ward and led to a reduction in clinical incidents. Plans are in place to join up evaluation and monitoring of these roles.

**Integrated Clinics** – The clinics are staffed by LCH colleagues, with estate and equipment provided mainly by primary care, with a small number of clinics delivered in LCH and third sector premises. Seeing patients in the clinics increases capacity in the Neighbourhood Teams and GP practices; at the same time giving patients who are mobile an additional method of accessing care whilst promoting their independence. Between April 2022 and February 2023, the clinics have received over 2000 referrals and run over 8000 appointments. Staff working in the clinics are providing high quality, patient centred care - 96% of patients in the friends and family test feedback said the service is very good and they wouldn't change anything.

Comments from staff include

*“It's been amazing having a service like this and for podiatry to have interaction with this team. I have a patient who was under the NT and now under yourselves and it's changed her outlook so much and I'm glad to say her feet have improved”*

*In April we will start a pilot with Forward Leeds, providing a clinic for patients known to Forward Leeds via BEVAN, the Homeless Health and Inclusion Team, BASIS, St Anne's and The Crypt in their premises in Kirkgate, Armley and Seacroft. This will improve wound care for particularly vulnerable patients who have high incidence of very severe wounds.*

**Community Falls Service** – the pilot demonstrated a 68% reduction in the need for referral of Community Falls Service patients to the Falls Clinic during the pilot time, compared to the same timescale prior to the pilot. This integrated service incorporating the MDT meetings has now been established as a permanent service model including an ACP role at LCH.

There is ongoing work to support a permanent pharmacy role within the service. This service model and pathway has demonstrated more integrated working between the

two services, with more timely assessment, implementation, and follow-up of patients in the community to reduce falls risk. It has provided more timely investigations to support a diagnosis with Consultant Geriatrician oversight.

Pharmacy expertise and support has enabled medication changes to reduce falls risk to be actioned promptly. It has also improved accessibility to the service for patients, providing care closer to home for complex high risk falls patients, and resulting in positive patient feedback on their experience. This model has supported reducing the number of patients needing to attend an outpatient clinic for initial assessment and follow-up appointments. It has shown effective use of time and roles to manage complex falls patients in the community, supporting resilience in the system by reducing pressure on Geriatrician and GP time.

As there has been more timely identification and provision of tests, and decision-making regarding management of the patient, it has also supported a reduction in Community Falls Service waiting times. Use of digital technology has also supported the development of this model, with a hybrid approach of face-to-face patient assessments in the community and virtual patient discussions.

*Key focus 2: We will ensure service changes including the LCH Change Programme are co-produced and capture local needs and perspectives.*

No additional information.

*Key focus 3: We recognise that for effective partnerships it is essential that we ensure adherence to LCH's partnership governance standards.*

No additional information.

*Key focus 4: Continue working with partners to build our capacity to provide care for people in the community by keeping patients safe and offering the right care, at the right time, in the right setting.*

No additional information.

**Trust Board Meeting held in public: 26 May 2023**

**Agenda item number: 2023-24 (13i)**

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**Title: Quality Account 2022/23**

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Category of paper: approval  
History: Quality Committee 22 May 2023

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Responsible director: Director of Nursing and Allied Health Professionals  
Report author: Head of Clinical Governance

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## **Executive Summary**

The Quality Account is an annual report detailing the quality of services offered by an NHS healthcare provider. The reports are published annually and are available to the public.

Quality Accounts allow NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.

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

Amendments have been included following feedback from Quality Committee to include additional data for the Urgent Response Indicator within the Trust Priority Section on Page 32, additional information on our end of life work in the Learning from Deaths Section on Page 71 and the CBU Quality Improvement section has been reviewed.

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

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

Due to report scheduling, the paper will be received by Quality Committee and Board in the same week.

## **Recommendations**

Trust Board is asked to:

Review the content of the 2022/23 Quality Account and approve for publication.

Speech bubbles, and pictures will be added when formatted for publication.



Leeds Community  
Healthcare  
NHS Trust

# Leeds Community Healthcare NHS Trust Quality Account 2022/2023

DRAFT

## About Annual Quality Accounts

Quality Accounts, which are produced by providers of NHS funded healthcare, focus on the quality of the services they provide.

They look at:

- Where an organisation is performing well and where they need to make improvement
- Progress against quality priorities set previously and new priorities for the following year
- How the public, patients, carers and staff were involved in decisions on these priorities.

If you would like this information in another language or format such as large print, please contact Leeds Community Healthcare NHS Trust

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## Part One Introduction

### Introduction from the Chief Executive and Chair of Leeds Community Healthcare NHS Trust

'Welcome to the Leeds Community Healthcare NHS Trust Annual Quality Account for 2022/23. The Account is an accurate representation of the quality of care that we continuously demonstrate throughout this organisation for the absolute benefit of the communities we serve.

This year has seen challenges to the provision of healthcare services from the continued and fluctuating impact of COVID -19 and new and evolving threats to the health of our communities including the outbreak of MPX, Streptococcus A and increase in the impact of seasonal Flu. Working together with our partners across the place of Leeds and wider has enabled a system wide approach to care delivery that has involved and included our communities and has enabled us to deliver our promise of high quality care.

We set ourselves a goal in 2022 to rebuild our services back better and to continue our focus on innovation in achieving that goal. Our colleagues have worked tirelessly in 2022/23 to achieve this goal and ensure the care we provide to our communities remains of the highest standard.

This year we have focussed our account on the innovative work being done across all of our services with a clear focus on integrated approaches to care delivery that places our patients and communities at the heart of our work. We believe that this account lays out, in detail, the quality and the positive impact of an excellent year of delivery under the most challenging of circumstances.

We would like to recognise and thank our staff publicly for their continued hard work, dedication, and resilience during this difficult period. It is through their commitment to safe, effective, responsive, care, that we have been able to continue to deliver the high-quality care that is demonstrated throughout this Quality Account'.

**Photo of Thea and Brodie to add.**

## **About Leeds Community Healthcare NHS Trust**

Leeds Community Healthcare NHS Trust (LCH) is proud to provide great care to our communities. We provide a wide variety of services from pre-conception to end of life. We provide care from many different specialities and professional disciplines. This includes services to promote and maintain health, and to provide care and treatment to manage existing conditions or ill health. We primarily serve the population of Leeds, although we also provide some services across the region.

The most recent Care Quality Commission Inspection in 2019 rated LCH as 'Good' overall with Community Sexual Health Services rated as 'Outstanding', an improvement from the last inspection. Our aim is to build on our overall rating of good and share learning and excellence in practice across each of our services as we strive to become an outstanding organisation.

### **Team LCH**

[Join Team LCH Nursing - Introduced by our Director of Nursing and Allied Health Professionals - Steph Lawrence](#)

[Leeds Community Healthcare NHS Trust children, young people and family services](#)

## Vision and Values

Our vision, values and behaviours guide and influence how we work. They exemplify the way we deliver our services and who we are as an organisation. 'Our Eleven' of our vision is that **'we provide the best possible care to every community'** and is underpinned by our values and implemented through our behaviours. (Figure 1.)

# 11 Our Eleven

Our How We Work Video:  
[How We Work at LCH](#)

**1 vision:** We provide the best possible care to every community we serve

**3 values:** We are open and honest and do what we say we will    We treat everyone as an individual    We are continuously listening, learning and improving

**7 magnificent behaviours (how we work):**

 <p><b>Caring for our patients</b></p> <ul style="list-style-type: none"><li>• Seeing things from their point of view</li><li>• Acting on individual needs in the best way we can</li><li>• Treating people with respect, dignity, kindness</li><li>• Ensuring we keep high quality and complete patient records</li></ul> 	 <p><b>Making the best decisions</b></p> <ul style="list-style-type: none"><li>• Being willing to take a decision</li><li>• Gathering sufficient information from the right sources</li><li>• Making decisions which are logical and evidence-based</li><li>• Taking a long-term view about what is best for the future of our patients and the Trust</li></ul> 	 <p><b>Leading by example</b></p> <ul style="list-style-type: none"><li>• Being clear about what needs to be done</li><li>• Helping others to develop their abilities</li><li>• Acting as a role model by taking responsibility</li><li>• Keeping our promises and being prepared to say what we think</li><li>• Setting high standards for ourselves and others</li></ul> 	 <p><b>Caring for one another</b></p> <ul style="list-style-type: none"><li>• Being thoughtful in the way we treat one another</li><li>• Keeping our emotions under control</li><li>• Listening to one another</li><li>• Being sensitive to other people's situations</li><li>• Treating them with kindness</li><li>• Being flexible in the way we work with others</li></ul> 	 <p><b>Adapting to change and delivering improvements</b></p> <ul style="list-style-type: none"><li>• Looking at the way things are done now and suggesting new ways of working</li><li>• Looking at best practice elsewhere and bringing in relevant ideas from outside the Trust</li><li>• Being able to adapt to new ways of working and to changes in the ways in which we deliver care</li></ul> 	 <p><b>Working together</b></p> <ul style="list-style-type: none"><li>• Being supportive of colleagues</li><li>• Building relationships both inside and outside the Trust</li><li>• Communicating clearly and persuasively</li><li>• Being open to others' ideas</li><li>• Finding out what is important to others in order to get things done</li></ul> 	 <p><b>Finding solutions</b></p> <ul style="list-style-type: none"><li>• Adopting a positive approach to problems</li><li>• Looking for ways to solve them</li><li>• Showing a sense of enjoyment and commitment to what we do</li></ul> 
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## Patient Stories

Every month our Board hear stories and case studies from our patient's and services. These have been shared within the Account and highlight how our Vision, Values and Behaviours were exemplified in the care delivered by LCH, some examples include:

### **Alex's Story - Infant Mental Health Team/Leeds Mental Health and Wellbeing Service**

Alex shared that he was struggling to bond with his son after birth and that his wife talked to their Health Visitor and shared her worries. Alex acknowledged that although he was not keen initially, the Health Visitor was amazing and put him in touch with the Infant Mental Health Service who offered support. Alex shared that a previous incident in his life was impacting his ability to bond with his Son and with the support of the services together with the support of Andysmanclub (a male suicide prevention peer support group) he is in a much better place and is now a facilitator of Andysmanclub. [Alex's story of seeking support from the Infant Mental Health Team and LMWS](#)

### **Jim's Story - Yeadon Neighbourhood Team – Self Management Facilitator**

Jim accessed support from the Yeadon Neighbourhood Team (NT) Self-Management Facilitator after having a catheter fitted prior to chemotherapy. Jim stated he had nothing but praise for staff who came up with good ideas regarding pieces of equipment so that the catheter did not cause any problems. Jim discussed how his catheter was extracted painlessly and when a minor bleed occurred, he received piece of mind following contacting the out of hours nursing contact. Jim discussed feedback regarding poor communication from hospital to community services through an example provided by his neighbour, Jim stated he feels better communication would support the NHS trust. [Jim's story of catheter care from Yeadon Neighbourhood Team](#)

### **Justin's Story - Homeless Health Inclusion Team**

Justin accessed support from the Homeless Health Inclusion Team (HHIT) due to experiencing homelessness and facing barriers in relation to setting up a bank account. Justin contacted HSBC bank whose service then referred through to the HHIT. Justin expressed that the support he received was rapid, he expressed feeling that he had fallen through the cracks from services for years. Justin's received a bank account for the first time in fifteen years, he appreciated the follow up calls and texts from the service and discussed how other services can have a lack of understanding which can be a barrier and has often felt judged in the past. Justin provided feedback stating the team were warm, compassionate, handled things in a holistic manner compared to past experiences where he felt some services were machine like. Justin recited a poem, something in which he is passionate about and continues to focus on.

### **Linda's Story - Nutrition and Dietetics Team**

Linda was referred to the Adult Dietetic Team by her GP in July 2022 due to poor dietary intake due to tiredness, diarrhoea, and weight loss. She had a recent hospital admission and was diagnosed with pancreatic insufficiency, Linda commenced on medication to replace pancreatic enzymes. Due to Linda's agoraphobia, she has been seen at her home by the dietitian. Linda has improved her dietary intake and was tolerating 2 small meals daily and 1 oral nutritional supplement drink. During a follow up visit it was noted that Linda was struggling with the supplement drink and the Dietician arranged for Linda to trial other types of supplement which have been successful. This has meant that Linda's mood has improved, and she had resumed an interest in activities at home, and has started knitting again. Linda praised the support she has received from the team and feels comfortable to ask for support and feels she is improving each day.

### **Jamie's Story - Speech and Swallowing Team**

Jamie is a 40 year old gentleman who was referred to the service in August 2022 by his Neurology consultant with concerns around his swallowing and ability to communicate due to dysarthria (slurred speech). He had been diagnosed with a rare condition called Wilson's Disease that affects the central nervous system.

Jamie was experiencing poor articulation, low vocal volume and a rapid pace of talking. Jamie, who was previously a tennis coach, is a sociable, chatty individual but the speech difficulties impacted his confidence and was resulting in conversations breaking down regularly. He reported times of embarrassment and frustration when being told to leave a shop due to being "drunk" and feeling that people made assumptions about his intellect due to how he sounded.

He avoided telephone calls due to the non-face to face nature and found doctors consultations difficult for him to articulate himself. He identified the difficulty with accessing LCH services where the primary contact was telephone based and suggested this is something to consider in the future as an inclusive factor for people accessing the service, which is being reviewed.

Jamie completed an eight-week block of speech therapy that resulted in a significant improvement in Jamie's speech, with 100% intelligibility across conversations, and for Jamie to make telephone calls with success. Jamie shared feedback from friends that his speech has improved and overall, his confidence has significantly improved. He stated "I had a problem with my brain, so I didn't know what a speech therapist could do to help, but it has been so helpful and I feel so much more confident now". [Jamie's story from the Adult Speech and Swallowing Team](#)

## Part Two Review of Quality

Our Review of Quality starts with the work we have completed with our partners to keep patients at the centre of joined up approaches to care to better meet their health needs and leads into our achievement against our Trust Priorities 2022/23.

### **Integrated Approaches - our integrated and partnership working across the NHS system**

LCH is an integral partner in the delivery of services across Leeds and beyond. We have established and sustained our considerable contribution to the development of system wide integrated ways of working to benefit our communities. As we continue our journey to achieve the vision of the NHS Long Term Plan through a fully integrated approach to care delivery we will continue to learn and evolve our services to meet the needs of those communities.

We have made significant contributions to ensuring patients flow through the healthcare system by mobilising and delivering out of hospital care that reduces admissions into hospital, whilst effectively supporting our workforce to deliver high quality care in the community to support hospital discharge at the earliest opportunity.

The Integrated Care Steering Group has continued and is Co-Chaired by the Executive Director of Nursing and Allied Health Professional's for LCH and the GP Confederation Steph Lawrence and Kim Adams Programme Director Local Care Partnerships Development Programme. The group met regularly to oversee the work below as well as considering new integrated working initiatives.

In addition, LCH are working closely with our Primary Care Networks (PCN) in Leeds to build on existing services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care for people close to home. There are currently 18 PCN's in Leeds.

LCH has also continued to be an active partner in the COVID-19 response in 2022/23 and became the lead provider of the COVID-19 Vaccination Programme in August 2022. We have worked across Leeds with our partners to ensure the continued delivery of the programme to safeguard our communities from COVID-19 and promote their wellbeing.

## Our Response to the COVID-19 Pandemic

### *The Leeds COVID-19 Vaccination Programme – A Complete Multi Agency “Team Leeds Approach” to a Pandemic*

The Leeds COVID-19 Vaccination Programme has continued throughout 2022. Working with partners across the city, Leeds Community Healthcare’s Executive Director of Operations, Sam Prince, has continued to lead the response as the appointed Senior Responsible Officer and has responded to the challenges faced by the mutations of the virus. The programme continues to deliver primary doses along with a spring and autumn booster from over 35 GP and Community Pharmacy Sites along with a roving pop up offer.

The figures for Leeds are as follows\*:

- Over 612,000 people have had a 1st vaccination (70.3% of eligible GP registered 5+)
- Over 582,000 people have had a 2nd vaccination (66.9% of GP registered 5+)
- Over 420,000 people have had a 3rd / booster vaccination, (72% of eligible)
- Over 50,000 people have had the Spring Booster vaccination (80.6% of eligible)
- Over 211,000 people have had an autumn booster, (65% of eligible)
- Resulting in the total number of 1st , 2nd and booster vaccinations given to Leeds GP registered citizens to reaching an impressive **1,826,913.**

\*Data provided 23 March 2023

LCH took over the role of Lead Employer for the Leeds COVID-19 Vaccination Programme in September from LTHT, helping the programme to move towards a more business as usual outreach community model. A core team has been recruited, which both coordinates the programme logistics for the city, but also delivers a roving clinical offer. This team specifically supports the ‘no-one left behind’ pathway to promote vaccine equity via an innovative and flexible programme that has been developed for vaccine delivery from both static and pop-up sites. It has also coordinated the staff flu and COVID campaign for LCH, LTHT and LYPFT.

The team regularly visits up to 10 sites a day via a roving offer in health centres, Trinity shopping centre, libraries, community centres, festivals, schools and even via a roving bus. The team has also provided a bespoke inpatient, housebound and care home offer to pick up gaps in provision.

The programme team are currently planning ahead for 2023-2024 as the COVID-19 Vaccination Programme moves towards a more business as usual seasonal model.

## **Long-COVID Rehabilitation Pathway**

Overall prevalence of Long COVID continues to remain high: 1.6 million people in England are estimated to have self-reported Long COVID symptoms lasting longer than four weeks following SARs-CoV-2 infection, with over 1.2 million reporting symptoms continuing for over 12 weeks, 685,000 for over a year and, in the UK, 403,000 for over two years. A steady decline in persistence of symptoms by 12 weeks following infection is seen in some people, however, those with ongoing symptoms beyond 12 weeks report these are severely debilitating. Of sufferers, 1.4 million (70%) report their ability to undertake daily activities is adversely affected, with 398,000 (20%) reporting that this has been “limited a lot” (NHS Plan for Improving Long Covid Services, July 22).

As infection rate data is no longer being collected and testing no longer available, we cannot extrapolate to the Leeds population and predict the % of expected sufferers of Long Covid who would require support from our service. However, we are currently providing treatment to 1094 patients, and this is in addition to 1430 patients we have already treated and discharged. Referral rates remain high at an average of 90 a month.

The Service has continued to grow over the last 12 months and has expanded their clinic model by working from additional bases across the city to improve access for patients. The ten week virtual therapy course has been evaluated and updated to reflect additional learning and patient feedback. We continue to evaluate our treatment approaches with outcome measure collection, more recently using our Yorkshire Rehab Scale - C19YRS which we now have on a SystemOne template to report on.

In January 2023, the service started Video Group Assessments (VGA) to support the ongoing service demand and improve patient waiting times from referral to first assessment, this will also provide early peer support. In response to patient feedback, we have also changed our service pathway, bringing intervention / treatment forward (after VGA), meaning patients receive the ten-week virtual course earlier whilst waiting to be seen in clinic.

\*Data provided 31 March 2023

## Long COVID Research Team

The research team have been extremely busy and productive supporting the service and the Long COVID community and have published six journal articles. A Leeds PCPI (Predicate, Correlation, Perception Learning) group has been developed who are supporting the ongoing work we are doing in this new and evolving area of clinical practice, keeping the service at the cutting edge nationally and internationally.

We have been working closely with NHSE, supporting the creation and facilitation of a new Long COVID training programme to support upskilling, and levelling up the Long COVID services knowledge and approach across the UK. We have also continued to provide NHSE with data /outcomes to support the national picture understanding, and these are included in the latest NHS Plan for improving Long COVID services, July 22 as a case study.

We continue our Inequalities work and were successful in securing additional funding from the ICB which has allowed the working groups dedicated time to focus on the various workstreams. Working with BI we are now able to capture and report on health outcomes and demographics within the service.

We continue to partnership work with third sector organisations and were a part of the VCSE (Voluntary, Community, Social Enterprise) West Yorkshire training day.

### **Patient feedback the team have received:**

*'Staff were all so understanding and keen to help. The 10 week virtual course helped me to understand what was happening to me and my body. Sharon Witton and all the team were amazing. Thank you'*

*'They understand how I feel and that Long Covid is real and debilitating. All the sessions have helped me especially the breathing session. Thank you for all the help and support I have had from you all   '*

*'I felt very supported throughout the whole of my recovery and the occupational therapist I was assigned (Jenna Shardra) was amazing. She always listened, she understood my symptoms and took time to help me understand. It felt like a huge relief finding and having regular*

*contact with a service and staff member who understood the condition and had time for me. I could tell from my appointments and interactions with the service that they cared about my recovery’.*

*‘The dietician was willing to continue advising me until she was sure that I was feeling better. She was never pushy, but she wanted to get to the nub of what could be going wrong, and she had some very good ideas. I really do feel that she helped me, and I’m hopeful that my problem is solved - or at least, well on the way towards being solved’.*

*‘My key worker was always so welcoming and positive, just felt it was a very good experience’.*

*‘From the very first phone call, I felt like my symptoms were real, it was about how I felt. I felt it wasn’t in my head, I wasn’t made feel it was all in my head. I was heard, all staff took into consideration how I felt on the day, everyone was lovely’*

*‘Superb service who offered excellent personalised care. I am very fortunate to be in Leeds and receive this support as I know it’s not available everywhere. Thank you!’*

*‘I could not believe that anything could make me feel better. However, the rehabilitation programme helped me in so many ways. Particularly helpful were the fatigue management tips and the breathing techniques. I could not recommend this service highly enough’.*

*‘It would be helpful if there could be more funding so that waiting lists needn’t be so Long’.*

## **Wharfedale Recovery Hubs**

Leeds Community Healthcare NHS Trust responded quickly to the citywide need by taking over the running of the units Bilberry and Heather Recovery Hubs at Wharfedale hospital after the previous contract ended on 23/11/2022. Since then NHS partners have been working together to maintain bed capacity and minimise any disruption to the service at Wharfedale.

We have been working hard to ensure a smooth transition for both staff and patients alike. As part of our Intermediate Care Strategy, our aim remains to make sure people receive high-quality care during their stay and that they are supported to return home safely as soon as possible.

LCH responded by pulling together a steering group with representation from the service and across LCH corporate services. The group met twice weekly to make decisions, monitor, escalate and provide governance to the work. The group continues to meet weekly to ensure continued support during the ongoing transition.

Admissions to the unit were paused prior to transition and for a period after the 23/11/2022 to allow for assessment of what was required to deliver a safe service to patients, provide immediate training to staff and implement new systems and processes. We swiftly agreed to reopen to admissions over the Christmas period responding to the city-wide demand and pressures in patient flow through the system.

The focus for the transition has been the safety and quality of care for the patients with the focus of the units on rehabilitation. With this in mind, we have introduced a patient rehabilitation diary owned by the patients with their own goals that details the interventions and time with the Therapy Team. Patients are actively encouraged to wear their own clothes and we have employed two activities co-ordinators who have now started and are busy planning and gathering information from the patients about what they would like to do. This will embed the focus on proactive rehabilitation and shift the focus to enablement through motivation and active engagement.

Patient feedback includes '***The ward is lovely ward and the staff are kind***'.

Staff feedback has focused on an appreciation of the support and training that is being provided and that communication has improved as there are now fortnightly team meetings for both day staff and separately at night for the night staff. Staff have also fed back that they have felt listened to and supported through the transition by LCH.

The Key Performance Indicators are currently being decided with the Integrated Care Board.

### **Active Recovery**

Our aim is to create a health and social care short term community rehabilitation and reablement service for Leeds. This involves combining the resources of LCC SkilS Reablement Service and LCH Neighbourhood Teams to create a multi-disciplinary service delivery model. This will be available when the need is identified, whether the person is at home, in a community or a hospital bed. These services have around 800 staff between them, working seven days a week, supporting over 7500 people. This work is an opportunity for a true partnership between our organisations and will ensure there is closer joint working in how we deliver services, and how we support staff development.

For people receiving our care this will mean increased access for people to short term community rehabilitation and reablement, improved co-ordination and reduced confusion about which service is doing what. It will provide responsive home-based, person-centred, co-ordinated care and treatment to enable people to maximise their independence and/or recover from illness or injury and improve people's outcomes so they can live at home, safe and well in their communities for longer. The initiative will also reduce dependency on long term services, delay the potential need for term care and reduce hospital admissions and A&E attendance.

Active Recovery is part of how Leeds will develop our services in line with national guidance and local priorities, with a focus on supporting people in their own homes.

Our first key priority is to make it easier and quicker to access our services when people need it by creating a single point of access and single allocation/referral process, that started in October 2022.

The aim is for clinics to be used 100% of the time available, this is currently 74% and work is ongoing to support greater access. This is reflected in the ethos that clinics are not restricted within localities or to PCN's, any patient from any GP or Community Team can be supported in any clinic to improve accessibility for patients and support improved health equity via universal access. This model also helps understand where additional clinics are needed if conversely, patients are having to travel further to access a clinic due to less availability in their area.

An example of how the clinics support the full system is demonstrated by to an Integrated Clinic in the Burmantofts Harehills and Richmond Hill PCN where the clinic has completed 818 appointments for 297 patients from 28 other GP practices. The clinical staff in those 28 practices are able to focus clinical time on treating Long Term Conditions with earlier intervention and management to reduce the risk of complex complications from illnesses such as Diabetes, Chronic Heart Disease, Chronic Obstructive Pulmonary Disease, and helping those people to live longer healthier lives.

**An example of how our Active Recovery work is supporting patients and our urgent care response:**

A patient ready for discharge from an Acute Trust was referred for SKiLs reablement to support a return home. There was limited SKiLs capacity for the request leading to a potential 8-day delay of the patient's discharge home. Partnership conversations within the Triage Hub

scoped a joint approach to facilitate discharge and take the opportunity for meaningful rehabilitation. A Positive Active Recovery outcome plan made for a jointly supported discharge with the Neighbourhood Team and SKiLs Team and the patient was discharged safely.

A 71 year old patient was admitted to hospital in January 2023 with a complex medical history and was referred for Neighbourhood Team and SKiLs support with medications and skin damage. Reablement was arranged with Nursing visits, and he was able to be discharged home, a joint assessment was completed and all appropriate support provided.

## Integrated Wound Clinics

The integrated wound clinics piloted in 2021/22 are continuing on a permanent basis and are now aligned to the Neighbourhood Team portfolios. There are now 16 clinic locations with 28 days of clinic each week. The aim is to have a clinic Monday to Friday within each Neighbourhood Team portfolio; with Neighbourhood Team staff working in the clinics on a rotational basis. Data has been developed to understand how well the clinics are attended and will be included in performance reporting once the clinics are considered business as usual.

***As of 19/02/23, 9677 appointments had been completed for 2583 patients, meaning that 5247 hours or 700 working days of clinical time was supported in clinic. This meant that time in Neighbourhood Teams could be allocated to seeing more clinically vulnerable people in their own homes, creating more capacity in teams to support discharges from hospital. In addition, more patients could be seen by GP practices for long term condition management, reducing admissions to hospital. Overall, this focusses care around the patient and supports the wider system to flow through from hospital admission to discharge with reduced admissions and greater capacity to support patients coming home from hospital earlier.***

A remote booking platform has been developed: patients can be booked into any of the sites by primary and community care colleagues. Integrated wound care colleagues are operating an active process to identify those patients typically seen by Neighbourhood Teams but can access primary care. Feedback confirms positive patient satisfaction and staff satisfaction is also high with 43 patients stating care was very good and two good. Examples of feedback include: ***'Excellent for legs; like being at vascular', 'Friendly and thorough staff, I feel confident in their skills' 'Nurse explains everything they are doing. Keeping in touch with my GP'.***

The clinics have expanded the care delivered to include central venous line and catheter care; moving forward the clinics will be known as Integrated Clinics to encompass this wider remit. A model of providing the clinics in a social setting to address social isolation whilst providing care has been developed with our Third Sector Partners, the first clinic opened in January 2023. There is an aim to consider how the clinics can support and self-management approach to further support people's independence.

There is also a plan to trial the provision of clinical support to Forward Leeds in two of their clinics where patients who do not traditionally access mainstream services currently attend. The aim will be to train our Forward Leeds colleagues in simple wound care whilst providing clinical support for people with more complex wounds. It is hoped that by working together and initiating therapeutic relationships with those attending Forward Leeds that we can support a more equitable approach to access to healthcare and of health outcomes.

Lessons learned from an earlier programme were shared at an integrated workshop resulting in the development of a shared template within the electronic patient record in SystemOne and Emis. It is aligned to the national wound care strategy and addresses Commissioning for Quality and Innovation (CQUIN) and Community Services Data Set (CSDS) requirements. The template evaluated well following a period of testing with Primary Care, LCH Clinical Practitioners and wider partners. It was launched by Primary and Community Care Clinical systems in March 2022 and has continued to be embedded with good feedback in 2022/23.

### **Morley and West PCN**

In 2021/2022 LCH funded a Community Matron and Senior Nurse to lead a dedicated Integrated Care Home Team supporting residents in Care Homes across Morley PCN locality and working very closely with the PCN Pharmacist. Previously care was provided by different general practices and multiple members of the health care team. The success of the initiative reflected an overall **reduction in incidents of 52.5% from 61 to 29 for the 2021 calendar year to 2022**. This translated into a **reduction of 66.7% in pressure ulcer incidents, a 68.2% reduction in Moisture Associated Skin Damage incidents, a 75% reduction in Deep Tissue Injury and a 50% reduction in falls incidents being reported**.

The initiative in West PCN now includes comprehensive geriatric assessments and proactive care and is supporting an Advanced Clinical Practitioner from Leeds and York Partnership Foundation Trust to undertake their training. The team have responded to increased winter pressures with increased home visiting capacity to deliver reactive care, planned to support anticipatory care and support collaborative working, reduce duplication and ensure a high-quality service is offered universally.

Early plans are being assessed for a further two PCN's to follow this or a similar integrated model in with Bramley Wortley Middleton PCN and LS25/LS26 PCN.

## The Leeds Place COVID Medicines Delivery Unit (CMDU)

The Unit is based at St James's Hospital and is jointly run by Leeds Community Health NHS Trust's CIVAS (Community Intravenous Administration Service) and Leeds Teaching Hospitals NHS Trust. The CMDU offers people who are immunosuppressed and test positive for COVID-19 treatment with the newest antiviral and monoclonal antibody treatments to prevent their condition from worsening that may then require hospitalisation.

## The Leeds Visible Project – Partnership with Leeds Continence, Urology & Colorectal Service (CUCS)

The Leeds Visible Project provides strategic leadership around initiatives which seek to improve health and wellbeing outcomes for adult survivors of childhood sexual abuse (CSA). There are an estimated 50,000 adults in Leeds who are living with the impact of CSA, meaning there is a significant public health issue at stake, involving both physical and mental health.

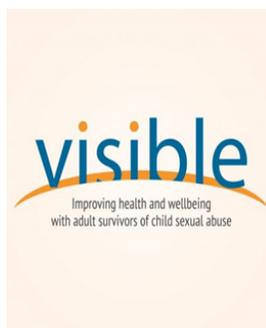
One very major strand of work involves **improving access to physical healthcare settings**. It is well known that many people who've experienced CSA do not seek appropriate healthcare, due e.g. to the distressing and triggering nature of many physical examinations. There is an urgent need for healthcare settings to be made more responsive to the needs of people who've experienced CSA, as this will reduce mortality and lead to better health outcomes for many.

As part of this work, Visible has been setting up pilot projects in a variety of settings, with the aim of making all healthcare settings accessible by 2024. The **partnership with CUCS was the first such pilot**; and was chosen because two nurses, Deborah Makepeace and Penelope McNab, had already embarked on this type of work, having rightly identified that many users of CUCS have health issues directly connected to their past abuse.

Visible and CUCS work together to identify and implement 'best practice' around offering healthcare to survivors of CSA, though the work done by Deborah and Penelope is **already of a very impressive standard**. They are offering interventions to adult survivors of CSA; and also e.g. to Sex Workers, which are in many ways more supportive and effective than what is generally offered by specialist mental health services. Visible recommends that this work **is supported and promoted**, as it will likely form the 'template' for other healthcare settings to follow.

Shared by  
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September 2022

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## Review of Quality Performance 2022/23 and Priorities for Quality Improvement 2023/24

This section reviews the priorities we set for 2022/23 and describes what we have achieved during the year in addition to highlighting areas where we have experienced challenges to achieving our aims. There is further evidence of achievement of the priorities across the wider Quality Account. We will continue to work towards these Priorities in 2023/24. Progress against the Priorities and any escalation of concerns are reported to Quality Committee and Business Committee three times a year.

A statement has been included where we have assessed whether we have met our priorities for 2022/23. It should be noted that our priorities are fundamental to the care we deliver and where met or partially met, we will continue to build on the work completed this year to continuously improve our services and care delivery.

### Strategic Goal - To deliver outstanding care

**Trust Priority: We will be responsive to the needs of our populations as we continue to rebuild our services back better.**

What we said we would do:	Status	What we achieved and how we will continue to work towards the priorities:
<i>Key focus 1: How we engage with our patients is fundamental</i>	Met	<b>Engagement Principles:</b> The aim from stakeholder engagement, that has been approved by Quality Committee, is that engagement becomes the embedded culture of the Trust. A set of principles has been established. The associated measures to assess achievement are being developed.

<p><i>to the achievement of this and other Priorities</i></p>		<p><b>Sensory Impairment Training:</b> Over the past year almost all Front of House staff, Administration staff from Adults, Childrens and Specialist Business Unit services, and the Senior Management Team, have participated in Sensory Awareness training by BID Services (a charity who support people with hearing and/or visual impairment).</p> <p><b>Children’s Business Unit (CBU) Youth Board:</b> There are currently 40 members of the Youth Board where a focus on equity, diversity and inclusion has resulted in an increasingly diverse Board, more so than before. CBU offers Board members opportunities as they arise and aligns opportunities to members own personal goals to ensure their work is meaningful.</p> <p><b>CBU Parent Forum:</b> CBU have recently launched the CBU parent forum, with help from third sector partners, which a small number of parents have joined.</p> <p><b>Parents and Carers Support Group:</b> A group has been established in the Eating Disorders Team: it is open to parents who have children known to the team. The group aims to provide support to parents and families to support their children through their time with the service.</p> <p><b>Children and Families Offers:</b> The first offer to be developed was the Communication Offer which is a directory of services and resources that support children and young people with speech, language, and communication development.</p>
<p><i>Key focus 2: Where appropriate, services will develop an action plan to address any areas of inequity from their health equity data.</i></p>	<p>Partially met and ongoing</p>	<p><b>LCH’s Business Intelligence (BI) Strategy:</b> The Strategy details how information regarding inequity will be made available to services and those making planning decisions. Work is underway to implement critical improvements and modernisations within the technical infrastructure of the BI department. When complete, this will allow for development of meaningful dashboards and tools. The priority area for dashboard development will be indicators within the Responsive Domain, including waiting times.</p> <p>While the transfer to PowerBI is underway, equity data reports have been developed in other formats for access/transfer/discharge, pressure ulcers, and falls incidents which enable services and Quality Leads to identify inequity in the safety of patients in these areas. From that data, we will then be able to develop actionable insights which will address inequity and</p>

		<p>improve safety and quality of care for people living in areas of high deprivation, minority ethnic communities, people whose main language isn't English and people with learning disabilities or autism. The data is assessed within the Quality Lead monthly report and any themes shared with the Business Units for further review and action.</p> <p><b>Specialist Business Unit Celebration Event:</b> The Business Unit were due to hold their annual celebration event in October 2022. However, due to the continued pressure services are under, this was postponed until Monday 24th April 2023. The theme was inclusivity in its widest context. Work will continue into 2023/24.</p>
<p><i>Key focus 3: We will 'make stuff better' through the LCH Change Programme. For example, the Neighbourhood Model Transformation Programme, the Community Gynaecology Service Review and the Fair Days Work in CBU.</i></p>	<p>Met and ongoing</p>	<p>The Business Change and Development Service led and supported a number of projects throughout 2022/23 to underpin the achievement of the Trust priorities. Projects included:</p> <p><b>The Neighbourhood Model Transformation Programme (NMTP):</b> The programme continued during 2022/23 and will officially close in April 2023. Key workstreams will continue into 2023/24, managed through alternative ABU governance.</p> <p><b>Triage Hubs:</b> The Hubs are now well established in the north, west and south of the city, removing the need to triage in the Neighbourhood Teams themselves.</p> <p><b>Neighbourhood Stabilisation Plan:</b> The plan centres around key priorities such as self-management, integrated clinics, and virtual consultations that will have the biggest impact on managing demand and improving capacity.</p> <p><b>Wharfedale Recovery Hub:</b> LCH became the lead Provider for delivery of the Wharfedale Recovery Hub from 23 November 2022 and a significant amount of development work has taken place to ensure that high quality care is being provided.</p> <p><b>Integrated Gynaecology Service:</b> A considerable amount of work has been undertaken this year, in partnership with LTHT, Meanwood Health Centre, and the ICB to review the Gynaecology offer and pathways in Leeds. This resulted in LTHT putting in a bid to the</p>

	<p>elective recovery fund to develop and expand the community gynaecology offer to ensure patients are given the right care in the right setting and thereby relieving pressure on LTHT and helping to address the backlog from the pandemic. We are currently awaiting the outcome of this funding bid.</p> <p><b>A Fair Day's Work:</b> The assessment considered productivity and quality improvement areas across Children's Business Unit (CBU) with a focus on health and wellbeing.</p> <p><b>0-19 Ante-natal Reset and Review:</b> Antenatal visits to all first time parents re commenced in Q4. The 0-19 contract has been agreed for April 2023/27 and is based on the new sustainable staffing model.</p> <p><b>Mindmate Support Team:</b> A targeted approach to provide early intervention in relation to emotional and mental health commenced in January 2022 in the City Inner West, Bramley and North Leeds localities. The project is on target to be citywide by 2025.</p>
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**Strategic Goal - Use our resources wisely and efficiently.**

**Trust Priority: We will continue to rebuild our services with a focus on our waiting list backlogs through continuous improvement.**

<b>What we said we would do:</b>	<b>Status</b>	<b>What we achieved and how we will continue to work towards the priorities:</b>
<i>Key focus 1: Work with services, patients, and partners to identify changes to service provision and/or pathways (both within LCH and across the</i>	Met and ongoing	<p><b>Neighbourhood Team (NT) Virtual Consultations:</b> The roll out of virtual consultations has been expanded to the whole of the ABU, teams were issued with dedicated email addresses to use for this purpose.</p> <p><b>Leeds Sexual Health:</b> Online Contraception Booking Pilot: Leeds Sexual Health are looking at ways to improve the digital offer to service users: offering more choice and ease</p>

*whole system, where applicable) to more effectively manage patients and help alleviate waits linking with the LCH Change Programme, Third Sector Partnerships and Primary Care Integration.*

of access. As part of that improvement work, the service began a pilot to offer an online service for booking of appointments starting with contraception on 26th September 2022.

**The Leeds Place Covid Medicines Delivery Unit (CMDU):** CMDU was established this year and is based at St James Hospital. It is jointly run by Leeds Community Health NHS Trust's CIVAS (Community Intra Venous Administration Service) and Leeds Teaching Hospitals NHS Trust. The CMDU offers people who are immunosuppressed and test positive for Covid-19 treatment with the newest antiviral and monoclonal antibody treatments. The aim is to prevent their condition from worsening that may then require hospitalisation.

**Colorectal and Urinary Continence Service (CUCS):** CUCS have made changes to how they work to reduce their waiting list. This included a review of the referral processes to reduce duplication, reviewing waiting lists to consider appropriate referrals to an integrated clinic, and alternative methods of triage. CUCS waiting times will be a priority in 2023/24.

**Neighbourhood Team Therapy:** An extension of backlog funding had a significant impact on therapy waits, particularly in 2022. The teams continued to utilise locums, overtime, and dedicated administrators. Unfortunately, the waiting list has risen during Q3 and Q4. To address this new therapy-led integrated clinics are being considered.

**Community Neurology Rehabilitation Service:** A redesign of the service began in September 2020 following the COVID 19 pandemic. The aim was to review the service model to address the challenges facing the service which were evident prior to the pandemic. Phase 1 of the redesign will be delivered within the current financial envelope and aims to be implemented by the end of Q1 2023/24.

**LMWS:** As part of the ongoing LMWS Development Programme the service has procured an additional subcontract partner Xyla. Xyla Digital Therapies covers the provision of digital/remote psychological therapy services for common mental health problems through

a technology-based solution. It therefore enables assessment and treatment to be conducted outside of normal working hours. This will help the service respond to the needs of its services users and build capacity within the service with an aim for timelier access to therapies. The first patients were referred in Q4 and will be seen in Q1 of 2023/24.

**Community Dental Service:** Following the contract extension and commissioner led review in Q3 the service have met with NHSE to discuss the offer and agree the service improvement plan priorities. It was agreed that the service would complete a gap analysis against the current service specification. The service will present findings and recommendation from the gap analysis to commissioners in May 2023.

**Introduction of SystemOne Live in NTs:** A pilot demonstrated that SystemOne Live would have a positive impact on teams. SystemOne Live has been rolled out to the 13 NTs and Neighbourhood Nights.

**EPR Optimisation:** Over 100 pieces of development work, including the review and development of individual templates, care plans, questionnaires, and processes as well as full SystemOne unit/service reviews, has been completed.

**Community Allocation Software:** Optimisation of Health Roster (staff rota software) including the updating of staff skills and further work on the care plans which will be integral to how eCommunity will work has been completed.

**Children's Audiology Waiting List: Support** for those on the waiting list was introduced. This included a 'keeping in touch' letter sent every 6 weeks, a waiting time was shared in the letter, and a video highlighting what to expect at your appointment. This was enabled by a well-organised administration process supported by a robust capacity and demand tool.

<p><i>Key focus 2: We will adopt a standardised approach to waiting list management through the Improving Patient Flow and Prioritisation Programme</i></p>	<p>Partially met and ongoing</p>	<p><b>Improving Patient Flow and Prioritisation Programme:</b> In recognition that each service across the Trust would benefit from reduced variation in the recording and analysis of data and performance linking with waiting times and backlogs. The aim of the Improving Patient Flow and Prioritisation Programme is to embed holistic, sustainable and consistent approaches to supporting and managing people who are waiting for care within Community Health Services.</p> <p><b>Waiting List Framework:</b> The framework has been developed with key stakeholders and led by the Head of Business Intelligence. A service self -assessment checklist has been aligned to the framework to enable services to understand where there are opportunities for new ways of working and how to prioritise these.</p> <p>Speech and Swallowing Service are the first service to trial the process with support from the Programme Team.</p>
<p><i>Key focus 3: Use current performance and governance mechanisms to ensure there is assurance that patients are safe whilst they are on a waiting list. Services should provide assurance via the Quality and Improvement Group and Performance Panel.</i></p>	<p>Met</p>	<p>Waiting lists continue to be closely monitored by services and through Quality and Performance panels which are held monthly within Business Units. Escalations go to the LCH wide Quality and Performance panel, chaired by the Executive Director of Operations, and to QAIG (Quality Assurance and Improvement Group) by exception, which is chaired by the Executive Director of Nursing and Allied Health Professionals and the Executive Medical Director.</p> <p>This process will continue in 2023/24.</p>

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

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

<b>What we said we would do:</b>	<b>Status</b>	<b>What we achieved and how we will continue to work towards the priorities:</b>
<i>Key focus 1: We will recruit and induct our first cohort of international community nurses</i>	Met	The Trust has successfully recruited seven international nurses who started on 20 June 2022. All seven have passed their OSCE (Objective Structured Clinical Examination) exam and have received their UK Nursing PIN number and are working as a registered nurse in LCH services. International recruitment continues and we have recruited a second cohort of 20 international nurses who joined us late March/early April 2023.
<i>Key focus 2: We will enhance and develop our Apprenticeship offer.</i>	Met	We continue to support 118 apprentices on the programme including our first Physiotherapy and Occupational Therapy apprentices with a further 41 planned to commence on programme in September 2023. We are working together with Business Units to understand their apprenticeship role requirements, and how this is aligned to workforce plans.
<i>Key focus 3: We will carry out locally targeted recruitment and reduce barriers to entry to widen our talent pool and diversify our workforce.</i>	Met	<p><b>Local Recruitment:</b> We have developed a programme of work to target local people for local roles and are working effectively with third sector organisations to remove barriers for people to access work with LCH. Over the last 12 months, 101 candidates have been appointed across registered roles, domestics, administration and clinical apprenticeships.</p> <p><b>Our Workforce Planning Journey:</b> Our intention for the process is that this is not a one-off exercise (like our annual business plan), but a continuous iterative approach to understanding and responding to our resourcing gaps over the medium to long term. So far, we have engaged with Business Units to identify high priority service areas and roles that require our attention and have started some initial modelling to establish our future needs.</p>

<p><i>Key focus 4: We will enhance the Financial Wellbeing elements of our Health &amp; Wellbeing Offer.</i></p>	<p>Met</p>	<p>The current financial climate remains a challenge for many. The Trust continues to look at a variety of ways to support staff, which includes signposting staff to a range of financial wellbeing information, as well as enabling staff to stream/access up to 35% of their gross pay ahead of pay day through “Instantpay”. During this time, there has also been an extension of the temporary increase in mileage rates to support staff with the increase in fuel costs.</p> <p>As an Anchor organisation, we also took part in offering staff access to web-based financial support/awareness sessions which covered topics such as cooking on a budget, reduce energy bills, budget planning and money myths.</p>
<p><i>Key focus 5: We will continue to develop our psychological and wellbeing support offer for staff.</i></p>	<p>Met</p>	<p><b>Clinical Psychologist:</b> The Psychologist role has focused on workplace wellbeing and developed a new critical incident debriefing model; the development of a tiered structure of psychological support and interventions for staff; and a training pilot on the subject of supporting staff experiencing stress, anxiety and depression.</p> <p><b>Staff Health and Wellbeing (HWB) Engagement Group:</b> Work continues to be driven by the group which is attended by the Trust Board Well-being Guardian, to raise awareness to managers and staff on the wide range of Health and Wellbeing support available. We were pleased to launch the first meeting of a Disability and Long-Term conditions staff network group and appoint a Chair and Vice-chair, both of whom are clinicians with specialist knowledge.</p>

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

**Trust Priority: We will work pro-actively across all the communities we serve to improve health outcomes.**

<p><b>What we said we would do:</b></p>	<p><b>Status</b></p>	<p><b>What we achieved and how we will continue to work towards the priorities:</b></p>
<p><i>Key focus 1: We will engage with our Local Care Partnerships</i></p>	<p>Met</p>	<p>The Integrated Care Steering Group continues to oversee implementation of the Integrated Proposal, agreed in September 2021.</p>

<p><i>(LCPs) and Primary Care Networks (PCNs) to ensure we are working together to improve health outcomes for groups where there is an identified need.</i></p>	<p><b>Active Recovery:</b> The new programme has continued during 2023; this aims to create a health and social care short term community rehabilitation and reablement service for Leeds - Leeds Active Recovery (formerly the Leeds Alliance Community Service). The alliance is governed between LCH and Leeds City Council and is operating a multi-disciplinary service delivery model.</p> <p><b>North West Recovery Hub:</b> As part of their work on length of stay (LOS), alongside Newton Europe and the Intermediate Care Redesign Programme, the service is focusing on goal setting, streamlining processes, reviews and escalations, and discharge planning.</p> <p><b>Medical Management of Diabetes:</b> Successful partnerships have formed with PCNs Middleton and Hunslet, LS25/26, Morley and Chapeltown, to improve treatment targets (blood pressure, cholesterol and HbA1c which is a measure of blood glucose) by setting diabetes as a priority, upskilling colleagues, mentoring PCNs, employing email advice and guidance, and utilising population health management strategies. In 12 months, all sites have improved their ranking.</p> <p><b>Non-medical Management of Diabetes:</b> Partnership working with the LCP development team has resulted in good progress being made with organisations who are located across the city and commissioned with longer term funding e.g. Leeds Health Awareness, Libraries and Active Leeds. This has led to improved utilisation of local education space for structured education in libraries, leisure centres and GP practices to improve the health of those with diabetes.</p> <p><b>Integrated PCN Frailty Initiatives:</b> We have a number of joint roles where Community Matrons divide their time working for the Neighbourhood Teams and a PCN. Updates are included in Appendix 5.</p>
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		<p><b>Integrated Clinics:</b> Since May 2022, 17 integrated clinics, currently focusing on wound management, catheter, and line care patients, have opened across 14 PCN sites in Leeds. Further clinics are being planned for 2023/24.</p> <p><b>The Enhance Third Sector Service:</b> The service went live in June 2022 and has confirmed funding for year two until April 2024. The programme is to link Neighbourhood Teams with 14 third sector delivery partners. The aim is to improve capacity in both sectors and avoid delayed discharges and readmissions for vulnerable people on neighbourhood caseloads. The Delivery partners also accept referrals from other sources. Data from March 2023 demonstrates 177 referrals that have been made to Enhance partners. This will be further embedded during 2023/24.</p> <p><b>Community Falls Service:</b> The initial pilot of an integrated falls service model has been established as a permanent model. It focusses on collaboration and partnership working between the Community Falls Service and LTHT Falls Clinic Geriatricians and includes twice monthly virtual MDT meetings. Additional examples are held within the wider Account.</p>
<p><i>Key focus 2: We will ensure service changes including the LCH Change Programme are co-produced and capture local needs and perspectives.</i></p>	<p>Met</p>	<p>In addition to the work co-produced in partnership with the third sector as described in this section of the Quality Account, there were various examples of engagement throughout the Account.</p> <p>In addition: <b>A review of the SystemOne Communications Template</b> that supports an equitable approach to understanding people’s communication needs is being completed by the Adult Speech and Language Team. This will also optimise concordance with the Accessible Information Standard.</p> <p>The change programme continues as planned.</p>
<p><i>Key focus 3: We recognise that for effective partnerships it is</i></p>	<p>Partially met</p>	<p>The future model for provision in Leeds and nationally is one where system partners, statutory and third sector work together routinely as integrated teams to better meet local need. Where we co-deliver, a pre-requisite for efficient and effective working will, in some</p>

<p><i>essential that we ensure adherence to LCH's partnership governance standards.</i></p>		<p>instances, be enabling partners to access patient records. Recent experience with LMWS, the Enhance programme and Enhanced Community Response has highlighted the need for a more robust standard process and governance arrangements to determine whether, when and how external partners are able to access the patient record. The Information Governance and Informatics teams are leading this work. The resulting arrangements will be implemented by LMWS as part of the LMWS Improvement Programme and will determine access for third sector partners in Enhanced Community Response, the Enhance programme and inform future programmes of work where we co-deliver with third sector partners.</p>
<p><i>Key focus 4: Continue working with partners to build our capacity to provide care for people in the community by keeping patients safe and offering the right care, at the right time, in the right setting.</i></p>	<p>Met</p>	<p>Examples include:</p> <p><b>Local urgent community response (UCR) services:</b> The service is delivered by the Neighbourhood Teams and performed above the national standard in Quarters 1 and 2, with an average of 78% in Q2. <b>Data is available nationally for 9 months and shows an average of 68.3% of patients referred and seen in 2 hours. This equated to 6950 patient contacts completed from 3140 referrals.</b></p> <p>Changes to recording processes within Neighbourhood Triage Hubs in November 2023 significantly increased the number of referrals to the teams for delivery of care. This demonstrated an improvement in data quality; but meant that performance reduced below the required national standard, which is that 70% of people who require urgent care, will be seen within 2 hours. The service responded quickly to validate this position and developed an improvement plan focussing on communications and training for staff. Data on performance is now available to teams in the Trust Performance Information Portal to increase visibility to service teams. Plans have been developed to introduce a breach review process in early 2023/24 and will be embedded in the performance management process.</p> <p>The Neighbourhood Team and SPUR are actively working with system partners including Yorkshire Ambulance Service (YAS) to develop 'push' and 'pull' models that route more people through to urgent community response (UCR) pathways.</p>

The service introduced a new procedure for YAS referrals for a rapid response from the Neighbourhood Teams (NTs). From 13th February 2023 YAS directly refer less serious calls to NTs for a rapid response within two hours to avoid an unnecessary admission to hospital or an ambulance being dispatched. Staff in the YAS Emergency Operations Centre (EOC) triage calls and those which are assessed as lower acuity are now referred to the Neighbourhood Team via SPUR. Up to 19th March 2023, 51 referrals had been received from YAS, of which 19 had been accepted. Work is ongoing to review and learn how to maximise the number of appropriate referrals that the team could respond to sooner in their journey accessing urgent and emergency care.

**Virtual Ward (Frailty):** The service has delivered and made progress on plans for a number of clinical pathway improvements including an IV antibiotic pathway for community acquired pneumonia, the introduction of a second daily virtual ward round (MDT) with additional geriatrician input, skill mixing to recruit heart failure community specialists with the aim of reducing length of stay and throughput on the ward. They have also developed and rolled out an out of hours referral route for follow up overnight or next day assessment within the LTHT Emergency Department.

The service commenced a pilot of Point of Care Blood Testing in early January working closely with LTHT Pathology department. – When trialled to establish the most effective equipment in 2023/24, will enable the service to become more productive as well as providing valuable experience for partners to consider opportunities to use in other community and primary care pathways.

**Virtual Ward (Respiratory):** Ongoing work to promote the service offer to ED/SDEC to ensure full utilisation of the ward's capacity.

**Remote Monitoring Virtual Ward:** Work is ongoing across Leeds, Wakefield, Kirklees and Calderdale to jointly procure a remote monitoring technology solution which will be

completed by May 2023. It is expected that first patients will be admitted on to the remote monitored virtual ward in May/June 2023. The Enhanced Community Response Steering Group have recently approved the remote monitoring clinical workforce model and initial emergency surgery pathways to support a cohort of patients across Leeds Teaching Hospitals NHS Trust to be discharged to their homes more quickly, and avoid a more lengthy hospital stay. Further clinical pathways will be phased in during 2023 to include cardiology, respiratory, frailty and urology. Plans are to have a 50 bed remote monitored virtual ward by March 2024.

**Leeds City Council:** The Transfer of Care (TOC) Hub is now operationally managed by LCH, and the aim is to be open 7 days a week from the first weekend in October.

**Third Sector Partnerships:** Operational pressures caused some planned third sector partnership development to be paused or not progressed at the intended pace. However, there has been good progress with some excellent partnership developments that reflect key objectives set out in our 3rd sector strategy with a commitment to develop integrated working and co-deliver services, work together on shared agendas, and to champion and advocate for sustainable funding for the third sector.

**Mindmate Single Point of Access:** Is another excellent example of LCH and third sector co-delivery in an integrated team.

**BASIS:** LCH supported BASIS with their bid for NHS Charities Together (Capt Tom Moore monies) funding to work with LCH, LTHT and primary care to make services accessible and inclusive for women sex workers. BASIS have worked with the CUCS, Sexual Health service and Integrated Clinics service to make services more accessible to the women BASIS work with.

## Supporting Quality Improvements

Quality improvements have continued across our services throughout 2022/23. We have continued our journey to build our service back better as we recover from the impact COVID-19 and the impact the COVID-19 response had on services.

### Adult Business Unit

#### Falls Prevention Improvement Work

As part of the vision for, and development of a Leeds Integrated Falls Service, the virtual falls Multi-Disciplinary Team (MDT) meetings have been running twice a month throughout 2022. The Falls MDTs are supported by a Falls Clinic Geriatrician, senior clinicians from the Community Falls Service, and pharmacy who support the complex falls patients in the community to reduce the need for patients to attend a hospital outpatient clinic. Very few of the patients discussed at the meetings were identified as requiring referral to the hospital Falls Clinic for a face-to-face assessment by the Geriatrician.

The establishment of dedicated pharmacy support into the MDT meetings has enabled timely medication reviews and medication changes for high-risk falls patients. This has improved patient outcomes, contributes to a reduction in avoidable falls and reduces pressure on GP time.

The ongoing pilot and evaluation of a new Community Falls Service model, with the Advanced Clinical Practitioner (ACP) role, provides evidence of its positive impact by supporting the assessment and management of complex falls patients in the community, with support from the Falls Clinic Geriatricians. This approach is also reducing the waiting times for patients to be assessed by the Community Falls Service. The Falls ACP has secured a honorary contract with LTHT to enable access to patient case record information.

The Falls ACP is also representing LCH at the NICE Falls Guideline scoping workshops, raising the profile of the Trust and ensuring the most up to date clinical information is applied locally. In addition, referral pathways are being explored with Yorkshire Ambulance Service (YAS) and the LGI Emergency Department directly to the Community Falls Service.

Education sessions have been jointly provided with YAS to care homes across Leeds on falls prevention and management, with the aim of reducing the risk of falls and reducing inappropriate YAS call outs. Further work is also taking place working with the Integrated Care

System and YAS to promote the iStumble algorithm. This has been piloted in certain care homes in Leeds who have been highlighted as high callers to YAS and Community Falls Service due to falls. The Community Falls Team are working with West Leeds PCN to standardise the assessment and management of falls risk within the Falls Pathway for Older Adults.

### **Palliative and End Of Life Care Integration – Seacroft and surrounding areas**

Representatives from Seacroft NT, Primary Care, and St Gemma’s Hospice have been meeting to discuss what palliative and end of life care looks like in Seacroft and how we can enable local residents to ‘die well in Seacroft’.

A role was established and commenced in January 2023 for twelve months initially. It is a dual role will be between Seacroft PCN as an Advanced Practitioner and Seacroft NT as a Community Matron. The role focuses on proactive care and the frailty population within the locality.

The aims and benefits of the group meetings and the new role are to reduce duplication of Advanced Practitioners and Community Matrons seeing the same patients, to reduce inappropriate referrals in and out of the Neighbourhood Team, to build better relationships and improve teamwork, to provide timely input and early intervention for patients, and to support Advanced Practitioner students. Several meetings have taken place to scope the initiative, discuss case studies and determine what the need of our local population is.

The initial agreed focus has been for people who are in the dying phase, and who are 18 years and over, acknowledging that different age groups across an adult population will have different needs. The integrated approach will explore pathways and new models of care, will build upon community assets and strengths and enable better integration across partners,

### **Self-Management**

Self-management as an ethos has continued to be a key area of work and development in 2022/23. This year the Self-Management Team has grown as a team to 35 staff which has allowed LCH to have a greater impact on patient flow and capacity. We are no longer aligned to specific Neighbourhood Teams but instead provide cover across a portfolio which enables a greater impact whilst keeping the individuals we work with at the centre of every decision. On average the Team completes around 1200 visits per month. The focus on independence meant that around 80 individuals a month are discharged as they are able to self-manage and live independently.

The Team achieves this through the following methods:

**Hospital rotation:** LCH now have Self-Management Facilitators working within Transfer of Care four days each week. They work with individuals who have been referred to the Neighbourhood Teams to try to empower independence and make sure the right pathway for individual patients is followed and that shared decision making occurs.

**Primary care:** the Team spent time with GP practices in the North and South of the city to understand why referrals are being received in NTs that may be more appropriate for other providers.

**Community Health Hubs:** LCH established a new way of working collaboratively with Third Sector organisations. A Community Health Hub runs weekly in the West of the city holding drop-in sessions for individuals to be seen for their clinical needs whilst socialising with peers and being able to have a hot drink and a slice of cake. This is held in a Third Sector setting rather than a clinic to promote the social aspect of care and identify the sustainability of promoting socialisation. On average we see around 15 individuals in 2 hours in this setting with 3 members of staff. We have identified three other Third Sector Organisations in the South and North of the city to extend the project with.

**Supporting Triage Hubs:** we now have Self-Management staff working in the Triage Hubs to support assessment of incoming referrals where we can offer education and share knowledge to staff working within the Hubs to ensure patients are supported with the most appropriate care pathway.

*Additional improvements from the Adult's Business Unit are shared in the Integrated Quality Improvements section.*

## Children's Business Unit

### Communication Offer

In October, the Children's Business Unit (CBU) hosted four city-wide events in order to launch our Communication Offer. The events were well attended by primary and secondary schools, pre-school settings; childminders; cluster targeted service managers and a representation from our own LCH services.

The offer is part of our first objective within the **LCH Children and Young People Strategy: 'To agree and develop fully integrated offers for children and young people in Leeds'**. We set out to describe the range of services that support speech, language, and communication development at every stage of a child's development as we strive to maximise the communication potential of children and young people in Leeds.

The events focussed on our communication offer tool, designed for staff within CBU and partner agencies to navigate the available resources. The five tiers of support represented in the tool:

- **Digital Resources**
- **Community:** provide a place-based approach to speech, language, and communication development (home, childcare setting, school, charities, and voluntary and community organisations).
- **Support for All:** suitable for all children and young people.
- **Focused Support:** suitable for children and young people who require close monitoring of outcomes for speech, language, and communication. Additional support is provided by parents, early years or education practitioners and community groups guided by specialists.
- **Specialist Support:** suitable for children and young people who have longer term speech, language and communication needs which require interventions or support. This level of provision is likely to involve multi-agency support in collaboration with education practitioners and parents.

A QR code has been utilised to direct people to the Leeds offer.



## Early Communication Group

This is a therapy group for pre-school children who have social communication needs who are waiting for a Complex Communication and Autism (CCA) assessment. It provides an opportunity to try activities to develop communication skills, improve behaviour and access sensory experiences with support from a Speech and Language Therapist. It is also a chance for parents/carers to meet other families for support over the three sessions. Parents/carers are encouraged to invite their child's pre-school keyworker to one of the sessions so they can observe strategies used during the group.

The Early Communication Group has been running since Summer 2022 in three sites across the city. The group hopes to provide access to group support earlier for families, build up skills within the mainstream team and support the CCA assessment process.

## Feedback has included:

The ladies during the session were warm, friendly and incredibly knowledgeable. This service is one that I wish had become available sooner. It has been the best option available to my son who is currently waiting for his final Autism assessment and is Non Verbal. The sessions are fun, and my son loves them. I really feel that this is down to the ladies who run the session. The session are just the right length of time too, they have really worked hard to accommodate my child's likes and needs.

I wish there were more than 3 sessions that we could attend. I would pay for this service if there was an option to do so. It is that good!

## Health Visiting and School Nursing - 0-19 Public Health Integrated Nursing Service

The Service was re-awarded Gold Status for care towards breastfeeding Mums by UNICEF UK Baby Friendly Initiative (BFI). Working in partnership with Leeds City Council and Leeds Teaching Hospitals Trust, this is the fourth year that the service has been awarded gold status.

Nigel Hodgkins, Head of the 0-19 Public Health Integrated Nursing Service said: "This achievement is an immense source of pride to both myself and the Public Health Integrated Nursing Service (PHINS) leadership team. I believe this is a testament to the phenomenal quality of work that our Breastfeeding Clinical Team Manager, Sophie Ames, our breastfeeding leads and our practitioners that are out visiting mothers, day in, day out. Given the significant staffing challenges that we currently face, this demonstrates a service that is committed and able to maintain sustainable excellent practice around infant feeding."



**Mothers' Feedback included:**

*Breastfeeding has been going really well, a much better experience compared to when I had my daughter 10 years ago. Lots more information and support for breastfeeding on social media too.*

*I felt comfortable and happy to talk to my Specialist Public Health Nurse Nurse (Health Visitor). Her knowledge and experience made me feel reassured, and her offer of open access support prior to our next contact was really appreciated.*

**Feedback from staff included:**

*Breastfeeding support is taken very seriously in my organisation and I feel proud and privileged to be part of that in my role. It is a very positive, supportive working environment.*

*I feel Leeds Community Healthcare is a really good place to work. The current managers have great listening skills and want to improve staffs health and wellbeing by supporting them in any way they can.*



## The Leeds Infant Mental Health Service Roadshow

The Infant Mental Health Service (IMHS) celebrated their 10th birthday during Infant Mental Health Awareness Week 2022, which focused this year on early experiences of trauma.

The team visited services across Leeds to talk about how supporting infant mental health and early relationships can have a positive impact on our children's lifelong wellbeing and health. This included local agencies to help increase our accessibility and engage underrepresented groups.

The team celebrated its 10th anniversary at Tenants Hall at the end of the week. The service was launched in 2012, and developed award winning training, Babies Brains & Bonding (BBB). BBB has been delivered 162 times to around 2745 professionals. We have developed Understanding Your Baby for professionals and parents and the Early Attachment Observation to help Health Visitors identify early relational difficulties. More recently, the team have developed the Toddlers and Beyond training as the service moves to expand their support to families from conception to reception.



## Dad Matters

The Team joined Home Start Leeds and met their new Dads Co-ordinator. There were great conversations about how to ensure dads and partners are noticed and how their relationships with their infants are supported. We look forward to supporting the growth of Dad Matters in Leeds.

## Portage

The Team met the team at Leeds Barnado's Portage Service and shared a presentation on emotional development in toddlers and learnt about the great work they do with parents of children with additional needs.



## Leeds Infant Mental Health Service Celebrates 10 Years feedback:

'Helpful service and has really helped me to see the moments that matter

A lovely event, great to see and hear the IMHT journey. Highlight - reading the open and heart-warming letter from Dad. Great to see and meet families in person.

Enjoyed coming to the event, seeing the information boards about how the service and team has grown and developed. Lovely to talk to the team members in person!

Wonderful way to celebrate IMH 10th Birthday! Over the years IMH has supported so many families, but also me as a practitioner. Thank you!

## Oral Health Forum

In November, 0-19 PHINS hosted their first Oral Health forum at Stanningley Rugby Club. The forum was a good example of partnership working with 50 attendees including General Dental Practitioners, school and pre-school staff, Childrens Centre staff, Public Health Commissioners. SILC school staff, Children Looked After and CBU colleagues. The audience enjoyed a range of guest speakers that covered topics such as:

**General Dentistry post COVID, NICE guidance and flexible commissioning** delivered by the Chair of Leeds Dental Committee

**My Health, My School oral health data and food policy** delivered by the Nutrition and Healthy Eating Advisor, Healthy Schools

**Oral Health Award** introduced by our 0-19 Oral Health Improvement Lead, which is an award for those communities that show initiative in addressing the oral health needs of children and young people. An example being the **Toothbrushing Scheme in practice**, brilliantly presented by Meadowfield School where a system of toothbrushing has been gradually introduced such that every pupil brushes their teeth after breaktime.

Overwhelmingly positive feedback was received on the day. All in all a fantastic opportunity to share best practice and learn how we can better work together around the oral health needs of children and young people of Leeds.

## Toddlers & Beyond: Supporting Early Relationships to Thrive

We have started to roll out the Toddler and Beyond Training: Helping Early Relationships to Thrive (TAB), which complements and follows on from the Babies, Brains and Bonding training.

TAB explores early years development in relation to caregiver-child relationships. It examines typical and more complex difficulties encountered within this period and considers how to optimise this critical stage so that toddlers and pre-schoolers can develop into emotionally healthy children and adults. The training aims to enhance knowledge of relational-based approaches, alongside building practitioners observation and intervention skills to support the promotion of mental health in the early years.

The first TAB training day was piloted in March 2022 to 19 practitioners working within the 0-19 service and local Children Centres. Initial feedback indicated that the training was positively received; participants enjoyed the varied style, content, and scenario-based learning and considered the training informative, interesting, useful, and delivered in an understandable way.

Feedback relating to the pace, timings and duration of the training also identified areas that could be further developed in relation to the amount of content and length of the day. This has led to changes in the structure and content of the training.

*'A lot of key messages delivered really well. Case study particularly useful to think about applying what we've learnt.'*

#### **Estimated impact of our Toddlers & Beyond Training within a six-month period**

"We run a Tots Time playgroup on a Thursday morning which can accommodate for 25 children aged 1-4 per week. Many of these tend to be the same families but per month on average we have around 40 children attend with their parents. Over six months 240 children and families. I would definitely share aspects of the training with the majority of these families as many are going through the tremendous twos, even just through general conversation. On average we have around 15 families open per worker, and as there are two outreach workers, we can have 30 families open at once. Potentially, all the families would benefit from this information as it would be relevant at the time [..]" **Family Outreach Worker**

## CBU Involvement

Our dedicated Childrens Involvement and Engagement Lead has supported our Children, Young People, Parents and Carers to be involved in various involvement focussed projects this year.

### Parent and Carer Group

A parent and carer group has been established with a membership of 18 parents and carers. The group have taken part in five consultation projects so far and their children have also taken part in a project where they picked their favourite poster for the new Children`s Charter that is being developed across all Health and Social Care services in Leeds. Group feedback is now kept by services as a record of the groups involvement in developing their service or taking part in a project.

Initially, engagement with the group was via email, however the group is evolving to monthly meetings at the request of the group members. They explained that they like the idea of the email format but also liked the flexibility of attending a meeting as well. All members explained that as parents / carers of children with additional needs flexibility around being involved was very important and they liked the informal approach that LCH have adopted. A newsletter that will include details of projects and consultations that the group can take part in has also been developed.

### Parent And Carer Consultation Group Newsletter Autumn 2022

**NHS**  
Leeds Community  
Healthcare  
NHS Trust



Our group is still quite new but we have already been involved in the following projects.

- Our group gave feedback on the new communication offer.
- Consultation took place around the name of a new CAMHS (Child and Adolescent Mental Health Service) team name.

#### What's coming Up?

We are now promoting the group within our services and this will ensure that we will start to receive items for consultation and feedback.

We are keen to involve our members in the recruitment of our staff and this is a great opportunity to ask your own questions.

If you would like to take part in some of these interviews just let us know and we can provide training around this as well.

We have developed our new flyer.

**Parent and Carer Consultation Group**

Leeds Community Healthcare NHS Trust

Children's Community Healthcare Services

Are you a parent or carer in Leeds?  
Do you have a child or young person under 19?  
Do you want to ensure services are developed by those who use them?

We are looking for parents and carers to join our new group and get involved in developing our children's community healthcare services such as:

- SLT - Speech and Language Therapy
- CAMHS - Child and Adolescent Mental Service
- ICAN - Integrated Children Additional Needs Service
- PHINS - Public Health Integrated Nursing Service (0-19)

**Contact**  
Chris Lake - Involvement Lead (Children's Services)  
Email: [chrislake@nhs.net](mailto:chrislake@nhs.net) Tel: 07985 267 740

You can get involved as little or as much as you wish and in a number of ways such as by email, telephone or by joining our focus groups that we will be planning.

For more information about the parent and carer group please contact;  
Chris Lake Tel: 07985267740  
Email: [chrislake@nhs.net](mailto:chrislake@nhs.net)  
[www.leedscommunityhealthcare.nhs.uk](http://www.leedscommunityhealthcare.nhs.uk)



*Maddison, Saleem and Caitlin planning Head of Service – CAMHS recruitment interviews.*

*Amarah and Saleem talking at the CBU celebration event.*



### Youth Board

The Youth Board currently has a membership of 39 young people who meet monthly. Meetings are due to move from virtually to a mixture of face-to-face and virtual to promote better discussions.

All young people now receive a record of achievement every 12 weeks and this gives details of projects, consultation and meetings that they have taken part in. The amount of volunteering hours will also be collated and recorded on these as well.

Our group continue to provide consultation, give feedback, and get involved in projects across our children`s healthcare services.

Just recently we have taken part in.

- Planning and taking part in the Children`s Business Unit celebration event.
- Various consultation projects.
- Planning and developing clinical shadowing.
- Staff recruitment interviews.
- Planning CMT (Children`s Management Team) meeting take over.
- Raised money by holding a raffle at the CBU celebration event to purchase audio players and story cards for Hannah House.

## **General Meeting**

We are planning to hold our first Youth Board general meeting in April where we will review our terms of reference, celebrate our achievements and plan the year ahead. We will also use this opportunity to issue the completed record of achievements to our Youth Board members.

## **Be Collective**

The Youth Board is advertised on the Be Collective and Doing Good Leeds volunteering websites ensuring that young people from across Leeds can apply to join the group. In addition to this it is promoted via social media, within Children`s Business Unit and via our third sector links as well. We also work closely with hard-to-reach groups such as Leeds GATE (Gipsy and Traveller Exchange) and attend their youth group regularly.

## **Be collective website.**



## **Clinical Shadowing**

We are exploring how this may work and hoping to trial this within ICAN early this year. Some Trust`s already do this and have been contacted to discuss how this works and to explore what needs to be in place for this to happen within Leeds Community Healthcare. Young people from the Youth Board attended a meeting recently to discuss what young people would need to have in place to ensure that they are well prepared, safe and enjoy the experience.

## **Children, Young People and Family`s Strategy**

Young people from the Youth Board were involved in developing and launching the strategy in 2022 and will be involved in reviewing the strategic objectives set within the Strategy. Members of the Youth Board will be take over the weekly Children`s Management Team meeting for the first review of the Strategy. At this meeting those responsible for developing objectives will have the opportunity to present an update of the progress of their objectives at this meeting.

## **Other improvement and successes in Children`s Business Unit**

The CAMHS crisis call line started in Autumn 2022.

CAMHS rapid deployment of electronic care record to SystmOne from Care Record

An Eating Disorder Parents psychoeducational group and carers group was established.

## **Specialist Business Unit**

### **Community Podiatry**

Health Equity funding has supported a 6-month, diabetes project, led by the Community Podiatry Service. It reached homeless, vulnerably housed, asylum seekers, refugees and sex workers. The first phase of the project identified the scale of the issue. People suspected at risk of diabetes or diabetes were identified using random blood glucose testing. First line advice and sign-posting was provided. Of 188 people tested, 25% were suspected at risk of diabetes and 7% with diabetes. A further six people received one to one support with a clinical support worker, case studies demonstrated positive impact from their involvement. The project has now closed, and further work is in development to better link homeless and specialist diabetes services.

### **Podiatry**

Following an incident where foam toe tubes, which are an over-the-counter product, had been used by a patient to protect the skin as the toes overlapped. Following poor communication, the patients carers thought the tubes were dressings and did not remove them, this masked the development of an infection that once identified required hospitalisation for intravenous antibiotics due to a severe infection and sepsis. The learning from this incident was to develop a written information sheet for all patients and their families and carers on the care and management when foam toe tubes are in use. This incident and the learning were developed into an article for The Podiatrist professional magazine and published in July/August 2022's edition to ensure the learning was shared as widely as possible as information leaflets are not included with the product when purchased over the counter.

### **Community Intravenous Administration Service (CIVAS)**

A new pathway has been developed following learning from an increase in incidents of upper arm Deep Vein Thrombosis (DVT) in patients with a central venous access device. The CIVAS have worked closely with Infectious Disease Consultants and Anaesthetists within Leeds Teaching Hospitals Trust to develop a standard pathway for suspected DVT. The pathway will support clinicians in the early identification and appropriate onward referral of patients who develop a DVT.

## **Cardiac Team**

Prior to COVID-19 the services cardiac rehabilitation was delivered by Active Leeds instructors in a leisure centre run by Leeds City Council as circuit training face to face classes. Following the reinstatement of services after the Nationally mandated pause of some service to support the impact of COVID-19 the service had a long waiting list of patients that were unable to access any form of rehabilitation. So we had to think of alternative ways to deliver rehabilitation to our patients and started by changing the name from Cardiac Rehabilitation to the Cardiac Activity Programme, a more patient friendly term to encourage engagement.

A home exercise programme for patients to at home with telephone support from the team was devised with resource developed to enable individualised programmes to suit the patients ability and needs. The service secured 400 licences for the Mymhealth myHeart app for cardiac patients that has since led to an unlimited subscription of licences until June 2024 which give us more freedom to sign up more patients to the application to help increase the uptake.

We have developed this into a new, individualised patient choice service. Patients who choose a face to face option are referred by the Cardiac Team and are contacted by the LCC Leeds Active instructors for an assessment and to discuss what the patient would like to participate in for their 10 free sessions.

As a result of individualised offers uptake to activity and exercise has increased from 25% pre COVID to 35% and rising and we are seeking patient feedback to improve uptake further.

## **Optimisation of joint working between ABU Neighbourhood teams and Podiatry**

This improvement project was set up to improve timely referrals for foot ulcers (below the ankle). After a thorough pilot process starting with the South of the city and then launched across the city, we have changed the process so that the NHTs can refer directly to Podiatry via SystemOne. We hope this will reduce delays and improve patient experience.

## The 2023/24 Trust Priorities

The Quality Account looks forward to 2023/24 as well as looking back on 2022/23.

### How we agreed the priorities

The Key Priorities have continued to be aligned to our four Strategic Goals with the intention that achievement of the priorities evidence organisational progress towards our goals and ambitions. As our Strategic Goals are aligned to our Board Assurance Framework, progress against the Key Priorities will continue to evidence how we are mitigating our organisational risks.

The Priorities for quality improvement were considered within the national, regional, and local context and are also informed by our commissioning and regulatory requirements. The priorities build on our key initiatives aligned to the NHS Long Term Plan and NHS Constitution.

Development of our Priorities included review of our feedback from complaints, incidents, in addition to feedback from our stakeholders. We strengthened our focus on engagement in the development of our Trust Priorities in 2022/23 for 2023/24 and made changes and amended wording in response to feedback this year. We will continue to strengthen this element for next year's Trust Priority development.

### Our 2023/24 priorities are:

#### **Strategic Goal - To deliver outstanding care.**

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

- How we engage with our patients, carers, families and communities, is fundamental to the achievement of this and other priorities: our Engagement principles will be developed and ratified this year by LCH Board.
- We will 'make stuff better' by embedding learning from incidents, complaints and general feedback from the communities we serve, and drawing on best practice/clinical evidence through our development of the LCH Patient Safety Incident Response Plan, over the next

12 – 18 months. The LCH 2023/24 Change Programme projects will drive continuous improvement. For example, the review of planned and unplanned care in the Neighbourhood Teams, the Community Gynaecology Service Review and the CAMHS EPR transition.

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

**Strategic Goal - Use our resources wisely and efficiently.**

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

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

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

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

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

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

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

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

**Examples of patient feedback:**

*I feel you're service is already delivering these goals.*

*Feel a key priority is reducing wait times for specialist treatment.*

*Patient care has been exceptional. Staff have been kind, patient and understanding throughout treatment.*

*I always find staff to be kind a friendly. The treatment of the patient, who is my son has always been very good. I would like him to be seen more often if this is possible.*

**Examples of staff feedback:**

*I am pleased that they also acknowledge staff wellbeing and the impact this can have on patient care.*

*I agree we need to focus on meeting the needs of our populations and offering equitable services and reducing health inequalities.*

*I also feel it is important to look at sustainability and ensuring resources are used in a way that has the least impact on our environment.*

## Patient Experience

### Patient and Service User Satisfaction

(The data was extracted from a live system on 4 April 2023 for 01/04/22 to 31/03/23)

We continually seek feedback from our patients and service users of their experience. The online Friends and Family Test (FFT) can be accessed via an online link and a QR (Quick Response) Code and the paper postcards are available in a standard easy-read format and is translated into the top 5 languages in Leeds with a planned update to reflect the recent census results. We also utilise Friends and Family Surveys coproduced specifically with children and young people. We aim to continually improve accessibility to giving feedback more accessible to people whose first language is not English, or who may have additional communication or accessibility needs.

In 2022/23, 6633 Friends and Family Test (FFT) responses were shared. Of those, 2648 used the online survey, 39.9% of all responses to the FFT showing that this continues to be a popular option in addition to the option to respond in writing which was used by 3854 respondents (58.1%). An additional method of electronic tablet/kiosk resulted in 131 responses (2%).

Survey results showed that **6209 or 93.6% of our patients/service users felt our services are good or very good, 183 or 2.8% rated the service as poor or very poor, of that 92 or 1.4% rating the service as very poor.** There were 205 of respondents who felt the service was neither good nor poor, 3.1%.

Feedback included ***'Everything was as good as it gets'*** for our Specialist Cardiac Service. Feedback for our Children's Community Nursing Service included ***'Seen quickly. Fantastic nurse who put my daughter at ease and made her laugh.'*** Examples of feedback for our Neighbourhood Teams included ***'The nurse was very efficient and helpful. Can't praise her enough. [...]'*** and ***'Their always pleasant have a smile for you, ready to help or give advice if asked. Make you feel happier more settled when they go to someone else, I've respect for them.'***, and our Community CAMHS Service received the following feedback ***'Although I was happy with the appointment, I feel we should have had it a while ago'***.

The Trust and Services review their Friends and Family to improve access and response rates. For example, our Community Neurology Rehabilitation Service worked with our Patient Experience and Communications Team and successfully increased their response rate from 15 between January and June 2022 to 67 for July to December 2022. Equally, a decline in responses for our Neighbourhood Teams has been shared with the Service and work will be initiated to support a review.

Many services are tailoring their FFT to gain further feedback specific to the service. Engagement champions have shared the positive impact this has as services are able to focus and share learning on areas which patients are happy with but can also change or adapt aspects that patients have reported opportunities for improvement. This provides a patient focused service listening and acting on the voice of patients.

We aim to make meaningful changes from our feedback, for example our Tier Three Weight Management Service have made the following improvements feedback:

### **Tier Three Weight Management**

Engagement Champion Natalie Thornes, Physiotherapist for the service adapted the services Friends and Family Test to contain additional questions specific to the physiotherapy, medical, dietetic, and mental health support provided by the service. This was to understand each part of the patients experience with the service and to be able to act on the feedback. The team asked:

Things we do well “Amazing team, helpful, caring overall lovely people thank you for everything would recommend anyone about joining”

Things we need to improve “I don’t feel the service does nearly enough to tackle the mental health aspects of weight management “  
You said –“More mental health support is needed”

We did “ We have now recruited a mental health nurse to provide screening and further support as needed. We are currently developing a stress management group to offer practical coping skills throughout your weight loss journey.”.  
Additional improvements from feedback are held in the Engagement Section in Part Five.

### **Satisfaction Within Groups**

Leeds Community Healthcare NHS Trust are committed to addressing inequity as detailed in Part Five ‘Health Equity, Inclusion and Wellbeing’ . It is important to us to ensure that we are meeting the needs of all patients and service users including those with protected characteristics under the Equality Act 2010. The Trust Health Equity Lead is a core member of the Patient Engagement Champion network and has worked with the Champions to provide an introductory session on Health Equity, to consider how to improve diverse groups’ access, experience, and outcomes. Although responses remain low we will continue to encourage reporting.

Improvements have been made to the Communication template on the Trusts main patient system to make the Accessible Information Standard questionnaire mandatory for all patients on the system. This will also help to identify digital literacy needs and where adjustments are required to support individual needs.

The Patient Experience Team are a member of the Communities of Interest Network to help tackle the inequalities and inequities across the City and are working with local community groups to build better relationships with many different groups of people. The Team are also in the process of reviewing how to improve the accessibility of our Team processes for all groups of people to include how people can make a complaint, raise a concern or share a compliment.

### **Complaints, Concerns and Compliments**

(The data is taken from a live system and was retrieved on 1 April 2023)

In LCH we embrace all forms of feedback and consider feedback as an opportunity to improve services. We appreciate it can be difficult to speak up when things go wrong but this is crucial feedback for us to learn from and develop our services, or to share good practice and celebrate when things go well.

In 2022/23 the Trust received 1654 compliments, concerns, and complaints. This was a 1.9% (from 1624 in 2021/22) increase in feedback from the previous year overall. This breaks down to a 43.6% increase in complaints, an 8.4% decrease in concerns and a 3.9% increase in compliments.

Year	2020/21	2021/22	2022/23
Compliment	982	929	965
Concern	366	594	544
Complaint	103	101	145

## Complaints

A complaint is an expression of dissatisfaction made to LCH either verbally or in writing that requires an investigation and whether found to be justified or not, must be responded to in writing.

A planned pilot to increase the involvement of complainants in our complaints process was paused during 2022/23 due to reduced capacity across Services including within the Patient Experience Team. The focus on establishing learning from complaints has continued as Leeds Community Healthcare NHS Trust is proud to be a learning organisation that acts on patient feedback.

**There were 145 complaints received in 2022/23. Of the 145, 106 related to LCH service only, 39 related to LCH and other organisations (multi-sector complaints), one was withdrawn.**

LCH is a provider of NHS funded services and we comply with the NHS regulations. If people are not happy with the outcome of their complaint, they can ask the Health Service Ombudsman for a further review. In 2022/23 the Ombudsman did not receive any complaints by Leeds Community Healthcare NHS Trust. The complaint escalated to the Ombudsman in 2021/22 remains under the PHSO investigation.

### Complaints received within the year by Team/Service:

The teams with the highest complaints have been included. The remaining complaints were received across 43 teams with 40 teams receiving less than five complaints and 21 teams received one complaint.

Service	Complaints
Musculoskeletal and Rehabilitation Service	21
Patient Experience Team	8
Leeds Sexual Health	7
Meanwood Neighbourhood Team	8
CAMHS East	8

CAMHS West, LMWS Therapies, Seacroft Neighbourhood Team	6
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There has been a rise in complaints this year and similar themes have been noted, the rising trend has been seen across the region and is indicative of a return to pre COVID numbers received. In LCH complaints have related to waiting lists for service and access to services.

### **At Trust level**

Our Trust Priorities for 2022/23 and continuing into 2023/24 have had a strong focus on increasing access to services and reducing waiting lists. The lists were closely monitored throughout 2022/23 by services and monitored through Quality and Performance Panels held monthly by Business Units with escalations to meetings chaired by our Executive Director of Operations and our Executive Director of Nursing and Allied Health Professionals. In addition, the Trust's Patient Flow and Prioritisation Programme aims to embed holistic, sustainable, and consistent approaches to supporting and managing people who are waiting for care within Community Health Services, we are working across the place of Leeds with partners to develop integrated services to improve access and we are focussed on our recruitment and retention strategies including our Apprenticeship offer.

### **At Service Level - analysis and actions from MSK complaints**

Key themes from the complaints from the MSK were 'Attitude /Conduct/Cultural or dignity issues' and 'Clinical Judgement'. Within those the main themes were communication issues or a breakdown of therapeutic relationship. Although the individual complaints are multifactorial in relation to communication there was a theme of patient's frustrations with the length of waiting times to see someone in person and then not feeling they had got what they felt they needed from the consultation, that the clinician wasn't as empathetic as they expected, or really understood the impact of a problem for them.

In response the Service is promoting the use of the in-house Better Conversations and Personalised Care training to try and help support staff manage interactions successfully for both patients and staff. The Service are also promoting the use of ICE (Ideas, Concerns and Expectations) which is a method of taking a patient's medical/clinical history that focuses on gaining insight into how a patient perceives their situation, their worries and their expectations from a consultation to try and understand the patients perspectives.

The service is also mindful that staff can feel fatigued by the length of waits and increasing complexity of patient presentations and are also focussing on staff health and wellbeing as a priority. This has included a recent session on “The Art of Brilliance “ to try and maintain positivity and be the best version of ourselves in difficult times and there are dedicated health and wellbeing champions in the service with further work planned.

It should be noted when considering the incidence of the complaints that the service completes approximately 6000 contacts per month.

### **Analysis and actions from Patient Experience**

Of the eight, six were assessed not applicable to LCH and shared with the relevant organisation, one was withdrawn, and one was a system test.

### **Complaints received within the year by Subject:**

This is a similar picture to last year as the highest areas of complaint subject.

<b>Subject</b>	
Clinical Judgement/Treatment	46
Attitude, conduct, cultural, dignity	27
Appointment	23
Communication	13
Discharge	6

With the exception of MSK, CAMHS East Team, Meanwood, Seacroft and PET with 3-5 complaints each, the 46 complaints relating to Clinical Judgement were evenly spread across the remaining 16 teams. The highest concentration related to MSK where there were nine complaints.

## Learning from Complaints

Leeds Community Healthcare NHS Trust is committed to learning from complaints to continually improve services. Examples of learning are detailed below:

You Shared	We Did
<p>A client accessing the service reported not feeling listened to at stages in the referral and episode of care.</p> <p>The client did also share positive feedback regarding a particular clinician and shared that a difficult conversation was handled extremely well and with sensitivity.</p>	<p>To establish a process for asking client preferences at initial screening. To establish a working group and in due course to create a Standard Operating Procedure, disseminate and make this visible to all staff.</p> <p>This will ensure there is a clarity of understanding and expectation for clients accessing the service</p>
<p>A mother shared that she felt let down by the care her son has received in our ICAN paediatric service.</p> <p>There was a delay in contacting the family following referral. In addition, blood tests were completed but the samples were lost.</p>	<p>A change in the area where bloods are taken and stored and an introduction of a new results system which reduces the risk of results getting lost.</p>
<p>A mother shared that she was unhappy with how a staff member handled her autistic child during an appointment.</p>	<p>The team met with the LCH Lead for Disability to establish a roll out of staff training. The service have asked the complainant if she would like to be involved with this piece of work.</p> <p>There will be greater understanding of the needs of children with a disability during an assessment process.</p>
<p>There was confusion regarding a referral acceptance in ICAN.</p>	<p>Ensure that communication with GPs following a request to expedite makes it clear that the child's referral remains open, and they are still on the waiting list. Make sure all ICAN staff are aware that we accept referrals where the child has a Leeds GP, and that staff do not make assumptions about which school a child may attend.</p>

	Discuss learning from complaint at citywide meeting. Share learning via email and team meetings ie doctors and clinical governance meeting
A patient advised they had received a letter which should have been addressed to the GP and information was visible through the window on the envelope.	The letter template was amended to ensure the spacing was improved to reduce the risk of inadvertent confidentiality breaches.  The improvement will protect patients information and ensure it is not inadvertently disclosed.

We continue to share learning from complaints and develop learning posters for learning that applies to the wider organisation.

## Concerns

A concern is a request for the resolution of a problem or difficulty with an LCH service, facility or staff that requires minimal investigation and can be resolved verbally. When a concern cannot be resolved to an individual's satisfaction, a further plan is agreed to reach a resolution.

**There were 544 new concerns received in 2022/23.**

All concerns are shared with the service. Concerns are responded to directly wherever possible, and services utilise the feedback to create service improvements where possible.

### Concerns received within the year by Service:

Service	Concerns
Leeds Sexual Health	115
Podiatry	46
MSK	45
Patient Experience Team	35

### Concerns received in year by Subject:

Subject	
Appointments	117
Clinical Judgement/Treatment	63
Communication Issues	42
Access and Availability	38
Attitude, Conduct, Cultural and Dignity Issues	21

Difficulty booking an appointment within LSH relates to a known risk for the Trust, a new telephone system is being developed to better manage the demand for the service. Work is ongoing in MSK to support staff fatigue and the impact on staff of increased waiting lists and the complexity of patients accessing the service since the pandemic. Staff wellbeing in an ongoing focus for MSK and across the Trust.

### Compliments

There were 965 compliments received during 2022/23 which is consistent with the previous two years. Compliments are received in various forms including in writing and verbally.

### Compliments by Service:

Service	
Health Case Management	106
CUCS	81
Morley NT	35
HHIT	41
Community Falls	33

Compliments included: those teams with above 20 have been included for the interim report.

### **Adult Services**

'I want to thank the neighbourhood team based at Yeadon Health Centre .Their help and support has been very professional, with warmth and deep consideration regarding my wife's physical difficulties. The knowledge and capabilities allowed us to gain more confidence for the future. Since the accident, we have experienced the best of our NHS. We have seen significant pressure and stress, none of which has had any effect on the support and professionalism of the teams helping my wife and patients Thank you to all concerned, our affection is high' **Yeadon Neighbourhood Team, May 22**

'To all District Nurses that looked after me changing my neck brace, you were all brilliant. I actually miss you all, and the best thing was washing my hair. Thank you all so much for everything'. **Armley Neighbourhood Team, April 2022**

### **Children's Services**

'Thank you to the team for all your help and support. I couldn't have made it this far in the course without your support'. **0-19 PHINS April 2022**

'I work at a local independent day and boarding school, and would like to pass on my thanks for the uniformly excellent service from the Immunisation team, the Mindmate SP A, the 0-19 team, CAMHS and the vision and hearing screening teams. Everyone is kind, patient and helpful, and the care shown to our students is exemplary. Thank you :)' **Children's Business Unit, June 2022.**

### **Specialist Services**

'Thank you have helped me so much, I feel so much better and calmer. Its nice to have someone looking after me that also understands the difficulties I am going through and someone that I can talk to, I would never have believed I would go swimming again!' **Cardiac Service, June 2022.**

"Really appreciate the diabetes service input and it's your guidance that has helped me improve my diabetes. I wouldn't be where i am now with improved diabetes if it wasn't for your support' **Diabetes Team, November 2022.**

## Part Three Quality Improvement

### Other Quality Improvements

#### Patient Engagement

We involve our patients, service users, communities, and staff in helping us shape and improve our services through ongoing feedback and engagement. This year our Patient Experience Team supported services to develop service focused patient and carer surveys to gather feedback, held focus groups and carer and patient groups across services in the organisation. We have aimed to understand what has worked well during the previous twelve months and what areas we can continue to improve.

**CAMHS Medication Survey**- this survey was designed for young people and parents; with a follow-on focus group planned. The survey related to a reduction in waiting times for medication. The aim is to improve experiences for children and young people who need medication for their mental wellbeing and may be vulnerable because of not being able to access medication. A 'you said, we did' poster will be developed to share the feedback and learning. This will also be shared with patients on admission to service.

**Face Mums** - engagement was completed with service users in relation to the relaunch of Facemums. This is a closed Facebook group to support parents from 16 weeks pregnancy up until 6 months post-natal. The consultation included a new name for the project, how parents would like to be involved, which social media they use and thoughts on partners joining the group. This will be an addition to our universal service offer. The project will go ahead with Leeds Teaching Hospitals Trust Midwifery Team and will initially focus on the harder to reach areas within the south and east of the city. Facebook can translate any post we do in English to the spoken language of the individual, and also has a function to read aloud the posts.

**Engagement Champions** - we continue to work with our Engagement Champions to ensure patient engagement is a priority within services. Work has been completed to contact services without current Champion representation to progress representation, for example, from the Neighbourhood Teams. We currently have eighty-four Champions across services and continue to have our Engagement Champion Group meeting bi-monthly, meetings have included speakers on topics such as Health Equity, Carers and Digital inclusion. This year improvements have included sharing what has worked well by adapting and personalising the Friends and Family Test (FFT) to contain service specific

questions. The **Community Neurology Rehabilitation Service** worked alongside the Patient Experience and Communications Teams to create a service specific FFT that has led to an increase in feedback received from patients. The Champions also supported development of the 2023/24 Trust Priorities by gathering feedback from staff and patients.

**Peoples Voices Partnership** - the Patient Engagement Team (PET) attend Healthwatch's Peoples Voices Partnership (PVP) meetings, and subgroups such as Digital Inclusion and the Big Leeds Chat. The meetings focus on working together to make services accessible for all, especially communities at greatest risk of health inequalities. Work continues to prioritise co production within services and how the Peoples Voices Partnership can support this approach. Healthwatch are currently planning the 2023 Big Leeds Chat, PET will be supporting the monthly working group. PET have also joined the Communities of Interest Network to continue our work to listen to all the voices of the community. The Network aims to highlight and address the needs and challenges faced by groups and communities which experience the greatest inequalities, with a focus on health and wellbeing.

**Leeds Community Healthcare Carer Steering Group** - the LCH Carers Steering group meets quarterly, the purpose of this group is to capture the carers voice and experience, to implement this voice across the Trust. At each meeting, the group listens to a carers' experience of the health services and considers how LCH can adapt and support accessibility for carers. The group works in partnership with Carers Leeds who identify carers to attend the meetings.

In partnership with Carers Leeds and Family Action, monthly Carer Awareness (adult and young carers) training is available to all LCH staff to build confidence for staff to identify carers and young carers within their services, and to be able to signpost to services for further support and advice.

**Homeless Health Inclusion Team** – one of our Staff Nurse Associates completed a student during 2022 with the Homeless Health Inclusion Team and shared the engagement work she has completed:

“Whilst on placement, I was asked to look into how as a service we can support patients to remain in hospital to complete their treatment.” A co-produced, personalised care plan booklet was developed and given to hospital staff on admission for joint completion and included the following information:

- Personal triggers experienced whilst being in hospital.
- How the triggers can be reduced and supported by the ward staff.
- What were the issues from your last admission?

- What makes my hospital stay difficult.
- I feel distressed and anxious because of?

The aim of the care plan is to reduce known triggers and anxieties, increase engagement and confidence by reducing barriers to care.

**PHINS 0-19 service** - as part of National Breastfeeding Week on 29th June 2022, the 0-19's service held a Pop up in the Park event in collaboration with Temple Newsam House, who had signed up to be a Breastfeeding Friendly venue, a scheme which enables communities and businesses to show that they welcome and support breastfeeding, raises awareness about the benefits and barriers to breastfeeding and supports families to feel confident breastfeeding out and about.

The service saw an incredible 60 families, a local peer support breastfeeding group and a range of practitioners supported and enjoyed the event and being able to deliver a very rewarding, face to face, community level offer that hadn't been possible for a number of months due to COVID-19. Every family received a gift bag with health information from the 0-19 Service, including an Understanding Your Baby leaflet, Caring For Your Baby At Night leaflet and an oral health pack, which consisted of a toothbrush and toothpaste.

### **Patient Safety Incident Reporting**

(The data is taken from a live system and was retrieved on 1 April 2023)

There were 8159 incidents within the Trust during 2022/23. This is a 6.9% increase from 2021/22 (7632) where we had seen a reduction of 19.2% in reported incidents from 9440 in 2020/21. As with complaints this may be indicative of a return to pre-COVID reporting and will continue to be monitored by the Patient Safety Team. Of the 8159 for 2022/23, 5422 (compared with 5146 in 2021/22) were reported as an incident relating to receiving care from the Trust, a 5.4% increase.

On review, not all LCH incidents were correctly identified as patient safety incidents, therefore harm data is being provided for both all LCH incidents and separately for LCH patient safety incidents. This does not impact the way incidents are investigated, identified for further review or externally reported.

Of the total LCH incidents reported 4662 were no or low harm, 377 were moderate harm and 72 major harm. The remaining 311 relate to deaths and follow the mortality process. There were 4225 patient safety incidents recorded from 4409 in 2021/22, a 4.2% reduction. Of those, 327 (414 in 2021/22) incidents were reported as moderate harm and there were 71 (59 in 2021/22) major harm incidents reported, a

21% decrease and 20.3% increase on the previous year respectively. Of the moderate and major harm incidents reported, 23 moderate and one major harm incident were identified as having lapses in care contributing to the harm.

This year the Adult Business Unit developed a dedicated team of incident investigators to bring a dedicated approach and consistency to the management of incidents that require a Rapid Review. The team have developed strong links with the teams they are aligned with to bring colleagues memory capture into incident review and investigation, and to have close links to share learning with the teams. Utilising memory capture within incident reviews is a key feature of the Patient Safety Strategy that all NHS Trusts are working towards implementing throughout 2023/24.

We continue to focus on learning and how we embed learning from previous incidents to reduce recurrence, this includes how we support our frail, elderly patients, and those experiencing falls and skin damage that continue to be our most frequent areas of harm to patients. The following improvements demonstrate our commitment to learning and quality improvement:

## **Falls**

As an area of more frequent harm, falls are a significant focus for improvement. During 2022/23 we have developed a role of Falls Advanced Clinical Practitioner (ACP) within the Community Falls Service. The ACP has led or supported several developments to improve patient safety in relation to falls. These have included:

- Development of virtual falls Multi-Disciplinary Team meetings with the Acute Trust's Falls Clinic Geriatricians and Consultant Pharmacist to support more complex falls patients at home (LCH submitted a poster presentation at this year's British Geriatrics Society Falls and Postural Stability conference).
- Supported a Leeds PCN to develop their falls pathway for patients.
- Provided ongoing falls training to registered LCH clinical staff to develop their knowledge and awareness of the falls risk assessment process and pathway, to support their patients.
- Supported the Community Falls Service to complete a pilot with Older Person's Same Day Emergency Care at St James University Hospital to ensure that patients attending due to a fall are triaged using the appropriate and relevant falls risk assessment, and that interventions are provided to reduce the risk of hospital admission and reattendance.

- Registered LCH as a stakeholder with NICE to be able to support and comment on relevant new or updated NICE Guidance which informs national best practice. The ACP represented LCH at the scoping workshop for the updated falls guidelines and also provided comments for the update of the Osteoporosis guidelines.
- Developed a Falls Risk Management template for the clinical record to support a detailed review of a patient when they fall whilst under the care of an LCH Service. Training sessions have been provided to relevant services and a poster developed to support use of the new template. Using the template supports assessment of how best to support a patient and manage their risk of falling again.
- Updating the LCH falls advice leaflets that will also be used across the PCNs to ensure consistent information is provided to patients and carers in relation to the prevention and management of falls.
- Contributed to the project working group to pilot iStumble in some care homes in Leeds. iStumble is a tool to support care homes with decision making in how they support residents who have fallen. The project aims to ensure residents receive the best advice and also aims to reduce the impact falls having on the Ambulance Trust.

We will continue to focus on learning from patient safety incidents from falls as we move towards the Patient Safety Incident Response Framework and it is anticipated that the Trust's Falls Improvement Plan will inform our individualised Patient Safety Incident Response Plan.

## **Pressure Ulcers**

Pressure ulcers are another of our more frequent areas of patient harm and we have a dedicated Pressure Ulcer Improvement Plan which sits in our Pressure Ulcer Steering Group, led by our Assistant Director of Nursing and Clinical Governance.

Throughout this year we have:

- Embedded centralised recording and reporting of Pressure Ulcer prevention training compliance. This is showing a month-on-month improvement and is being monitored through Business Unit performance meetings.
- Amongst safety initiatives this year we have led a piece of work, supported by the health and Care Academy, to agree and adopt a pressure prevention training offer for all Leeds health and care providers. This was intended to standardise the core prevention training and improve pressure ulcer prevention regardless where the people of Leeds are receiving their care, and from whom. Although in a phase of early adoption with a core group of providers and further work to do, the Trust also anticipates the increased efficiencies and reduced duplication will enable a re-investment of some specialist resource to improve outcomes for people with more complex tissue viability needs. This work has been completed in the spirit of working together to learn and improve as we

shift our ethos towards integrated working in line with the NHS Long Term Plan and adopt the values of the Patient Safety Strategy.

- Our Safeguarding team have led improvement work in relation to self-neglect and non-concordance, acknowledging the impact of these areas on pressure ulcer harm. Over 100 staff have attended training sessions and an annual audit continues to monitor improvements in care.
- Led by the Tissue Viability and Podiatry teams, the Trust have developed and launched a clinical care framework focussed on lower limb wounds. This reflects, and is monitored through the 2022/23 CQUIN with evidence of improving quality. This has also been supported by the introduction of improved clinical assessment templates within the electronic patient record.
- Conversations with partner organisations are in progress to:
  - Review the patient pathway from hospital to community to reduce the occurrence of meatal tears during this transition of care.
  - Working better with skills reablement and long term care providers to provide patient centred pressure prevention care, reducing duplication and improving communication and co-ordination of care.

This work has been completed in the spirit of working together to learn and improve as we shift our ethos towards integrated working in line with the NHS Long Term Plan and adopt the values of the Patient Safety Strategy.

### **National Patient Safety Strategy**

Specific guidance supporting the implementation of the national Patient Safety Strategy was released in September 2022. The ethos of the overarching Strategy is to investigate incidents in a more meaningful way to gain the most learning. The guidance provided an implementation guide and timeline for the next 12 – 18 months. At the end of the period all NHS Trusts should have implemented an individualised Patient Safety Incident Response Plan (PSIRP) that provides insight into the Trusts incident profile and provides a working plan to improve patient safety. The PSIRP is based on the Patient Safety Incident Response Framework (PSIRF) that will replace the 2015 Serious Incident Framework.

We have established a project and implementation group to benchmark the requirements of the Patient Safety Strategy and associated PSIRF with our existing practice and will progress towards development and implementation of our PSIRP in 2023/24 and 2024/25.

During 2022/23 in anticipation of the change in practice we have strengthened our culture of applying the principles of safety science to our incident review and investigation process. We have included, implemented and are starting to embed a systems thinking and human factors approach, the key focus being on how systems and processes impact patient safety incidents rather than focussing on the care provided by individuals. This is in recognition that patient safety incidents rarely occur at the point of harm, and usually result from a series of interactions that eventually lead to the harm experienced.

Where there is a need to consider the care delivered by an individual, systems thinking continues to be the focus, and how systems and processes were wrapping around that individual and their interactions with them (human factors) at the time of the incident. These methodologies are proven to provide the most significant learning in how we mitigate the risk of harm to patients and are well established in the air and rail industry where no blame and harm reducing cultures have resulted in improved safety.

### Safety Summit

The LCH Safety Summit continued in 2022/23 and is an open forum to share and discuss learning, and best practice across the organisation with an aim of improving patient safety and patient experience. The Summits are attended by colleagues from each of our Business Units and our Corporate Teams.

At the summit each Business Unit identifies a case or situation to discuss where there is potential for learning and then all cases are captured and shared across the organisation in the Safety Snapshot Newsletter. This year the following cases have been shared:

<p>An Associate Community Matron was concerned about a patient and escalated the concerns. The key learning was to always be inquisitive and utilise professional curiosity, to feel confident to ask for help and that the strength of the partnership between LCH and LTHT supported a thorough treatment plan for this patient.</p>	<p>Development of pressure ulcers to the space between the thumb and index finger occurred in two patients using palm protector splints. On review both patients lacked mental capacity and although advice had been provided to carers, the provision of advice could be made stronger. Not all staff were aware of the splinting careplan, this has been reshared.</p>
<p>A patient developed a meatal tear following catheterisation, Although there were no lapses in care and the correct</p>	<p>A medicines error occurred when immunising a group of school children. One child was given two doses of the same vaccine and the second vaccine omitted in error. As the</p>

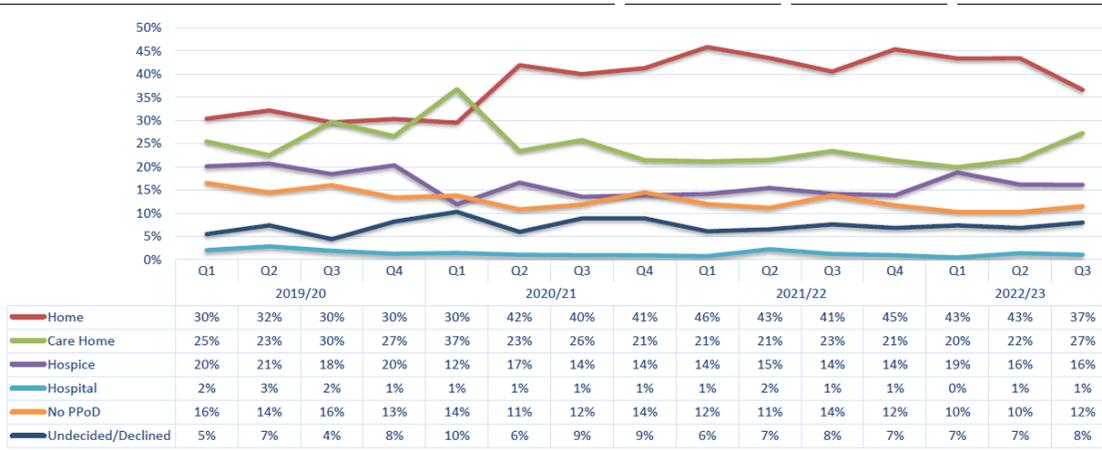
advice and equipment had been provided, additional learning was identified. Consent to	patient could not be identified from the cohort all parents were contacted and advice provided. The learning related to the positive culture in the team whereby the nurse felt safe to report the incident and the importance of this culture.
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## Learning from Deaths

### Adults

The Trust has clear processes to ensure learning is shared across the organisation and between the Trusts to better facilitate shared learning. Whilst the Medical Examiner role continues to be developed across the city, LCH is an active partner of the Leeds Palliative Care Network contributing to its programme of improvements and representing community on the Executive Board. Working in partnership the ReSPECT process has been further embedded in practice. This year the Clinical Service Manager for Palliative Care and Community Cancer Support Services for LCH was invited to sit on the national Resus Council Respect Sub Committee to represent all community health providers in England.

As a Trust we have supported 76.5% of our patients at end of life to die in their preferred place of death, with 81% being supported to die in either their first or second choice of preferred place. Of those, 73.4% were supported to die at home as their first choice and 85.2% in a care home as their first choice. This continues a trend of patients on our caseload choosing to die at home rather than in hospital or hospice, and which remains stable since the significant increase in 2020/21 due to the COVID restrictions in hospitals as can be seen in the graph below. In 2022/23 between 37% and 45% of patients at end of life were supported by our Neighbourhood Teams to die at home. The preferred place of death data has 85.8% of correctly coded records, with both place of death and preferred place of death recorded.



At the end of Q3 2022/23, 45% (1366 of 3029) of patients were identified on a palliative care register with an EPaCCS (Electronic Palliative Care Co-ordination System) record, within their electronic patient record, holding information about their end of life care wishes and preferences. This is similar to last year. Of these, increasing numbers up to 78% had a ReSPECT plan (Recommended Summary Plan for Emergency Care and Treatment) in place to further support advanced care planning. Of those who passed away without being included on a palliative care register / EPaCCS, 20% had a respect plan in place which means that they received advanced care planning which would support end of life care.

LCH registered nurses are able to verify the death of a patient who is expected to pass away. In 2022/23, 69% of deaths at home or in care homes were verified by LCH staff, and 77% for those who died expectedly at home. This supports the recommendation to verify a death within four hours of the death in a community setting to improve the quality of care for families and carers and minimises distressing delays after a person dies.

A deep dive completed by Leeds Palliative Care Network highlighted Leeds as an outlier and the only locality falling below the national trend of the indicator: *percentage of people who died with three or more emergency admissions in the previous three months*. This data is currently being reviewed but initial intelligence suggests that factors likely to be influencing this outcome are Leeds has services available to support patients at the end of life, including 7 day services, overnight planned and unplanned care services, including night sitter provision and increasing numbers of Independent Prescribers confident to prescribe commonly used medication at end of life. Virtual wards and Leeds as an early adopter of the ReSPECT advanced care planning process may also be factors.

Additional initiatives this year have included a focus on LCH senior clinician development, increasing the number of ReSPECT signatories (an additional 25 in year increasing those trained to 35 staff across LCH, Primary Care and the hospices). The number of Fast Track Funding signatories have also been increased and training provided for Non-Medical prescribers for end of life prescribing. Increasing capacity and the skills and confidence of staff within each of these areas will lead to a more streamlined, responsive and seamless provision of care for patients, families and carers.

Learning from death reviews have continued to be held with multi disciplinary attendance. Specific learning this year has included how to support patients to contact the new Citywide Triage Hubs for advice and visit requests with reports of some delayed visits. A continued theme has related to the recognition that a patient is deteriorating towards the very end of life to ensure the best possible care can be planned.

## **Children**

This year a new format and Chair for the Child Death Meeting has been introduced and includes more scrutiny of each death, with an inclusive approach, inviting practitioners to listen to cases they have been involved in with a focus on sharing the learning and good practice. Positive feedback has been received regarding staff support and the opportunity for reflection. The following initiatives have commenced:

- Training is being developed by the SUDIC Paediatrician to allow further training of other medics for the SUDIC (Sudden Unexpected Death in Childhood) Service.
- A new critical incident staff champion approach that is being developed organisationally to support staff involved in incidents that may impact their psychological wellbeing will include support for practitioners following the death of a child. A process has been agreed for this support.
- A Standard Operating Procedure for child deaths has been developed this year and includes the introduction of a 24-hour review to support learning.
- There is a plan to roll out Every Sleep a Safe Sleep training launched by West Yorkshire Health and Care Partnership, further information will be shared in next years Account.
- A Significant Events poster that has been developed and shared as learning from a child death. The Significant Event is a part of the SystmOne clinical record where significant events are recorded to enable practitioners to see the events at a quick glance.

## Learning from lives and deaths - People with a learning disability and autistic people – LeDeR

The organisation is represented at both the local and regional meeting where themes are shared by the reviewing team. This year people who are Autistic were also reported to LeDeR, LCH have ensured we can flag and identify this population group so that a report to LeDeR can be made. The themes are shared via online learning events, mortality meetings and presentations at Business Units.

## Infection Prevention and Control

The Infection Prevention and Control (IPC) Team continue to work collaboratively across the place of Leeds.

**Mpox** - over the past year the team have worked collaboratively with our citywide partners to evolve the hugely successful Mpox vaccination programme which has now delivered **over 1300 vaccine events** to Gay and Bisexual Men and Other Men Who Have Sex With Men (GBMSM), staff and contacts in Leeds, being the largest provider in the region and accounting for over a quarter of all vaccine events in the region. This now sits at 4<sup>th</sup> of seven English regions for vaccine delivery. The LCH IPC team were recognised in the 2022 Leeds City Council Compassionate City Awards in December ('Highly Commended') for all this fantastic work carried out across the City of Leeds as detailed in the Celebrating Success Section.

**Care Homes** - the team have worked collaboratively with the local Health Protection team in delivering IPC advice, training, guidance and outbreak management to all care homes and supported living units within the Leeds area. An environmental audit has been completed within 121 of the 148 registered care homes, overall environmental compliance is currently 87.2% for audits completed.

This year the Care Home Hydration Collaboration recommenced following a break due to COVID-19. Training of two cohorts has been undertaken, and further cohorts are planned for next year. The team are also working closely with colleagues from Leeds City Council to raise awareness of Gram-Negative Bloodstream Infection and the importance of hydration and good hand hygiene. There are plans to provide advice to "warm spaces", Breeze entertainment events, and University Freshers events alongside other public facing awareness campaigns.

The team has managed 157 COVID-19 outbreaks within care home settings, including daily IPC contact, outbreak visits and teaching as required. The team supported care home staff during a recent CPE (Carbapenemase-producing Enterobacterales) outbreak. They have

created and delivered CPE training in collaboration with microbiology colleagues from Leeds Teaching Hospitals Trust. This increased care home staff knowledge of the infection, understanding of transmission, IPC precautions to reduce spread and increase patient safety

**Sharps** - following an increase in sharps injuries within the Adult Business Unit (ABU), and feedback from staff that the sharps policy is difficult to navigate, the team has created a lanyard credit card sized aide-memoir flowchart to guide staff in the correct actions following a sharps injury, which have been disseminated to all the ABU services.



Two flowchart posters have also been created, one identifying the staff process following sharps injury, and one identifying the process for managers supporting a staff member. These posters also contain a QR code which directs users to the internal IPC page.

**Reviews** – There have been four Community Onset, Community Associated MRSA post infection reviews this year, three were identified as unavoidable and no lapses in care were identified and one is pending review. There have been a total of 90 Community Onset cases of Clostridium Difficile Infection were identified, none of these were attributable to LCH.

**Training and Education** - over the past year, the team have delivered bespoke IPC education and training within the wider care economy of Leeds. The initial primary focus of this project has been to work with care facilities providing both nursing and residential care, Working Age Adult Care Teams, Third Sector providers, Mental Health Providers, and the local authority Adult Social Care Team. The training has focussed on the basic principles of IPC and has more recently covered the philosophy and practices related to the “living with COVID” and other respiratory illnesses.

Evaluation of the training programme has been positive, with the value of face to face training highlighted by many of the areas visited.

**Sepsis and RESTORE2** – an NHS England funded Sepsis / Deterioration Nurse Specialist post has been pivotal in the delivery of RESTORE2 training to health and social care staff working in care / residential / mental health and learning disability settings across Leeds this year. RESTORE2 is a physical deterioration and escalation tool and is designed to support healthcare workers to recognise when a person may be deteriorating or at risk of physical deterioration. The training supports the identification of the softer signs of deterioration and the importance of prompt action to protect and manage the person to achieve better health outcomes. **There have been 70 sessions of the RESTORE2 training has been delivered face to face to 25 care home settings and to 250 healthcare staff workers between June 2022 and March 2023.**

**The Adult Business Unit** – the ABU IPC team have worked collaboratively throughout the latter stages of 2022/23 with both internal and external partners to control an outbreak of invasive Group A Streptococcus (iGAS) which was identified within several patients. The team has investigated these cases and undertaken contact tracing which has helped to facilitate outbreak precautions.

The team has also been involved in organising control measures, providing expertise regarding the environmental cleaning standards of health centres, and highlighted the requirement for enhanced environmental cleaning. The team continues to provide support and guidance to staff throughout the outbreak.

The team have supported the Integrated Wound Care Clinics to assess different clinical environments to provide a safe and effective service which allows an equitable access across Leeds, they have also provided bespoke training to staff at Wharfedale Hospital following their migration into LCH.

**Childrens Business Unit** - The CBU IPC team have continued to provide service across the LCH children's services, and to the wider economy, including telephone support to early years and schools as well as outbreak visits to schools particularly in relation to Group A Streptococcus (GAS) infections. The period between October and December 2022 saw an out of season increase in scarlet fever and the other GAS infections and a higher number of cases compared to the last relatively high season of 2017-2018. The IPC team have worked closely with the local Health Protection Team in contacting the settings with outbreaks and providing IPC advice and support.

Of particular concern have been settings with co circulation of pathogens including GAS and chicken pox or Flu, and settings with vulnerable children. Support over the telephone was offered to 20 educational settings. The CBU IPC team performed 2 outbreak visits to schools, in which both staff and pupils were significantly affected by more than one pathogen. Following the death of a 5-year-old child due

to invasive GAS infection, support has been provided to the school by way of a question-and-answer session to enhance knowledge of GAS infections and sepsis to parents.

Over the past year, the CBU IPC team have managed 13 COVID outbreaks within the LCH CBU services and SILC schools. Following outbreak report, appropriate IPC measures were put in place and regular IPC support was given.

The team have continued to provide support and advice on the effective management of lice infestation in children and their families across Leeds where safeguarding issues were identified, with 61 referrals received over the past year. At the time of the writing of this report (20/04/22), there are no outstanding referrals.

### **NICE Guidance**

As a Trust we have a robust approach to ensuring we are concordant with NICE Guidance and evidence based practice. In 2022/23 we assessed 217 pieces of guidance for relevance. Of those 38 were assessed as being relevant to LCH (12 for information only and 26 for assessment), There are 25 currently being assessed or with actions plans in place to achieve concordance, dated between June 2021 and March 2023.

### **Medicines Optimisation and Management**

The Medicines Optimisation Team have supported improvements across the organisation in 2022/23. There has been a successful roll out of e-Prescribing across the organisation: the Respiratory Team, Community Podiatry Service, Stoma Team and Tissue Viability Service all went live in 2022/23. E-Prescribing improves timely access to medicines for patients, enhances clinical roles and contributes to better service efficiencies.

The Medicines Optimisation Team are supporting the Virtual Ward (Frailty) who are developing as an exemplar service, sharing best practice across the Yorkshire region and nationally. Positive feedback continues to be received recognising the impact of interventions by the Pharmacy Team to support patients to take their medication safely.

Contribution to the Mpox campaign: the Medicines Management Team played a key role in supporting Leeds Sexual Health Service develop and deliver the Mpox vaccination campaign. Working with the Infection Prevention and Control Team, Leeds Teaching Hospitals

Infections Diseases Team and the charity Yorkshire MESMAC a service was rapidly scope, planned and delivered, enabling high risk vulnerable patients to receive preventative treatment.

The team introduced self-administration of medicines at the Wharfedale Recovery Hub which has been well received by patients and staff alike, supporting the re-focus on rehabilitation and preparing patients for when they return home after receiving care from the Unit.

## **Safeguarding**

The Safeguarding Team has seen a continuation of significant challenge in 2022/23, despite this we achieved 'high assurance' for our audit of Adult Safeguarding with a focus on self-neglect. This is reflective of the passion and hard work of the whole team. We continue to work with Leeds Safeguarding Adults Board on the self-neglect agenda and together have developed a city-wide self-neglect Strategy (to be published later this year) alongside the partnership we hosted two multi-agency self-neglect appreciative enquiry workshops of which the feedback was that this was a much more effective method of learning lessons.

Safeguarding cases have increased exponentially, as predicted coming out of the COVID 19 pandemic. We have sadly seen more Sudden Unexpected Deaths In Childhood (SUDIC) cases this year, however, this has led to a review of the SUDIC service and an increase in SUDIC specialist nursing resource. Work is ongoing to review our Children Looked After service, due to the increase in children being looked after in Leeds. We also had an increase in adult safeguarding resource to enable us to support our new community rehabilitation hub at Wharfedale.

The Children's Team have been instrumental in developing a new contact/referral form to social care which is now in use. They have also developed a historical abuse flowchart for staff to use to support the assessment of abuse. The team have also started a quality survey for supervision and initial responses are so far very positive.

## **Clinical Education**

For the Clinical Education Team 2022/23 saw a return to a business-as-usual programme of delivery, with more placement areas coming back online following the disruption of COVID-19. We explored more innovative placement options and expanded our offer by setting our Quality and Professional Directorate up as a placement option for students. We developed a brand-new style of placement with our Primary Care colleagues, enabling student nurses to join Primary Care Networks (PCN) to lead on health check clinics. Four students had

a 10-week placement within a PCN and successfully delivered 380 health checks to patients and identified patients who needed follow up with the practice nurse or referral on to hospital specialists.

In June 2022, the Trust saw the arrival of our first cohort of Internationally Educated Nurses. Arriving from Pakistan, the Philippines and Nigeria our first group of seven have been supported through their arrival by the Clinical Education Team staff and their respective teams. They received a bespoke preceptorship, have completed their Objective Structured Clinical Examination (OSCE), have settled into the Neighbourhood Teams and Recovery Hubs, and are all enjoying working life in LCH. We will be recruiting our second cohort of 30 in March 2023.

In August 2022 we relaunched of our preceptorship programme following a thorough review. We started with a small group in August, leading to bigger cohorts in September, October and November. The new programme offers a core week with information about NHS structures, accountability and professionalism, wellbeing, mental health, and quality improvement. It then extends to a full year where required. Regular catch-up sessions are available with restorative supervision being available during this time. Preceptorship is open to all clinical staff, across all disciplines and all grades.

### **Seacroft Clinic Reopened**

Seacroft Clinic reopened its doors in January 2023 following a year of major renovations. Sam Prince, Executive Director of Operations and Councillor Abigail Marshall Katung, Chair of Scrutiny Board (Adults, Health and Active Lifestyles) welcomed staff, patients and services back into the building. The refurbishments have improved facilities for both patients and staff and were designed to meet growing demands of the local area.

Accessibility is at the forefront of the new clinic, with a new mobility friendly entrance off the car park and disabled access lift inside. It also has twelve new clinical rooms, 25 hot desks for flexible working, making it easier for clinical care teams to work out in the community and return to base.

At the reopening Sam Prince gave a huge thank you to everyone involved. She said: “We are proud to have invested in the refurbishment of Seacroft Clinic. The renovations have really transformed the clinic which now offers an improved patient experience and will also benefit our staff that work there. I’d like to thank everyone involved over the past 12 months, supporting our plans to make Seacroft Clinic a great facility for the local community.”



## **Health Equity, Inclusion and Wellbeing**

In LCH we are committed to improving health equity and inclusion both for our communities and the people we serve but also for our staff and colleagues. It is crucial that our staff feel supported and included to ensure they have a voice, to support good morale and ensure we are living our Values. As an organisation we are working hard to secure equitable health for our communities and colleagues.

### **Improving Health Equity**

This year marked the second year of LCH's Health Equity strategy and our commitment to a more co-ordinated approach to identifying and addressing inequity in our own provision of care and in our contributions to system-wide pathways. Our Strategy enables us to deliver on our statutory duties around equality and eliminating discrimination and disadvantage for those with protected characteristics, as well as

taking a quality improvement approach to: focus our work across broader groups including deprivation and health inclusion groups; consider the intersectional nature of a combination of characteristics and; focus on equity rather than equality.

## Statutory Duties

**Public Sector Equality Duty:** in the last 12 months, 22 Equity and Quality Impact Assessments have been completed to ensure that any risks or disadvantages in proposed changes are removed or mitigated for people with protected characteristics and others at risk of inequity. Improvements to the review process have also been made, to understand and address any unintended consequences of those changes.

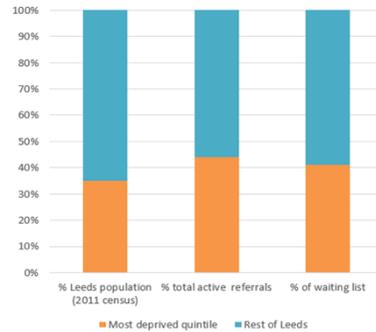
The NHS **Equality Delivery System (EDS)** is a mandatory performance framework that aims to improve equality performance within the NHS and embed equality into mainstream business planning. In 2022, NHS England launched a new Equality Delivery System 22 (EDS22) framework, following a review of EDS2 which has been in place since the first EDS review in 2013. As agreed within the West Yorkshire Health and Care Partnership, this year we have continued to use the EDS2 to assess our performance and will transition to EDS22 in 2023.

Partnerships with local stakeholders are essential to understanding our position in relation to the EDS outcomes, reflecting the engagement with patients, carers, communities and the third sector that underpins all our equity work. Our Strategy itself is a response to feedback and the ways we deliver it include a focus on listening to and responding to those voices, particularly of seldom-heard groups, through direct patient and carer feedback, community networks, system-wide processes and delivery partnerships.

EDS2 includes 18 outcomes around both patient care and diverse and inclusive workforce, grouped under the four goals: ***better health outcomes for all; improved patient and carer access and experience; empowered, engaged and included staff; and inclusive leadership at all levels***. Leeds health partners have a 3-yearly cycle to focus on these goals with a focus in 2022/3 on improved patient and carer access and experience. This year, we have worked to improve our understanding of how well do people from groups at risk of inequity fare compared with people overall and make improvements informed by that data, alongside patient, carer and partner feedback. Examples of this work include:

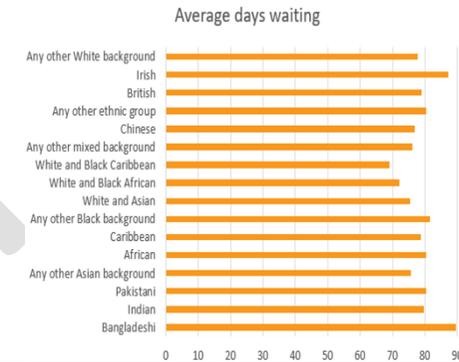
EDS2 outcome	Example in 2022/3
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*People, carers and communities can readily access services and should not be denied access on unreasonable grounds.*



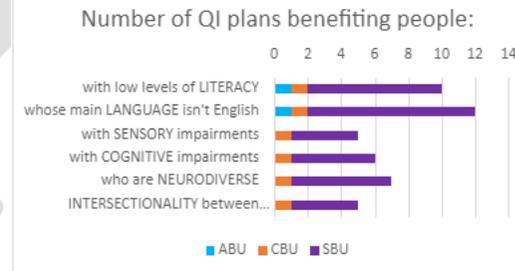
As expected with the negative impact of deprivation on health, more people from the most deprived quintile are referred into our services (44%). This correlates to more people from the most deprived quintile on our waiting lists (41%). Both of these are higher than % Leeds population in lowest quintile (35%).

18% of people from minority ethnic groups on the waiting list compared to 16% referrals. At an aggregated ethnicity level, there is little difference in average days waiting, except for Bangladeshi and Irish people waiting on average 7 days longer than White British people



People report positive experiences of the NHS

Communication has been patient and carer feedback, incidents and community being both a key enabler care, and also an area for risk of inequity, many of additional communication needs. As a result, 14 different equity Quality Improvement projects are underway in LCH to improve communication for people whose access, experience and outcomes are adversely affected.



identified through learning from engagement as for high quality improvement groups most at whom have

**Quality improvement:** the focus of this year has been on putting an equity lens on everything we do, looking at all aspects of access, experience and outcomes. We have approached this through 2 key enablers:

**Data and actionable insights** - the development of health equity lenses on our data supports the delivery of our health equity strategy by providing actionable insights that can be used to improve access; experience and outcomes for people and communities experiencing health inequity. We now have 19 equity data reports including referrals, waiting lists, appointment outcomes, incidents, mortality, outcome measures and communication needs. We have started by breaking down the data by deprivation (IMD decile), ethnicity, interpreter requirements, Learning Disability and autism. Further reports and equity lenses will be developed as prioritised by the analysis and community needs.

**Equity-focussed Quality Improvement programme** - this year we have been testing the impact of running quality improvement projects focussed on communication across all services. As well as responding to patient, carer and community feedback, this supports each service to move from intent to action, making tangible changes to improve the access, experience and outcome of people with additional communication needs. Having one consistent area of focus also enables us to understand the cumulative impact across the organisation.

Projects include:

- Timely recording of communication needs
- Improving written communication
- Electronic communication
- Development and use of communication tools
- Reviewing processes around non-engagement to take account of communication needs

**Looking ahead:** the activity in year 2 of our strategy has focussed on a continued to move from intent to action and, learning from what has been done, in year 3 our focus will be on spread and adoption of good practice.

## **Learning Disabilities**

The Trust took part in the NHS England Learning Disabilities Improvement Standards in 2022/23. Participation in these standards, with our ongoing commitment, has resulted in the achievement of the following to ensure we can better support, and reduce the risk of inequitable healthcare provision for our patients who experience a learning disability or Autism:

- We have established that LCH are a specialist provider of care services to children with a moderate and severe learning disability through discussion with leaders and commissioners.
- LCH has reviewed our policy on restrictive practices, completed a review of which services use or see these practices, and will review any training requirements and documentation in relation to any restrictive practice.
- Learning Disability and Autism awareness training has been approved as a mandatory requirement for all staff, and we are in process of assigning eLearning awareness training. Staff can also seek advice and consultation from the Learning Disability Lead to ensure expert advice is available when required.
- Easy read information continues to be developed across the organisation with an aim to improve this over the coming year.
- An audit in Dietetics regarding reasonable adjustments for people with a learning disability was completed and services ensured questions were added to their assessments to ask what or if adjustments are required, Other services initiative included not having to opt in to care, phone calls at triage to discuss if adjustments are required and home visits when needed.
- New processes have been adopted in Dental to ensure a holistic approach with Multi-Disciplinary Team involvement when a General Anaesthetic is required. This ensures legal frameworks are followed, least restrictive options are considered, and a person centred approach is taken, with support across Organisations.
- There is representation on the Population Boards in Leeds which includes the Learning Disability and Neurodiversity Population Board which is in early development.

This work will continue into 2023/24.

## Staff Health and Wellbeing

The health and wellbeing (HWB) of our staff is a key focus of our work and is represented within our annual Trust Priorities. Some key areas of focus during this last year are detailed below:

The Trust was chosen by NHS England and Improvement (NHSE/I) to be a HWB Trailblazer site, which included piloting the NHSE/I HWB Diagnostic Tool. This highlighted areas we were exceeding in, as well as highlighted areas for further development. The resultant actions were formulated into an over-arching HWB action plan which is progressed through the Staff HWB Engagement Group, which is co-chaired by the Trust Wellbeing Guardian.

We recognise the value offered to staff of belonging and engaging with staff for peer support, and continue to provide a range of staff support groups; including for those who are Clinically Extremely Vulnerable, Mens Health, Menopause Support Group and have recently established a Disability and Long Term Conditions Staff Network Group.

In recognition of the current climate of financial insecurity that many of our staff are facing, we have increased and sustained our focus on financial wellbeing, which includes an increase in mileage rates and implementation of the increase in the Real Living Wage. Other work includes webinar drop-in sessions which was designed in partnership with our anchor organisation and delivered by range of external financial organisations, ongoing promotion of Instantpay by Wagestream for staff to access, as well as signposting and promoting range of support through postcards, leaflets and posters.

We also continue to promote a wide range of HWB topics, which included participation in the Macmillan coffee mornings, promoted Employer pledge around Menopause, guidance for managers around “Long COVID” and training from the British Dyslexia Association and neurodiversity awareness sessions, to mention a few.

## Race Equality Network

### Celebrating Five years of the Race Equality Network By James Forrest



Our Race Equality Network (REN) celebrated five years of supporting our colleagues and organisation in November 2022 and has seen a fifteen fold increase in members from inception in 2017. James Forrest has chaired the Network for the last two years and is a founding member. James shared that he *is 'extremely proud and privileged to have been the chair for the past 2 years. It has a been steep learning curve at times as we all try to navigate our way through societal changes/cost of living pressures and the way we work.*

*It has been a challenging few years for all of us, but I can't thank the Networks leadership team enough. They have kept going with our collective aims/objectives and worked with passion , empathy and integrity to help the REN become a key player in changing the landscape of LCH'.*

The Networks various projects have included the @LCH I Can Be Me campaign, Authentic Self, Reverse Mentoring, the Allyship Programme, being part of staff interview panels, providing an advisory role for investigations, promoting COVID-19 vaccination uptake for the colleagues the Network represents, promoting a Zero Tolerance approach to racism, and ensuring there is representation from our represented colleagues as Freedom to Speak Up Champions. The Network has also participated in events such as #Nobystanders and #RootOutRacism in addition to supporting smaller events like attending team meetings and workshops.

The colleagues our Race Equality Network represents are a relatively small number of the workforce and cannot ensure there is a universal understanding of the importance of race equality across the organisation alone. LCH is therefore committed to the organisation wide continued proactive action to support the next stage of our journey to understanding. We will continue shining a light on discrimination.

The achievements of the REN has taken courage, physical and emotional energy, and a lot of hard work from all involved and LCH celebrates and acknowledges the commitment of our REN colleagues.

### **Workplace Disability Equality Standard (WDES)**

The Workforce Disability Equality Standard (WDES) is a set of measures which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. The WDES is important, because research shows that a motivated, included, and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety. The WDES enables NHS organisations to better understand the experiences of their disabled staff and supports positive change for all staff by creating a more inclusive environment for disabled people working and seeking employment in the NHS.

This year we have seen an increase in the relative likelihood of disabled staff being appointed from shortlisting across all posts, seen an increase in the number of adequate adjustment(s) to enable staff to carry out their work and seen a decrease in the relative likelihood of disabled staff entering the formal disciplinary process.

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

Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers through the NHS standard contract. In July 2014, the NHS Equality and Diversity Council announced that it had agreed action to ensure employees from black and minority ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

This year we have improved the overall representation of black and ethnic minority staff in LCH including the Trust Board. There has been an increase in the relative likelihood of BME staff being appointed from shortlisting across all posts and a decrease in the relative likelihood of BME staff entering the formal disciplinary process

### **Freedom to Speak Up**

#### [Our F2SU Trust Video](#)

Freedom to Speaking Up work has become an essential part of NHS organisational life. It allows staff to be heard, organisations to understand the voices and concerns of staff and for positive change to happen.

At Leeds Community Healthcare we have focussed on building an effective and caring speaking up culture.

Our approach is called 'Speaking Up is a practice not a position' . This means that at LCH there are a number of portals to enable speaking up. These organisational doorways include managers, HR, Staffside, Ask Thea, easy access to directors and the Freedom to Speak Up Guardian / Champions. This approach seeks to embody speaking up mechanisms across the trust and create a positive speaking up culture.

There is an established and effective process of speaking up. Every staff member who approaches the Guardian and Champions is offered ongoing support and an exploration of what works best for the staff concerned.

The service offers all staff including managers a safe and effective way to have their voice heard. The work has one Freedom To Speak Up Guardian and nine Speaking Up Champions from the Race Equality Network who work to support open and speaking up cultures.

The Freedom To Speak Up Guardian reports to the board at LCH and to the National Guardian Office. Assurances are given to LCH about spread (to ensure we are covering all four business units - adults, corporate, children and families and specialist), role (to ensure we see colleagues from all occupations in the trust) local comparison (to ensure we are reporting numbers of cases similar to other trusts) and national engagement (to ensure we are fully involved in national and regional work).

The Freedom To Speak Up Guardian works specifically with staff who are CEV (Clinically Extremely Vulnerable) and this year work has started with Preceptorship, our international nurses and clinical students (leading to the creation of a Clinical Student Forum at LCH).

In terms of the recent NHS Staff Survey the work rates slightly above comparator community trusts in staff saying they feel able to speak up and this year we have seen a percentage increase which we welcome.

Sharing the LCH speaking up work has taken place this year at conferences both virtual and face to face including the national NHS Employers Staff Conference, NHS England North and East Yorkshire Retention Conference and the national 'Achieving a Culture of Candour' conference. The Freedom To Speak Up Guardian also spoke at this year's Patient Safety Congress.

Externally we have supported other trusts and organisations. In Leeds we have supported Leeds City Council create its first Freedom To Speak Up Guardian. This is we understand the first in the country for a local authority. We are offering mentoring and helping council

colleagues develop a working model. This work has been seen as pioneering work in supporting local authorities develop speaking up work

The work supporting Leeds GP Confederation and Leeds GP practices to build speaking up work is ongoing.

The LCH Speaking Up work continues to evolve and grow. It is a sign of our strong commitment to our people, their voice and their needs.

## **Celebrating Success**

### **A Visit from Prime Minister, Rishi Sunak and Helen Whately, Minister for Social Care**

Our brilliant colleagues and amazing patients met the Prime Minister, Rishi Sunak and Helen Whately, Minister for Social Care to discuss the plan to increase capacity in hospital beds through safe discharge of medically fit patients into short term care settings in community. They visited Rutland Lodge in Meanwood to speak to patients who had been cared for through our Virtual Frailty Wards and met multi-disciplinary colleagues working in the Meanwood Neighbourhood Team. The PM and Helen Whately were interested to hear about the importance of community health and social care and to discuss future plans for its delivery.



## **Awards**

Our colleagues, teams and services in LCH are committed to safe, effective and responsive care and we are proud of the hard work they do daily. Their hard work and commitment is evidenced throughout the organisation and throughout our services.

## External Awards

### **Compassionate City Awards – Council Supported Project of the Year – Highly Commended Leeds Sexual Health - Mpox Operational Response Group**

We are extremely proud of the fantastic collaborative response to the MPOX endemic and the amazing work between Leeds sexual health, IPC team and the vaccine centre. Along with colleagues in liaison with LSH & HIV/ID services, pharmacy colleagues and Yorkshire Mesmac for the on-going vaccination programme. The amazing work was recognised in the 2022 Leeds City Council Compassionate City Awards in December ('Highly Commended').

An amazing achievement for all the Mpox work across the city, such an excellent project of the year award and a great example of collaborative inclusive working by LCH, LTHT and Leeds City Council.



### **Student Nursing Times**

The Leeds Primary Care Student Leadership Programme led by Hayley Ingleson has been shortlisted as a finalist for the award.

### **Medipex Award**

The Long COVID holistic virtual rehabilitation programme was selected as a finalist at the Medipex Awards for the Improved treatments, therapies and rehabilitation award.

### **Cavell Star Award**

Maxine Emmonds, Integrated Children's Additional Needs Service (ICAN) – South hub healthcare support worker received the Cavell Star Award for going above and beyond for patients.

### **HSJ Staff Wellbeing Award**

The LCH Your Health and Wellbeing – Caring for Each Other Facebook group were shortlisted for the Staff Wellbeing Award, recognising outstanding contribution to healthcare.

### **Queens Nursing Institute**

This year six of our nurses achieved the honour of becoming Queen's Nurses through their high level of commitment to learning, leadership and excellence in patient care. They are:

- Sarah Brownlow, Clinical Pathway Lead
- Emma Gaunt, Clinical Nurse Specialist - Stoma Care
- Claire Gray-Sharpe, Head of Clinical Governance
- Suzanne Harding, Community Matron
- Matt Peel, Advanced Practitioner, Police Custody
- Lucy Shuttleworth, Clinical Transformation Lead

One colleague achieved the QNI Aspiring Leader award this year:

- Elizabeth Keat, Integration Lead, Homeless and Health Inclusion

## Internal Awards

**The LCH Thank You Event is now held in June and will be shared in our next Quality Account.**

### Thanks A Bunch

Our monthly awards scheme called 'Thanks a Bunch!' where we surprise a member of staff with a certificate and a bunch of flowers presented by one of our Directors continued throughout 2022/23, with 17 certificates shared with colleagues across various teams in LCH.

## Board Assurance

This section of the Quality Account contains all the statements that we are required to make. These statements enable our services to be compared directly with other organisations and services submitting a quality account.

### Statement of Assurance from the Board

The Board receives assurance for patient safety, clinical effectiveness and patient experience through the Quality Committee which receives and reviews information from the supporting sub-group governance meetings. The Quality Committee is one of five committees established as sub-committees of the Trust's Board and operates under Board approved terms of reference. The committee provides assurance to the Board that high standards of care are provided by the Trust and, that adequate and appropriate quality governance structures, processes and controls are in place throughout the organisation which promotes quality.

These include patient safety and excellence in care, identify, prioritise, and manage quality and clinical risk and assurance. This then assures the Board that risks, and issues are being managed on a controlled and timely manner. The committee also ensures effective evidence based clinical practice and produces annual Trust Priorities which are monitored during the year.

The Trust promotes a culture of open and honest reporting of any situation which may threaten the quality of patient care. LCH also continues to review and update organisational and service priorities on an annual basis to ensure that the Trust can meet the needs of the people and communities we serve. The three business units (Adult, Children's, and Specialist) review and produce their individual 'plans on a page' for the coming year as well as the Trust plan. These plans look at the overall vision and direction of the organisation and the development of services.

## Review of Services

During 2022/23 Leeds Community Healthcare NHS Trust provided and/or sub-contracted 78 NHS services. The Trust has reviewed all the data available to them on the quality of care in the provision of these NHS services. The income generated by NHS services reviewed in 2022/23 represents 100% of the total income generated from the provision of NHS services by Leeds Community Healthcare NHS Trust for 2022/23.

## Clinical Audit

All clinical audits that are planned to be undertaken within LCH **must** be registered on the clinical audit and effectiveness registration database. The monitoring of each audit includes results, summary report and improvement/action plans. This year we have completed a service improvement and transferred all audits to Datix to provide an accessible centralised database for teams to have live access to their audit programmes.

## National clinical audits

During 2022/23 four (5) national clinical audits and one (1) national confidential enquiry covered the NHS services that the Trust provides. During that period, the Trust participated in 100% of national clinical audits and 100% of national confidential enquiries, of the national clinical audits and national confidential enquiries which it was eligible to participate. There were no national audits applicable to our organisation that we did not intend to participate.

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2022/23 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry and the learning.

National Audit	Number of cases submitted	Percentage
<b>Chronic Obstructive Pulmonary Disease (clinical audit of pulmonary rehabilitation services)</b>	Despite the pause of this audit in October 2021, the audit restarted in 2022/23. Face-to-face pulmonary care restarted following a pause during 2020/21. The team continue to feed data to the national programme annually.	100% of patients participated in this audit
<b>Sentinel Stroke National Audit programme</b>	100% of patients didn't participate in this audit, for numerous reason (e.g. rehabilitation not accepted, moved from area) The team is continuing to provide data to Leeds Teaching Hospital Trust for update on the system.	30% patient identified participated in this audit.
<b>National Diabetes Audit – Diabetic Foot Care Audit</b>	This audit informs about the timely recognition of foot ulceration and the severity and monitors the progress over the 12 weeks period. There were 142 cases who participated in this national audit. It was found that 51 patients were considered as having severe ulcers and 91 as less severe. The service is continuing to partake in this national audit in 2022/23.	100% of all cases identified
<b>National Audit of Cardiac Rehabilitation</b>	Due to the pandemic, this national audit was paused in 2021/22. The service has restarted inputting the data for 2022/23. Cardiac rehabilitation has changed and is now face to face, with reporting expected to be in May 2023.	100% of patients
<b>UK Parkinson's Audit</b>	This UK-wide audit measures the quality of care provided to people living with Parkinson's against a range of evidence-based guidance. The audit engages services to measure the quality of their practice, within their model of care provision, and to trigger service improvement plans. The 2022 UK	100% of cases.

	<p>Parkinson's audit reports on the care provided to 9,760 people with Parkinson's during the five month data collection period. It also includes the views of 6,795 people with Parkinson's and their carers, who responded to the Patient Reported Experience Measure (PREM) questionnaire about their experience of the service they attend.</p>	
<b>National Confidential Enquiries</b>	<b>Number of cases submitted</b>	<b>Percentage</b>
<p>Learning Disabilities Mortality Review Programme (LeDeR).</p>	<p>The organisation takes part in the NHSE &amp; NHSI – Learning Disability Improvement Standards review. This is a national data collection, commissioned by NHS England and NHS Improvement (NHSE &amp; NHSI) and run by the NHS Benchmarking Network (NHSBN). The data collection has been designed to fully understand the extent of Trust compliance with the recently published NHSE &amp; NHSI Learning Disability Improvement Standards and identify improvement opportunities. Within LCH, we take part in this data collection and our Learning Disability Lead continues to develop an action plan to assist the organisation to meet these standards which will improve care for those people with a Learning Disability.</p> <p>We have achieved aspects of the action plan and can now identify people who have a learning disability and those who are Autistic and can now continue with the action plan to understand the themes from incidents. We have reviewed our policy on restrictive interventions and are auditing if teams need</p>	<p>100% of all cases participated</p>

	<p>additional training to ensure our practice is transparent.</p> <p>We continue to review the action plan which includes ensuring training for all staff on learning disabilities and Autism.</p>	
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## Local Clinical Audit

The reports of 55 local clinical audits were reviewed by the provider in 2022/23. Some of the audit actions planned to improve the quality of healthcare provided by the Trust are highlighted below:

- An audit was completed for Dental to ensure compliance with the recommendations of the Faculty of General Dental Practitioners and Public Health England standards for dental radiography and compare compliance with the requirement to report each radiographic exposure under IRMER (2017) for radiographs taken within the Leeds community dental service clinics. The audit found that national recommended guidelines for acceptable radiographs were achieved, However, the audit found reporting of radiographs needs to be improved and an action plan has been identified with a plan to re-audit in 12 months.
- An audit for Children’s community nursing was proposed and completed due to the service level agreement between commissioners and LCH for the inclusion nursing team stating that all children entering a specialist inclusion learning centre (SILC) will have an assessment of health needs completed. Of the 84 parental health summaries 38 (45.2%) had been returned including both first and second attempts. Assessments were sent with a letter introducing the team, our focus and all contact details shared for future reference. Most parents when asked found the assessment easy to complete and were happy to share information with the team. Parents recorded positive comments such as ease of use, well-structured and self-explanatory and enabling to review the form and ensure all health information was included. All children will have received a nursing assessment which improve quality of care and meets the commissioning offer.
- An audit was completed by CAMHS to ensure accurate and contemporaneous documentation of prescribing in CAMHS medication clinic. The objectives were to review documentation of prescribing using care notes and clinic letters and make recommendations for future practice based on the findings. The audit identified that just 33% of cases had medication details documented on the medication tab on Care Notes, this identified an area required for improvement. The audit also identified that documentation of name and dosage of medication in clinic letters was completely correctly in 100% of the cases. Prescribing responsibility was clearly documented in 87% of the cases. This identified areas of good performance.

- An audit was conducted by the MSK Team to assess the compliance of physiotherapists using patient group directions (PGDs), a sample of 10 injection records from each physiotherapist were audited, with 128 injections administered, the results assured that physiotherapists were 100% compliant with PGDs.
- The CIVAS team undertook an audit to examine if patients with a visual infusion phlebitis score (VIP) of 2 or more, were escalated promptly, the audit lead reviewed the notes of each patient with a VIP of 2 or more and examined the escalation period. The audit demonstrated patients with a VIP score of 2 or more showed patients with suspected DVT had been seen in a timely manner by the doctors at Leeds Teaching Hospitals, had an ultrasound to confirm the DVT, then given appropriate treatment. It was found the the VIP score tool was not suitable for assessing patients with a suspected DVT. There was no previous audit of this topic before so we're unable to compare and therefore a reaudit will be completed in 6 months with a plan to roll out a new tool.
- An audit was completed by Childrens Speech and Language to look at the EHC1h information requests and the timing in which these requests are returned. The audit found capacity issues within the service have had an impact on these times and found only one member of admin was tasked to this, with time for the task not being prioritised, the audit found that to improve the figures the admin process needed to be revised. This was a re-audit and findings show there to be a 5% improvement in comparison to 2021.
- An audit was completed by CAMHS with the aim to determine how many care plans have been completed for young people currently open to CAMHS, and determine if care plans are completed with the young person and/or their family. The care plan audit shows that the completion rate within all-CAMHS is very low, the audit randomly identified 10% of all care plan records, showing a figure of 6.9% for all CAMHS and 6.1% for Core-CAMHS. As the current care plan tool on Care notes does not require clinicians to specify if they completed the care plans with the young persons or their family, it was impossible to determine this standard from the content of the care plan records reviewed for this audit. There were some key successes identified, the findings show, there is a care plan document readily accessible on the medical records for young persons and a renewed interest within the service to encourage the completion of care plans for young persons attending the service, also the completed care plans were easy to identify and review. There is a plan a re-audit after 12 months to re-evaluate any changes.
- The Children's audiology team carried out an audit with the aim of finding 100% compliance for completing calibration on the audiometer prior to screening children's hearing. This audit was carried out over a 12-month period involving 113 schools, the audit found there to be a success with 100% compliance of the calibration of audiometers.
- The Children's Speech and Language service carried out an audit to look at the time between receipt of referral and the initial assessment for reported patients with dysphagia, and whether the service is meeting the 4-week standard. The audit found that 83.1% of referrals had received an assessment, leaving 16.9% going over the 4 weeks. The audit looked at 5 cases that had waited the longest from initial referral, one patient had waited 22.6 weeks, though was found the referral had been added to Sytm one and the team not tasked to alert of the new referral, 2 of those referrals showed a system error, 1 case being a low priority and 1 patient team were not

able to make contact to the patient guardian. The audit discovered the team are less able to maintain wait times due to inconsistency in Systm one reporting and difficulty arranging appointments, it was felt additional sampling is needed to audit risk in patients who are required to wait longer than 4 weeks. It was found that the current RAG system helps to prioritise patients who are unable to wait for first contact.

- The Home and Health Inclusion Team conducted an audit to review care planning and interventions planned for service users. A sample of 20 records were selected over a 3-month period, the audit found that 100% of holistic health assessments were undertaken, and the data also showed the quality of assessments was thorough. The team have been focusing on supporting patients to remain in hospital to complete their treatment and reduce self-discharges, the audit demonstrated in comparison to the same time last year, there has been a significant improvement in this area, with 9 patients self-discharging last year, and only 1 this year.
- The Leeds Mental Health and Wellbeing Service conducted an audit that looked at feedback from service users and their experience, the audit found that 62.5% of the service users were satisfied at all times with the service and experience, which was an increase of 3.3% in comparison to 2021/22. Following the written report, word themes were identified from the feedback which included, helpful, understanding, supportive and professional.
- An audit was conducted to explore incidence of patients presenting with foot drop in the community-based MSK service in Leeds, the data showed 17 patients were identified within the MSK service during a one month period, with a range of mild to severe foot drop (Oxford Grades 0 to 4), duration ranged from 2 weeks to 2 years, the data from the audit will contribute in planning foot-drop pathways and will also be used to inform a grant application to undertake further research.
- LCH MSK service currently provides a spinal assessment and triage service for spinal surgical referrals from Harrogate into Leeds Teaching Hospital Trust (LTHT) to this recently established service, there was a need to evaluate and understand referral numbers, assessment and triage outcomes, and surgical conversion rates of referrals to LTHT. The data looked at all patients referred over a 3-month period, who had been referred from Harrogate to LTHT spinal surgical services and have been through assessment and triage clinics at Wetherby Health Service. The audit provided some initial broad information about referral numbers, assessment and triage outcomes, and surgical conversion rates of referrals to LTHT. Currently, conversion from surgical referral to surgical intervention has fallen, however, it was found partly to unforeseen resolution/ change in symptoms and patient choice. A team-wide discussion is planned to facilitate learning from the results of this service evaluation.
- The Leeds Sexual Health and Gynaecology service looked at auditing patient satisfaction with direct booking for intrauterine contraceptive procedure appointments in a community sexual health service, qualitative feedback was collected via a questionnaire of 5 questions scored 1-5 on a visual analogue scale regarding satisfaction, 70 patients were included in the audit, the audit showed patients expressed high degrees of satisfaction with direct booking which was further supported by the free-text comments. The data showed

74.3% felt they received enough information prior to the appointment, 95.7% felt there was enough time for discussion during the appointment. When patients were asked if they would be willing to accept direct booking again 91.4% strongly agreed.

Details of the 2022/23 audit programme are detailed below:

Local Clinical Audits completed during 2022/23 - by Business Unit	
<b>Adult Services</b>	
<ul style="list-style-type: none"> <li>• Quality Challenge+</li> <li>• Environment Audit</li> <li>• Infection control audits relating to the use of PPE</li> <li>• Record-Keeping Audit</li> <li>• Hand Hygiene Audits</li> <li>• Referral Triage Audit</li> <li>• Assessment, diagnosis and treatment of lower leg wounds</li> </ul>	<ul style="list-style-type: none"> <li>• Audit of Anticipatory medications in the last days of life</li> <li>• Wound Infection Clinical Framework Audit</li> <li>• Lying and standing blood pressure completion, follow up review of bone medication and moving and handling assessments via an audit of records since April 22.</li> </ul>
<b>Children's Services</b>	
<ul style="list-style-type: none"> <li>• Record Keeping Audit</li> <li>• Quality Challenge+</li> <li>• Environmental Audit</li> <li>• NICE guidance for prescribing in CAMHS for patients with Learning Disabilities</li> <li>• Responsiveness of service in Children's Speech and Language Therapy</li> <li>• Audiology Results Scanning Audit</li> <li>• Breast Feeding Audit</li> <li>• Commissioner audit 2 unspecified</li> <li>• Time between referral and initial assessment – are we meeting our 4 week standard?</li> <li>• CAMHS Risk Assessment Audit</li> </ul>	<ul style="list-style-type: none"> <li>• Mattress audit in Hannah House</li> <li>• Infection control and prevention audit at Hannah House</li> <li>• Audit of prescribing practice in CAMHS Intellectual Disability Service</li> <li>• Audiology clinical calibration audit</li> <li>• Audit of time taken to complete neurodevelopmental assessments.</li> <li>• Outcomes Audit</li> <li>• SILC - Care Planning audit</li> <li>• Your Child's Health Information -Parent/carer health assessment form</li> <li>• Timely response to Local Authority requests for EHCP information</li> </ul>

- Documentation of prescribing in CAMHS medication clinic
- Mattress Audit
- IPC Environmental Audit
- Goal Based outcomes.
- Audiology Results Scanning Audit
- School Screening Calibration Recording
- Care Plan Completion rates in CAMHS
- Strategy Discussion Attendance by CAMHS and Documentation in Carenotes.
- Are we meeting NICE guidelines on reflux and CMPA in the management of our RAC patients?
- Student Placement Offer Fair Share
- Section 136 Audit
- NICE compliance with Autism Pathway
- Tap Flushing
- Impact on Provision
- Grab Bag Audit
- Cross Service Working
- Clinic Calibration Recording
- Cross Service Working
- The mental health impact of patient systems outage on emotional well-being of staff in East Community CAMHS
- Selective Eating in Autism – a review of current practice

### Specialist Services

- Record Keeping Audit
- Quality Challenge+
- Environment Audit
- Radiography - Clinical image quality
- Radiography – QA
- Radiography – Activity
- PGD Audit
- Cardiac Activity Programme
- Benefit of blood monitoring in the community
- Fluoride Varnish & SDF
- Adjustment of oral medications at Insulin initiation
- Evaluation of virtual sessions for people with Irritable Bowel syndrome (IBS)
- Reasonable Adjustments Audit within Adult & Home Enteral Feeding Dietetics Team
- Fluid fasting times for Adult GA - "Think Drink"
- Antibiotic prescribing
- Care plan
- Delayed discharge
- Discharge to rough sleeping
- PPE and Hand Hygiene
- PGD Audit
- BP Loan Machine Scheme Audit
- Central venous catheter complications
- OT Audit
- LocSSIP Observational Audit
- Duty task audit – nature of request – patient and professional
- Advice and Guidance remit for Diabetes Nurse Specialist

- Care plan
- Delayed discharges from hospital
- Delayed discharge
- Service need and follow-up provision
- NHSE Long COVID Assurance Proforma
- Quarterly Commissioner review
- Safety Report – Monthly
- Analysis of health outcomes from an inequalities perspective
- Audit of Impact of Spinal Urgent Surgical Clinic undertaken by STS
- Foot drop
- Neurosurgical conversion rate for Harrogate /ICS spinal clinic provided by LCH Spinal Treatment Service
- Preventing sharps incidents Signing of CSSD sheets and blade removal
- Pressure sore to ears caused by oxygen tubing
- Covid Oxygen
- 72 hour phone call for Hospital discharge patients
- Direct Booking for IUC Fittings and Removal & Refit in LSH pilot
- Hep B vaccination (MSM & sex workers)
- Annual chlamydia partner notification audit
- Audit medication wastage
- GRASP
- GC TOC postal audit
- Syphilis audit with PN?
- Safeguarding / YP audit
- FSRH POP National Benchmarking Audit
- GLP1 pathway initiation/outcomes and feedback on new pathway
- Discharge to rough sleeping
- Use of triage template in PCMH
- Transfer of care report
- NHSE sit rep data report (fortnightly)
- Quality & Performance proforma / Panel
- Virtual Course evaluation
- Clinical Notes Audit
- PGD Audit
- Radiology Audit of Non medical Requestors clinical imaging log
- Outcomes of Patients Discussed at MDT
- LocSSIP Observational Audit MSK
- National Diabetes Foot Audit
- Valid Consent and Best Interest Standard with MCA4 included
- Patient Safety Audit
- Health and Safety Audit
- CD Audit
- NACAP national audit for pulmonary rehabilitation in COPD patients
- Number of HIV positive referrals accessing HIV treatment and care (twice yearly)
- Documented HIV partner notification outcomes or a progress update at 12 weeks after the start of the process
- Annual gonorrhoea partner notification audit
- BASHH national audit

- LocSSIP Observational Audit – Sexual Health & Gynaecology
- Sexually transmitted infections after sexual assault
- Follow up on patients who have a positive quantiferon blood test
- RESS-Q Reducing Errors in Sexual Health Samples A Quality Improvement Project
- Percentage of Gonorrhoea correctly diagnosed through Microscopy in patients attending Leeds Sexual Health.
- Safeguarding Children
- DBST (dry blood spot testing Audit)
- Consent Template Audit
- Medicine Management Audit
- Omitted Dose Audit

#### Corporate Services

- Controlled Drug Audit – dental
- Spot check Audit
- Measuring quality standards in dementia care
- Transcribing Standards Audit
- Serious Incidents Actions
- CLA (Children Looked After) Nurse Audit of Review Health Assessment (RHNA) - bimonthly

### Clinical Research

Clinical Research generates new knowledge and improved understanding of new and existing medical problems, treatments and interventions enabling effective diagnosis, treatment, and outcomes. Services that are engaged in research are known to have better patient outcomes and LCH is committed to ensuring that research is embedded at the heart of patient care across the Leeds system as it adapts and responds to the changing needs of people living in Leeds post pandemic.

LCH is a contractual partner of the National Institute for Health and Care Research, Clinical Research Network, Yorkshire, and Humber (NIHR CRN Y & H) who commission our core Research and Development function to assess, set up, manage, and deliver the highest quality research studies available in the UK, these are referred to as 'portfolio studies'. We also provide assessment and approval for studies that are non-portfolio to assure that they have received ethical approval where required and provide ongoing monitoring to ensure that they are delivered to a high standard.

Following the departure of the previous Head of R&D, a review of the leadership requirements for the LCH Research Team has been undertaken. Learning has been sought from research teams in other community organisations who host similarly small research teams and who have been able to create a culture for research to flourish. In consultation with Business Unit Leadership (General Manager and Clinical Lead), it has been agreed that the focus of the Research Leadership role should shift from a governance focus to one embedded in clinical practice.

To support the new clinically led research clinical leadership mode, it is vital that advice and expertise of research governance and management is secured to ensure research within the organisation is conducted to a high standard, in line with national regulations.

Two new roles have been recruited to start in January 2023: a Clinical Lead for Research and a Research Governance Manager. The recruitment of a Clinical Lead for Research will provide senior leadership support to the team, as well as providing clinical expertise which will aid in the delivery of research projects across clinical services.

The Research Governance manager, a part time, temporary post, will provide leadership to the team and will act as a deputy to the Clinical Lead for Research where required. During the next twelve months, the research Team will review the long-term research governance requirements for the Trust and will plan accordingly.

Throughout 2022/23, we have sought to increase the role of LCH as a strategic partner in research with Leeds Teaching Hospitals NHS Trust, a leading provider of research studies who recruit over 10,000 participants a year. It has been agreed that a Research Project Manager will be recruited to work across the boundary of hospital and community care, building on the strength of LCH as a community research organisation, to facilitate greater recruit to research studies out of hospital settings. This joint role will also formalise existing arrangements for the small LCH research Team to access support and resilience from the well-established LTHT service.

LCH has worked to support the development and delivery of new research within LCH Business Services. With the development and dissemination of the Flowchart for Supporting Prioritisation of Research Proposals, we aim to help facilitate an increase in research activity across all services. The introduction of the Flowchart has enabled the Research and Development team to guide students and research active practitioners interested in conducting their own studies to access the relevant clinical services in LCH. However, the development of the Flowchart has also enabled the Research and Development team to streamline the process of providing support for setting up new studies within LCH.

LCH has been active in opening and supporting the governance and delivery of several portfolio studies. BOOST (Better Outcomes for Older people with Spinal Trouble), A study investigating the effectiveness of exercise in the management of spinal stenosis, has resulted in positive outcomes in the development of LCH's capacity to support research activity. For example, discussions during the set-up of BOOST resulted in the development of an Archiving, Retrieval & Destruction of Research Documents SOP. Furthermore, the set-up of this study has enabled LCH to develop better links and patient pathways with Leeds City Council run facilities. Through this work, the study achieved its target recruitment numbers within the first week of the study opening.

Of the portfolio studies supported last year, LOCOMOTION (LONg COvid Multidisciplinary consortium Optimising Treatments and services across the NHS), a £3.4m research project to identify the best way to treat and support people in the UK living with long COVID, remains the biggest recruiting study LCH is supporting presently. The study has an extension into next year to continue to create a 'gold standard' approach for the treatment of Long COVID.

In addition, ALABAMA (ALLergy AntiBiotics And Microbial resistance), a study evaluating whether the penicillin allergy assessment intervention pathway is clinically effective in reviewing 'false positive' records of penicillin allergy, continues to be delivered by the Research team. Since 6th April 2022 we successfully re-issued the MoU to help set up delivery support for an additional 3 GP services across Leeds. This support involves providing GP's support in pre-screening patient lists and conducting Eligibility and Consent calls. As a result of our ongoing support in delivery, we have pre-screened a total of 973 patients for GP services across Leeds.

During 2022/23, LCH has also been active in building links with universities to facilitate the research activity of students through providing support with the governance of two non-portfolio studies run by Trainee Clinical Psychologists accessing clinical services within the community. Engagement with students in research during their studies is a key strategic goal, supporting the development of a future workforce that is ready for research.

As a proud and committed champion for the diverse healthcare needs of all Leeds communities, LCH is dedicated to ensuring that research systems continue to develop alongside NHSE plans for integration and collaboration and continue to work hard in 2022/23 to deliver high quality research options relevant for all communities in Leeds.

## **Addendum:**

As a trust, we value the patient involvement in research and this is a fundamental part of all government funded projects, which represents 80% of LCH research activity. These national studies are developed with Patient and Public Involvement Groups to influence the development of the research project and methods. Also patient representatives sit on the ongoing trial steering committees and support the dissemination and engagement of the results.

On a local level we would like to engage Leeds community people in our strategy going forward as we revise this in line with other Leeds partners. We plan to do this on a strategic level as part of the Leeds Research Collaborative, which includes the research leaders in all the NHS trusts: Leeds Teaching Hospital Trust, Yorkshire Ambulance Service, Leeds and York Partnership Foundation Trust and West Yorkshire Integrated Care Board. We have recently agreed one of our ambitions is to develop a Leeds wide public engagement research strategy, to encourage representation and cohesion. To do this we plan to use existing networks and community links.

## **Secondary Uses and Hospital Episode Data**

During 2022/23 Leeds Community Healthcare NHS Trust provided and/or sub-contracted 78 NHS services. The Trust has reviewed all the data available to them on the quality of care in the provision of these NHS services. The income generated by NHS services reviewed in 2022/23 represents 100% of the total income generated from the provision of NHS services by Leeds Community Healthcare NHS Trust for 2022/23.

## **Data Accuracy**

Data security, data ownership and transparency are of paramount importance to the Trust, supporting both clinical and organisational management needs and the Trust fully committed to ensuring that personal data is protected, and any confidential data is used appropriately.

The Trust complies with the relevant data protection and confidentiality legislation and national codes of practice and actively supports the transparency of information.

The Trust complies with Articles 37-39 the UK General Data Protection Regulation (UK GDPR) by engaging an appropriately qualified Data Protection Officer (DPO).

The DPO duties include promoting the principles of GDPR, including the accountability principle; empowering the organisation to be compliant with the Data Protection legislation; Ensuring there is a subject matter expert provision for internal and external stakeholders to achieve compliance with privacy and information security in relation to the organisation activities; Protecting information, and ensuring its confidentiality, integrity and availability throughout the lifecycle of the information and; supporting the move to integrated care modelling and wider, safer, data sharing.

The Senior Information Risk Owner (SIRO) ensures that there is effective information governance in place. The SIRO Chairs the Information Governance Group which reports quarterly to the Audit Committee and in turn to the Board. The Caldicott Guardian is the Deputy Chair of the Information Governance Group, who works closely with the SIRO and the DPO, particularly where there are any potential information risks relating to patient data.

The Trust ensures effective information governance through a number of mechanisms comprising both technical and organisational controls, including; education, policies and procedures; Applying principles of risk management to our use of data; ensuring principles of “Data Protection by Design and Default” incorporated into all new projects and services; effective Records Management polices; IT / information security controls; IT vulnerability testing; Horizon scanning.

The Trust demonstrates compliance with the 10 Data Security Standards (an outcome from the National Data Guardian’s Review of data security, consent and opt outs report) via a self-assessed Data Security & Protection Toolkit (DSPT). Our DSPT submissions, and the robust evidence required to support them, are subject to external review by an independent organisation

In recognition of the importance of data security, there is a nationally mandated target of 95% staff compliance with information governance training- this has been achieved. Training compliance is closely monitored and enforced where necessary.

## **Information Governance & Data Protection Legislation**

The UK General Data Protection Regulations (GDPR), the complementary Data Protection Act 2018 (DPA18) and the Common Law Duty of Confidentiality (CLDoC) are the primary pieces of legislation that guide the Trust in ensuring a robust data protection, confidentiality and cyber security framework is in place to educate the workforce and mitigate threats to the organisation.

Data Protection legislation articulates both the individual Data Subjects' rights, and our organisations responsibilities in regard to the data we hold.

Information Governance also comprises the effective management of the information we hold, and ensuring the information is used effectively, appropriately and ethically, and managed in accordance with a balance of its varying degrees of risk and value.

One of our responsibilities is to ensure the maintenance of the [Confidentiality, Integrity and Availability \(CIA\) triad](#) across all our information assets and data processing activities.

Applying principles of CIA, in conjunction with our wider legislative frameworks ensures that the systems we use to process data (e.g. SystemOne, network drives etc) are assured to be fit for purpose and can ensure those principles of CIA. CIA is ensured by the same types of organisational and technical controls as our compliance with legislative frameworks: education, policies and procedures; Applying principles of risk management to our use of data; ensuring principles of "Data Protection by Design and Default" incorporated into all new projects and services; effective Records Management policies; IT / information security controls; IT vulnerability testing; Horizon scanning

A new **Information Governance Management Framework (IGMF)** and **Information Security Management Framework (ISMF)** utilising existing, new and revised Policies is being developed to cover both the expanding and increasingly complex areas of **Data Protection, Information Governance** and **Information Security**. These frameworks will underpin a modern, flexible, and creative approach to improving these functions throughout LCHT.

The ever-increasing cyber related threats to the organisation will require careful mitigation and the best defences we can maintain to protect ourselves and improve the organisations preparedness.

## Data Breaches

If any of the compliance requirements of data protection legislation, and by extension of the CIA principles, are interrupted this is known as a “Data breach”

If and when such an incident occurs there is a robust procedure in place to report the issue to an appropriate level and by the appropriate mechanism, take steps to mitigate the issue as fully and as quickly as possible, to restore as soon as possible the business function affected and to take any other steps required or requested by relevant authorities (which may include informing data subjects of the breach, producing reports, providing assurance that robust measure were or are in place etc.)

In summary the work undertaken:

### Data Protection and other information rights regulatory compliance:

- There were 778 Data Requests that have been processed this period, for example Subject Access Requests and Freedom of Information Requests.
- There was one incident reported to the ICO during this period, all incidents relating to potential breaches are reported, investigated and where appropriate remedial actions implemented. In summary the breach occurred due to the outage of the Carenotes System. We had received assurance from Advance that no LCH data was accessed. We have this week received notification from the ICO that the case is now closed and no further action will be taken against the Trust.

## Cyber Security

Key focuses this year have included:

- An Information Security Officer is employed to support the monitoring of threats, compliance, and breaches
- Development and support of the new ISMF and culture of Cyber Awareness through practical exercises and campaigns
- Increasing strict adherence to the completion of the compulsory Data Security and Awareness e-Learning
- Commitment to begin the process of attaining Cyber Essentials+, a recognised certification recommended by the [National Cyber Security Centre \(NCSC\)](#) to guard against the most common cyber threats and demonstrate the organisations commitment to Cyber Security

- **No cyber security CIA breaches was reported during this period.**

**CQUIN – the data for lower leg wounds (43%) is being verified and may change.**

A proportion of the Trust income is based on achieving quality improvement and innovation goals agreed between LCH and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

The Trust signed up for five CQUIN's in 2022/23.

CCG1	90% compliance with Flu vaccinations for frontline healthcare workers
<p>The Trust vaccination campaign for 2022/23 was delivered between October 2022 and February 2023 and built on the learning from the previous year to optimise the uptake of the vaccination offer.</p> <p>Despite providing a creative and responsive vaccination offer this year has seen the national impact of vaccine fatigue and the final achievement was 62.9%, against a target of 90% uptake of flu vaccinations by frontline staff with patient contact. This is consistent with achievement in previous years and reflects the Trust position from the outset, that this target was not expected to be achieved.</p>	
CCG10a	40% of CYP (under 18 years) and perinatal mental health services have the same outcome measured at least twice
<p>Following a positive start in Q1, this CQUIN has been unable to be reported on for the remainder of the year as a direct result of the national Advance cyber security incident, which caused the loss of access to Care Notes from 4 August 2022. Updates on this, and progress with recovery have been communicated to LCH SMT and the ICB within each quarterly report.</p> <p>Work is underway with the transition of the service primary patient record to SystemOne. The introduction of the outcomes templates is scheduled for March 2023 and therefore this indicator has been included for the Trust schedule in 2023/24.</p>	
CCG11	65% of referrals to IAPT with anxiety disorder have 2 recorded scores on Anxiety Disorder Specific Measure (ADSM) at end of treatment

Reporting for Quarter 4 indicates that the service achieved 74.47% compliance in the quarter. This concludes a sustained achievement of this CQUIN indicator in each quarter and across the whole year.

CCG13*	70% of community nursing contacts have Malnutrition screening (MUST) on admission, repeated every 30 days, where at risk have a care plan in place and evidence that care plan actions being acted on
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In Q1 this national CQUIN scheme was stood down for community settings, as was identified not to be suitable. For 2022/23 the Trust did agree however to work towards the principle of this CQUIN indicator across community nursing.

Although there has been a marginal increase from the start of the year, compliance overall has remained static with Q4 compliance at 33.5% of patients on caseload for >30 days had a MUST completed, and of those 23.7% of patients had an appropriate care plan in place.

Improvement work has been undertaken in the provision of consistent and accessible training on the MUST clinical assessment tool and care pathways. Work has also been undertaken on the electronic patient record to support consistent and comprehensive record keeping across the Trust and this will support the improvement plan to continue improvements in care delivery and record keeping.

CCG14	50% of patients with lower leg wounds have wound assessment, ABPI with compression where indicated and vascular referral within 28 days of referral or non-healing wound
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Reporting for Quarter 4 indicates that the Trust has continued on an improving trajectory with 43% achievement in Q4, against a 50% target.

## Core Indicators

KPI table to be added but not yet available.

## CQC Statements

The Trust is required to register with the Care Quality Commission (CQC) and its current registration status is full registration without conditions.

In October 2019, the CQC published the final report on its announced inspection of the Trust which took place in May-June 2019. The CQC visited a selected number of services including Sexual Health, Community Child, Adolescent Mental Health Service (CAMHS), Inpatient CAMHS, community dental and community services for children, young people and families. The CQC also completed a Trust-wide level inspection under the well-led framework.

Overall, the Trust was rated **GOOD** in all five domains (safe, effective, caring, responsive and well-led). The CQC found improvements in services since the last visit and they concluded:

**Sexual Health services** were rated outstanding overall. The service was rated good for safe and caring, and outstanding for effective, responsive, and well led. This was an improvement on the last inspection.

**Children and young people's services** were rated good for safe, effective, caring, responsive and well led. This was an improvement on the last inspection.

**Community CAMHS** was rated good for effective and caring, requires improvement for safe, responsive and well led.

**Dental services** were rated good for safe, effective, caring, responsive and well led. This remained the same as the last inspection.

The CQC found 23 breaches of legal requirements which relate to actions the Trust must do. There were 14 minor breaches of regulation which are not breaches in the legal requirement but actions the Trust should take.

The Trust developed robust action plans to address the findings and these are monitored through the governance structure.

The Trust is proud of the achievements and improvements made since the last CQC inspection in 2019 and acknowledge the recommendations made by CQC to continue to improve our services for patients, carers and the public.

## Part Four - What Other People Think of Our Quality Account



Thank you for this opportunity to comment on your Quality Account, which we found to be comprehensive and informative.

The hard work that has gone into rebuilding, improving and innovating services across the Trust is clearly demonstrated throughout the report.

LCH have been actively involved in the citywide work to listen and act on the feedback from people through the People's Voices Partnership, How does it feel for me? and the Inclusion for All action hub. It is therefore great to see LCH's commitment to improving accessibility and ensuring stronger relationships are being built with different groups of people to improve health equity.

The increasing levels of public/service user engagement and how their feedback is being used across the Trust is positive and we look forward to seeing how the Engagement principles are implemented across the Trust. In particular, the involvement of the Youth Board in the Children, Young People and Family's Strategy is an excellent example of meaningful engagement and coproduction. It is also very positive to hear that information from complaints have fed into LCH's 2023 priorities and feedback is being taken on board by services to continuously improve services based on people's feedback.

There are some parts of the report where patient and community voices are less prevalent, and it becomes unclear how their experiences are influencing services and projects. Using the research section as an example, it would be useful to know how public and patient experience will be used to inform projects and what their involvement may look like. ***[Feedback shared with the team and an addendum included in the Quality Account Research section].***

Similarly, in the review of priorities, there are specific aspects where people's voices are not demonstrated, such as the switch from individual CBT to group sessions under CAMHS ***[based on the draft Quality Account and no longer included]*** and work surrounding digital transformation. ***[Feedback noted].***

We are keen to continue our positive working relationship with the Trust to be able to share some of the feedback we receive (such as issues around long waiting times to access CAMHS and difficulties contacting the Sexual Health Clinic) and for LCH to receive this insight in a positive manner and to act upon it where possible.

There are lots of positives to take from the report, specifically around the development of different groups such as the Race Equality Network and the 84 engagement champions. As ever it is very positive to see the focus on staff's health and wellbeing as it is not only the right thing to do but key to the delivery of quality services.

Overall, we think this is a good Quality Account and we look forward to continuing working in partnership with Leeds Community Healthcare over the next year.

## Integrated Care Board

Thank you for providing the opportunity to feedback on the Leeds Community Healthcare NHS Trust's (LCH) Quality Account for 2022/2023. The Integrated Care Board (ICB) in Leeds acknowledge that the report is in draft and additional information will be added prior to final publication, so please accept our observations on that basis.

Although yet another challenging year due to the impact of Covid-19, Streptococcus A, and the increase of the impact of seasonal flu, it is positive to see the continued commitment to the provision of high-quality care, innovation and continuous improvement, and the focus on integrated approaches to care delivery.

Overall, the account is comprehensive and demonstrates the strong focus on the experiences of people who use services and how their feedback is directing some of the improvement work across the services provided by the Trust. There are also several examples of integrated and partnership working, research, evidence-based practice, as well as several examples of transformational leadership and a culture of continuous improvement and learning. The quality improvement work described demonstrates responsiveness to the needs and experiences of the local population and aligns with system integration, and national priorities.

The ICB in Leeds will continue to support the strategic goals identified by the Trust, which are:

- To deliver outstanding care
- To use the resources wisely and efficiently
- To ensure the workforce is able to deliver the best possible care in all of the communities the Trust is working with
- To support the workforce to recover and flourish, with a focus on resourcing and health & wellbeing
- To work in partnership to deliver integrated care, care closer to home, and to reduce health inequalities

We recognise the enormity of this challenge, given the unprecedented circumstances we are all facing. The ICB in Leeds whole-heartedly thank LCH for the continuous work towards the strategic goals in contributing to better integrated working, resilience within the health and care system, and improved health and wellbeing for people of all ages across Leeds.

We thank you for sharing the draft copy of LCH's Quality Account for 2022/2023 and look forward to working with the Trust over the coming months as we continue to work in partnership within an integrated care system.

## **Statement of Directors' responsibilities in respect of the Quality Account**

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

The content of the Quality Account meets the requirements set out in the Regulations and supporting guidance.

The content of the Quality Account is not inconsistent with internal and external sources of information including:

- board minutes and papers for the period April 2022 to May 2023
- papers relating to quality reported to the Board over the period April 2022 to May 2023
- feedback from North West Integrated Care Board on 9/05/2023 and Healthwatch Leeds received on 10 May 2023.
- the Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints (England) Regulations 2009
- the external auditors opinion of the Trust's control environment, from the internal audit report dated October 2021.
- CQC inspection report dated 28/10/2019
- the Quality Account presents a balanced picture of the Trust's performance over the period covered.
- the performance information reported in the Quality Report is reliable and accurate.
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice.
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions is subject to appropriate scrutiny and review.
- the Quality Account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Account.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

Signed..... Date

Signed.....Date

## **Acknowledgements**

We would like to sincerely thank everyone who made a contribution to the content and publication of our 2022/23 Quality Account. This includes, but is not limited to, patients, carers and representative groups, many of our staff, the Senior Management Team and the Board of Directors.

This Quality Account provides an insight into how we are working to realise our vision, values and strategic objectives, and our Quality Strategy. Quality is at the heart of everything we do; we hope we have demonstrated within this document how quality is created, embedded, developed and improved within LCH through sharing examples of initiatives underway to help us achieve these aims.

In line with other NHS organisations, we produce an Annual Report and Accounts to outline our financial and other key performance measures. These can be found on our website at [www.leedscommunityhealthcare.nhs.uk](http://www.leedscommunityhealthcare.nhs.uk)

## **How to Comment**

If you would like to comment on this document contact us:

By email to [lch.pet@nhs.net](mailto:lch.pet@nhs.net)

Please ensure you include 'Quality Account 2022/23 feedback' as the subject of your email.

In writing to:

The Head of Clinical Governance  
Quality Account 2022/23 Feedback  
Clinical Governance Team  
Leeds Community Healthcare NHS Trust  
1st Floor, Stockdale House  
Headingley Office Park  
Victoria Road  
Headingley  
Leeds LS6 1PF

## Glossary

**Always Events®** – Always Events® are defined as “those aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the health care delivery system.” Always Events® is a co-production quality improvement methodology which seeks to understand what really matters to patients, people who use services, their families and carers and then co-design changes to improve experience of care. Genuine partnerships between patients, service users, care providers, and clinicians are the foundation for co-designing and implementing reliable solutions that transform care experiences with the goal being an 'Always Experience.'

**Ask Thea** – an opportunity to ask our Chief Executive questions, this can be anonymous if preferred.

**Audit** – a review or examination and verification of accounts and records (including clinical records).

**Children and Adolescent Mental Health Services (CAMHS)** – a service specifically designed to look at the needs of children with mental health problems.

**Change Programme** – a programme of quality improvements and services changes.

**Care Quality Commission (CQC)** – Health and Social Care regulator for England.

**Clinical Audit** – a review or examination and verification of accounts and records (including clinical records).

**Clinical coding** – an electronic coded format that describes the condition and treatment given to a patient.

**Commissioners** – organisations that agree how money should be spent on health within a community. This could be for example Clinical Commissioning Groups (CCGs – Groups of GPs) or NHS England (the central government organisation).

**CQUIN (Commissioning for Quality and Innovation)** – a financial incentive encouraging Trusts to improve the quality of care provided.

**Datix** – an electronic risk management system (database) used to record incidents, complaints and risks for example.

**Friends and Family Test (FFT)** – a measure of satisfaction usually via a survey or text message, which asks if staff / patients would recommend the service they received to their friends or family.

**Information governance** – the rules and guidance that organisations follow to ensure accurate record keeping and secure information storage.

**Innovation and Research Council** – this is an independent body which brings together the seven Research Councils, Innovate UK and Research England.

**Inquest** – a judicial inquiry to ascertain the facts relating to an incident.

**Leeds Safeguarding Children's Board (LSCB)** – a statutory body (independently chaired) consisting of senior representatives of all the principal agencies and organisations working together to safeguard and promote the welfare of children and young people in the City.

**Medicines management** – processes and guidelines which ensure that medicines are managed and used appropriately and safely.

**Methodology** – a system of methods used in a particular area of study or activity.

**NHS England (NHSE)** – the central organisation that leads the NHS in England and sets the priorities and direction of the NHS.

**NHS Digital** – is the national information and technology partner to the health and social care system. Looking at how digital technology can transform the NHS and social care.

**NCEPOD** – reviews clinical practice and identifies potentially remediable factors.

**National Institute for Health and Care Excellence (NICE)** an organisation that provides national guidance and advice to improve health and social care with the aim of improving outcomes for people using the NHS and other public health and social care services.

**National NHS staff survey** a survey that gathers the views of staff working in the NHS to give an overall indication of their experience of working for the NHS.

**National Reporting and Learning System (NRLS)** a central database of patient safety incident reports.

**OFSTED** is the Office for Standards in Education, Children's Services and Skills, who inspect services providing education and skills for learners of all ages and also inspect and regulate services that care for children and young people.

**Outcome Measures** – a measure (using various tools) of the impact of the intervention from a clinician's perspective or a measure of progress

related to a specific condition or issue.

**Patient Experience Team** – a service that provides a listening, enquiry and signposting service to ensure that patients, carers and public have their questions and concerns resolved as quickly as possible.

**Patient experience** – feedback from patients on ‘what happened and how they felt’ in the course of receiving their care or treatment.

**Patient engagement** – methods for patients to take part in service improvement and service reviews.

**Patient satisfaction** – a measurement of how satisfied a person felt about their care or treatment.

**Payment by results** – the system applied to some services whereby NHS providers are paid in accordance with the work they complete.

**Pressure ulcer** – damage caused to the skin and the tissue below when it is placed under enough pressure to stop the blood flowing.

**Primary Care Networks** - In response to the NHS Long Term Plan and to meet the needs of our populations and communities GP practices are working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in groups of practices known as primary care networks.

**Risk Assessment** – a process to identify risks and analyse what could happen as a result of them.

**Root Cause Analysis (RCA)** – a method of investigating and analysing a problem that has occurred to establish the root cause.

**Safety Huddle** – a mechanism of route discussions held within teams and across multi-professionals to discuss current patients to help reduce harm and risk and improve patient safety.

**Serious Incident (SI)** – these are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response.

**Staffside** – the interface between Trade Unions, Professionals Bodies and an organisation.

**Strategy** – the overall plan an organisation has to achieve its goals over a period of time.

**SUDIC** – a review of progress of unexpected child death.

**Transfer of Care**

**Third Sector** – a term used to refer to organisations working within the health and social care economy that are non-government and often not for profit, such as charities and voluntary groups and associations.

**Trust Board** – the team of executives and nonexecutives that are responsible for the day to day running of an organisation.

**WRES** – Workforce Race Equality Standard.

**WDES** – Workforce Disability Equality Standard.

**Trust Board Meeting held in public: 26 May 2023**

**Agenda item number: 2023-24 (14a)**

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**Title: Audit Committee Annual Report 2022-23 and review of terms of reference**

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**Category of paper:** For approval

**History:** N/A

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

**Report author:** Company Secretary

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## **Executive summary**

The purpose of this report is to fulfil the annual review of the Trust's governance processes. As such a revised draft of the Audit Committee's annual report is attached for approval.

The terms of reference for each committee require that the committee's chair submits an annual report which demonstrates how the committee has fulfilled its duties as delegated to it by the Board and as set out in the terms of reference and committee's work plan. This report presents the Audit Committee's annual report for 2022-23.

The report provides an overview of the workings of the Committee and demonstrates that the Committee has complied with the respective terms of reference by describing:

- Duties of the Committee
- Membership and attendance
- Review of Committee's activities
- Review of effectiveness
- Areas for future development

In December 2022 all members of the Committee were asked to complete a self-assessment questionnaire. A range of questions was asked, and the responses are included in this report.

## **Recommendations**

The Board is asked to:

- Approve the Audit Committee's annual report

## Audit Committee: Annual Report 2022-23

### 1.0 Purpose of the report

- 1.1 The purpose of the report is to provide a summary of the Audit Committee's activities during 2022-23.
- 1.2 The terms of reference for the Committee require that the Committee's Chair submits an annual report which demonstrates how the Committee has fulfilled its duties as delegated to it by the Trust's Board and as set out in the terms of reference and the Committee's work plan.
- 1.3 The sections below describe:
  - Duties of the Committee
  - Membership and attendance
  - Review of Committee's activities
  - Review of effectiveness
  - Areas for future development

### 2.0 Background: Duties of the Committee

- 2.1 The Audit Committee is one of five committees established as sub-committees of the Trust's Board and operates under Board approved terms of reference.
- 2.2 The Committee is well established and has been conducting a portfolio of business on behalf of the Board since the establishment of the Trust.
- 2.3 The Committee provides an overarching governance role and ensures that the work of other committees provides effective and relevant assurance to the Board and the Audit Committee's own scope of work.
- 2.4 The duties of the Committee can be categorised as follows:
  - **Governance, risk management and internal control:** reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.
  - **Internal audit:** ensuring that there is an effective internal audit function that meets mandatory NHS internal audit standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board.
  - **Counter fraud and security management:** ensuring satisfactory arrangements in place for countering fraud, managing security and shall review the annual plan and outcomes of work.
  - **Data security and information governance:** ensuring the Trust has robust information governance processes and that it complies with National Data Security Standards.
  - **External audit:** reviewing the work and findings of the appointed external auditor and considering the implications of and management's responses to their work.

- **Financial reporting and annual accounts review:** including: monitoring the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance; ensuring that systems for financial reporting to the Board are subject to review as to completeness and accuracy of the information provided to the Board; reviewing the annual statutory accounts before they are presented to the Board of Directors to determine their completeness, objectivity, integrity and accuracy and reviewing all accounting and reporting systems for reporting to the Board.
- **Standing orders, standing financial instructions and standards of business conduct:** reviewing the operation of and proposed changes to the standing orders, standing financial instructions and standards of business conduct, the constitution, codes of conduct and scheme of delegation.

2.5 Data Protection and Cyber Security Panel (Formerly the Information Governance Group) is a subgroup of the Audit Committee. The Group meets every two months and discharges a range of duties as delegated by the Audit Committee and recorded in a Committee approved set of terms of reference. The Group is responsible for ensuring that the Trust has effective policies and management arrangements covering all aspects of information governance in line with the Trust's Information Governance Management Framework Policy. Minutes from the Group are received by the Audit Committee.

### 3.0 Membership and attendance

3.1 The terms of reference for the Audit Committee set out the Committee's membership, which is as follows:

- Three non-executive directors, including one non-executive director with significant, recent and relevant financial experience and who serves as the chair of the committee
  - Khalil Rehman (Chair)
  - Richard Gladman (Deputy Chair)
  - Professor Ian Lewis

3.2 In addition to the membership, the following participants are required to attend meetings:

- Executive Director of Finance and Resources
- Company Secretary
- Internal audit representative
- External audit representative
- Counter fraud specialist

3.3 The Chief Executive attends to discuss the process for assurance that supports the annual governance statement, and the annual report and accounts.

3.4 In addition, the Chief Executive, other executive directors and senior managers may attend for discussions when the Committee is discussing areas of risk or operational management that are their responsibility.

3.5 The Committee has met formally seven times in the last 12 months and has been quorate on all occasions. In addition, there was one informal meeting. A table recording attendance is shown below.

Attendee	22 April	11 May Page turner	13 June	3 Aug	14 Oct	16 Dec	10 Mar	Total (7)
Richard Gladman	√	√	√	X	√	√	√	6/7
Ian Lewis	√	√	√	√	X	√	√	6/7
Khalil Rehman	√	√	√	√	√	√	√	7/7
Bryan Machin*	√	√	√	X	√	√	√	6/7

\*Executive Director in attendance

3.6 In line with its terms of reference, the Committee has had regular private meetings with auditors prior to each formal meeting.

#### 4.0 Review of Committee's activities

4.1 The Audit Committee has an approved annual work plan. Topics scheduled for consideration at each meeting reflect a mix of scheduled items drawn from the work plan and occasional further items that have arisen as a result of specific issues brought to the Committee's attention from internal or external sources.

#### 4.2 Governance, risk management and internal control

4.2.1 The Committee reviewed the annual governance statement for 2022-23 in April 2023 prior to it being submitted for approval by the Board. In considering the statement, the Committee reviews assurances from a range of sources including the final Head of Internal Audit opinion which it expects to receive in June 2023.

4.2.2 Annual reports have been received from internal audit, counter fraud, security management, risk management and Board sub-committees during the year.

#### 4.3 Internal audit and counter fraud services

4.3.1 The Audit Committee has delegated authority to ensure the trust has an effective internal audit function. Audit Yorkshire, the internal auditors provide an essential part of the trust's system of internal control.

4.3.2 The Committee reviewed and agreed an annual internal audit plan for 2022/23. Topics included a broad mix of financial, governance, operational and quality topics.

4.3.3 As the audit plan progressed, the Committee reviewed a wide-ranging portfolio of reports, considered recommendations, adopted action plans and overseen progress. The outcome of internal audits was shared with the relevant Board committee, which provided the opportunity to consider the robustness of actions to address recommendations and the associated timescales.

4.3.4 In addition to monitoring progress of the audits, the Committee also regularly monitored progress against internal audit management recommendations and

associated actions. The Committee requested and received further explanation and background on the major and moderate recommendations from the audits which have been agreed to be delivered by a certain date but not completed on time. The Committee also reviewed the robustness of the proposed actions and provided feedback.

4.3.5 The Committee closely monitored progress against the internal audit plan in an effort to avoid slippage and over running toward the end of the financial year. Throughout the year, the Committee discussed the potential challenges to completing the full internal audit programme for 2022/23 because of continuing pressures within the Operations Directorate.

4.3.6 In April 2023, the Head of Internal Audit indicated that their Head of Internal Audit Opinion based on the work carried out was likely to be reasonable assurance that there were adequate and effective management and internal control processes to manage the achievement of the Trust's objectives. A final opinion would be presented to the Committee in June 2023.

#### **4.4 Counter fraud and security management**

4.4.1 The Committee received the local counter fraud annual report in July 2022 and the security management annual report in October 2022. The Committee also received a mid-year update on progress against the counter fraud plan for 2022/23, which noted local counter fraud activity, and introduced lessons learnt from fraud incidence from elsewhere.

#### **4.5 External audit**

4.5.1 In June 2022, Mazar's presented their audit completion report for 2022/23. It stated that the auditors' had issued an unqualified opinion on the Trust's 2022/23 financial statements and concluded that there were no significant matters arising from their 2022/23 audit work.

#### **4.6 Financial reporting and annual accounts review**

4.6.1 The Committee (with the Chief Executive in attendance) reviewed the annual report and accounts in detail in May 2022 prior to recommending the annual report and accounts to the Board for approval.

4.6.2 The Committee reviewed the Charitable Funds annual report and accounts in August 2022 prior to approval by the Charitable Funds Committee.

4.6.3 The Committee also discharged a number of further aspects of financial reporting, including: schedules of debtors and creditors, losses and special payments and overpayments and underpayments.

## **4.7 Standards of business conduct**

4.7.1 The Committee reviewed waivers to tendering procedures, the reference costs process, and the register of gifts and hospitality.

## **4.8 Data Security and Information Governance**

4.8.1 The Committee pursued evidence of compliance with data security requirements and received regular reports, which provided assurance that risks associated with data security were being adequately managed.

4.8.2 Updates in relation to information governance and level of compliance with the Data Security & Protection Toolkit were considered by the Committee in March 2022 and it was assured that the Trust was on track to achieve necessary compliance with the standards before final submission on 30 June 2022.

4.8.3 In October 2022 the Committee received a six monthly update provided in response to an identified gap in sources of assurance for strategic risk 2.4.

The report covered:

- Layers of defences – internally, externally and nationally
- Education and awareness
- Reflections on the recent cyber-attack affecting the Community and Adolescent Mental Health Services
- Challenges for the future
- Disaster recovery controls for systems owned by third party suppliers which had been raised at the meeting on 3 August 2022.

## **5.0 Strategic Risk 2.4 (Security of IT infrastructure)**

5.1. BAF strategic risk 2.4 (...maintaining the security of its IT infrastructure...) is assigned to the Audit Committee and the sources of assurance that the Committee receives for this BAF Risk were reviewed to determine if they were of sufficient variety, focus, depth and frequency to enable the Committee to form an opinion of the level of assurance they provided. The Committee agreed that these sources provided only a limited picture of assurance and requested additional sources of assurance to be added to the BAF and to the Committee's work plan.

## **6.0 Assessment of the Committee's effectiveness**

### **6.1. Self-assessment of Committee's effectiveness 2022/23**

In December 2022 all members of the Committee were asked to complete a self-assessment questionnaire. A range of questions was asked, and the following summarises the responses received.

#### **In summary:**

*The Audit Committee has a solid workplan which is quite strictly defined by the business cycle. Papers overall are well presented, some are lengthy (external and internal audit papers). The meetings are being chaired well and are inclusive, offering plenty of time for discussion and challenge, although it has been*

*commented that the pace could be brisker. The new internal auditor, Audit Yorkshire, is working well with the Committee.*

**Workplan and agenda composition** (Relevance, balance of strategic and operational matters, early warning indicators & appropriate escalation)

Comments:

A good balance of topics and agenda items.

The Audit committee workplan, and hence agenda, has a relatively well defined sphere of interest so tends to be quite easily defined. Arrangements with the new Internal auditors seem to be falling into place fairly satisfactorily although there have been some delays with the planned programme. I don't think that the internal programme has been able to improve the proportion of 'clinical' service audits yet. On the question of strategic balance in the agenda, I would be interested to participate in a discussion about how the agenda can be adapted to address more strategic areas in future.

Reasonable standard agenda that does cover the Committee's Terms of Reference

**Meeting facilitation** (schedule of meetings, call for papers, circulation of papers)

Comments:

Good

Very good organisation and operation of the committee and a fairly seamless move to new internal auditors.

Largely seems to work well.

**Quality and depth of papers** (Executive summaries, clarity and usefulness of information, recommendations)

Comments:

Good and informative papers in general. Some of the external and internal audit material is a little boiler plate and voluminous however

Papers do generally allow the Committee to discharge its responsibilities

Although I understand the Internal audit reports I have noticed that they can be very heavy on detail and often involve moving around different bits of the papers which sometimes makes it more difficult to comment on. Overall the rest of the papers are of good quality and mostly the authors seem to have worked hard to make them understandable and useful.

**Chairing of meetings** (Pace, inclusion, identified actions and summarised outcomes)

Comments:

Very strong chairing with enough time focused on key discussion needed.

Everyone is involved and is encouraged to contribute.

Is good. I like Khalil's open, inclusive style, and his ability to summarise discussion and potential actions. There seems to be a helpful positive working relationship between the Chair and Executive.

Pace could be crisper

<b>Opportunities for discussion, scrutiny and challenge</b>
<p>Comments:  Seem entirely reasonable and part of the working of this committee. Views from colleagues are sought and listened to with respect.  Plenty of time available to discussions and probing questioning does happen in a respectful manner.  Good</p>

<b>Follow-up actions (recording, monitoring and completion)</b>
<p>Comments:  Good  Works very well and is professional.  Seem fine</p>

<b>Relationship between the Board and the Committee</b> two-way communication, any duplication, appropriate delegation, and sufficient escalation.
<p>Comments:  Good presentation of key assurance points to the Board and effective heavy lifting of year end scrutiny prior to Board.  Mainly one-way ie Committee to Board. But largely works well  Good</p>

<b>Please provide any additional comments</b>
<p>Comments:  Because agenda items and papers are focussed on particular aspects of the Committee's remit they could be taken as read more, with discussion focussed on clarification and agreement of action and/or assurance.  There may still be room for improvement on review of internal audit reports with limited assurance. Whilst these need to be considered by Business or Quality committee, there may be room for more scrutiny at Audit Committee from a controls perspective. Could we invite the responsible Director for the discussion ? I think we need to refresh / simplify the BAF.</p>

6.2 The Committee members reflected on the self-assessment questionnaire and comments and discussed the ways in which the Audit Committee linked in with other Board Subcommittees.

Whilst the Committee has an existing work plan for 2022/23, the following changes are to be implemented in the coming year.

- A greater relationship between Audit Committee and Business and Quality Committees to be developed.
- Strengthening of feedback from internal audits that received limited assurance

## **7.0 Recommendation**

7.1 The Committee is asked to:

- Approve the annual report prior to submission to the Board
- With consideration of the Committee's effectiveness survey responses, determine any actions the Committee wishes to take to further improve its performance
- Consider and agree the proposed changes to the terms of reference prior to Board approval

**Public Board Meeting held in public: 26 May 2023**

**Agenda item number: 2023-24 (14b)**

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**Title: Committees' terms of reference review**

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**Category of paper: For approval**

**History:** Charitable Funds Committee (March 2023), Nominations and Remuneration Committee (March 2023), Quality Committee (March 2023), Business Committee (March 2023), Audit Committee (April 2023)

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**Responsible director: Trust Chair**  
**Report author: Company Secretary**

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

Between March and April 2023, the Trust's sub-committees reviewed their terms of reference as part of their annual review of committee functioning and effectiveness.

Minor changes have been proposed by each committee and are detailed in this report.

The committees' current membership is also provided, for information.

## **Recommendations**

The Board is requested to:

- Approve the changes to the terms of reference of Board sub-committees
- Note the membership of each committee

## 1 Committees' membership

The Trust's Board has appointed five sub-committees to carry out specific functions and provide assurance that the Trust is carrying out its duties effectively, efficiently and economically (as recorded in standing orders).

In order to reflect the best distribution of Board membership across the committees so that they are able to fully discharge their respective responsibilities, committee membership for 2023/24 is shown in the table below.

	<b>Non-executive directors</b>	<b>Executive directors</b>
Audit Committee	Khalil Rehman (Chair) Richard Gladman Prof Ian Lewis	(Executive Director of Finance & Resources and Company Secretary in attendance)
Quality Committee	Helen Thomson (Chair) Prof Ian Lewis Alison Lowe	Executive Medical Director Executive Director of Nursing Executive Director of Operations (Chief Executive in attendance)
Business Committee	Richard Gladman (Chair) Helen Thomson Khalil Rehman Rachel Booth	Chief Executive Executive Director of Finance & Resources Executive Director of Operations (Workforce Director and Company Secretary in attendance)
Charitable Funds Committee	Alison Lowe (Chair) Brodie Clark	Executive Director of Finance & Resources Executive Director of Nursing
Nominations and Remuneration Committee	Brodie Clark (Chair) Rachel Booth Alison Lowe	(Workforce Director in attendance)

## 2 Committees' reviews of terms of reference

Between March and April 2023, the Trust's sub-committees reviewed their terms of reference as part of their annual review of committee functioning and effectiveness.

The tables below summarise the changes that have been proposed in order to amend and update content. Once approved, an electronic version of the full amended document will be made available to Board members, managers and staff. Use will be made of the Trust's intranet and website to publish the documents.

## Proposed changes to committees' terms of reference

<b>Quality Committee</b>
<b>Change proposed</b>
<p>(Yellow highlighted means that additional wording has been added to an existing paragraph).</p> <p>6.6 Meetings changed from ten times per year to eight times per year to reflect agreed change to workshops and inclusion of alternative assurance activity.</p> <p>6.8 The Chair of the Quality Committee in consultation with one other member may also act on urgent matters arising between meetings of the Committee. of the Committee in accordance with the Scheme of delegation and the Procedure for emergency powers and urgent decisions (Chief Executive and Chair's actions and Committee urgent matters). Any such action will be reported to the next meeting and be recorded in the minutes of that meeting.</p> <p>7.4 Safeguarding Adult and Children's Group changed to Safeguarding Committee</p>

<b>Business Committee</b>
<b>Change</b>
<p>6.8 The Chair of the Business Committee in consultation with one other member may also act on urgent matters arising between meetings of the Committee. of the Committee in accordance with the Scheme of delegation and the Procedure for emergency powers and urgent decisions (Chief Executive and Chair's actions and Committee urgent matters). Any such action will be reported to the next meeting and be recorded in the minutes of that meeting.</p>

<b>Audit Committee</b>
<b>Change proposed</b>
<p>6.6 The Chair of the Committee and one of the other members, in consultation together, may also act on urgent matters arising between meetings of the Committee in accordance with the Scheme of delegation and the Procedure for emergency powers and urgent decisions (Chief Executive and Chair's actions and Committee urgent matters). Any such action will be reported to the next meeting and be recorded in the minutes of that meeting.</p>

<b>Charitable Funds Committee</b>
<b>Change proposed</b>
No changes proposed

<b>Nominations and Remuneration Committee</b>
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## Change

Highlighted sections have been added.

Amendment to paragraph 1.3:

The role of the Nominations and Remuneration Committee is to nominate executive directors, including the Chief Executive, for appointment and advise and make recommendations to the Board about remuneration and terms of service for the Chief Executive, executive directors, directors and any senior managers not covered by *Agenda for Change* terms and conditions of service. The Committee also discharges a function in relation to the oversight of employee relations cases of high risk to the Trust. The Chief Executive and / or the Director(s) of Workforce will determine which cases are high risk.

Amendment to paragraph 4.10:

The Chair of the Nominations and Remuneration Committee and one of the other members, in consultation together, may also act on urgent matters arising between meetings of the Committee in accordance with the Scheme of delegation and the Procedure for emergency powers and urgent decisions (Chief Executive and Chair's actions and Committee urgent matters). Any such action will be reported to the next meeting and be recorded in the minutes of that meeting.

**Public Board Meeting: 26 May 2023**

**Agenda item number: 2023-24 (14c)**

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**Title: Compliance with NHS Provider Licence (self-certification)**

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**Category of paper: for approval**

**History: Not applicable**

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

**Report author: Head of Corporate Governance (Company Secretary)**

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## Executive summary (Purpose and main points)

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

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

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

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

The Trust must publish a statement on its external website declaring compliance with condition G6 and must also confirm that it complies with condition FT4. This is the statement that will appear on the Trust's website, within a month, if the Board agrees:

*'NHS Trusts are required to self-certify against the NHS provider licence and are specifically required to publish the declaration for general condition 6.*

*The Board considered the evidence to support compliance against this condition at its meeting held on 17 June 2022 and confirmed that it was compliant. More detail on the process and evidence considered by the Board when declaring compliance can be found in the Board papers for the 26 May 2023 meeting ([link to papers](#)).*

### **General Condition 6**

*Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.*

*The licensee also confirms that it has complied with the requirements for governance arrangements set out in condition FT4'*

The document attached at **Appendix A** is a tabulation showing an assessment of compliance with the provider licence's conditions; including the two conditions (G6 and FT4) against which the Trust is required to self-certify. It should be noted that a limited number of conditions are not applicable as they apply to foundation trusts only.

When reviewing the document, the Board will note that the Trust is recording compliance against all applicable conditions.

Following a recent consultation, the provider licence has been amended from 2023. This information was reported to the Board at its meeting on 4 November 2022 as part of the consultation process. From April 2024 reporting of compliance against the new provider licence will change. For 2022/23 the reporting requirements remain the same as previous years.

## **Recommendations**

The Board is recommended to:

Agree that the self-certification against required NHS provider licence conditions is accurate (noting particularly sections G6 and FT4) and that a statement of compliance with condition G6 and FT4 as described above may be published on the Trust's website.

**Leeds Community Healthcare NHS Trust  
NHS Provider Licence: compliance assessment**

<b>Section 1: general conditions</b>	
<b>Condition</b>	<b>Compliance</b>
<p><b>G1: Provision of information</b> <i>The Licensee shall furnish such information and documents, and shall prepare or procure and furnish to NHS Improvement such reports as NHS Improvement may require.</i></p>	<p>Compliant. The Trust has systems and processes in place to ensure compliance with all information requests whether routine, regular or ad-hoc in such form as requested and in a timely manner.</p>
<p><b>G2: Publication of information</b> <i>The Licensee shall comply with any direction from NHS Improvement to publish information about health care services, in a manner that is accessible to the public.</i></p>	<p>Compliant. A wide variety of routine information published on website and in hard copy documents, including: Board and associated papers; annual reports and information and advice to the public and referrers about services. The Trust is committed to openness and making information available in accessible formats. The Trust has published an Accessibility Statement on its public facing website.</p>
<p><b>G3: Payment of fees to NHS Improvement</b> <i>The Act gives NHS Improvement the ability to charge fees, the Licensee shall pay all fees to NHS Improvement in each financial year of such an amount as NHS Improvement may determine.</i></p>	<p>Not applicable. Fee requirement did not transfer from Monitor to NHS Improvement. The Trust pays all other fees as due (eg to the Care Quality Commission and to NHS Resolution).</p>
<p><b>G4: Fit and proper persons</b> <i>The Licensee shall ensure that no person who is unfit may become or continue as a governor (FTs only) or as a director. The Licensee shall not appoint as a director any person who is an unfit person.</i></p>	<p>Compliance with Fit and Proper Persons requirements were reported to Board on 31 March 2023. On appointment and annually thereafter, all directors are subject to a fit and proper persons' declaration process. Information is validated externally where possible. All directors complete an annual declaration of interests' statement.</p>
<p><b>G5: NHS Improvement guidance</b> <i>The Licensee shall at all times have regard to guidance issued by NHS Improvement.</i></p>	<p>Compliant. The Trust has full regard to guidance issued. Guidance notified to the Trust is reviewed on receipt by the relevant director and a lead is assigned in accordance with subject matter to enact as appropriate.</p>

Condition	Compliance
<p><b>G6: Systems for compliance with licence conditions and related obligations</b>  <i>The Licensee shall take all reasonable precautions against the risk of failure to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have regard to the NHS Constitution, including: processes and systems to identify risk and guard against occurrence and regular review of the effectiveness of these processes and systems</i></p> <p><b>The Licensee must self-certify that:</b>  <i>'Following a review, the directors of the Licensee are satisfied that, in the financial year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have regard to the NHS Constitution.'</i></p>	<p>Compliant. The Trust is compliant with requirements to take all necessary steps to manage the risk of failure to comply with conditions; there are robust processes in place to identify and manage risks to compliance.</p> <p>The Trust utilises the Datix® risk management system to create and populate its risk registers.</p> <p>Strategic and operational risks are scrutinised at each meeting of the Trust Board and at Board sub-committees, as well as regular review at executive director and service level.</p> <p>The Audit Committee scrutinises the risk management process and provides assurance to the Trust Board.</p> <p>Risk management training is provided to all staff at induction, and ongoing training and support is provided by a qualified and experienced risk manager. Additional risk management resources are available for staff on the Trust intranet.</p> <p>The Trust reviews and revises its board assurance framework strategic risks annually to ensure continued alignment with the operational plan and strategic goals. The board assurance framework includes: identification of strategic risks that would otherwise impede delivery of Trust's objectives, the level of risk in terms of likelihood and consequence, controls to mitigate the risks and the sources of assurance available for committee oversight and assessment. The Trust Board receives board assurance reports at each meeting which provides details of the current assurance level for each strategic risk.</p> <p>The Trust has an up to date risk management policy and procedure which is accessible to all staff via the policy library on the Trust's intranet.</p> <p>The Trust's risk appetite statement is appended to the risk management policy and procedure and describes parameters within which risk is managed. The risk appetite statement is reviewed annually by the executive team and changes are notified to the Audit Committee and approval is sought from the Board.</p>

<p><b>G7: Registration with the Care Quality Commission</b>  <i>The Licensee shall at all times be registered with the Care Quality Commission.</i></p>	<p>Compliant. The Trust is registered without conditions. The Trust was rated Good following its 2019 inspection by the Care Quality Commission (CQC). The Trust has a quality governance approach including quality assessment visits which is fully aligned to the Care Quality Commission’s domains.</p>
<p><b>G8: Patient eligibility and selection criteria</b>  <i>Licence holders are required to set transparent eligibility and selection criteria for patients and apply these in a transparent manner.</i></p>	<p>Compliant. Service information is published on the Trust’s website and in patient information material.  Service eligibility and selection information is detailed in service specifications and is available readily for e-referrers.  Published material is comparable to that available from other trusts.  All patients meeting eligibility criteria are accepted for initial assessment and treatment if required.</p>
<p><b>G9: Application of Section 5 (continuity of services)</b>  <i>The condition applies where the Licensee is subject to a contractual obligation to provide a commissioner requested service and relates to maintenance of continuity of services.</i></p>	<p>Compliant. The Trust is aware of services which the commissioners deem to be commissioner requested services; also known as essential services. The Trust achieves a good level of compliance with commissioned contractual requirements.  Contract management arrangements between the Trust and its commissioners provide oversight of service delivery in line with contractual requirements.</p>

## Section 2: Pricing

Condition	Compliance
<p><b>P1: Recording of information</b>  <i>The Licensee shall obtain, record and maintain sufficient information about costs of providing services.</i></p>	<p>Compliant. Finance systems and processes are set up to meet all internal and external reporting requirements.            Board approved annual budgets and financial plan in place.            Reference costs are reported annually, when requested.</p>
<p><b>P2: Provision of information</b>  <i>The Licensee shall furnish to NHS Improvement such information and documents, and shall prepare or procure and furnish to NHS Improvement such reports, as NHS Improvement may require.</i></p>	<p>Compliant. Trust complies with all requests to supply information as requested. The information collected and recorded in relation to condition P1 is made available as requested.</p>
<p><b>P3: Assurance report on submissions to NHS Improvement</b>  <i>If required by NHS Improvement, the Licensee shall, as soon as reasonably practicable, obtain and submit to NHS Improvement an assurance report in relation to the accuracy of costing and pricing.</i></p>	<p>Compliant. The Trust will fully comply with any such request as and when the requirement arises.</p>
<p><b>P4: Compliance with national tariff</b>  <i>The Licensee shall only provide health care services for the NHS at prices which comply with, or are determined in accordance with, the national tariff.</i></p>	<p>Compliant where applicable. This condition is not generally applicable to community trusts. Where applicable the Trust does provide health care services in accordance with the national tariff.</p>
<p><b>P5: Constructive engagement concerning local tariff modifications</b>  <i>The Act allows for local modifications to prices. The Licensee shall engage constructively with commissioners to reach agreement locally.</i></p>	<p>Compliant where applicable. The Trust operates under mainly under block contracts. The Trust does work constructively to reach agreement on applicability or modifications to tariff where applicable</p>

<b>Section 3: Choice and competition</b>	
<b>Condition</b>	<b>Compliance</b>
<p><b>C1: The right of patients to make choices</b>  <i>The Licensee shall ensure that at every point where a person has a choice of provider under the NHS Constitution or a choice of provider conferred locally by commissioners, he or she is notified of that choice and told where information can be found.</i></p>	<p>Compliant. The Trust offers choice where applicable. Information is available on the website and directly from services about choices in relation to applicable services, namely those described as 18 week reportable services.</p>
<p><b>C2: Competition oversight</b>  <i>The Licensee shall not enter into or maintain any agreement or other arrangement which has the object or which has (or would be likely to have) the effect of preventing, restricting or distorting completion in the provision of health care.</i></p>	<p>Compliant. The Trust would pursue service opportunities within statutory and accepted procurement, bidding and contracting practices; this ensures that competition is not prevented, restricted or distorted by the Trust. Procurement and contract bid processes have been the subject of internal audits. No compliance issues were identified.</p>

<b>Section 4: Integrated care</b>	
<b>Condition</b>	<b>Compliance</b>
<p><b>IC1: Provision of integrated care</b>  <i>The Licensee shall not do anything that would reasonably be regarded as against the interests of people who use health care services for the purposes of the NHS to be integrated with the provision of such services.</i></p>	<p>Compliant. The Trust continues to play a significant part in the development of integrated care approaches as reflected by the role played in the West Yorkshire Health and Care Partnership, the Leeds Committee of the West Yorkshire Integrated Care Board, the Leeds Health and Care Plan and the development of new models of care and initiatives to effect closer integration.</p>

**Section 5: Continuity of services**

Condition	Compliance
<p><b>COS1: Continuing provision of commissioner requested services</b>  <i>The Licensee shall not cease to provide, or materially alter the specification or means of provision of, any commissioner requested service except where permitted to do so in the contract.</i></p>	<p>Compliant. Contract management arrangements in place between the Trust and its commissioners; any material changes agreed through a contract management board.            Trust achieves good level of compliance with commissioned contractual requirements including those services deemed to be commissioner requested services.            Contracts and service specifications are in place and as agreed with commissioners.</p>
<p><b>COS2: Restriction on the disposal of assets</b>  <i>The Licensee shall establish, maintain and keep up to date, an asset register of assets relevant to commissioner requested services and have due regard to consent before disposal.</i></p>	<p>Compliant. No issues identified in the disposal of assets related to commissioner requested services without consent of NHS Improvement.            Asset register processes have been the subject of scrutiny by internal and external audit.</p>
<p><b>COS3: Standards of corporate governance and financial management</b>  <i>The Licensee shall at all times adopt and apply systems and standards of corporate governance and of financial management which reasonably would be regarded as:</i></p> <ul style="list-style-type: none"> <li><i>(a) suitable for a provider of the commissioner requested service provided by the Licensee, and</i></li> <li><i>(b) providing reasonable safeguards against the risk of the Licensee being unable to carry on as a going concern.</i></li> </ul>	<p>Compliant. The Trust has robust systems for corporate and financial management including standing orders, standing financial instructions, and schemes of reservation and delegation of powers.            Compliance is monitored through Audit Committee, recorded in the annual governance statement and 'going concern statement' and has been subject to internal and external audit.            The Trust was rated "good" in the most recent assessment by the CQC (2019)</p>
<p><b>COS4: Undertaking from the ultimate controller</b>  <i>The Licensee shall procure from each company or other person which the Licensee knows or reasonably ought to know is at any time its ultimate controller, a legally enforceable undertaking in favour of the Licensee.</i></p>	<p>Not applicable.</p>

<p><b>COS5: Risk pool levy</b>  <i>The Licensee shall pay any sums required to be paid in consequence of any requirement imposed on providers by way of a levy.</i></p>	<p>Not applicable. No NHS Improvement risk pool levy system in place. The Trust would comply with this condition when any requirement arose. The Trust participates in NHS Resolution's clinical negligence scheme for trusts.</p>
<p><b>COS6: Co-operation in the event of financial stress</b>  <i>The Licensee shall provide such information as NHS Improvement may direct and co-operate with such persons as NHS Improvement may appoint to assist in the management of the Licensee's affairs, business and property.</i></p>	<p>Not applicable. The Trust would comply with this condition as and when any requirement arises.</p>
<p><b>COS7: Availability of resources</b>  <i>The Licensee shall at all times act in a manner calculated to secure that it has, or has access to the required resources.</i></p>	<p>Compliant. Evidenced through annual contract negotiations, approval of operational plan and associated financial plan and annual budgets, approval of going concern statement and regular monthly monitoring of performance against plan.</p>

**Section 6: NHS foundation trust conditions**

Condition	Compliance
<p><b>FT1: Information to update the register of NHS foundation trusts</b>  <i>The Licensee shall ensure that NHS Improvement has available to it written and electronic copies of the following documents:</i>                      (a) <i>the current version of the Licensee’s constitution;</i>                      (b) <i>the Licensee’s most recently published annual accounts and any report of the auditor on them, and</i>                      (c) <i>the Licensee’s most recently published annual report</i></p>	<p>Compliant where applicable.                      All information as required to be supplied to NHS Improvement from NHS trusts supplied in accordance with requirements.                      Constitution applies to foundation trusts only.</p>
<p><b>FT2: Payment to NHS Improvement in respect of registration and related costs</b>  <i>The Licensee must pay NHS Improvement a fee in respect of NHS Improvement’s exercise of its functions.</i></p>	<p>Applicable to foundation trusts only.</p>
<p><b>FT3: Provision of information to advisory panel</b>  <i>The Licensee shall comply with any request for information or advice made of it.</i></p>	<p>Applicable to foundation trusts only.</p>

Condition	Compliance
<p><b>FT4: NHS foundation trust governance arrangements</b></p> <p><i>1. The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health services to the NHS.</i></p>	<p>Compliant. The Trust develops an annual governance statement which is scrutinised by Audit Committee prior to Board approval. The annual governance statement is reviewed by auditors as part of the process for finalising the Trust’s report and accounts.                      The Trust operates at all times within a framework of standing orders, standing financial instructions, and schemes of reservation and delegation of powers and approved policies and procedures.</p>
<p><i>2. The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.</i></p>	<p>Compliant. The Trust’s governance arrangements are developed with due regard of all guidance as issued by NHS England from time to time. The Trust also regularly reflects on guidance information provided by the Good Governance Institute. Governance arrangements are reviewed annually,</p>

	including a review of the standing orders, reservation and delegation of powers, and standing financial instructions.
<p><i>3. The Board is satisfied that the Licensee has established and implements:</i></p> <ul style="list-style-type: none"> <li><i>(a) Effective Board and Committee structures</i></li> <li><i>(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees</i></li> <li><i>(c) Clear reporting lines and accountabilities throughout its organisation.</i></li> </ul>	<p>Compliant. The Trust has a fully constituted Board and five sub-committees. The terms of reference for all committees have been reviewed in early 2023; ensuring appropriate membership, lines of accountability and clear areas of delegated responsibility. The Board and committees operate to annual cycles of business. Board and committee effectiveness is reviewed annually (and reported to Audit Committee and the Board). Each committee produces an annual report. There is a robust process for recording assurances provided by committees to the Board against matters contained in the board assurance framework. Details of the Trust's governance arrangements are displayed on the intranet, accessible to all staff and to the public.</p> <p>A number of sub-groups have been aligned with an appropriate committee. Each sub-group escalates issues to committees as necessary.</p>
<p><i>4. The Board is satisfied that the Licensee has established and effectively implemented systems and/or processes:</i></p> <ul style="list-style-type: none"> <li><i>(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively</i></li> <li><i>(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations</i></li> <li><i>(c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions</i></li> <li><i>(d) For effective financial decision-making, management and control including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern</i></li> <li><i>(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making</i></li> <li><i>(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence</i></li> </ul>	<p>Compliant. The Board gains assurance that the Trust operates efficiently, economically and effectively through its standing orders and financial instructions, schemes of reservation, delegation of reporting to Board and its sub committees and the following established organisational processes:</p> <p>The review and approval of The Trust's operational plan involved consideration of key areas of risk in respect of quality of services, financial performance (as recorded in board assurance framework), national and local standards and requirements and delivery of key strategies. Areas of risk have been reported to Board through risk management reports and monitoring of delivery of the operational plan and strategic priorities; the latter having been considered in detail by the Trust's Quality and Business Committees. Assurances are provided by committees to the Board against matters contained in the board assurance framework.</p> <p>Performance management framework allows the timely monitoring of main operational, quality, workforce, contractual and financial indicators. Performance reporting is fully aligned to the Care Quality Commission's five domains. Performance data (quality, activity, contractual and financial) is reported to the sub-committees and Board for scrutiny. There are also regular reports on key issues (eg patient safety, clinical effectiveness, patient experience, demand and</p>

- (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery*
- (h) To ensure compliance with all applicable legal requirements.*

capacity, recruitment and retention etc). Quarterly finance reports track actual performance against plan.

The Board sets an annual budget to meet the Trust's financial obligations and through detailed bi-monthly monitoring at the Business Committee and at the Board ensures that the plan is adhered to.

An annual 'going concern' review is undertaken by Audit Committee and approved by Board.

Quality priorities are recorded in the Trust's Quality Strategy. Annual Quality priorities are agreed as part of the annual planning process aligned to the operational plan. Actions to enhance quality are contained in improvement plans; performance against which is monitored by Quality Committee and Board. The Trust is registered with the CQC without conditions. The Care Quality Commission last inspected the Trust in 2019 and concluded an overall rating of 'Good'.

To ensure compliance with standards set by regulators of health care professionals the Trust has the following arrangements:

- On appointment of new staff, status checks are completed with professional bodies.
- Periodic checks are made to ensure registrations are renewed appropriately
- There is ongoing monitoring of clinical supervision to ensure staff access this.
- The Trust has a system of medical revalidation.
- Annual appraisals are monitored and cover the professional standards set by the relevant governing body.
- The Trust supports continual professional development.

Performance and finance reports are scrutinised by Business Committee and Trust Board. The Audit Committee provides oversight of systems of internal control including efficacy of financial reporting.

The risk appetite statement is reviewed annually. The board assurance framework is updated annually to align with the Trust's operational priorities and

	<p>the context in which the Trust is operating. Timely and robust risk reporting processes are in place with scheduled reports to committees and Board.</p> <p>A programme of internal and external audit is in place aligned to strategic risks.</p> <p>An annual business planning cycle produces operational plans aligned with the Trust's key strategies, system plans (West Yorkshire Health and Care Partnership Plan and the Leeds Health and Care Partnership Plan) and commissioner plans. Business Committee and Board receive progress reports on delivery of plans.</p> <p>The Trust has policies and procedures in place to ensure it complies with legislation both as an employer and as a provider of NHS services.</p>
<p><i>5. The Board is satisfied that the systems and/ or processes referred to in paragraph 4 (above) should include but not be restricted to systems and /or processes to ensure:</i></p> <ul style="list-style-type: none"> <li><i>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided</i></li> <li><i>(b) That the Board's planning and decision making processes take timely and appropriate account of care considerations</i></li> <li><i>(c) The collection of accurate , comprehensive, timely and up to date information on quality of care</i></li> <li><i>(d) That the Board receives and takes into account accurate , comprehensive, timely and up to date information of the quality of care</i></li> <li><i>(e) That the Licensee, including its Board, actively engages on quality of care with patient, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources</i></li> <li><i>(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate</i></li> </ul>	<p>Compliant. The Board has strong complementary skill sets amongst non-executive and executive Board members. There is a clear distinction of 'portfolios' whilst remaining fully operational as a unitary board.</p> <p>Essential leadership of the quality agenda is provided by medical and nursing directors.</p> <p>The Board approved Quality Strategy sets out strategic action areas enacted through action plans and monitored through quality and safety reports to Quality Committee and Board. Annual Quality Priorities are agreed as part of the annual planning process.</p> <p>Quality Committee receives a comprehensive Clinical Governance Report. Quality Account, Quality Challenge+ and the clinical audit programme all require measurement, evaluation and reporting of essential quality data. These are scrutinised by the Quality Committee, which communicates the level of assurance these provide to the Trust Board.</p> <p>Internal audit reviews of data quality have indicated reasonable assurance.</p> <p>There is an active programme of Board members engagement with patients and staff through visits and leadership initiatives. All Board meetings include a 'patient story', which involves a patient and or a carer either attending (virtually</p>

	<p>or in person) or recording their story on video to provide the Board meeting with their account of the quality of care they have experienced. The Trust has multiple means to raise concerns related to quality of care including communicating issues to the patient experience team, stakeholder meetings, staff forums and 'freedom to speak up' activities. The Trust engages with Healthwatch and other key stakeholders in developing and agreeing Quality Priorities and the Quality Account.</p> <p>A Quality Impact Assessment process is completed for all service changes that have potential to impact on patient care, including service and pathway improvement, service development and transformation and service offers developed in response to tenders.</p>
<p>6. <i>The Board is satisfied that there are systems in place to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of the NHS provider licence.</i></p>	<p>Compliant. Trust Board is satisfied that all directors are appropriately qualified to discharge their functions effectively, including setting strategy, monitoring and managing performance, and ensuring management capacity and capability.</p> <p>The Trust has a fully constituted Board and committees each with full and active membership. Ongoing Board development includes workshops, networking events and training opportunities. Full line management structure linked to each executive director's portfolio.</p> <p>The Chief Executive is subject to formal review by the Chair. Executive Directors are subject to annual appraisals by the Chief Executive, and Non-Executives are subject to annual appraisals by the Chair, these will inform individual development plans for all Board members.</p> <p>The Chair has an annual multi-sourced appraisal, coordinated by the Senior Independent Director in accordance with NHS England's Chair appraisal process.</p> <p>All appointments to senior management positions are subject to rigorous and transparent recruitment processes.</p> <p>The Trust develops its leadership capability through its Workforce and Improvement Strategies which supports the development of staff.</p>

Continuous professional development of clinical staff, including medical staff, supports the delivery of high quality clinical services.

Trust Board is fully apprised at each meeting of key quality, workforce and financial indicators. Workforce indicators include compliance with safe staffing ratios, vacancy rates, staff turnover, retention, agency staff deployment, sickness absence, appraisal rates, professional revalidation and training compliance.

The Business Committee has oversight of workforce issues; extensive consideration of areas of challenge (eg recruitment and retention in clinical services, health and safety issues) through a suite of reports including the performance brief and the risk register report, which are received at each meeting. Business Committee communicates the level of assurance these provide directly to the Board.

**Trust Board meeting held in public: 26 May 2023**

**Agenda item number: 2023-24 (14d)**

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**Title: Updated standing orders, reservation and delegation of powers and standing financial instructions**

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**Category of paper: for approval**

**History:**

**Approved by Audit Committee 14<sup>th</sup> October 2022**

**Approved by Trust Board 2<sup>nd</sup> December 2022**

**Approved by Audit Committee 21<sup>st</sup> April 2023**

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

**Report author: Deputy Director of Finance & Resources**

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## **Executive summary**

The Trust Board approved the standing orders, reservation and delegation of powers and standing financial instructions at its meeting on the 2<sup>nd</sup> December 2022. These provide a governance framework that enables the organisation to demonstrate it is well governed and meets the requirements of key corporate governance codes.

This paper summarises a proposed amendment to the scheme of delegation to include a detailed scheme of delegation.

Audit Committee at its meeting on the 21<sup>st</sup> April approved this paper.

Once approved, a fully updated version of the whole document will be made available electronically to Board members and more widely through the Trust's intranet and website.

## **Recommendations**

The Trust Board is recommended to:

- approve version 3.4 standing orders, reservation and delegation of powers and standing financial instructions in line with the summary of changes outlined in this paper.

## 1.0 Introduction

This report is to inform the Audit Committee of the review undertaken in updating the Trust's scheme of delegation and the proposed inclusion of a detailed scheme of delegation Appendix 1.

## 2.0 Proposed changes

Within the Trust's Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation of Powers document limits are included in a number of different sections throughout the document. It is proposed that a detailed scheme of delegation is included within section C.

This will enable readers of the document to easily refer to the limits and ensure that any transactions are compliant with the standing financial instructions.

In addition, the non expenditure limits in section 13.3.2 were not in alignment with the tendering limits in section 17.8. The tables from the current document are shown below:

**Table 13.2.3**

<b>Approval Limits</b>	<b>£</b>
Chief Executive/Director of Finance	1,000,000
Other Directors	100,000
General Manager/Asst. Director]	30,000
Head of Service	20,000
Budget Holder (higher level)	10,000
Budget Holder (other)	5,000
Senior Team Leader	2,000
Team Leader	500
Requisitioner	0

**Table 17.8**

<b>Delegated budget holders</b>	<b>No Authorisation</b>		
<b>Directors</b>		<b>upto</b>	<b>£100,000</b>
<b>Chief Executive</b>	<b>Between £100,001</b>	<b>and</b>	<b>£250,000</b>
<b>A group comprising the Chair or Vice Chair, Chief Executive and the Director of Finance (or one other Executive Director where the DOF is unavailable)</b>	<b>Between £250,001</b>	<b>and</b>	<b>£500,000</b>
<b>Trust Board</b>		<b>over</b>	<b>£500,000</b>

It is proposed that these tables are removed from the main document and the revised limits are included in the detailed scheme of delegation.

A further section has been included in the detailed scheme of delegation for pay and recruitment to comply with an internal audit recommendation to formalise the scheme of delegation for recruitment.

## APPENDIX 1

### DETAILED SCHEME OF DELEGATION

This document should be read in conjunction with the Trust's Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation of Powers.

*Delegated matters in respect of decisions which may have a far reaching effect must be reported to the Chief Executive. The delegation shown below is the lowest level to which authority is delegated. Delegation to lower levels is only permitted with written approval of the Chief Executive who will, before authorising such delegation, consult with other Senior Officers as appropriate. The use of commas in the table below is a substitute for "or". Where the authority of more than one officer is required, this is clearly indicated by the use of 'and'.*

<b>Hierarchy of Authorising Officers</b>
<b>Chief Executive</b>
<b>Executive Director of Finance &amp; Resources</b>
<b>Executive Director</b> = Executive Director
<b>General Manager</b> = General Manager, Deputy Director of Finance & Resources
<b>Head of Service</b> = Heads of Service, Assistant Directors
<b>Budget Holder</b> = Service manager & other budget signatories

## Detailed Scheme of Delegation Contents

Section	Delegated matter	Page
1	Management of budgets	
2	Bank accounts	
3	Payment of invoices & Orders: Authorising orders and contracts (and subsequent variations) for goods and services	
4	Capital schemes	
5	Quotation, tendering and contract procedures	
6	Investment Decisions	
7	Trust's Solicitors	
8	Charitable funds expenditure	
9	Agreements & Licences	
10	Losses & Special Payments	
11	Reporting incidents to Fraud and Security Managers and the Police	
12	Petty cash	
13	Receiving Hospitality	
14	Implementing audit recommendations	
15	Maintaining Standing Financial Instructions	
16	Investment of Charitable Funds	
17	Personnel and Pay	
18	Engagement of Temporary Staff	
19	Keeping Declaration of Interests Register	
20	Attestation of sealings in accordance with Standing Orders	
21	Keeping Register of Sealings	
22	The Maintenance of the Hospitality Register	
23	Retention of Records	

<b>Delegated matter</b>	<b>Authority delegated to (lowest level)</b>
<b>1. Management of Budgets</b>	
<b>1.1 Responsibility for keeping within budgets</b>	
Directorates	Executive Directors
Business Units	General Managers
Individual Budget	Budget Holders
<b>1.2 Budget Virement</b>	<i>See Budget Virement Procedure</i>
<b>1.3 Approving payment of invoices in excess of tender/ order price. (Revenue Costs)</b>	
Up to £25 per order then 1% variation (to a maximum of £250)	Financial Accountant
Up to £2K per order	Budget Holder (for orders within own limit)
Up to £5K per order	General Manager/ Deputy Director of Finance & Resources
Up to £25K per order	Executive Director
Up to £50K per order	Chief Executive or Executive Director of Finance & Resources

<b>Delegated matter</b>	<b>Authority delegated to (lowest level)</b>
<b>1.Management of Budgets</b>	
<b>1.1 Responsibility for keeping within budgets</b>	
Directorates	Executive Directors
Business Units	General Managers
Individual Budget	Budget Holders
<b>1.2 Budget Virement</b>	<i>See Budget Virement Procedure</i>
<b>1.3 Approving payment of invoices in excess of tender/ order price. (Revenue Costs)</b>	
Up to £25 per order then 1% variation (to a maximum of £250)	Financial Accountant
Up to £2K per order	Budget Holder (for orders within own limit)
Up to £5K per order	General Manager/ Deputy Director of Finance & Resources
Up to £25K per order	Executive Director
Up to £50K per order	Chief Executive or Executive Director of Finance & Resources

<b>Delegated matter</b>	<b>Authority delegated to (lowest level)</b>
<b>2. Amendment of bank accounts</b>	Executive Director of Finance & Resources
<b>3. Payment of Invoices</b>	<i>Purpose is to authorise expenditure to be incurred</i>
Up to £30,000 within a delegated Revenue Budget	Budget Holder
Above £30,000 to £50,000	General Manager/ Deputy Director of Finance & Resources
Above £50,000 to £100,000	Executive Director
Above £100,000 to £500,000	Executive Director of Finance & Resources
Above £500,000	Executive Director of Finance & Resources and Chief Executive
<b>Orders: Authorising orders and contracts (and subsequent variations) for goods and services</b>	Purpose is to check that contracting procedures have been correctly applied
Up to £30,000 within a delegated Revenue Budget	Budget Holder
Above £30,000 to £50,000	General Manager/ Deputy Director of Finance & Resources
Above £50,000 to £100,000	Executive Director
Above £100,000 to £500,000	Chief Executive/ Executive Director of Finance & Resources
Above £500,000 to £1,000,000	A Group comprising the Chair or Vice Chair, Chief Executive and the Executive Director of Finance & Resources
Over £1,000,000	Trust Board

<b>Delegated matter</b>	<b>Authority delegated to (lowest level)</b>
<b>4. Capital schemes</b>	
a. Selection of architects, quantity surveyors, consultant engineer and other professional advisors within EU regulations	Executive Director of Finance & Resources
c. Taking on or termination of leases with annual rental of up to £150,000	Executive Director of Finance & Resources Vehicle Leases - As per lease car policy
d. Taking on or termination of leases with annual rental of over £150,000	Executive Director of Finance & Resources
e. Approval of the capital programme in the Trust's Annual Business Plan	Trust Board
f. Approval of schemes within the capital programme: (In accordance with Business Case procedure)	
-Up to £500,000	Executive Director of Finance & Resources
-Above £500,000	Trust Board
<b>5. Quotation, Tendering and Contract Procedures</b>	
<b>5.1 Competition requirements</b>	
Obtaining a minimum of 3 formal written quotations on a competitive basis for goods and services between £5,000 and £30,000, on a whole-life basis for expenditure or income.	Budget Holder, General manager (within delegated limit) through Supplies Department
Obtaining formal written competitive tenders for goods or services above £30,000.	Executive Director (or Deputy Director of Finance and Resources in their absence) through Head of Procurement in accordance with Trust Operational Purchasing Procedures.
<b>5.2 Waiving competition requirements:</b> Authorisation for a single tender action and waiver of tendering requirements:	
-Up to £50,000	Executive Director of Finance & Resources
- From £50,000 to £250,000	Chief Executive, Executive Director of Finance and Resources
-Over £250,000	Trust Board

<b>Delegated matter</b>	<b>Authority delegated to (lowest level)</b>
<b>5.3 Acceptance of tenders and quotes</b>	
- Up to £50,000	Designated General Managers
- From £50,000 to £250,000	2 x Executive Directors
- From £250,000 to £500,000	Chief Executive, Executive Director of Finance and Resources,
- From £500,000 to £1,000,000	Chief Executive and Executive Director of Finance & Resources. Or in the absence of one of the above, Chairman.
- Over £1,000,000	Trust Board (Or, if urgent, Chairman and Chief Executive, reported at the next Trust Board (Standing Orders 5.2))
<b>5.4 Authority to issue a letter of intent</b>	
-Up to £100,000	Purchasing Manager, Executive Director of Finance & Resources
-From £100,000 to £500,000	Chief Executive, Executive Director of Finance & Resources
-Over £500,000	Chief Executive, Executive Director of Finance & Resources with TB approval
<b>6.0 Investment Decisions</b>	See Investment Decision Making Policy. This policy applies to new service developments, service disinvestments or new financial commitments that do not form part of the current baseline irrespective of the source of funding. This covers both capital and revenue expenditure.
<b>6.1 Capital Investments</b>	
Up to £50,000	Executive Director of Finance & Resources or Chief Executive plus 1 other Director
£50,000 to £100,000	Quorate Senior Management Team
£100,000 to £500,000	Business Committee (and Quality Committee for revenue investments in clinical services or new / discontinued clinical service)
£500,000 and above	Trust Board

<b>Delegated matter</b>	<b>Authority delegated to (lowest level)</b>
<b>6.2 Revenue value of investments</b>	
Up to £25,000	Any Director
£25,000 to £100,000	Executive Director of Finance & Resources or Chief Executive plus 1 other Director
£100,000 to £250,000	Quorate Senior Management Team
£250,000 to £500,000	Business Committee (and Quality Committee for revenue investments in clinical services or new / discontinued clinical service)
£500,000 and above	Trust Board
<b>6.3 Introduction of a new operation or activity or discontinuation of a current one</b>	
Up to £25,000	Executive Director of Finance & Resources or Chief Executive plus 1 other Director
£25,000 to £100,000	Quorate Senior Management Team
£100,000 to £250,000	Business Committee (and Quality Committee for revenue investments in clinical services or new / discontinued clinical service)
£250,000 and above	Trust Board
<b>6.4 Investment proposal requirements</b>	
Director to agree need for investment, availability of funds and compliance with investment policy	Any Director
Case for Investment to include all financial consequences & noting any amber or red risks	Executive Director of Finance & Resources or Chief Executive plus 1 other Director
Case for Investment to include all financial implications and risk analysis for each investment risk category	Quorate Senior Management Team
Full Business Case	Business Committee (and Quality Committee for revenue investments in clinical services or new / discontinued clinical service)
OBC and FBC (Capital Investment Manual compliance for capital)	Trust Board

<b>Delegated matter</b>	<b>Authority delegated to (lowest level)</b>
<b>6.5 Total risk rating</b>	
Any investment decisions with an amber risk rating	Quorate Senior Management Team/ Business Committee (and Quality Committee for revenue investments in clinical services or new / discontinued clinical service)
Any investment decisions with a red risk rating	Trust Board
<b>7.1 Trust's Solicitors</b>	
a) Engagement	Executive Director
b) Referral of a case etc to appointed Solicitors	Trust Board Secretary/Executive Director
<b>8. Expenditure from Charitable Funds</b>	Note: A separate authorised signatory list is maintained for charitable funds. The Business case procedure is applicable to purchases over £5k from charitable funds. The Trusts relevant governance procedures are applicable to charitable funds.
£500 to £5,000	Deputy Director of Finance and Resources & Resources
£5,000 to £25,000	Charitable Funds Committee/Executive Director of Finance and Resources
Over £25,000	Approval by Trust Board (Corporate Trustee)
<b>9. Agreements and licences</b>	
Preparation and signature of tenancy agreements and licences for staff	Property Manager/Senior Finance Manager - Estates
Extensions to existing land and property leases	Executive Director of Finance and Resources
Letting of premises to outside organisations (in accordance with Estate Code)	Property Manager and Senior Finance Manager - Estates
Approval of rent based on professional assessment	Senior Finance Manager - Estates
<b>10. Losses and Special Payments</b> Note. The Trust has delegated authority to write off losses without limit, except that: Any novel, contentious or repercussive cases have to be referred for DH approval. Proposed staff severance payments that exceed legal or contractual obligations require prior approval from Treasury.	Note: all losses, and special payments are to be reported to the Audit Committee. Cases over £250k are reported separately in the annual accounts. All individual cases over £1m require Trust Board approval. Cases below that level but above the limits set out below are to be approved by the Chief Executive and Executive Director of Finance & Resources
a. Loss of cash: theft, fraud, overpayment or other reason	Assistant Director of Finance - Financial Control
b. Fruitless Payments (incl. Abandoned capital schemes):	
-Up to £50,000	Executive Director
-Over £50,000	Trust Board

<b>Delegated matter</b>	<b>Authority delegated to (lowest level)</b>
c. Claims abandoned. Private patients, overseas visitors and other including NHS and non NHS debtors	Executive Director of Finance & Resources Subject to Debtors Policy for writing off bad debts.
d. Damage to buildings, fittings, furniture and equipment, loss of equipment including IT and property in stores and in use, due to culpable causes (e.g., fraud, theft, arson, administrative failure)	Estates Manager and Senior Finance Manager - Estates
e. Compensation payments made under legal obligation resulting from a Court Order or legally binding arbitration award.	Trust Board Secretary or Director of Workforce/Executive Director
f. Extra contractual payments to contractors	Estates Manager and Senior Finance Manager - Estates
g. Ex-gratia payments to patients and staff for loss of personal effects:	
-i) Less than £1,000	Budget holder
-ii) Between £1,000 and £5,000	Budget holder and General Manager
-iii) Over £5,000	Executive Director
h. Clinical negligence negotiated settlements	Executive Director/ Executive Director of Finance and Resources Note: the NHSR has financial responsibility for all cases covered by the scheme.
i. personal injury claims involving negligence where legal advice has been obtained and guidance applied	Executive Director
j. Other ex gratia payments relating to clinical negligence and personal injury claims not subject to legal advice -Under £1,000 -£1,001 to £5,000 -Between £5,001 and £50,000	Executive Director
k. Other ex gratia including maladministration up to £50,000	Bands as section j above
l. Other – settlements on termination of employment:	
i) contractual	Director of Workforce and Deputy Director of Finance & Resources
ii) Under legal obligation	As section e above
iii) other	As section e above
m. Payment of Court Disclosure Orders	Deputy Director of Finance & Resources
n. The cancellation of erroneous debts by issue of credit notes	Deputy Director of Finance & Resources

<b>Delegated matter</b>	<b>Authority delegated to (lowest level)</b>
<b>11. Reporting of incidents to the Local Counter Fraud Service or Trust's Security Manager and the Police</b>	
a. Where a criminal offence is suspected: -	
i) Criminal offence of a violent nature, theft or criminal damage	Executive Director of Finance & Resources must immediately inform the police if theft or arson is involved
ii) Other security breach or knowledge of unreported security incident	All employees to report to Local Counter Fraud Specialist, the Executive Director of Finance & Resources, or through the NHS Fraud and Corruption Reporting Line
b. where a fraud is involved	All employees to report to Local Counter Fraud Specialist, the Executive Director of Finance & Resources, or through the NHS Fraud and Corruption Reporting Line
<b>12. Petty Cash</b>	
a) Disbursement from local imprest	Imprest holder
b) Request for reimbursement cash/general office funds: -	
Up to £300 per item	Budget Holder
<b>13. Receiving Hospitality</b>	
In excess of £25 per item received (Applies to both individual and collective hospitality receipts, in accordance with Trust guidelines and Standing Orders)	Declaration required in the Hospitality register
<b>14. Implementation of internal and external audit recommendations</b>	Relevant director and designated manager
<b>15. Maintenance and update of Trust Standing Financial Instructions</b>	Trust Board Secretary
<b>16. Investment of Charitable Funds</b>	Assistant Director of Finance & Resources – Financial Control
<b>17. Personnel and Pay</b>	
a) Authority to fill funded post on the establishment with permanent staff.	Budget Holder & Senior Finance Manager (Further approval from SMT required for some posts)
b) Authority in exceptional circumstances to appoint permanent staff to post not on the formal establishment.	Senior Finance Manager to gain approval from Deputy Director of Finance & Resources/ Executive Director of Finance & Resources
c) Additional Increments The granting of additional increments to staff within national terms and conditions and the Trust's starting salaries policy	Director of Workforce
d) Upgrading & re-grading All requests for upgrading/re-grading shall be dealt with in accordance with Trust Procedure	Director of Workforce

<b>Delegated matter</b>	<b>Authority delegated to (lowest level)</b>
e) Establishments	
- Responsibility for creating and maintaining a Trust-wide approved staffing establishment	Director of Workforce
- Additional posts to the agreed establishment with specifically allocated finance.	Relevant Budget Holder and Senior Finance Manager and Deputy Director of Finance & Resources
f) Pay	
Authorisation of standing data forms affecting pay, new starters (within establishment), leavers and variations (except increments, re-grading and ad hoc payments dealt with separately in this Scheme)	Budget Holder/ Line Manager
Authorisation of positive reporting forms	Line manager (minimum level is budget holder)
Authorisation of overtime within budget	Budget Holder
Authorisation of non Agenda for Change payments or payments outside of national terms and conditions for medical staff	Director of Workforce and Deputy Director of Finance & Resources
Authorisation of travel, subsistence and expenses claims	Line manager (minimum level is budget signatory)
g) Approval of additional payments to staff:	
Performance Related Pay Assessment	Remuneration Committee
Other payments	Director of Workforce and Deputy Director of Finance & Resources (See also AfC T&C of Service. Refer also to Trust HR Policy)
h) Leave	
Maintaining adequate leave records	Line/dept manager
Approval of annual leave	Line/dept manager
Annual leave - approval of up to 5 days carry forward	Director
Compassionate leave	Director
i) Special leave arrangements	
paternity leave	Line Manager/ Budget Holder
carers leave	Line Manager/ Budget Holder
Leave without pay	Line Manager/ Budget Holder
Medical Staff Leave of Absence - paid and unpaid	Line Manager/ Budget Holder
Time off in lieu	Line Manager/ Budget Holder
Maternity Leave - paid and unpaid	Line Manager/ Budget Holder

<b>Delegated matter</b>	<b>Authority delegated to (lowest level)</b>
j) Authorised Car & Mobile Phone Users	
Requests for posts to be authorised as car users	Line Manager
Requests for posts to be authorised as mobile telephone users	Line Manager
k) Renewal of Fixed Term Contract	Line Manager (subject to relevant vacancy controls for clinical and non-clinical staff)
l) Staff Retirement Policy	
Authorisation of extensions of contract beyond age 65	Line Manager
m) Redundancy	Executive Director of Finance & Resources and Director of Workforce
n) Ill Health Retirement	
o) Dismissal	Dismissing Manager (Trust disciplinary policies)
<b>18. Engagement of Temporary Staff</b>	Note: This section is subject to the operation of additional vacancy control processes authorised by the Chief Executive
a. Non Medical Consultancy Staff - all appointments	Budget Holder and Senior Finance Manager
b. Individual temporary staff where the aggregate commitment in any one year is more than £25,000	Executive Director
c. Booking of non-medical flexi bank staff	General Manager
d. Booking of non-medical agency staff	General Manager
e. Booking of medical locum and agency staff	General Manager
<b>19. The keeping of a Declaration of Interests Register.</b>	Trust Board Secretary
<b>20. Attestation of sealings in accordance with Standing Orders</b>	Two senior officers duly authorised by the Chief Executive, and not also from the originating department, and shall be attested by them.
<b>21. The maintenance of a register of Sealings</b>	Chief Executive
<b>22. The Maintenance of the Hospitality Register</b>	Heads of Department
<b>23. Retention of Records in accordance with Trust Policy</b>	Heads of Department

## **IMPACT**

### **5.1 Resources**

There are no resource consequences resulting from this paper and its proposals.

### **5.2 Risks**

Failure to establish, implement and assure compliance with standing orders and standing financial instructions may impact on the Trust's decision making and assurance processes, and may adversely affect its reputation and CQC rating.

### **5.3 Regulatory and Legal**

These changes to the standing orders and standing financial instructions ensure compliance with all applicable legislation and NHS regulations and guidance.

### **3.0 Next steps**

Once approved, an electronic version of the full amended document will be made available to Board members and managers and staff. Use will be made of the Trust's intranet and website to publish the documents.

### **4.0 Recommendation**

The Trust Board is recommended to:

- approve version 3.4 standing orders, reservation and delegation of powers and standing financial instructions in line with the summary of changes outlined in this paper.

**Trust Board meeting held in public: 26 May 2023**

**Agenda item number: 2023-24 (15)**

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**Title: Register of sealings April 2023 to May 2023**

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

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**Responsible director: Chief Executive**  
**Report author: Company Secretary**

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

In line with the Trust's standing orders, the Chief Executive is required to maintain a register recording the use of the Trust's corporate seal.

The details of its recent use are contained within the attached copy of a section of the register.

In accordance with the Trust's standing orders, the seal has in each case been affixed in the presence of two senior officers duly authorised by the Chief Executive, and not also from the originating department, and has been attested by them.

## **Recommendations**

The Board is to note the use of the corporate seal.

## Register of affixing of corporate seal and signatories to legal documents

OCCASION	PARTIES INVOLVED	DOCUMENT APPROVED & SEAL ATTESTED BY	DATE
Contract: Refurbishment of Hannah House grounds	Leeds Community Healthcare Sewell Construction, Geneva Way, Hull	Executive Director of Operations Company Secretary	12.04.2023
White Rose Office Park (building three) Head Lease	Munroe K Limited Luxembourg SA (Landlord) and Leeds Community Healthcare	Executive Director of Operations Company Secretary	28.04.2023
White Rose Office Park (building three) Sub leases	Leeds Community Healthcare and The Leeds Office of NHS West Yorkshire Integrated Care Board and The Leeds GP Confederation.	Executive Director of Operations Company Secretary	28.04.2023

**Public Board Meeting held in public: 26 May 2023**

**Agenda item number: 2023-24 (16a)**

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**Title: CEO and Chair's Action**

- **White Rose Office Park full business case and fit-out contract approval**
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**Category of paper: To ratify a decision**  
**History: N/A**

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

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

Under Leeds Community Healthcare's Standing Orders, Board committees and other groups undertake work on behalf of the Board. At times it may be necessary for urgent matters that the Board, Board Committees and other groups would normally consider at meetings to be dealt with between meetings. These matters would then be formally reported at subsequent meetings for ratification. For the purposes of this document, the procedure relating to such actions is referred to as 'CEO and Chair's action'.

## **Background**

The White Rose Staff Hub full business case required urgent approval to meet the timescales for delivering the project with the fit out works completing at the end of July, the moves taking place during August to vacate Stockdale House before 31<sup>st</sup> August 2023.

Approval of the full business case would then enable the lease for White Rose and the fit-out contract to be signed, which, in turn, will enable the relocation programme to remain on track.

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

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

## **Outcome**

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

## **Recommendations**

The Board is asked to ratify the decision to approve the full business case and fit-out contract

**Trust Board meeting held in public: 26 May 2023**

**Agenda item number: 2023-24 (16b)**

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**Title: CEO and Chair's Action**

- **Maintenance services contract approval**
- 

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**Category of paper: For ratifying decision**  
**History: N/A**

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

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

Under Leeds Community Healthcare's Standing Orders, Board committees and other groups undertake work on behalf of the Board. At times it may be necessary for urgent matters that the Board, Board Committees and other groups would normally consider at meetings to be dealt with between meetings. These matters would then be formally reported at subsequent meetings for ratification. For the purposes of this document, the procedure relating to such actions is referred to as 'CEO and Chair's action'.

### **Background**

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

The contract has been competitively tendered as summarised below.

The urgency was due to the expiry of the procurement framework that we used to tender our requirements after which the tender process would need to start again.

FES FM Limited currently provide the Trust with hard facilities management maintenance services, including planned preventative maintenance work and reactive repairs service. The current estates maintenance contract, expired on 31<sup>st</sup> March 2023. By agreement, FES continued to provide the currently contracted service until a new contract was put in place.

### **Procurement Process**

The procurement process to award a contract to a supplier for the next 5 years was commenced by the Trust estates team in September 2022, supported by Crown Commercial Services. Crown Commercial Services RM3830 Lot 1A framework was utilised for the procurement. Ultimately FES Ltd, the incumbent supplier, were the only company to submit a formal bid for the contract.

After a period of clarification and negotiation of negotiation a tender price and service specification was agreed for Board approval.

As there was only one bidder and the bid price had increased significantly over the current contract, further review of the contract price has taken place including independent benchmarking, and concluded that FES's price is not out of line with current industry averages.

### **Outcome**

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

### **Recommendations**

The Board is asked to ratify the decision to approve the maintenance contract award.

**Trust Board Meeting held in public: 26 May 2023**

**Agenda item number: 2023-24 (20i)**

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**Title: Quality Strategy Six Monthly Update Report – Year Two**

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**Category of paper: For information and assurance**  
**History: None**

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**Responsible director: Executive Director of Nursing and Allied Health  
Professionals**  
**Report author: Head of Clinical Governance**

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## **Executive summary**

### **Purpose of the report**

The purpose of this report is to provide an update to the Board on the Leeds Community Healthcare NHS Trust (LCH) Quality Strategy.

The LCH Quality Strategy was approved by the Trust Board in July 2021. This report provides an update on the achievement of the priorities and includes progress for the first ten months of the Strategy.

### **Main points**

Progress has been initiated in the implementation the Quality Strategy Priorities.

The Year One objectives for Priority One, **Learning**, Priorities Two and Four, the **Patient Safety Strategy** and **Working at PLACE across Leeds**, were completed in Year One

The Year One objective for Priority Three, **Focus on equity in quality and safety**, was not completed in Year One but was assessed completed in Year Two.

Work towards completion of the Year Two Priorities is nearing completion.

The report includes the updates from November 2022 to May 2023 and includes examples to support the narrative.

### **Recommendations**

Note the content of this report and the progress in the first six months of the Quality Strategy.

Provide any assessed check and challenge to the progress and assessment of progress to date.

## Quality Strategy – Six Month Update

### 1 Introduction

The Quality Strategy provides a framework for the three years from 2021 to achieve high quality care that is focussed on national and local drivers.

Board approved the three-year Strategy in July 2021. Six monthly updates are provided to Quality Committee and Board to share progress against the priorities in May and November and are detailed within the Appendices.

The focus of the update reports will relate to the year one to three stages during those given years, as articulated in the priority update below. However, work will be evidenced against future years where it has been completed. In addition to any continued work on the previous year's priorities. This report relates to year two.

### 2 Background

Leeds Community Healthcare NHS Trust (LCH) has a commitment to providing high quality care and reducing health inequalities within our communities. The Trust aims to innovate, build and standardise in order to deliver high quality, safe and effective care that provides patients, families and carers with the best patient experience.

The LCH Quality Strategy was developed from the key national and local drivers for high quality care. It was also developed with our staff and patients in mind. Engagement was completed in the development of the Strategy to understand what quality means to us, and how that can then be translated to underpin the national and local direction for high quality care.

The Quality Priorities were written to be achieved over the three years of the Strategy. Each associated priority statement builds on the previous statement for a cumulative annual review. However, work can be initiated on each of the statements to ensure a comprehensive approach to achieve of the Strategy.

### 3 Current position

Following previous feedback from Quality Committee, examples of how the Quality Strategy Priorities are being completed has continued to be included within the report. The detailed update is included in Appendix A.

The Year One Priority Objectives for Priority One (Learning), Two (Patient Safety Strategy) and Four (Collaborative Governance at the Place of Leeds) were completed in Year One as planned. Evidence continues to be included as the Priorities remain relevant throughout the period of the Strategy.

The Year One Priority One, Two, Three, and Four were assessed as completed with evidence of continued work being included at each report to support robust completion of the full Strategy.

The Year Two Priority objectives have been initiated in full, greater progress can be evidenced against Priorities One, Two and Four. Completion of Priority Three 'Focus on equity in quality and safety' requires organisational support and work will continue to achieve the Priority.

Staffing capacity within Services and the Clinical Governance Team has impacted broader implementation of the Priorities but there is an understanding of what is required and work will continue to achieve the requirements.

#### **4.0 Conclusion**

The Year One Priorities of the Quality Strategy are assessed completed and work has progressed towards the completion of the Year Two Priorities with evidence included within the report.

#### **5.0 Recommendations**

The Board is recommended to:

Note the content of this report and the progress towards successful implementation of the Quality Strategy.

Provide any assessed check and challenge to the progress and assessment of progress to date.

## Appendix A - Our Quality Priorities for 2021 to 2024

	<p><b>1. Learning:</b> In LCH we are proud of our open, learning culture. When we identify learning, we share it, develop local action plans and ensure we are continually improving our services in response. Over the next three years we will strengthen our approach to learning to ensure it is even more effective and responsive and is utilised on a much wider scale to improve our services</p>	
Year	Priority Objective	Progress July 2021 to May 2023
Year One	We will develop a repository of learning to secure the organisational memory.	<p><b>Year One January 2022:</b> A brand has been created and agreed at Quality Assurance and Improvement Group to identify learning. This is LCHLearns. A central location has been agreed for the repository within the Making Stuff Better intranet that will be replicated on the Clinical Governance intranet page. The Library and the Communications Team are supporting the development of the page. The aim being that there will be an easily accessible resource, where staff know they can access organisational learning, and we will have a place to save our organisational memory of learning.</p> <p><b>Year One May 2022:</b> Work continued with the Communications Team, the Library and the Clinical Governance Team and the intranet page is now live. <b>Completed.</b></p> <p><b>Year Two – November 2022:</b> Awareness raising of the LCHLearns intranet page continues, as learning resources like learning posters are developed they are shared via the MyLCH Today with a signpost to the intranet page.</p> <p><b>Year Two – May 2023:</b> Library Services are updating the Intranet page to improve user experience and a new Trainee Librarian is supporting the project to collate, upload, tag and raise awareness of new learning being shared.</p>
Year Two	We will work to ensure that all learning within the organisation is known and effectively captured to be able to share across the organisation and with partners.	<p><b>Year One January 2022:</b> This has been initiated as existing learning and existing methods of sharing learning are being scoped. The evidence of learning has been requested, for example, learning newsletters from the Neighbourhood Teams, and will be recorded in the LCHLearns repository.</p>

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Year	Priority Objective	Progress July 2021 to May 2023
		<p><b>Year One May 2022:</b> A catalogue of learning posters, newsletters and other learning materials have been secured and uploaded to the LCHLearns intranet page.</p> <p><b>Year Two – November 2022:</b> New methodologies published by NHS England as part of the Patient Safety Strategy toolkit have been tested. Specifically, case review and After Action Reviews (further detail included in Priority Two).</p> <p>The learning and recommendations from the first case review have been shared directly with the Business Unit Clinical Lead for next steps as the learning was Business Unit wide. This approach will be reviewed to understand how to best achieve and implement service or Business Unit wide learning.</p> <p>Datix has been updated to capture the new After Action and virtual After Action reviews. Clinicians directly involved with the patients care where incidents have occurred will join the reviews to share the insight into the care delivered. Any learning will be completed within the meeting in addition to any wider actions being managed in the usual way via Datix. The first virtual AAR is planned for 7 November 2022 and the first in depth AAR is planned for 11 November with a further two scheduled.</p> <p><b>Year Two – May 2023:</b> Work continues to implement the Patient Safety Strategy and understand how best to share the learning from incidents. A benchmarking exercise is currently being completed in line with the national timeline for implementation. The task and finish group has identified an early action to understand how learning is being shared within teams, where most of the learning occurs. Once understood an action will be required to assess the various methods and standardise the process, whilst accepting the Services may require</p>

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Year	Priority Objective	Progress July 2021 to May 2023
		<p>individualised approaches in some areas. However, there should be an organisational understanding of how and when the learning is shared locally.</p> <p>Additional questions have been added to the Quality Challenge Plus documentation to ask ‘How is learning being embedded within the Service?’ as a mandated question and response. A further mandated report out from the Quality Walks is to include a piece of positive practice or learning by the service. The change in paperwork relates to the 2023/24 year and commenced in April 2023.</p> <p>The shared positive practice/learning will be collated by the Effectiveness Team and Library Services to assess the best method of dissemination across wider teams.</p> <p>For example, during the Adult Speech and Language Team Quality Walk the team shared the following good practice:</p> <ol style="list-style-type: none"> <li>1. The Service have developed a partnership with the University of Leeds for a senior lecturer to support a clinic with students assessing patients within a specific suitable waiting list sub group. This supports reduction of the waiting list overall and promotes the right treatment option, by the right colleague in a more timely way. It also support student learning and experience of practice.</li> <li>2. Operational Managers within the Service developed a peer supervision group with Operational Managers within the Gynae, Stroke and Neuro Services for the equivalent of clinical supervision. This was reported as supportive of sharing best working practices and supportive of health and wellbeing.</li> </ol>

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Year	Priority Objective	Progress July 2021 to May 2023
		<p>3. A patient with communication difficulties was provided with a card that stated his speech difficulty and what people needed to do to help him communicate, that he can share when he needs to.</p> <p>Positive practice was shared with the team to address an issue raised around understanding why patient's do not attend appointments.</p> <p>Leeds Sexual Health have developed a text message system via SystemOne that sends a short questionnaire when patients miss appointments, the questionnaire is returned to an email account for review by the Administration Team.</p> <p>All four examples have potential for improved practice across wider teams. It is recognised that a robust process is required to translate this early initiative into a working and standardised approach.</p> <p>An additional method of collating and sharing learning has been launched in Quarter One, each Service was asked to share a piece of positive practice or learning which will be collated and disseminated by the Library Service.</p> <p>The Long COVID Team shared that they have developed a new pathway process to book patients first therapy assessment with them whilst they are being seen in clinic. This has resulted in the patient having greater ownership of the appointment and leaves with a plan. The clinician feels more empowered as it has reduced the amount of follow up questions from patients, and it is a more efficient use of time as it has removed the need for the Administration Team to attempt contact for follow up appointments.</p>

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Year	Priority Objective	Progress July 2021 to May 2023
		<p>The process for disseminating the learning will be assessed jointly due to the similarity.</p> <p>The additional support from Library Services will aid wider sharing as they also focus on facilitating knowledge mobilisation.</p>
<b>Year Three</b>	<p>We will share and disseminate learning in a way that reaches the greatest number of colleagues, teams and partners in the timeliest way possible.</p>	<p><b>Year One January 2022:</b> Assessment of how we will achieve this has been initiated with meeting with the Communications Team. There is consideration of external and internal sources of dissemination to reach a wider audience and to also evidence that LCH is a learning and caring organisation to our patients and users.</p> <p><b>Year One May 2022:</b> A meeting is planned with the Quality Improvement Team to consider a quarterly QPD newsletter that would include key learning.</p> <p>Advice is being sought regarding how teams wish to be engaged with from the leads of the ABU Neighbourhood Transformation Project.</p> <p><b>Year Two November 2022:</b> Learning has continued to be shared through the Rapid Review meetings, as outcomes from further investigations, via the Business Unit reporting and dissemination and within local feedback mechanisms.</p> <p>Progress and planning towards the Year Three Priority slowed during the first half of year two due to reduced capacity within the Clinical Governance Team.</p> <p><b>Year Two May 2023:</b> Work continues to assess how we will achieve this aim. The Library Service and Clinical Governance Team meet regularly to understand and improve how we share the learning that we gain in the most effective way for the greatest reach.</p>

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Year	Priority Objective	Progress July 2021 to May 2023
		<p>A discussion has been initiated with the Performance Team in relation to electronic Quality and Learning Boards in addition as some teams have reported that the physical quality boards are no longer in use as they are not tailored to individual services.</p> <p>The Clinical Governance Team and Library Services are working collectively to attend LCH wide events with stands to share key messages around learning, including the recent SBU Celebration Event. AN LCHLearn's pull up banner is being requested to promote the message.</p> <p>Stand at Leader's Network Live 30 March 2023:</p> 
<b>Years One to Three</b>	We will develop and support methods to embed learning in practice and provide assurance	<b>Year One:</b> All Serious Incident and Internal Concise action plans completed from December 2021 will include a final audit action to ensure learning has been embedded at

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Year	Priority Objective	Progress July 2021 to May 2023
	<p>that learning has been implemented and embedded where appropriate.</p>	<p>3-6 months. The audit cycle will then support further evidence or address areas to strengthen where required.</p> <p><b>Year Two:</b> Following early feedback from LCH's Internal Auditor who has audited how learning is being embedded, the Incident Management Policy will be updated to specify what level of incident learning should be shared where and how.</p> <p><b>Year Two May 2023:</b> The requirement to audit learning from incidents will form part of our implementation of the Patient Safety Strategy and Patient Safety Incident Response Plan. The existing process of auditing post serious incident has not been fully embraced by teams due to reduced staffing. Reduced staffing within the Clinical Governance Team across the Effectiveness workstream, including audit, and within the Quality Lead role has negatively impacted the follow up of this requirement. Audit of serious incident actions has been included in the 2023/24 audit plans for Business Units, it is acknowledged that capacity will remain a potential barrier as we approach year three of the Quality Strategy.</p> <p>However, a meeting is planned to assess whether the audit of serious incident actions could be added directly to the audit plan following an incident action plan being agreed, rather than the action plan owners assessing the audit potential 3-6 months after the actions are complete as is the current process.</p> <p>Two new processes for obtaining learning have been established in year two and processes are being developed to share this learning Trust wide. The next stage of this would be to understand how we can test that the learning is useful and whether there is a way to test this through the Quality Challenge Plus programme, the collation of evidence CQC or via an audit or staff survey route.</p>

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Year	Priority Objective	Progress July 2021 to May 2023
		A review has been initiated of whether an electronic quality and learning board could be established.

<p><b>2. Patient Safety Strategy:</b> We have always had a strong approach to patient safety and investigation to ensure we use every opportunity to improve practice. We have started to align the way we manage patient safety incidents to the Patient Safety Strategy that was published in 2019. We have aligned this Priority to the continued implementation of the requirements of the National Patient Safety Strategy:</p>		
Year	Priority Objective	Progress July 2021 to May 2023
<b>Year One</b>	We will investigate less and learn more with a focus on meaningful investigations that achieve insight and understanding of patient safety incidents to inform learning and improve practice.	<p><b>January 2022:</b> We have initiated and are embedding the ethos from the Patient Safety Strategy (PSS) to investigate less and learn more.</p> <p>LCH have adopted the themes from the PSS to only progress to serious incident investigation when there is learning to identify.</p> <p>The incident to serious incident process has been reviewed and key changes made to streamline the process.</p> <ul style="list-style-type: none"> <li>- The Rapid Review has been enhanced to encourage teams to provide as much information at the start of the process as possible, including the memory capture of colleagues involved. This has resulted in early learning and fewer incidents progressing to serious incident.</li> <li>- To ensure the investigations are reviewed by the right people at the right time, panel meetings have been introduced to set out the terms of reference for the investigation, to review progress at 25 days with a plan to introduce an action planning meeting that will ensure the actions do gain the most learning.</li> </ul>

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Year	Priority Objective	Progress July 2021 to May 2023
		<p>We have implemented guidance on which of our unstageable pressure ulcers should progress to serious incident. This resulted from a review of previous investigations where unstageable pressure ulcers that were actually low harm had been reviewed as serious incidents. This change has been audited and an evidenced reduction shared with Quality Committee previously.</p> <p>We have adopted new ways of investigating and included incident walkthroughs and summary reports where this is felt to achieve the greatest learning. We are continuing to review additional methods of investigation and report out.</p> <p><b>May 2022:</b> We have followed a programme of continual improvement in our rapid review process, this has included update of our Rapid Review Templates to ensure we have more information available initially to ensure the most appropriate decisions are made to support the most amount of learning.</p> <p>A Task and Finish Group has been started to assess the incident review methods suggested by NHS England.</p> <p>A meeting is planned with HR to discuss the inclusion of Just Culture Framework in HR processes</p> <p>A remodel of Datix has been initiated to support more efficient and effective use of incident reporting that will include cross reference to the Patient Safety Strategy to ensure the new version meets the needs of LCH whilst aligning to the Strategy as much as possible.</p>

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Year	Priority Objective	Progress July 2021 to May 2023
		<p>The National timescale for release of key information to implement the Patient Safety Strategy will delay full completion of this action by July 2022, however LCH has adopted the core principles of investigating less learning more. <b>Complete in principle, to continue to provide evidence.</b></p> <p><b>Year Two November 2022:</b> The Clinical Governance Team has supported teams to test different methodologies provided by NHS England within the Patient Safety Strategy toolkit for incident review and investigation.</p> <p>The aim is to use the most appropriate method to review a given incident. This has included a case review of an unexpected death. The case review method involves analysis of the stages of care, admission, ongoing care and discharge/end of life care, with a judgement of whether each phase of care was excellent, good, adequate, poor or very poor. The review lends to a systems approach and the learning identified in this specific review was Business Unit wide in relation to a difference between referral and triage criteria that led to misunderstanding, and subsequent delay, of when a patient should be visited.</p> <p>The organisation has introduced the use of After Action Reviews (AAR) as an output from Rapid Review of incidents. The AAR is a methodology shared by NHS England. There are three AAR's pending in the Adult Business Unit, the Clinical Governance Team will lead the AAR for these teams. The process and outcomes will be evaluated for inclusion in LCH's Patient Safety Incident Response Plan which will be developed in the next 12-18 months as a requirement of the Patient Safety Strategy.</p> <p>A virtual rapid AAR has also been introduced from 7 November 2022. There is a dual purpose to these reviews. Pressure ulcer and falls incidents that are currently awaiting Rapid Review will be</p>

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Year	Priority Objective	Progress July 2021 to May 2023
		<p>selected for a virtual AAR in place of a Rapid Review. The aim is to support timelier review of LCH's moderate harm and above incidents as there is currently a backlog of three to four months in the Rapid Review process.</p> <p>The second aim is to assess an alternative way of reviewing the incidents where we see similar learning with the intention of investigating less and learning more. There are dedicated steering groups and organisational improvement plans for pressure ulcers and falls where the learning themes are being overseen. The virtual AAR will ensure any new learning is identified but will also provide the organisation with the evidence required of how pressure ulcers and falls should be managed within the future Patient Safety Incident Response Plan. The virtual AAR will mitigate the organisations risk of being non concordant with the existing Serious Incident Framework 2015 by ensuring LCH is reviewing all moderate harm incidents to identify externally notifiable Serious Incidents.</p> <p>The Patient Safety Incident Response Framework was published in September 2022, LCH has approved project management support to implement our associated Patient Safety Incident Response Plan.</p> <p><b>Year Two May 2023:</b> Work has continued in our achievement of this aim. The Virtual After Action Reviews (now called Virtual Rapid Reviews) have been established and form approximately two thirds of our Rapid Review process.</p> <p>The Virtual assessments are dynamic reviews of the incident framed by information provided by the Clinical Incident Management Practitioners (CIMPS), for ABU, within Datix. The Rapid Review panel then use that information and a live review of SystmOne to assess the incident. We continue</p>

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Year	Priority Objective	Progress July 2021 to May 2023
		<p>to have a backlog of incidents for ABU due to capacity within the CIMPS Team and a meeting is planned to further review the process. Additional Rapid Review meetings are planned for June 2023 as a provisional plan to impact the backlog.</p> <p>Open dialogue continues between LCH and the ICB in relation to the transition to the Patient Safety Strategy and how we safely embrace the ideology of investigating less to learn more. There is continued agreement that for incidents where the learning has been established at Rapid Review, and there is an organisational improvement plan in place that holds that learning, a Serious Incident is not required to be declared. This applies to falls, pressure ulcers and meatal tears. Duty of Candour continues to apply and is completed in line with the CQC Regulation 20.</p>
<b>Year One – Three</b>	We will involve patients, and their family and carers where appropriate, in our investigations to ensure their experience of our care is understood and fully informs the investigation, learning and improvements.	<p><b>Year One January 2022:</b> LCH has an established approach to Duty of Candour that offers patients and families the opportunity to be involved in the review and investigation process of any incident. This approach is being strengthened and a patient leaflet has been produced to be shared when an incident is identified. This is also available in an easy read format and has been written in plain English.</p> <p>We have tested a process of greater involvement with a serious incident investigation and invited the patient’s family to review draft and final copy serious incident reports. Their feedback was included into the final version to ensure a holistic review of the patient’s care was evidenced in the report. The family kindly provided feedback on how the process had felt for LCH to adopt into future reviews.</p> <p>The national Patient Safety Strategy requires that we have Patient Safety Partners to inform and influence our approach to patient safety. We have Board approval to progress recruitment and are</p>

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Year	Priority Objective	Progress July 2021 to May 2023
		<p>working with partners to understand how we ensure involvement is truly representative of our communities.</p> <p><b>Year One May 2022:</b> The Patient Safety Partners Policy has been developed and will be shared with SMT to discuss the options for remuneration and contracting for the Partners.</p> <p>A potential Partner has been identified.</p> <p><b>Year Two November 2022:</b> The nationally required Patient Safety Partner policy is complete and pending review at policy group, once ratified recruitment of the role will progress. Recruitment should be initiated by the end of the calendar year.</p> <p><b>Year Two May 2023:</b> The Patient Safety Partner Policy has been ratified and an advert is due to be published in NHS Jobs and via our local networks to promote a greater response from our local community.</p> <p>A Patient Safety Advocate volunteer has joined the Patient Safety Strategy implementation group and brings a background of working with seldom heard and under represented communities with a focus on co-production and engagement.</p> <p>Benchmarking of the Patient Safety Strategy: Patient Safety Incident Response Framework is considering greater more meaningful engagement and involvement with patients, families and staff during incident reviews. A new Patient Safety Team role has been developed and recruited to of Patient Safety Co-Ordinator, as the role and the Strategy develops this role may lead family</p>

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Year	Priority Objective	Progress July 2021 to May 2023
		liaison for Patient Safety incidents where Duty of Candour applies to ensure involvement is standardised.
<b>Year One - Three</b>	We will involve colleagues in our investigations to ensure their experience of care delivery is understood and fully informs the investigation, learning and improvements and ensure all colleagues are offered support.	<p><b>Year One:</b> We are moving towards greater staff involvement in the investigations.</p> <p>To ensure our colleagues feel empowered to be involved in our investigations we have developed a staff involvement leaflet that has been shared with teams.</p> <p>We have delivered training to our core Rapid Review panel to ensure the focus of our review is a Systems Thinking and Human Factors approach with an emphasis of Just Culture to reduce any risk of our colleagues' experiencing feelings of second victim. The aim is to shift the focus away from how a given individual provided care to understanding how the wider system impacted on that care delivery, evidence suggests this reaps the greatest learning.</p> <p><b>Year Two November 2022:</b> The intention of the After Action Review is for those clinicians who know the patient best to be included in the safety incident discussion.</p> <p>There is a continued focus on Just Culture within the incident reviews from Rapid Review to Serious Incident investigation. Training is planned for the Clinical Incident Management Practitioner Team on 9 November 2022 that will include Just Culture, systems and human factors approaches and reducing the risk of second victim scenarios in those involved in incidents. Communication with teams is completed via the Quality Leads and via organisational communications.</p>

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Year	Priority Objective	Progress July 2021 to May 2023
		<p><b>Year Two May 2023:</b> The focus on Just Culture continues and ensuring there is an understanding that the focus of investigations is learning of quality improvement. The greatest learning is gained by focussing on a safety science approach of Systems Thinking and Human Factors. Training has previously been updated to include Safety Science (Ergonomics) and additional training dates are due to be added to the My LCH Events page. A new 'Introduction to Investigation Training' has been developed which focuses solely on Just Culture, Systems Thinking and Human Factors, dates have been shared on MyLCH.</p> <p>Where requested, the Clinical Governance Team have joined team meetings to share the role of the team, which includes an overview of the above. The Team have visited Leeds Sexua Health and have dates agreed with LMWS and Dental with an offer pending with MSK. Planning is underway to join an ABU leadership team meeting to share the Just Culture and Safety Science principles.</p> <p>The aim is to ensure a Trust wide greater understanding of why we investigate and how, to promote engagement and involvement in investigations.</p> <p>Organisationally, a workplace wellbeing initiative has been developed of a new critical incident debriefing model; the development of a tiered structure of psychological support and interventions for staff includes support during or after a distressing incident. The details of how to access the service have been added to Datix to signpost practitioners for support.</p>

<p><b>3. Focus on equity in quality and safety:</b> In LCH, we recognise that there are unfair and avoidable differences in the health of different groups and communities, and have developed an overarching Health Equity Strategy to articulate our commitment to reducing those areas of inequity. We will ensure our Quality Strategy supports this work through a focus on health equity to reduce and address inequity.</p>		
Year	Priority Objective	Progress July 2021 to May 2023
Year One	We will embed equity in proactive approaches to quality, including research, evidence-based guidance and outcomes	<p><b>Year One January 2022:</b> We have initiated conversations internally, with the People's Voice Group, and Forum Central to understand how we achieve equity of representation in our patient involvement and for our Patient Safety Partners.</p> <p>The implementation of the new combined Equity and Quality Impact Assessment process has been completed and is now in use. This included a series of dedicated equity training workshops to ensure our teams had appropriate competency to develop the equity element of the EQIA in addition to the overarching training for the process.</p> <p>The communication template update as part of the Accessible Information Standard implementation is live in SystemOne. This is mandatory and will enable us to understand, flag and share people's communication needs and put actions in place to address those needs. By doing this, we will improve access, experience and outcomes for people with additional communication needs. Other clinical systems will follow.</p> <p>Concordance with the communication template will be measured via reporting in the Performance Information Portal.</p> <p>The Patient Experience Team are supporting services across the organisation to implement the Standards and consider easy read options and support communication in different languages. Our CAMHS Team have developed easy read literature to support their neuro-developmental assessments.</p> <p>There are resources available organisationally to support services develop accessible literature and posters and to support communication through interpretation services and resources.</p>

<p><b>3. Focus on equity in quality and safety:</b> In LCH, we recognise that there are unfair and avoidable differences in the health of different groups and communities, and have developed an overarching Health Equity Strategy to articulate our commitment to reducing those areas of inequity. We will ensure our Quality Strategy supports this work through a focus on health equity to reduce and address inequity.</p>		
Year	Priority Objective	Progress July 2021 to May 2023
		<p>A visual action plan that is sent out after an appointment has been added to SystmOne and is now being used.</p> <p>Easy read clinical outcomes measures can now be found on the external website for use.</p> <p><b>Year One May 2022:</b> The Clinical Governance Team Quality Leads are actively working with the Performance Team and the Health Equity Lead to introduce equity into the Business Unit Governance reports.</p> <p><b>Year Two November 2022:</b> Equity Impact Assessment (EIA) – An equity, equality and diversity assessment has been incorporated into the policy, guideline, and procedure development process. There is a requirement to consider any health equity impact of the proposed policy/guideline/standard operating procedure within its development and implementation, in addition to considering any negative or positive impact on protected characteristics. The Chaperone Policy has been the first to use the EIA. Feedback from the Author advised it prompted inclusion of specific guidance for people of different genders and those people whose gender differs to that assigned at birth.</p> <p>Equity and Quality Impact Assessments (EQIA) – the EQIA process ensures any change in practice is assessed to ensure there are either no negative impacts of the change on equity or quality of service provision, or any impacts are assessed and mitigated. The process continues to be embedded throughout the organisation. There is ongoing review</p>

<p><b>3. Focus on equity in quality and safety:</b> In LCH, we recognise that there are unfair and avoidable differences in the health of different groups and communities, and have developed an overarching Health Equity Strategy to articulate our commitment to reducing those areas of inequity. We will ensure our Quality Strategy supports this work through a focus on health equity to reduce and address inequity.</p>		
Year	Priority Objective	Progress July 2021 to May 2023
		<p>the process to support continued improvement, this includes a six-monthly review of a sample of EQIAs to ensure the process is being followed.</p> <p>Learning from the last review related to ensuring the EQIA's are re presented for their planned review within the agreed timescale. Reviews of EQIA's are completed to assess any unknown and unintended impacts from the change. A change was made to the EQIA meeting agenda to support this process and review dates are agreed at panel by the Chair.</p> <p>EQIA was the subject of the quarter two QAIG workshop, initial feedback related to continued awareness raising and embedding of the process, including to consider a standardised approach to when an EQIA is required. The current process is a local pragmatic assessment with support from the Quality Lead if required. The EQIA tool should be used to screen the change and saved to evidence the initial assessment should a full EQIA be assessed not required. A meeting is arranged to progress the output from the workshop.</p> <p>Audit – a Clinical Fellow role has been dedicated to review the organisations audit programme to ensure it is meaningful and effective. The colleague will include an equity lens in the review, further information will be included as the review progresses.</p> <p>National Institute of Clinical Excellence (NICE) – NICE Guidance is being reviewed in line with the Third Sector Strategy. 'Integrated health and social care for people experiencing</p>

<p><b>3. Focus on equity in quality and safety:</b> In LCH, we recognise that there are unfair and avoidable differences in the health of different groups and communities, and have developed an overarching Health Equity Strategy to articulate our commitment to reducing those areas of inequity. We will ensure our Quality Strategy supports this work through a focus on health equity to reduce and address inequity.</p>		
Year	Priority Objective	Progress July 2021 to May 2023
		<p>homelessness’, NG214 and ‘Social work with adults experiencing complex needs’, NG216, are being assessed by the service with third sector partners to consider whether LCH concordance and subsequent service provision can benefit from a joined up review. The guidance being piloted for the process relates to groups where there is a higher risk of health inequity. The outcome will be shared in the next report. <b>Completed and evidence will continue to be added.</b></p> <p><b>Year Two May 2023:</b> Please see the Priority Four Year Three update for continued work on embedding equity in quality.</p>
<b>Year Two</b>	We will review incidents and patient experience to understand any inequalities affecting communities or communities we are not hearing from and act to address these.	<p><b>Year One January 2022:</b> We have introduced a health equity section in the monthly Quality Lead Business Unit reports that are reported in to QAIG quarterly. We are currently using data extracted from Datix for ethnicity and age.</p> <p>The data gives an indication of equity but is not considered to be fully accurate due to the reporting mechanisms in Datix. We are working with the Business Intelligence Team to prepare a dataset that uses the Datix patient safety and feedback data together with SystemOne data and reports accurately by ethnicity, age, and locality.</p> <p><b>Year Two November 2022:</b> The Quality Leads and the Health Equity Lead continue to work with Business Intelligence (BI) to develop equity datasets for the quality measures. Due to the work involved to produce the equity datasets, they are being completed in stages by BI.</p>

<p><b>3. Focus on equity in quality and safety:</b> In LCH, we recognise that there are unfair and avoidable differences in the health of different groups and communities, and have developed an overarching Health Equity Strategy to articulate our commitment to reducing those areas of inequity. We will ensure our Quality Strategy supports this work through a focus on health equity to reduce and address inequity.</p>		
Year	Priority Objective	Progress July 2021 to May 2023
		<p>The first patient safety incident equity dataset is now available and will be included in the November 2022 Quality Lead Business Unit reports. This includes equity data for <b>Pressure Ulcers, Falls and Access (to services)</b>. BI will provide the data monthly for review, it includes:</p> <ul style="list-style-type: none"> <li>Indices of Multiple Deprivation (IMD)</li> <li>Ethnicity</li> <li>Interpreter Requirements</li> <li>Age</li> <li>Learning Disability and Autism.</li> </ul> <p>The second equity dataset is being assessed currently to request from BI. Consideration will include patient safety incidents with the highest incidence and/or the most harm to ensure the most benefit can be gained from the data analysis. Review will also assess the inclusion of experience data, potentially concerns rather than complaints due to the low numbers of complaints received to enable data analysis.</p> <p>In the interim, equity in experience data is being included from the Datix module. This gives some insight into concerns and complaints with an equity lens but does not offer the robust dataset BI can produce that links Datix with SystemOne.</p> <p>An example from practice includes where the Children’s Community Nursing Team are developing a learning library of resources with support training following learning from a complaint. The parent of a child staying at Hannah House complained that their child’s skin and hair had not been appropriately cared for as required for their ethnicity and culture.</p>

<p><b>3. Focus on equity in quality and safety:</b> In LCH, we recognise that there are unfair and avoidable differences in the health of different groups and communities, and have developed an overarching Health Equity Strategy to articulate our commitment to reducing those areas of inequity. We will ensure our Quality Strategy supports this work through a focus on health equity to reduce and address inequity.</p>		
Year	Priority Objective	Progress July 2021 to May 2023
		<p><b>Year Two May 2023:</b> The LCH Business Intelligence Strategy implementation is underway. When complete, this will allow for development of meaningful dashboards and tools and includes the transfer to PowerBI.</p> <p>In the interim we continue to assess incidents for access, pressure ulcers, and falls with an equity lens every month. The main area this has highlighted has been the completion of Interpreter Requirements within the SystemOne Communications Template. There is not evidence to suggest a link but the risk is that patient harm could occur due to reduced understanding of advice provided. Soft intelligence via the Rapid Review meetings, suggests that interpreter requirements are known and addressed locally but that the template is not being completed.</p> <p>The findings are shared with the Business Unit monthly within the Quality Lead monthly report and any themes shared with the Business Units for further review and action.</p> <p>As neither NHS numbers nor date of birth are collected when patients share their experience with LCH (complaints, concerns or feedback), there is difficulty in assessing equity data currently. An equity and diversity form is being devised to share with complaints plans but will be reliant on complainants completing and will potentially only provide partial information that will be difficult to draw meaningful trends from. This work is ongoing as NHS numbers are known at Service level.</p>
<b>Year Three</b>	We will embed equity as part of our Quality Challenge+ Programme.	<b>Year One:</b> When the health equity patient safety incident and feedback data has been established, this can be included in the Quality Challenge information pack.

<p><b>3. Focus on equity in quality and safety:</b> In LCH, we recognise that there are unfair and avoidable differences in the health of different groups and communities, and have developed an overarching Health Equity Strategy to articulate our commitment to reducing those areas of inequity. We will ensure our Quality Strategy supports this work through a focus on health equity to reduce and address inequity.</p>		
Year	Priority Objective	Progress July 2021 to May 2023
		<p>Consideration will be given to how equity can be considered in a meaningful way in the Quality Challenge Plus process and planning.</p> <p><b>Year Two November 2022:</b> Planning for the Year Three Priority continues. Dates have been agreed to update the Quality Challenge Plus programme with the new incident dataset and will include how this can include concordance with the Accessible Information Standard via the SystemOne Communication Template once this dataset is available.</p> <p><b>Year Two May 2023:</b> A full review of the Quality Challenge Plus documentation was completed in advance of the 2023/24 programme to include equity within each of the five domains, Safe, Effective, Caring, Responsive and Well-Led. For 2023/24 the findings in relation to equity will not impact the overall grading for the Service, however, this will be reviewed for 2024/25 and Year Three of the Quality Strategy or in line with the Business Intelligence Strategy and the introduction of PowerBI for greater insight into equity data and trends.</p> <p>The Health Equity Lead will support the Quality Challenge Plus training going forward to ensure the focus on equity is understood and embedded.</p>

<p><b>4. We will work across the PLACE of Leeds as a full partner to develop collaborative governance structures and priority programmes that support our ambitions for better, more integrated care in the city:</b> As a key partner in the development of the local Integrated Care Partnership, LCH is part of the plan that focuses collaboration and partnership working. Patients and communities are at the centre of what we aim to achieve as a wider health economy across Leeds. By working together we will maximise the health and care outcomes for our populations</p>		
Year	Priority Objective	Progress July 2021 to May 2023
Year One	We will work with partners in patient safety across the city to consider joint responses to patient safety initiatives and develop collaborative approaches to safe, effective care.	<p><b>January 2022:</b> A citywide Patient Safety Working Group has been established to share progress and ideas in the implementation of the national Strategy. The group aims to have a consistent approach to the delivery of the Strategy to ensure patients' experience of patient safety is seamless across the PLACE.</p> <p>Early discussions have taken place with the CCG to discuss the future of Datix and the Learning From Patient Safety Events (LFPSE) system at PLACE level.</p> <p>This element of the work will continue into Year Three and beyond due to the complexity of the requirement.</p> <p><b>May 2022:</b> Discussions are to be escalated via the Integrated Care System to support a standardised approach including consideration of how the Patient Safety Partners are secured by organisations across the Place of Leeds.</p> <p>New pathways have been developed in partnership with secondary care to support reductions in incidents for discharge related falls, meatal tears and venous thromboembolism. <b>Complete in principle, to continue to provide evidence.</b></p> <p><b>Year Two November 2022:</b> The citywide Patient Safety Working Group is now chaired by the ICB and progress towards the Patient Safety Incident Framework and Plan is shared within the group by the Provider members.</p> <p><b>Year Two May 2023:</b> The citywide working group continues, topics of discussion this reporting period have included how we collectively work together for stakeholder</p>

<p><b>4. We will work across the PLACE of Leeds as a full partner to develop collaborative governance structures and priority programmes that support our ambitions for better, more integrated care in the city:</b> As a key partner in the development of the local Integrated Care Partnership, LCH is part of the plan that focuses collaboration and partnership working. Patients and communities are at the centre of what we aim to achieve as a wider health economy across Leeds. By working together we will maximise the health and care outcomes for our populations</p>		
Year	Priority Objective	Progress July 2021 to May 2023
		<p>engagement to ensure the various providers are not approaching the same groups separately, creating a risk of engagement and feedback fatigue amongst our third sector partners, patients and communities. Other topics have included whether providers should use the same methodologies for investigations to support patients understanding of our investigations, especially for those incidents that cross providers. It was decided methods should be assessed at organisation level but that the lead organisation for a multi sector incident would liaise with patients for continuity.</p> <p>A provider directory has been produced of who to contact in each organisation when a multi organisation incident occurs that requires a multi organisation response.</p> <p>Next steps will include invitation to wider commissioners including NHSE and Health and Justice.</p>
<b>Year Two</b>	We will develop strategies to share learning across the city to maximise the impact of our quality improvement work and ensure our patients benefit from quality improvements and learning from across Leeds.	<p><b>Year One:</b> We have initiated discussion with the Communication Team and our Third Sector colleagues to understand how we best share learning externally, initial thoughts are via social media with our partners supporting a wider reach by retweet for example.</p> <p><b>Year Two November 2022:</b> The Clinical Governance Team and Business Units have developed pathways across the city to implement learning and quality improvements. This includes continued work with the Leeds Teaching Hospitals Trust Urology Team to support improved discharge and after care for patients with catheters. This work has continued following the identification of an increase in meatal tears relating to a specific type of catheter, which has now been removed from the acute trust formulary.</p>

**4. We will work across the PLACE of Leeds as a full partner to develop collaborative governance structures and priority programmes that support our ambitions for better, more integrated care in the city:** As a key partner in the development of the local Integrated Care Partnership, LCH is part of the plan that focuses collaboration and partnership working. Patients and communities are at the centre of what we aim to achieve as a wider health economy across Leeds. By working together we will maximise the health and care outcomes for our populations

Year	Priority Objective	Progress July 2021 to May 2023
		<p>A new pathway has been developed following learning from an increase in incidents of upper arm Deep Vein Thrombosis (DVT) in patients with a central venous access device. The Community Intravenous Administration Service (CIVAS) have worked closely with Infectious Disease Consultants and Anaesthetists within Leeds Teaching Hospitals Trust to develop a standard pathway for suspected DVT. The pathway will support clinicians in the early identification and appropriate onward referral of patients who develop a DVT.</p> <p><b>Year Two May 2023:</b> Initiatives continue across LCH work in an integrated way and includes shared learning.</p> <p><b>The Making Stuff Better, Share and Learn:</b> drop ins continue and are led by the Quality Improvement and ODI Team. Four have now been completed to share quality improvement initiatives and learning. For example:</p> <p>Speech and Language (Childrens) shared their work on their specialist work with 0-19 children Following engagement with families regarding the complex communication assessment waiting list mainstream and specialist therapists developed a pilot to work jointly, and with families in a shared space to provide early advice and therapeutic intervention. Stay and play sessions where parents attend with children and a key worker from nursery are being piloted across the city and is inclusive of partners and families to share knowledge and expertise for greater impact.</p>

<p><b>4. We will work across the PLACE of Leeds as a full partner to develop collaborative governance structures and priority programmes that support our ambitions for better, more integrated care in the city:</b> As a key partner in the development of the local Integrated Care Partnership, LCH is part of the plan that focuses collaboration and partnership working. Patients and communities are at the centre of what we aim to achieve as a wider health economy across Leeds. By working together we will maximise the health and care outcomes for our populations</p>		
Year	Priority Objective	Progress July 2021 to May 2023
		<p><b>Leeds Integrated Falls Service:</b> virtual falls citywide Multi-Disciplinary Team (MDT) meetings have been running twice a month throughout 2022. The Falls MDTs are supported by a Falls Clinic Geriatrician, senior clinicians from the Community Falls Service, and pharmacy who support the complex falls patients in the community to reduce the need for patients to attend a hospital outpatient clinic.</p> <p><b>Learning from deaths:</b> integrated mortality meetings are in place where colleagues share patient case studies to support learning from deaths, the meetings are attended by partners to maximise the learning.</p> <p>Although there are local examples where this priority is in place, there is an opportunity to co ordinate these approaches to better capture where the wider learning occurs.</p>
<b>Year Three</b>	We will ensure there is a focus on equity in our approach to patient experience, patient safety and clinical effectiveness.	<p>As we progress priority three, we will consider how this objective can be evidenced. To trial inclusion of the Clinical Governance functions below within the Health Equity Flash report for Q2 Quality Assurance and Improvement Group. Equity has been included in the following to date:</p> <p><b>Effectiveness:</b>  Quality Challenge Plus.  Policy – Equity Impact Assessment now sent out for all reviews and new policies.  Audit – to be assessed.</p>

<p><b>4. We will work across the PLACE of Leeds as a full partner to develop collaborative governance structures and priority programmes that support our ambitions for better, more integrated care in the city:</b> As a key partner in the development of the local Integrated Care Partnership, LCH is part of the plan that focuses collaboration and partnership working. Patients and communities are at the centre of what we aim to achieve as a wider health economy across Leeds. By working together we will maximise the health and care outcomes for our populations</p>		
Year	Priority Objective	Progress July 2021 to May 2023
		<p>NICE – review being completed of two guidance with Forum Central to complete a baseline assessment with an equity lens to understand whether it differs to when completed solely within service.</p> <p>CQC – to be assessed within the evidence collated for the new Single Assessment Framework.</p> <p><b>Patient Safety:</b>  Incidents - data within the monthly Quality Lead reports and shared with Business Units.  Central Alert System patient safety alerts – directive actions from national team, universal application.  Inquest – to assess whether learning from inquests can be reviewed with an equity lens.  EQIA – equity forms part of the assessment, to be strengthened through EQIA completion drop-in sessions.</p> <p><b>Patient Experience:</b>  Complaints/concerns/feedback – an equity approach is being assessed.  Claims – to assess how to review claims outcomes with NHS Resolution from an equity perspective.  Engagement – to be reviewed due to the multiple elements.</p>

**Trust Board Meeting held in public: 26 May 2023**

**Agenda item number: 2022-23 (20iia)**

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**Title: Mortality Report Quarter 4 2022-2023**

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**Category of paper: For assurance**

**History: Quality Committee 22 May 2023**

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**Responsible director: Executive Medical Director**

**Report author: Executive Medical Director**

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## **Executive summary**

### **Purpose of this report:**

To provide the Board with assurance regarding the Mortality figures and processes within LCH NHS Trust in Quarter 4 22-23.

### **Main points to note:**

- Quality Assurance & Improvement (QAIG) Group have met regularly and are quorate. The last meeting was the 11<sup>th</sup> April 2023.
- The Adult Business Unit mortality review meetings combined with the Specialist Business Unit, and the Children's Business Unit Learning from Deaths meetings have taken place regularly and have been quorate throughout the quarter.
- Equity analysis shows ongoing trends in ABU therefore a deep dive has been commissioned to better understand the implications of the data and actions that can be taken. This will be undertaken by a Health Equity fellow in conjunction with ABU in 23/24
- A proposed new method of categorising, reviewing and investigating adult deaths has been proposed in line with the NHSE Safer Strategy Methodology Toolkit and Patient Safety Strategy. Assurance criteria for evaluation of a pilot are being identified in conjunction with QPD and this will be completed during Q1 23.24 to start in Q2. It is anticipated this would increase the focus and learning from deaths where this is greatest for the Trust, without reducing the opportunity to learn from themes and trends within our very large dataset
- Changes to the SOP for Child Deaths have been proposed and are in the final stages of consultation. This will be presented to, and any impacts monitored via QAIG.
- The increased number of Child Deaths seen in Q2 and Q3 was not seen in Q4, with the number only 2 above the median for the preceding 24months. Work continues within the CBU and the city to increase the resilience of this clinical cover to better enable it to cope with periods of increased child deaths.
- A review of all Learning Disability (LD) deaths for Q3 was conducted by the LD lead, and learning is noted but no key areas of escalation or concern were found.

### **Recommendations:**

- The Board is recommended to receive this assurance regarding Trust mortality processes during Q4 of 22-23
- Note the ongoing contribution to improving data quality within the Trust and city, and the continuous work to ensure surveillance and learning is optimal.

## 1) Adults & Specialist:

- The overall number of deaths in Q4 remains above the median line but within control totals, this has been relatively stable since Q4 21.22.
- There was a further increase in deaths reported as unexpected which is being monitored. A deep dive is planned to look into this and the increased number during Q3 of deaths not recorded as either expected or unexpected
- The apparent increased number of deaths post discharge with Covid 19 seen during Q3 has not been sustained
- Capacity challenges within the senior leadership continue to impact the ability to perform timely Level 2 mortality reviews (Q3 49% ABU and 42% SBU compared with average since 2019 55% and 52% respectively)
- Mitigations to ensure key learning are identified and Level 2 reviews are conducted in all LD, Virtual Ward, CCB deaths and those identified at Level 1 review to contain new or significant learning.
- Equity trends seen have remained consistent throughout the year and will be the focus of a Health Equity fellowship project in conjunction with ABU during 23.24
- The previously reported trends within particular SBU services is again noted. A deep dive into incidents and deaths (February 23) provided some assurance regarding a larger case load in SALT as the cause of higher number of deaths, a full report is expected at QAIG in July 23 and work is planned for 22.23 in conjunction with the Health Equity team to further analyse and understand the data seen.
- Work continues to adapt the Structured Judgement Review process for Adult Deaths, aiming to streamline processes, increase learning opportunities and align with the NHSE Safer Strategy Methodology Toolkit and Patient Safety Strategy. Assurance criteria for the pilot are under development in conjunction with QPD at present and it is anticipated to start in the South NT and a small number of SBU services.
- Engagement planned with PCNs/primary care in Q1/Q2 regarding cause of death data (after peak of winter demand)

## 2) Children:

- There was a decrease in the number of deaths seen in Q4 in comparison to the first three quarters of 22.23 but with numbers more comparable to the average for the preceding 2 years
- The high number of deaths within Q1-3 continues to impact on timeliness of some mortality case reviews but number awaiting review has improved to 29 from 35.
- SUDIC rota cover remains a risk and is reported on the risk register. One new nurse to cover SUDIC recruited in Q3 and training under development to increase the number of paediatricians trained
- New rapid review process for expected deaths introduced
- SOP for child deaths in the final stages of consultation, anticipated to be implemented from 1<sup>st</sup> May

### **3) Learning Disability:**

- Thematic review of LD deaths undertaken during Q4 and learning identified in flash report
- DATIX form introduced and implemented from 1/4/23, including LD data field: all deaths reported with an LD angle will be reviewed by the LD team and themes reported.
- Flags are now present on SystemOne to highlight patients with a learning disability or autism, pulled through from the primary care record.

### **4) Recommendations:**

- The Board is recommended to receive this assurance regarding Trust mortality processes during Q4 of 22-23
- Note the ongoing contribution to improving data quality within the Trust and city, and the continuous work to ensure surveillance and learning is optimal.

**Trust Board meeting held in public: 26 May 2023**

**Agenda item number: 2022-23 (20iib)**

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**Title: Annual Mortality Report 22-23**

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**Category of paper: For assurance**  
**History: Quality Committee 22 May 2023**

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**Responsible director: Executive Medical Director**  
**Report author: Executive Medical Director**

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## **Executive summary**

**Purpose:** To provide the Board with assurance regarding the Mortality figures and processes within LCH NHS Trust during 2022.23.

### **Key points for consideration:**

The percentage of patients choosing to die at home has been sustained above pre-pandemic levels with a further 12 months of data above the median line of the Trust control totals. This is positive in terms of achieving End of Life outcomes but has a significant impact on the clinical workload for the neighbourhood teams, and on the Trust mortality process. Additionally, a sustained increase in SUDIC has been seen during the 22.23 year, putting a significant pressure on our teams both in terms of capacity and resilience.

A review of Trust processes has resulted in a more proportionate number of cases being selected for Level 2 reviews throughout 22.23, ensuring those with the most significant shared learning were selected. A new methodology adapting the Structured Judgement Review (SJR) process is to be piloted for adult deaths in Quarter 2 of 23.24 and if successful will be rolled out Trustwide during 23.24; aiming to streamline processes, increase learning opportunities and align with the NHSE Safer Strategy Methodology Toolkit and Patient Safety Strategy.

Deaths in children have been recorded on Datix from 1<sup>st</sup> April 23, including a data field for Learning Disability, and the new Rapid Review process for expected deaths has commenced. The CBU Learning from Deaths SOP has been out for consultation during the second half of 22.23 and it is proposed to review the Trust Learning from Deaths policy in its entirety during 23.24.

The Trust database and centrally available mortality data for reporting remains reliable and robust, enabling increased surveillance of any geographical area of type of death moving outwith control totals. To move from intent to action a Health Equity fellowship project is planned for 23.24 in conjunction with ABU to better understand consistent patterns of equity data relating to particular neighbourhood teams seen throughout 22.23 and our PPD data.

Work with the Learning Disability lead has been prominent throughout 22.23, and our numbers of deaths in patients with a learning disability or severe and enduring mental illness are improving, whilst noted to remain lower than expected. A robust process is now in place and a thematic review was conducted of all the learning disability deaths recorded during Q3 in order to ensure all areas of good practice and learning were identified and acted upon. Flags are now present on SystemOne to highlight patients with a LD or autism, pulled through from the primary care record.

### **Recommendations:**

The Board is recommended to:

- Receive the assurance provided regarding the Trust mortality process during 22.23.
- Note the positive contribution neighbourhood teams are making towards outcomes for end of life, but also the sustained increased workload

resulting from an increased preference for dying at home continued throughout 22.23.

- Note the work during 22.23 to strengthen our processes and learning within CBU and LD, and the proposed changes for 23.24 to adapt the Structured Judgement Review process for Adult deaths, aiming to streamline processes, increase learning opportunities and align with the NHSE Safer Strategy Methodology Toolkit and Patient Safety Strategy.
- Note the work to improve identification of patients with a learning disability or autism, and to ensure thematic analysis and learning.
- Note the improved Health Equity dataset, further strengthening the Trust's already robust mortality data reporting and analysis, and the work planned in 23.24 to better understand the persistent equity discrepancies seen in particular neighbourhoods and in our PPD data.

## Annual Mortality Report 2022.23

### 1.0 Background

- 1.1 Leeds Community Healthcare NHS Trust has contact with a significant number of patients within the city, very few in an inpatient environment. For many of the people who die under the care of the NHS this is an inevitable outcome particularly given we provide a significant amount of end of life care in peoples own homes, and many receive excellent care in the time leading up to their death.
- 1.2 The Francis inquiry report<sup>1</sup> into the care failings identified at Mid Staffordshire Hospital Trust, identified one of the significant measures that was not acted on appropriately was a mortality rate significantly higher than expected for the Trust. The NHSE National Guidance on Learning from Deaths, 2017<sup>2</sup> provides the underpinning for the framework that NHS Trusts now follow. Within this it emphasises that “Community NHS Trusts should carefully consider which categories of outpatient and/or community patient are within scope for review taking a proportionate approach”.
- 1.3 Our responsibility as a Trust encompasses the following requirements:
- Ensure we have adequate governance arrangements and processes that include, facilitate and give due focus to the review, investigation and reporting of deaths.
  - Ensure that we share and act upon any learning derived from these processes.
  - Ensure adequate training and support is provided to staff to support this agenda.
  - Have a clear policy for engagement with bereaved families, or carers, including giving them the opportunity to raise questions or share concerns and ensure that a consistent level of timely, meaningful and compassionate support and engagement is delivered and assured at every stage of the process.
  - Have a clear Mortality and Learning from Deaths Policy that details how we respond to, and learn from, deaths who die under our management and care.
  - Collect and publish on a quarterly basis specified information on deaths, through a paper and an agenda item to a public Board meeting in each quarter.
- 1.4 Leeds Community Healthcare NHS Trust Mortality Review and Responding to Death Policy, renewed in January 2021 details our Trust response to both of these and clearly articulates our assurance process and governance surrounding mortality reviews and shared learning throughout the Trust and the wider system.
- 1.5 Deaths can broadly be categorised into unexpected and expected deaths, where an expected death results from an acute or gradual deterioration in a patient’s health status, usually due to an advanced progressive incurable disease. The death is anticipated, expected and predicted.

- 1.6 Within Leeds Community Healthcare NHS Trust all deaths, whether expected or unexpected, whilst a patient is under the care of LCH services and on an active caseload are reported via Datix®. Exceptions to this are noted in the policy, the main one being if the death is already recorded in the Electronic Palliative Care Coordination Systems (EPaCCs).
- 1.7 All deaths are reviewed using the Level 1 assessment tool, whether unexpected or expected. If this identifies that a more in depth review is required the Level 2 mortality review tool must be completed and the case reviewed at the local Mortality Governance meeting.
- 1.8 Any deaths that fall under the Trust's Serious Incident policy (e.g. Death in Custody) will be investigated using the Serious Incident Investigation framework and policy.
- 1.9 Where the unexpected death is a child the death will be reported via the sudden unexpected death in infants and children (SUDIC) route and follow that process.
- 1.10 Leeds Community NHS Trust is committed to ensuring any learning from deaths is shared appropriately, as widely across the organisation as required and using a variety of methods.
- 1.11 We are committed to ensuring the Trust's Duty of Candour policy is followed, and that families are involved in both any investigation that takes place and any subsequent learning as appropriate, including from any lapses in care.
- 2.0 **Current position**
- 2.1 Since April 2020 Mortality Surveillance has been reported quarterly to the Quality Assurance & Improvement Group (QAIG). QAIG has met regularly throughout 2022.23.
- 2.2 Business Unit mortality review and learning from deaths meetings have taken place regularly throughout 2022.23 and have been quorate throughout.
- 2.3 The Trust is compliant with the Learning Disabilities Review Programme (LeDeR) system for reporting any deaths in a patient with Learning Disabilities whilst under the Trust's care. Processes are incorporated into Datix® to ensure any learning disability (LD) deaths are reported to the LeDeR program. The Trust has representation on the LeDeR meetings across the city and the ICS where feedback is given.
- 2.4 Since 20.21 the Trust has moved to a position where Adult (Adult and Specialist Business Unit) deaths are considered together, including joint mortality review meetings. This has reduced duplication, but also increased

the opportunity to explore areas where different services could work together better for the same patient.

2.5 SBU continue to review 5% of deaths from patients under the care of services who fall without the terms of our mortality review process to ensure that this remains appropriate and whether any learning can be identified.

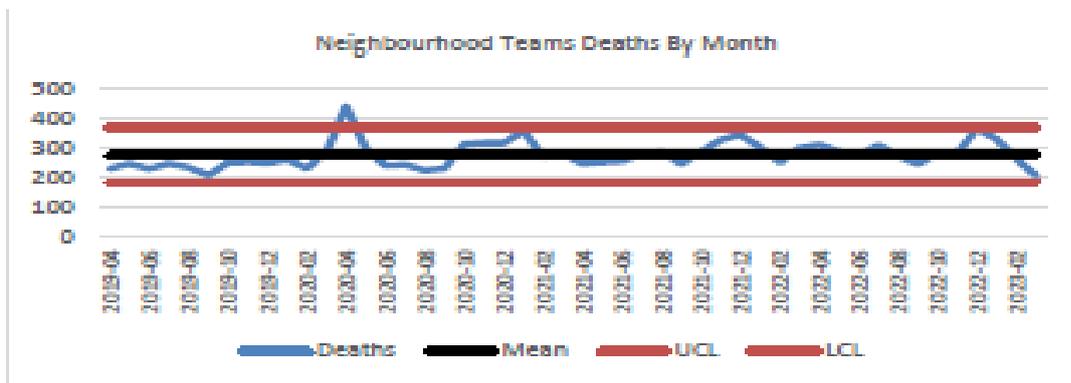
2.6 The neighbourhood team control totals established during 19.20 are now well established, and enhanced surveillance and review has been instigated appropriately whenever a neighbourhood team has breached its upper control total.

## 2.7 Adult deaths (Adult & Specialist)

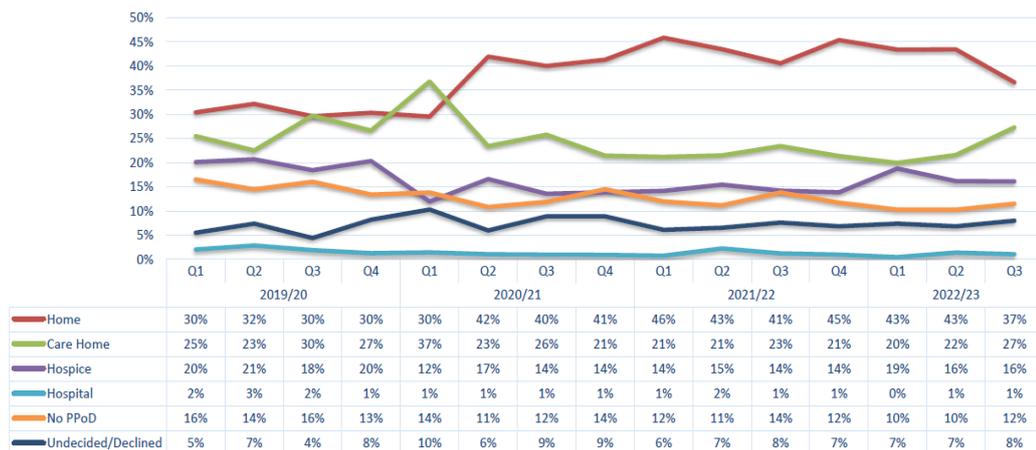
### 2.7.1 Mortality Data (ABU only)

Data	Q1	Q2	Q3	Q4	YTD	2021.22
Level 1	819	759	1198	550	<b>3326</b>	2784
Level 2	230	146	295	155	<b>826</b>	712
Unexpected deaths	92	52	71	100	<b>315</b>	322
Expected deaths	462	477	312	450	<b>1701</b>	1834
Virtual Ward deaths	5	4	6	0	<b>15</b>	22
LeDeR	0	5	8	5	<b>18</b>	23
Serious Mental Health	0	0	0	0	<b>0</b>	0

2.7.2 The increase in number of people choosing to die at home has been sustained since the second wave of the Covid19 pandemic in October 20, and numbers during 22.23 have been persistently above the median of the Trust control totals:



### 2.7.3 Actual Place of death data from Leeds CCG 22.23:



2.7.4 There is both an impact on the requirement for increased direct clinical care delivery to these patients and the associated mortality and learning from deaths review process. The cases selected for Level 2 review are those with the most new and significant learning. All CCB and VFW deaths continue to be reviewed.

2.7.5 As a Trust we have supported 76.5% of our patients at end of life to die in their preferred place of death, with 81% being supported to die in either their first or second choice of preferred place. Of those, 73.4% were supported to die at home as their first choice and 85.2% in a care home as their first choice.

2.7.6 In 22.23 between 37% and 45% of patients at end of life were supported by our Neighbourhood Teams to die at home. The preferred place of death data has 85.8% of records correctly coded, with both place of death and preferred place of death recorded.

2.7.7 At the end of Q3 22.23, 45% (1366 of 3029) of patients were identified on a palliative care register with an EPaCCS (Electronic Palliative Care Coordination System) record, within their electronic patient record, holding information about their end of life care wishes and preferences. This is similar to last year.

2.7.8 Of these, increasing numbers up to 78% had a ReSPECT plan (Recommended Summary Plan for Emergency Care and Treatment) in place to further support advanced care planning. Of those who passed away without being included on a palliative care register / EPaCCS, 20% had a respect plan in place identifying they received advanced care planning which would support end of life care.

2.7.9 LCH registered nurses are able to verify the death of a patient who is expected to pass away. In 22.23, 69% of deaths at home or in care homes were verified by LCH staff, and 77% for those who died expectedly at home. This supports the recommendation to verify a death within four hours of the death in a community setting to improve the quality of care for families and carers and minimises distressing delays after a person dies.

2.7.10 The Trust has clear processes to ensure learning is shared across the organisation and between the Trusts to better facilitate shared learning. The Medical Examiner role continues to be developed across the city and during 23.24 will be fully expanded to include community deaths. LCH is an active partner of the Leeds Palliative Care Network contributing to its programme of improvements and representing community on the Executive Board.

2.7.11 Leeds was identified as an outlier and the only locality falling below the national trend of the indicator: *percentage of people who died with three or more emergency admissions in the previous three months*. Leeds Palliative Care Network conducted a deep dive and whilst the final report is yet to be released initial intelligence suggests factors likely to be influencing this outcome are:

- Leeds has services available to support patients at the end of life; including 7 day services, overnight planned and unplanned care services, including night sitter provision
- increasing numbers of Independent Prescribers confident to prescribe commonly used medication at end of life
- Virtual wards and Leeds as an early adopter of the ReSPECT advanced care planning process may also be factors

## **2.8 Learning and improvements during 22.23**

2.8.1 Work is underway to review adapt the Structured Judgement Review process for Adult Deaths; aiming to streamline processes, increase learning opportunities and align with the NHSE Safer Strategy Methodology Toolkit and Patient Safety Strategy. This will be piloted in the South and a small number of SBU services during Q2 of 23.24 to ensure assurance is maintained before potentially being rolled out across all Adult deaths.

2.8.2 Continued focus on LCH senior clinician development; increasing the number of ReSPECT signatories (an additional 25 in year increasing those trained to 35 staff across LCH, Primary Care and the hospices), number of Fast Track Funding signatories has also been increased and training provided for Non-Medical prescribers for end of life prescribing. Increasing capacity and the skills and confidence of staff within each of these areas will lead to a more streamlined, responsive and seamless provision of care for patients, families and carers.

2.8.3 Specific learning from multidisciplinary Learning from Death reviews during 22.23 has included how to support patients to contact the new Citywide Triage Hubs for advice and visit requests following reports of some delayed visits. A continued theme is related to improving recognition that a patient is deteriorating towards the very end of life to ensure the best possible care can be planned.

## 2.9 Childrens Business Unit

### 2.9.1 Mortality Data

Deaths within Children’s Business Unit, with 2021.22 data for comparison:

	Total number of mortality reported incidents 2021.22					2020.21
Total Reported Children’s deaths	Q1	Q2	Q3	Q4	YTD	
		5	12	17	9	<b>43</b>
Unexpected deaths [SUDIC]	3	12	8	7	<b>30</b>	12
Expected Deaths [CDOP]	2	0	9	2	<b>13</b>	13

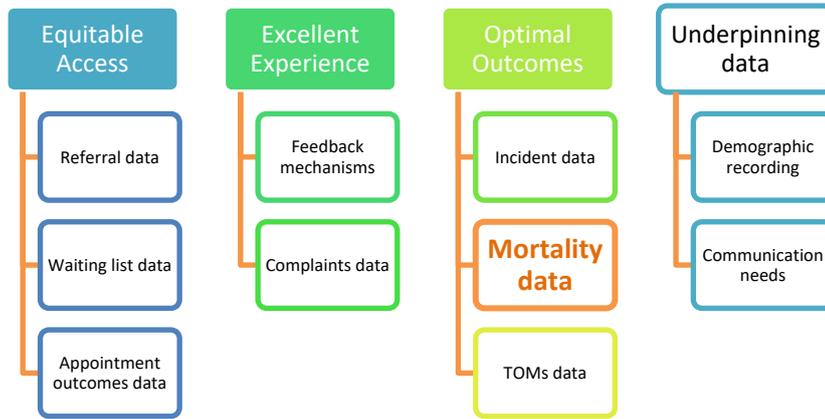
- 2.9.2 There are established robust processes within Children’s services around unexpected deaths via the sudden unexpected death in children (SUDIC) process and Child death overview panel (CDOP).
- 2.9.3 The Trust continues to be an integral partner in the Leeds Child Death Review Panels and processes. For each possible scenario there is a designated primary organisation to arrange the Child Death Review Meeting (CDRM) and notify CDOP. LCH would organise the review meetings for those child deaths that have a chronic condition, have an expected death at home and have the death certified by the GP.
- 2.9.4 CBU Learning from Deaths meetings have taken place throughout 22.23. Very high numbers of SUDIC were seen during quarters 2 and 3 of 22.23 in comparison to previous years, but the number seen in Q4 reduced to just above the median from the preceding 24 months. No trends have been noted from early reviews of the cases.
- 2.9.5 Capacity issues within the SUDIC team have been compounded by the increased number of cases seen during 22.23 and absence of available training since the start of the pandemic. The Trust is developing a training package to ensure an increased number of paediatricians are appropriately trained to support the service, and work continues with colleagues in the city to establish ways to increase resilience in the event of future periods of unusually high numbers of cases in any quarter.
- 2.9.6 A new Rapid Review process has been implemented for all expected deaths in Children during 22.23 to enable any key learning points to be identified in a more timely manner.
- 2.9.7 Deaths in children will be reported on datix from 1.4.23 and the template includes a flag for LD and autism. The Learning from Deaths SOP for CBU has been out for consultation during the latter half of 22.23 and the amended version is due for implementation in Q2 of 22.23.

### **3 LeDeR update**

- 3.1 LeDeR reviewers are now independent to organisations but hosted by Bradford District Care Trust. To ensure compliance with LeDeR during 21.22 the Trust has implemented identifying flags for Learning Disability and Autism on SystmOne pulled through from the primary care record; this has increased the numbers of LD deaths recorded throughout 22.23 in both Adults and Children.
- 3.2 For each LD death a reviewer or member of the team perform an initial review which includes speaking to the family member, a detailed conversation with the GP, review of GP records and a conversation with at least one other person.
- 3.3 A focussed reviews is triggered if the reviewer finds areas of concern or potential learning, or the person was:
- from a Black, Asian or minority ethnic background
  - autistic with no learning disability
  - under mental health or criminal justice restrictions at the time of death or 5 years previously.
- 3.4 Themes and learning from across West Yorkshire are fed back to the Learning disability Challenge meeting at which LCH is represented and focussed reviews are presented at each ICB. All organisations and identifiable information are anonymised.
- 3.5 Aims for next year within LCH:
- To increase awareness of the need to report to LeDer those who are Autistic.
  - To consider ways to improve identification of people who have a learning disability or Autism for services not on SystmOne.
  - Proposal to undertake structured judgement reviews of deaths of people with Learning Disabilities or Autism, where initial review identifies correlation to a theme identified through LeDeR. This follows the current mortality processes but incorporates the transition to SJR format for Adult deaths.
  - To cascade learning through the learning disability website (in development)
  - To cascade learning through reporting to mortality meetings
  - To review if all deaths of those with a learning disability and Autism are recorded on our incident system (DATIX)

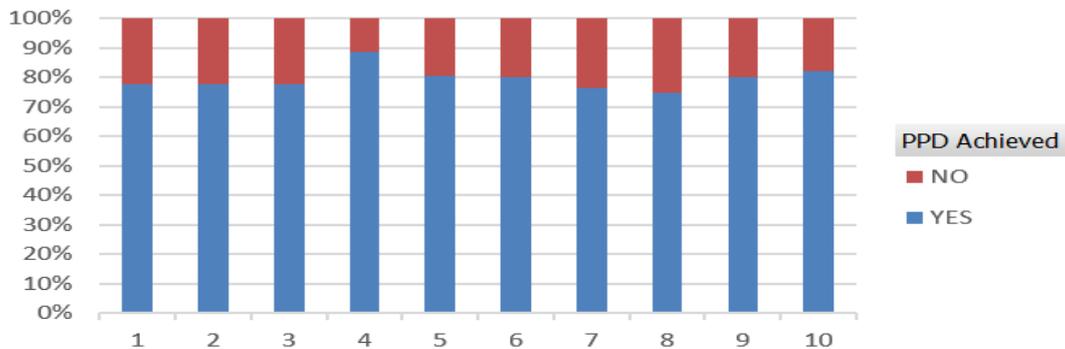
### **4 Health Equity lens on LCH mortality data**

- 4.1 In 2021, through its Health Equity strategy, LCH made a commitment to identifying and addressing inequity in its delivery of care and pathways. To do this, the Trust is developing equity lenses on our mortality data as part of our work to understand equity in outcomes. This includes data on deaths and achievement of preferred place of death (PPD), by deprivation (Index of Multiple Deprivation), ethnicity and Learning Disability.

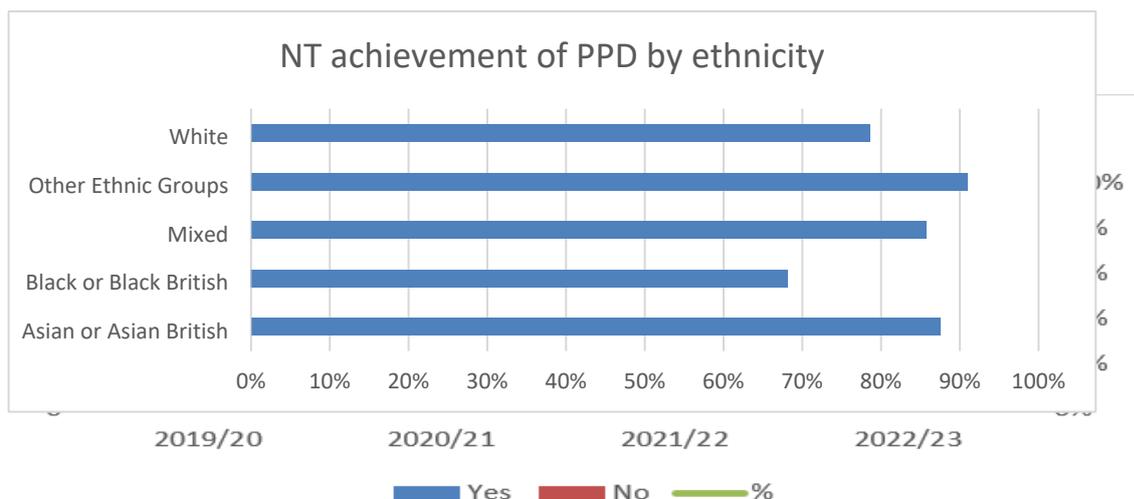


4.2 Analysis of the data currently available and using our ‘curious questions’ to move from intent to action, we have identified the following differences in the outcomes of different groups/communities:

4.3 During 22.23 NT achievement of PPD by IMD decile: IMD1-2, 78% achieved PPD; IMD 3-10, 80% achieved PPD

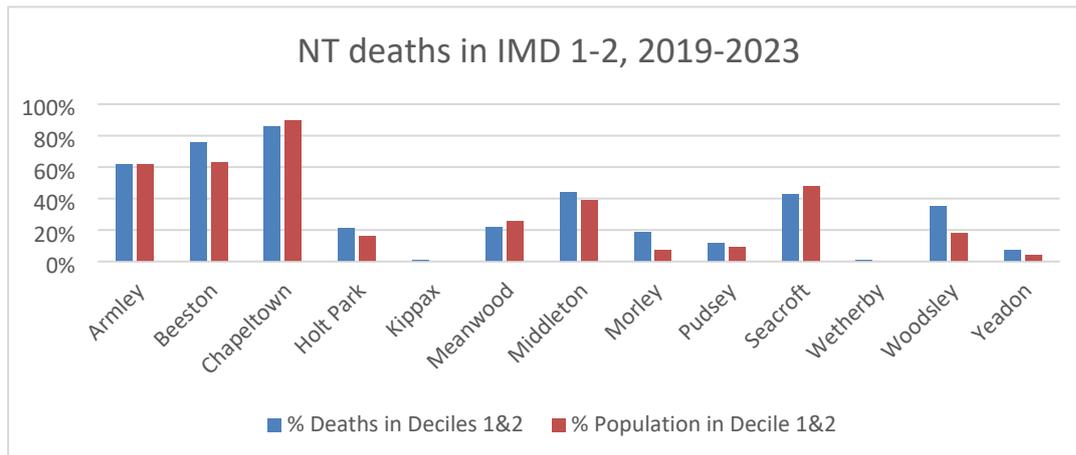


4.5 NT achievement of PPD by ethnicity: Black or Black British ethnicity achievement of PPD in 22.23 is 23 percentage points lower than the highest.



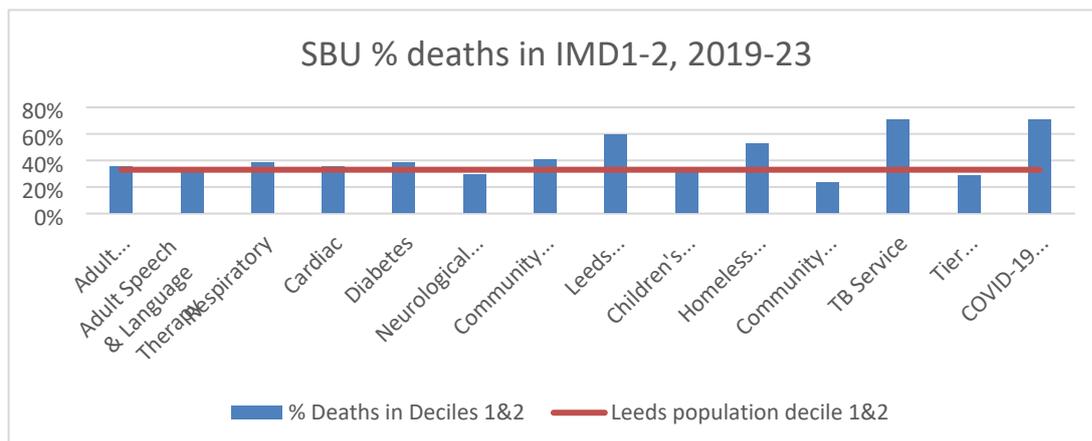
4.6 The ABU Head of Clinical Development, through their Health Equity Fellowship project will be exploring what in our services drives these differences in achievement of preferred place of death for Black and Black British communities, in order to identify possible solutions to mitigate this.

4.7 Over the last 4 years of data (2019-2023):

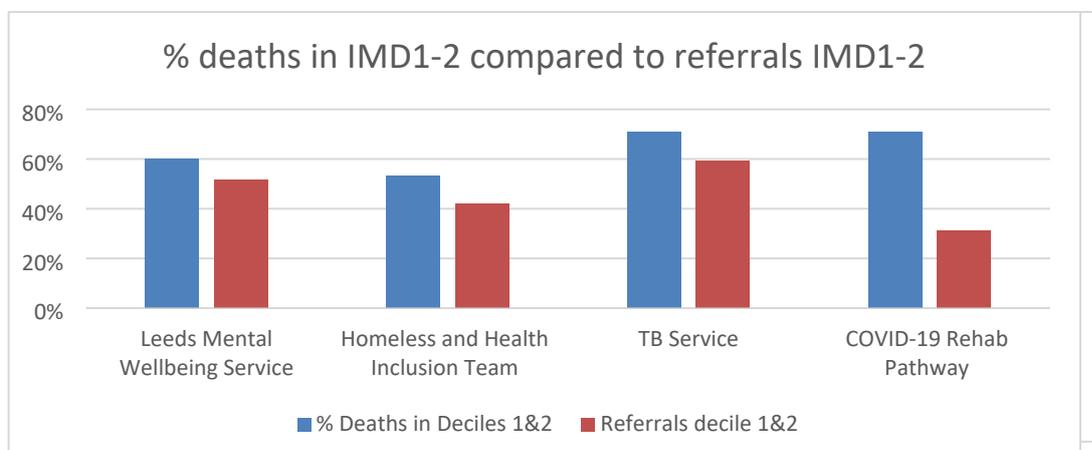


4.8 3 NTs have greater than 10 percentage points difference in IMD1-2 deaths to IMD1-2 population: Woodsley (17); Beeston (13) and Morley (12).

4.9 Analysis of deaths in SBU services by IMD decile also reveals persistent differences in particular services:



4.10 LMWS, HHIT and TB service have a higher proportion of referrals from IMD1-2 than the Leeds population (33%) which is reflected in the higher proportion of deaths in IMD1-2.



- 4.11 Further work with SBU is planned for 23.24 to explore these observations further, understand what drives these differences and identify possible solutions to mitigate these findings.
- 4.12 To further improve our equity reports and analysis, a new equity mortality report is being developed, to provide:
- Mortality and PPD by deprivation, disaggregated ethnicity, LD, Autism and interpreter requirement
  - Comparison to population and referral data
  - Trust-wide data with the ability to filter by Business Unit, service and individual Neighbourhood Teams
  - Data by month, quarter and year with trends over time
- 4.13 These new reports will support the development of a core equity indicator for mortality, which will help track progress.
- 4.14 Working with partners in the EDI group of Leeds Palliative Care Network, we will continue using our analysis to contribute to system-wide understanding of inequity in system-wide pathways.

## **5 Next steps**

- 5.1 Implementation of new CBU Learning from Deaths SOP and pilot of SJR tool for Adult deaths during 22.23, in conjunction with a full review of the Trust Learning from Deaths policy.
- 5.2 Continued work to improve our learning and action from Health Equity analysis.
- 5.3 Work to understand our continued low reporting of deaths with SMI (Severe & Enduring Mental Illness) and whether comparable work can be done to that in LD and autism to improve the pull through of coding from the GP registers.

## **6 Recommendations**

- 6.1 The Board is recommended to:
- Receive the assurance provided regarding the Trust mortality process during 22.23
  - Note the positive contribution neighbourhood teams are making towards outcomes for end of life, but also the sustained increased workload resulting from an increased preference for dying at home continued throughout 22.23
  - Note the work during 22.23 to strengthen our processes and learning within CBU and LD, and the proposed changes for 23.24 to adapt the Structured Judgement Review process for Adult deaths, aiming to streamline processes, increase learning opportunities and align with the NHSE Safer Strategy Methodology Toolkit and Patient Safety Strategy.
  - Note the work to improve identification of patients with a learning disability or autism, and to ensure thematic analysis and learning
  - Note the improved Health Equity dataset, further strengthening the Trust's already robust mortality data reporting and analysis, and the work

planned in 23.24 to better understand the persistent equity discrepancies seen in particular neighbourhoods and in our PPD data

## **7 References**

- 7.1 The Mid Staffordshire NHS Foundation Trust Inquiry: Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust, January 2005 to March 2009, volume 1, chaired by Robert Francis QC, published 24 February 2010.
- 7.2 National Guidance on Learning from Deaths, National Quality Board, First edition March 2017

Topic	Frequency	Lead officer	7 October 2022	2 December 2022	3 February 2023	31 March 2023	26 May 2023	28 June 2023	4 August 2023	6 October 2023	8 December 2023
<b>Preliminary business</b>											
Minutes of previous meeting	every meeting	CS	X	X	X	X	X		X	X	X
Action log	every meeting	CS	X	X	X	X	X		X	X	X
Committee's assurance reports	every meeting	CEs	X	X	X	X	X		X	X	X
Patient story	every meeting	EDNSAHPS	X	X	X	X	X			X	X
<b>Quality and delivery</b>											
Chief Executive's report	every meeting	CE	X	X	X	X	X		X	X	X
Performance Brief	every meeting	EDFR	X	X	X	X	X		X	X	X
Performance brief-Measures for inclusion in the performance brief	Annual	EDFR				X					
Performance Brief: annual report	Annual	EDFR					X				
Significant risks and risk assurance report	every meeting	CS	X	X	X	X	X		X	X	X
Care Quality Commission inspection reports	as required	EMD									
Quality account	annual	EDNSAHPS					X				
Mortality report	4 x Year	EMD		X -Blue box	X -Blue box		X plus annual report 2021-22 Blue box		X -Blue box		X -Blue box
Staff survey	annual	DW				X					
Safe staffing report	2 x year Feb and August	EDNSAHPS			X				X		
Seasonal resilience	annual	EDO	X							X	
Business Continuity Management Policy	As required	EDO									
Serious incidents report and patient safety report combined report from March 2023	2 x year (Mar and October)	EDNSAHPS			X Blue box - deferred to March 2023	X -Blue box				X -Blue box	
Patient experience: complaints and concerns report	2 x year (Feb and August Annual report)	EDNSAHPS			X Blue Box Six monthly report -taken as a main agenda item Feb 23				X Blue box Annual report		
Freedom to speak up report	2 x year (Feb and Aug)	CE			X				X Annual report		
Guardian of safe working hours report	4 x year	EMD		X		X	X Quarterly report report 2021-22 Annual		X		X
<b>Strategy and planning</b>											
Organisational (Trust) priorities (for the coming year) for approval	Annual	EDFR			Taken in private session 2023	X					
Trust priorities update quarterly report	3x year February/May/Oct	EDFR/EDNSAHPS	X		X		X			X	
Third Sector Strategy	2x year (February and August)	EDO			X				X		
Estate Strategy	2x year (August and December)	EDFR	X Blue box - deferred	X Blue box item -deferred to February 2023	X Blue box item -deferred to May 2023		X Blue box item -deferred to August 2023		X Blue box item		X Blue box item
Digital Strategy	2x year (Mar and Oct)	EDFR	X Blue box - deferred	X Blue box - deferred to March 2023		X -blue box - Deferred				X -blue box	
Business Development Strategy	2x year(March and October)	EDO	X -blue box deferred until Dec 2022	X -Blue box deferred (no date)		X -Blue box - taken in private				X -Blue box	
Business Intelligence Strategy	2x year First presented Feb 2022 and August	EDFR			Deferred to March 2023	Deferred	Deferred		X -Blue box		
Learning and Development Strategy	2x year (March and October)	EDNSAHPS	X -Blue box			X -Blue box				X -Blue box	
Engagement Strategy	2x year (March and October)	EDNSAHPS	X (revised approach to approve)-deferred	X (revised approach to approve)-deferred from October		X -Blue box				X -Blue box	X -Blue box
Patient Safety Strategy	2x year(March/October)	EDNSAHPS	X			X				X	
Health Equity Strategy	3 x year(March, August and December in 2024)	EMD		X		X			X		X
Children, Young People and Families Strategy	2x year - Feb and August	EDO			X - not Blue Box this meeting taken a a main agenda item				X -Blue box		
Quality Strategy	2x year May and December	EDNSAHPS		X - Blue box item			X - Blue box item				X - Blue box item
Workforce Strategy and general report (2021-25)	3x year Aug Dec and May (from 2024)	DW		X - Blue box item - deferred February	X - Blue box item-deferred to March 2023	X - Blue box item			X - Blue box item		X - Blue box item
Research and Development Strategy	annual	EMD			X Blue box (not presented 2022)						
<b>Governance</b>											
Medical Director's annual report	annual	EMD							X		
Nurse and AHP revalidation	annual	EDNSAHPS							X		
Well-led framework	as required	CS									
Annual report	annual	EDFR						X			
Annual accounts	annual	EDFR						X			
Letter of representation (ISA 260)	annual	EDFR						X			
Audit opinion	annual	EDFR						X			
Audit Committee annual report (part of corporate governance report)	annual	CS					X				
Standing orders/standing financial instructions review	annual	CS	X	X -deferred from October					X		
Annual governance statement (Presented with Annual Report and Accounts)	annual	CS						X			
Going concern statement (part of corporate governance report March)	annual	EDFR				X					
NHS provider licence compliance	annual	CS					X				
Committee terms of reference review	annual	CS					X				
Register of sealings	as required	CS				X			X		
Risk appetite statement (part of corporate governance report March)	annual	CS				X					
Declarations of interest/fit and proper persons test (part of corporate governance report March)	annual	CS				X					
Board Assurance Framework -process update (ex July Audit Committee)	annual	CS								X - Blue box item	
Corporate governance report	annual	CS				X		X			
<b>Reports</b>											
WDES and WRES -annual report and action plan	annual	DW	X							X	
Equality and diversity - annual report combined with WDES and WRES from 2023	annual (Dec)	DW		X							
Sustainability report (Annual Green Plan)	2x year (March and October)	EDO	X			X Deferred				X	
Safeguarding -annual report	annual	EDNSAHPS							X		
Health and safety compliance report	Annual	EDFR							X		
Infection prevention control assurance framework	2x year(October and March)		X -Blue box			X -Blue box Deferred May 23	X -Blue box Deferred to August 23		X -Blue box Deferred from March 23	X -Blue box	
Infection prevention control annual report	annual	EDNSAHPS					X -Deferred to August for 2023 only		X deferred from March 2023		

Key	
CE	Chief Executive
EDFR	Executive Director of Finance and Resources
EDN	Executive Director of Nursing
EDO	Executive Director of Operations
EMD	Executive Medical Director
DW	Director of Workforce
CEs	Committees' Executive Leads
CS	Company Secretary

X	= required
X	= deferred to another meeting
X	= not required

**Trust Board Meeting held in public: 26 May 2023**

**Agenda item number: 2023-24 (20iva)**

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**Title: Audit Committee minutes: 10 March 2023**

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**Category of paper: for noting**  
**History: Audit Committee 21 April 2023**

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## Attendance

<b>Present:</b>	Khalil Rehman (KR) Richard Gladman (RG) Professor Ian Lewis (IL)	Chair of the Committee, Non-Executive Director Non-Executive Director Non-Executive Director
<b>In Attendance:</b>	Bryan Machin Diane Allison  Sharron Blackburn Alastair Newall Richard Slough  Yasmin Ahmed	Executive Director of Finance and Resources Head of Corporate Governance, Safety and Risk (Company Secretary) Deputy Head of Internal Audit (Audit Yorkshire) Director Public and Social Sector, Mazars Assistant Director of Business Intelligence (Items 54a and 54b) Deputy Director of Finance and Resources
<b>Observing:</b>	Marcel Manners	LCH Finance Apprentice
<b>Apologies:</b>	None	
<b>Minutes:</b>	Liz Thornton	Board Administrator

**Item: 2022-23 (49)****Discussion points:****Welcome, introductions, apologies and preliminary business**

The Chair of the Committee, Non-Executive Director (KR) welcomed everyone to the meeting.

**a) Apologies**

None

**b) Declarations of interest**

Prior to the Committee meeting, the Chair had considered the Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Board members.

There were no **new** declarations of interest made in relation to any items on the Agenda for this meeting.

**c) Minutes of the meeting held on 16 December 2022**

The minutes of the meeting were agreed as a correct record.

**d) Matters arising and review of the action log****Meeting held on 16 December 2022**

*Item 2022-23 (41a) -Internal audit progress report – data quality audit: SMT discussion on improving data quality.*

The Executive Director of Finance and Resources advised the Committee that the SMT would oversee the delivery of an action plan to improve data quality. **Action closed.**

*Item 2022-23 (43c)- Losses compensation and special payments: more information about the legal claim from a member of staff.*

The Executive Director of Finance and Resources advised that the incident related to a member of staff slipping on leaves outside a health centre. Learning from the incident would be built into the future versions of the health and safety policy. **Action closed.**

There were no further actions or matters arising from the minutes.

**Item 2022-23 (50)****Discussion points:****Internal Audit – Audit Yorkshire****a) Internal audit progress report**

The Deputy Head of Internal Audit presented the report which provided an update on the delivery of the internal audit plan for 2022/23. She highlighted the key points:

Overall work on the 2022/23 internal audit plan was progressing well, engagement had improved, and the plan was on track for completion at the end of the year. It was noted that the percentage of management responses received within 15 working days of the issue of the draft report had improved and was now 78%.

Four audit reports had been issued in final:

- Infection Prevention and Control
- Learning from Adverse Incidents
- ESR Payroll Interface
- Risk Management

One report had been issued in draft:

- General Ledger

The following changes to the Audit plan for 2022-23 were noted:

- The Cyber Security audit had been moved to Quarter 4.
- Two audits had been deferred:
- Records Management – as the Trust has recently recruited a new information governance manager and the incumbent manager is about to leave.
- Sustainability (environment) – the Sustainability Manager is currently on maternity leave
- Patient Safety Audit – the timetable for implementing the revised Patient Safety Framework meant that there would be greater value by completing the audit in Quarter 1 of 2024/25.
- Sickness Management – this audit had been cancelled at the request of the Director of Workforce. The Value of the audit to the organisation was questioned.
- IT Disaster Recovery – brought forward from 2023/24.

The Committee was assured that the Head of Internal Audit opinion would not be affected by these changes.

The Committee discussed the outcome of the four final audits.

#### Infection Prevention Control (IPC)

The audit had received significant assurance. Some recommendations had been made to further develop the assurance framework for IPC and strengthening the linkages between the IPC assurance framework and Trust's BAF and/or risk register as appropriate.

The Committee agreed that the target dates in the audit action plan were reasonable.

#### Learning from Adverse Incidents

It was noted that this audit would be reviewed by the Quality Committee in March 2023.

The audit had received limited assurance. Five moderate recommendations had been made and an action plan developed.

Non-Executive Director (RG) noted that the Quality Committee would need to scrutinise the outcome of this audit in detail at its meeting in March 2023. There were a significant number of recommendations in the action plan and he raised concern about the target date for the completion of some which were over nine months away. He also queried whether the responsible officer identified in the plan should be an executive director rather than the Head of Clinical Governance.

Non-Executive Director (IL) expressed surprise that the outcome of the audit had only generated five moderate recommendations. He said the underlying issue was not the framework for identifying issues but more about evidencing how learning from incidents was disseminate and embedded throughout the Trust. He also asked for a breakdown of the types of incidents examined.

**Action: A breakdown of the types of incidents examined to be provided to the Committee.**

**Responsible Officer: Deputy Head of Internal Audit.**

The Chair noted the references in the action plan to the Patient Safety and Incident Response Framework (PSIRF) implementation and he thought that stronger links should be made to this in the action plan. He added that given the outcome and significant number of recommendations arising from the audit he thought that there should be some discussion by the Senior Management Team (SMT) and possibly by the Trust Board level at a future development session.

In summary the Chair said that:

- The Quality Committee in March 2023 should thoroughly review the audit.
- The target dates in the action plan should be reviewed and brought forward if possible.
- SMT should consider the outcome of the audit and learning from adverse incidents and the possibility of a discussion at Board level as part of a future development session.

## Payroll

This audit had received significant assurance. Five moderate and five minor recommendations had been made. The Committee reviewed the action plan.

The Chair questioned whether the level of assurance from the audit and whether the findings correlated to the data on under and overpayments of salary in the losses and special payments reports presented the Committee throughout the year.

The Executive Director of Finance and Resources said that SMT had discussed the report and the Director of Workforce reported that the number of payroll errors was low; she felt that overall the service provided by Leeds Teaching Hospitals NHS Trust (LTHT) was of a high quality and a good quality assurance process was in place.

The Deputy Head of Internal Audit reported that during the next 12 months Audit Yorkshire would be undertaking a benchmarking exercise of payroll services across several NHS organisations which should provide some comparative data.

Non-Executive Director (RG) questioned the target date of 31 July 2023 for checking access forms to ensure that managers were not self-approving access to the Electronic Staff Record system.

The Internal Audit Manager explained that the date had been agreed by management as the most reasonable timeframe.

## Risk Management

This audit had received significant assurance with good practices in place. Four moderate and five minor recommendations had been made.

A number of key areas for improvement related to the limitations of recording risks on Datix.

Non-Executive Director (RG) asked whether the Trust had to use the Datix system.

The Head of Corporate Governance, Health and Safety and Risk (Company Secretary) said that about 70% of NHS organisations used the Datix system but there were alternatives available which were more suited to risk management.

The Executive Director of Finance and Resources advised that a review of the Datix system was on the project list for 2023-24 and the scope of the review would be checked to ensure it included effective risk management.

Non-Executive Director (IL) asked how the audit connected to adverse incident reporting and how learning from risks was disseminated and embedded across the Trust to mitigate future risks.

The Head of Corporate Governance, Health and Safety and Risk (Company Secretary) said that it was difficult to learn from an individual risk as these were uncertain events, as opposed to an incident, which is an issue that had occurred and could be learnt from. She said that the audit showed that the risk register was well embedded and monitored in the organisation.

### **Outcome:** the Committee:

- noted the progress against the 2022-23 internal audit plan including the deferred and brought forward audits
- noted limited assurance for the audit of Learning from Adverse Incidents and the recommendations and observations made in the summary by the Chair.

## **b) Internal Audit recommendations status report**

The Deputy Head of Internal Audit presented the report which provided an update on the position in terms of implementing agreed internal audit recommendations.

The report showed:

- There was currently one overdue recommendation.
- There were currently five recommendations that have missed their original target dates, but not their revised target dates.
- 47 recommendations are not yet due and will be followed up in due course.
- 13 recommendations have been completed since the last report and were listed in the report.
- 39 recommendations have been completed in this 12 month period.

**Outcome:** the Committee

- noted the Internal Audit recommendations status report.

## **c) Financial Sustainability Results and Action Plan**

The Executive Director of Finance and Resources presented the financial sustainability results and the action plan. He explained that in order to help organisations assess their financial sustainability, the Healthcare Financial Management Association (HFMA) published a comprehensive assessment. The Trust had completed the assessment and Audit Yorkshire conducted the NHS England specified review, with the report being presented at the Audit Committee meeting in December 2022.

At this meeting, the Committee was asked to receive and review the action plan which described the planned improvements.

Non-Executive Director (IL) asked if the role and responsibility of clinical leaders for considering financial propriety was considered or measured as part of the assessment.

The Deputy Director of Finance and Resources advised that the intention was to use the action plan to engage more proactively with clinicians in future and contact other community trusts to look at their data and engagement processes.

The Committee agreed that the key focus areas, action plan and timescales within it seemed appropriate.

It was noted that the Business Committee would be discussing the financial reporting regime in more detail at its meeting in March 2023.

The Chair asked for a further update on progress against the action plan to be made to the Committee in October 2023.

**Action: A further update on the Financial Sustainability Action Plan to be made to the Committee in October 2023.**

**Responsible Officer: Executive Director of Finance and Resources.**

**Outcome:** the Committee

- received, reviewed and noted the action plan.

## **d) Interim Head of Internal Audit Opinion**

The Deputy Head of Internal Audit presented the paper which provided an overview of how Audit Yorkshire had or would deliver the work across each of the component areas to support the overall opinion. An update position as at 2 March 2023 was also included. The Trust's position as at the 31 March 2023 would be used to inform the final opinion.

**Outcome:** the Committee

- noted the update on the Head of Internal Audit Opinion for 2022/23.

**e) Internal Audit Plan 2023-24 – draft to approve**

The Committee reviewed the internal audit strategic plan 2023/24 and the reserve list which had been drafted by Audit Yorkshire and reviewed by the Quality and Business committees.

The Committee also reviewed and approved the Internal Audit Charter which defines the purpose, authority, and responsibility of internal audit.

**Outcome:** the Committee

- approved the draft annual Internal audit plan for 2023/24 and the reserve list
- approved the Internal Audit Charter.

**Item 2022-23 (42)**

**Discussion points:**

**External audit**

**a) External Auditor's progress report -Mazars**

The Director Public and Social Sector, Mazars presented the external audit progress report for 2022-23.

He advised that the planning work had commenced and his Team were liaising with the Trust's Finance Team and completing the normal procedures plus those required by ISA 315 (revised) through February and March. He said that the Audit Strategy Memorandum (ASM) would be presented to the Audit Committee at their meeting on 21 April 2023.

The Committee noted that some initial thoughts and expectations based on the initial planning work were set out in the report on materiality, identified risks and Value for Money arrangements.

**Outcome:** the Committee

- noted the update report.

**Item 2022-23 (52)**

**Discussion points:**

**Annual report and accounts**

**a) Annual report and accounts planning and progress report**

The Executive Director of Finance and Resources presented the report which had been prepared to provide assurance that the Trust was sighted on the requirements for the 2022-23 annual report and accounts process including a detailed timetable. The Executive Director of Finance and Resources said that all aspects were being completed to timescale.

**Outcome:** the Committee:

- received the timetable for the production of the Trust's annual report and accounts and noted the assurance that all aspects were being completed to timescale.

**b) Going concern consideration**

The Executive Director of Finance and Resources presented the Going Concern paper for consideration by the Committee.

The Committee considered the matters in the paper and with an awareness of all relevant information, it concluded that there were no material uncertainties related to events or conditions that may cast significant doubt about the ability of the Trust to continue as a going concern.

**Outcome:** the Committee:

- recommended to the Board that it approves the preparation of the 2022/23 annual accounts it does so in agreement that the Trust is a going concern.

### **c) Changes to accounting policy 2022-23 accounts**

The Executive Director of Finance and Resources presented the paper which informed the Committee of changes to accounting policies which will be used to present the Trust's annual report and accounts for 2022/23.

The Trust has undertaken a revaluation of the Trust owned properties for the 2022/23 accounts with the Valuation Office Agency as at the 31 December 2022. The revaluation process is detailed in section 3.4 below.

There is one new standard applicable to NHS bodies (applying the FReM) for 2022/23, IFRS 16 Leases.

There are some minor amendments to standards that are applicable for 2022/23; these were noted in the report.

There were a number of standards that had been issued but are not applicable at this time, these were listed for the Committee.

**Outcome:** the Committee:

- noted the changes in accounting policies and annual reporting requirements adopted by the Trust, in order to comply with the Department of Health Group Accounting Manual 2022/23.

### **Discussion points:**

#### **Financial controls**

#### **Item 2022-23 (53)**

##### **a) Tender and quotations waivers**

The Executive Director of Finance and Resources presented the report which provided the Committee with details on the procurement of goods and services where the procedures on seeking tenders and quotations for items of material expenditure had been waived, including an extract from the 2022-23 register of waivers completed since the Audit Committee meeting in December 2022.

There had been nine waivers since the last meeting; these were all for commercial suppliers.

The Executive Director of Finance and Resources referred to the waiver relating to the re-modelling of the garden at Hannah House (No.22-16). Since the report had been drafted the contractor had notified the Trust that the contract could not be delivered. Another contractor had been sourced at an additional cost of £5,000.

**Outcome:** the Committee

- reviewed and noted the details of the report.

##### **c) Losses, compensation and special payments**

The Executive Director of Finance and Resources presented the report which informed the Committee of the losses and special payments made by the Trust and provided assurance on the use of public funds and safeguarding of assets.

The Committee noted that there was one new item reported since the Committee received the previous report. Reference 2023-08 was a reduction in the losses reported of £20 since the previous report was presented to the Audit Committee on the 16 December 2022. This was the recovery of salary overpayment relating to an invoice that was previously written off as a bad debt.

Year to date to the end of February, the Trust has £13,017.50 of losses and special payments recorded this was detailed in the table included in Appendix 1 of the report provided for information.

**Outcome:** the Committee

- noted the content of the report.

<b>Item 2022-23 (54)</b>
<b>Discussion points:</b> <b>Data security PRIVATE MINUTE</b>
<b>a) Results from penetration test</b>
<b>b) Data Security and Protection Toolkit – Baseline Assessment</b>
<b>Item 2022-23 (55)</b>
<b>c) Data Protection and Cyber Security Panel (was IG Group) - Minutes for noting 24 January 2023</b>
<b>Outcome:</b> the Committee noted the Data Protection and Cyber Security Panel minutes
<b>Item 2022-23 (56)</b>
<b>Discussion points:</b> <b>Committee’s work plan</b>
<b>Outcome:</b> the Committee <ul style="list-style-type: none"> <li>noted the workplan and deferred items.</li> </ul>
<b>Item 2022-23 (57)</b>
<b>Discussion points:</b> <b>Matters for the Board and other committees and review of the meeting</b>
The Chair noted the following items to be referred to Board colleagues: <ul style="list-style-type: none"> <li>Internal Audit Progress Report (Audit Yorkshire)</li> <li>Internal Audit draft strategic plan 2022/23</li> <li>Annual report and accounts 2022/23 – progress report</li> <li>Going Concern statement</li> <li>Data Security Update</li> <li>Financial sustainability assessment action plan</li> <li>The Audit Committee has been assigned BAF risk 2.4: ‘If the Trust does not maintain the security of its IT infrastructure and increase staffs’ knowledge and awareness of cyber-security, then there is a risk of being increasingly vulnerable to cyber-attacks causing disruption to services, patient safety risks, information breaches, financial loss and reputational damage’.</li> </ul> <p>The Committee reviewed the sources of assurance presented at the meeting for this risk (sources included internal audit reports, Data Security and Protection Toolkit (part two), penetration test update and Data Protection and Cyber Security Panel minutes and agreed that collectively they provided <b>limited</b> assurance that the risk was being managed.</p>
<b>Item 2022-23 (58)</b>
<b>Discussion points:</b> <b>Any other business PRIVATE MINUTE</b>
<b>Item 2022-23 (59)</b>
The Chair closed the meeting at 12.15pm
<b>Date and time of next meetings</b> Friday 21 April 2023 10.00am-12.30pm Wednesday 10 May 2023 10.00am-12.30pm (Page Turner) <b>Thursday 22 June 2023 (End of Year) 10.00am-12.30pm date changed</b> Friday 14 July 2023 10.00am-12.30pm Friday 13 October 2023 10.00am-12.30pm Friday 15 December 2023 10.00am-12.30pm

**Trust Board meeting held in public: 26 May 2023**

**Agenda item number: 2023-24 (20ivb)**

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**Title: Quality Committee minutes 20 February 2023**

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**Category of paper: For noting**

## Attendance

<b>Present:</b>	Helen Thomson (HT) Steph Lawrence Thea Stein Sam Prince Alison Lowe (AL)	Non-Executive Director (Chair) Executive Director of Nursing and AHPs Chief Executive Executive Director of Operations Non-Executive Director
<b>In Attendance:</b>	Sheila Sorby  Diane Allison Stuart Murdoch Sally Yorke  Adam Glass Sharron Blackburn Sue Parker  Claire Thornton  Alison Stewart	Assistant Director of Nursing and Clinical Governance Company Secretary Deputy Medical Director (SM) Program Manager for the Integrated Clinics (Item 85b) Interim Head of Business Intelligence Internal Audit Manager Community Matron, Morley Neighbourhood Team (Item 85a) Community Matron, Morley Neighbourhood Team (Item 85a)  PCN Lead and Practice Manager (item 85b)
<b>Apologies:</b>	Dave Kirby Ian Lewis (IL) Brodie Clark Ruth Burnett	Deputy Medical Director (DK) Non-Executive Director Trust Chair Executive Medical Director (Deputy Medical Director (SM) to deputise)
<b>Minutes:</b>	Lisa Rollitt	PA to Executive Medical Director

**Item: 2022-23 (83) Discussion points****(a) Welcome and introductions**

The Chair welcomed members and attendees. Apologies were received from the Executive Medical Director, Deputy Medical Director (DK), two Non-Executive Directors (IL and RBo) and the Trust Chair.

The Committee Chair also welcomed, Sally Yorke, Program Manager for the Integrated Clinics, Adam Glass, Interim Head of Business Intelligence and Sharron Blackburn, Internal Audit Manager.

**(b) Declarations of interest**

In advance of the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Committee members. No additional declarations of interest were made at the start of the meeting.

**(c) Minutes of the previous meeting 23 January 2023**

The minutes of the meeting held on 23 January 2023 were reviewed and agreed as an accurate record.

**(d) Matters arising and review of action log**

It was agreed that the items on the action log due for completion at this meeting were on the agenda or had been completed.

**2022-23 (84) Key issues****a) Current system pressures, infection rates and strike action**

The Executive Director of Nursing and AHPs spoke about the planned 48-hour continuous strike, beginning at 6am 1<sup>st</sup> March 2023 and ending at 6am 3<sup>rd</sup> March 2023. The Trust had been informed there would be no derogations. The Committee heard that both the virtual wards (Respiratory and Frailty) would be closed to admissions from Friday 24 February 2023 until 3 March 2023. As many clinical leaders/managers as possible would be mobilised to cover all essential visits. Daily meetings were taking place to identify where possible, who would be taking strike action in order to plan for appropriate cover. There had been no updates on picket lines at this time.

The Executive Director of Operations stated that the payment for taking strike action had increased by the Royal College of Nursing (RCN) to encourage people to strike.

The Committee offered its support.

The Executive Director of Operations spoke about infection rates, stating that Public Health believed the rates were rising again and were expected to peak at the end of March 2023, however, as population testing was no longer taking place, it was difficult to confirm this. The Committee heard that the vaccination program came to an end on 12 February 2023, and there would be a small residual service for people to receive their first dose up to the end of March 2023.

The Executive Director of Nursing and AHPs stated that the Trust was reviewing universal mask wearing, with plans to move away from this in clinical areas, and there

was an expectation that staff would revert to pre Covid standards of a risk-based decision to appropriate Personal Protective Equipment use.

**b) QAIG key issues for escalation**

There was no update given as the deep dive had been rescheduled to take place on 21 February 2023.

**c) Clarity on trend of Information Governance incidents**

The Executive Director of Nursing and AHPs gave a verbal update, stating that a paper was available and would be shared following the meeting.

The Committee heard that there had been 8 letters sent out with incorrect demographics, and this was linked to the national Care Notes outage between August and December 2022, specifically as a result of information being held and inaccessible in Care Notes which had, at that point, not been transferred in to SystmOne. It was agreed to temporarily pause sending correspondence to patients and families from the Child and Adolescent Mental Health Service (CAMHS) whilst further information was gathered. It was confirmed that all data was now held within SystmOne and letters would be generated from the clinical record, reducing the risk of error. An audit of 10 letters per day was taking place to ensure no further errors were occurring.

It was noted that the Information Commissioner's Office (ICO) were satisfied that the Trust had sufficient internal measures in place.

**d) Progress on quality aspects for Wharfedale Recovery Hub**

The Executive Director of Nursing and AHPs presented the paper which updated the Committee on the progress of quality aspects for the Wharfedale Recovery Hub, including what was still required. It was noted that the biggest risk was around documentation, and this had been added to the Trust Risk Register.

The Executive Director of Operations stated that conversations were taking place with Commissioners about gradually increasing bed capacity, with an expectation that 48 beds would be opened by 1 October 2023.

**e) Internal audit annual plan 2023/24**

The Trust's Internal Audit Manager presented the paper, stating that a review of the risk assessment had been undertaken in order to inform the internal audit plan for 2023/24, highlighting changes to the initial risk assessment.

The Committee were reasonably assured, noting that there was flexibility within the year to make any adjustments required.

**2022-23 (85) Service spotlight**

**a) Integrated Care Home innovation (Morley)**

The Committee were joined by Sue Parker and Claire Thornton, Community Matrons for Morley Neighbourhood Team (NT).

The Committee heard of the work in developing the Integrated Care Home Team in Morley as an integrated Leeds Community Healthcare (LCH) / Primary Care Network (PCN) approach. The team, consisting of 2 Community Matrons, 1 senior Practice Nurse, 2 Pharmacists and 1 Advanced Care Practitioner covered 10 care homes and approximately 275 residents.

The presentation covered the aim of the team which was to improve care for all residents and reduce variation and duplication across organisations. The integrated approach provided each home with a named contact in addition to a pro-active weekly face to face ward round and review of patients following hospital discharge.

Challenges identified included issues with IT and using multiple systems which leads to duplication of inputting data. Capacity where there is annual leave or sickness (although very low) had also proved to be a challenge.

Evaluations had taken place at 6 and 12 months, and work was underway to share this across other PCNs to consider further application.

A Non-Executive Director (AL) asked about the consideration of data needs to capture outcomes at the beginning of any programme of work in the Trust. The Interim Head of Business Intelligence spoke about a project, due to begin in March 2023 where the Business Intelligence Team would to be included in conversations when requests for work are initially discussed.

The Chief Executive, spoke about the financial resources for the central office of data analytics in the city and the need to understand how this resource is utilised appropriately, commenting that the issues were complex and needed to be solved as a system.

## **b) Integrated wound clinics across Leeds and Frailty Scheme in West Leeds**

### Integrated wound clinics across Leeds

The Program Manager for the Integrated Clinics informed the Committee that integration work had commenced in 2019 around an electronic patient record template to improve consistent evidence-based care for people requiring wound care. This template was rolled out in March 2021 and was now used by various teams.

The Committee heard about the work underway with the LCH Data Quality team regarding patient outcome measures and plans to ensure sustainability, ensuring the data would support further improvements, inclusive of equity data. There was a conversation about the need for further resource within the Business Intelligence team to assist with these developments.

The Committee was informed that there were currently 18 clinics running across the city who had seen 2428 patients and work was progressing with third sector integration and alignment with other public health campaigns to improve health equity for marginalised groups.

The Program Manager for the Integrated Clinics spoke about the creative approaches to recruitment and retention which had benefited the integrated clinics as well as wider sharing. This included 3<sup>rd</sup> year student nurse led clinics in Primary Care to encourage newly qualified nurses into community nursing.

The Committee Chair asked whether the project had linked in with academic partners. It was confirmed that contact had been made with Dr Leanne Atkins, Leading Vascular Specialist at Pinderfields Hospital and Una Adderley, National Wound Care Strategy Lead.

It was also noted that the clinic principles had extended to include seeing people with catheter care and line care needs as these were identified to be a cohort of ambulatory patients.

#### Integrated Frailty Scheme in West Leeds

The Committee was joined by Alison Stewart, PCN Lead and Practice Manager who apprised the Committee of the Integrated Frailty Scheme which intended to improve the quality of care and health outcomes for the frail elderly including reducing unnecessary GP and Neighbourhood call outs, as well as reducing hospital admissions and reducing hospital length of stays where admission is required.

The Committee heard that the integrated model had grown and was providing a weekly Multi-Disciplinary Team (MDT) including resource from LCH and General Practitioners (GP) including the Additional Roles Reimbursement Scheme (ARRS) staff to offer both pro-active and reactive responses to people's needs. The team also supported nursing and medical learners with placements.

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

### **2022-23 (86) For discussion: Quality governance and safety**

#### **a) Schedule of KPIs**

The Interim Head of Business Intelligence presented the paper which recommended that the Board received assurance on operational performance through three primary mechanisms to align with the direction of the Business Intelligence Strategy.

There was a discussion around the targets, and a need to contextualise these to make them relevant to the Trust.

The Committee agreed that the proposed list required further refining and would be considered by the SMT before returning to the Committee.

**b) Risk Register**

The Company Secretary presented the report, highlighting escalated Risk 1048: *Mind Mate SPA increasing backlog of referrals*, with new mitigations in place. The Executive Director of Operations stated that the risk was being held as a system, not solely by the Trust. It was noted that the risk has been presented at various system-wide meetings including the Partnership Executive Group (PEG) and there was increasing demand, particularly in neurodevelopmental assessments, and a need to focus on children and family needs, not just diagnosis. The Committee heard that a transformation programme was required to consider how the city supports the need differently, and one-off funding was required to address the current backlog. It was agreed that the risk wording would be contextualised as a system issue.

**Action: Wording for Risk 1048: *Mind Mate SPA increasing backlog of referrals* to be contextualised to reflect that this is a system issue.**

**Actionee: Company Secretary**

**c) Safeguarding Strategy update**

The Executive Director of Nursing and AHPs presented the report, highlighting the exponential rise in various areas including Sudden Unexpected Death in Childhood (SUDIC) and domestic homicide reviews, with an impact on the team. It was particularly of note that SUDIC figures had doubled in the previous year, and this was under review within the city.

The Executive Director of Nursing and AHPs spoke about the challenges around capacity impacting on the health outcomes for Children Looked After and Care Leavers. It was noted that conversations were ongoing within the West Yorkshire Safeguarding Oversight and Assurance Group, the Integrated Care System (ICS) regarding the resource required, which had been escalated to the Integrated Care Board (ICB).

A Non-Executive Director (AL) referred to the compliance rate for Level 3 Safeguarding training, expressing concern that this was slightly below target. The Non-Executive Director also asked about the potential to assist with capacity issues via the Third Sector. The Executive Director of Nursing and AHPs stated that the training figures were monitored and agreed that compliance needed to be increased. In terms of capacity, the Executive Director of Nursing and AHPs stated that work with Primary Care was being investigated and support from the Third Sector would also be considered.

The Deputy Medical Director (SM) asked about self-neglect cases. The Executive Director of Nursing and AHPs stated that there was an increase in cases and this was being monitored and work was underway as a system to address self-neglect.

The update also celebrated the awarding of the Leeds Domestic Quality Mark to the Trust despite the pressures the team have faced over the previous 12 months.

**2022-23 (87) Clinical effectiveness****a) Learning and Development Strategy update**

The Executive Director of Nursing and AHPs presented the strategy, stating that the existing strategy 2020-2023 had commenced at the same time as Covid-19 resulting in some delays to progress. The strategy was under review for the forthcoming 3 years, 2023-2026, and would include some further progression of existing aims.

A Non-Executive Director (AL) requested that equality, diversity and inclusion (EDI) data be included both in terms of training requirements and parity for all staff having equal access regardless of protected characteristics. It was agreed that the Executive Director of Nursing and AHPs would take this back to the team to ensure that this was included.

**2022-23 (88) Sub Group minutes****a) Integrated Care Steering Group**

The Committee received the minutes from the meeting which took place on 24 January 2023.

The Executive Director of Nursing and AHPs stated that work was under way to consider streamlining meetings across the city.

**2022-23 (89) Policies and reports for approval or noting****a) Items on workplan not on agenda**

The following item was noted:

- a. Sub-groups effectiveness review and terms of reference report: Quality Assurance and Improvement Group – deferred to March 2023

**2022-23 (90) Matters for the Board****Committee's assurance levels and additional comments**

The Committee agreed that the overall assurance levels were reasonable.

**2022-23 (91)****Reflections on Committee meeting, including reflection on papers**

There were no comments made under the item.

**2021-22 (92)****Any other business**

There was no further business discussed.

**Date and time of next meeting**

Monday 27 March 2023 9.30am – 12.30pm (MS Teams)

**Business Committee Meeting  
Microsoft Teams / Virtual Attendance  
Wednesday 22 February 2023 (9.00 to 11.30 am)**

**Present:** Richard Gladman (Chair) Non-Executive Director (RG)  
 Khalil Rehman (Deputy Chair) Non-Executive Director (KR)  
 Helen Thomson Non-Executive director (HT)  
 Thea Stein Chief Executive (joined meeting 10.00 am)  
 Bryan Machin Executive Director of Finance & Resources  
 Sam Prince Executive Director of Operations

**Attendance:** Laura Smith Director of Workforce (LS)  
 Diane Allison Company Secretary  
 Sharron Blackburn Deputy Head of Internal Audit (item 87)  
 Richard Slough Assistant Dir of Business Intelligence (items 89a & 90)  
 Yasmin Ahmed Deputy Director of Finance & Resources (item 89c)

**Apologies:** None recorded

**Note Taker:** Ranjit Lall PA to Executive Director of Finance & Resources

**Item 2022/23 (85): Welcome and introductions**

The Committee Chair welcomed everyone to the meeting.

**a) Apologies:** None recorded.

**b) Declarations of interest**

Prior to the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda to ensure there was no known conflict of interest prior to papers being distributed to Committee members. One additional potential conflicts of interest regarding today's meeting agenda was raised by a Non-Executive Director (KR) who had undertaken some work for Touchstone relating to the Third Sector Strategy discussion in the meeting.

**c) Minutes of meeting dated 25 January 2023**

The minutes of Public and Private meeting dated 25 January 2023 were noted for accuracy and approved by the Committee.

**d) Matters arising and review of action log**

The Committee reviewed the action log and noted the following updates:

**(i) Escalations from Health and Safety Group meeting (09.02.23)**

The Executive Director of Finance and Resources said the Health & Safety Group had reflected on some of the comments noted at the Trust Board meeting around non-compliance with health and safety legislation. He said that a better understanding of non-compliance with some aspects of the legislation was being prioritised to ensure the actions being taken were appropriate and timely. He said improvements were happening but not embedded systematically and steps were now being taken to put in place more audits. The Senior Management Team had agreed at its meeting on 15 March 2023 to make health and safety training mandatory across the organisation, for managers and the introduction of mandatory risk management for managers training if that was not adequately covered in the health and safety training when introduced.

The Committee was assured that lots of compliance issues would be addressed by introducing more rigorous approaches to training and audit. The Executive Director of Finance and Resources said that it was not the responsibility of a small team at Stockdale House, health and safety was everybody's responsibility. The priority was helping people to understand what those responsibilities were and how to discharge them.

*Item 2022/23 (58) - Progress update on Premises Assurance Model (PAM)*

An update on the PAM due in February 2023 had been deferred to April 2023. The Executive Director of Finance and Resources said that hopefully by April a new Head of Facilitates and Risk Management would be appointed. The Committee will be presented with a position statement incorporating changes and progress since last submission of PAM rather than a comprehensive assessment. The Committee Chair felt there were more urgent aspects and risky compliance challenges rather than just progress update.

*Item 202223 (80e) - Health and Safety Compliance report*

The Executive Director of Finance and Resources provided an update on progress of the fire risk assessments. The position with Trust owned premises was that only Woodsley Health Centre was now outstanding and Seacroft Health Centre would be re-done when the refurbishment was complete. He said the fire risk assessments backlog was well on track to complete by June 2023.

**Item 2022/23 (86): Organisational and system context**

**System pressure update**

The Executive Director of Operations said that the system was stable at the moment which could be due to series of strike actions making public think differently. In terms of Covid it was now business as usual. Public Health was expecting a peak at the end of March 2023 and an increase in outbreaks in care homes was already evident.

In terms of Trust services there was particular pressures around Policy Custody and Young Offenders Institute, this was mainly because of staffing levels but was being managed.

In response to a Non-Executive Director (RB) about strikes and staff morale, the Director of Workforce (LS) said that the work around strikes was being conducted in such a constructive fashion with staff and trade union partners that it had cemented positive employment relationships. Clearly staff continue to feel the overall pressures around cost of living and demand in services and challenges.

**Item 2022/23 (87): Internal Audit (Sharron Blackburn)**

**Internal audit draft plan 2023/24 (Audit Yorkshire)**

The Deputy Head of Internal Audit was welcomed to the meeting.

The paper set out the process taken to refresh the 3-year risk assessment agreed in the last year. The process included a review of the Board Assurance Framework (BAF) and conversations with the Senior Management Team, the Committee Chairs, the Trust Chair and the Chief Executive around the priorities for 2023/24.

The plan presented was in draft and the Committee was asked to review and comment for approval at the next Audit Committee meeting.

In relation to the proposed audit around complaints and claims management and learning, a Non-Executive Director (RB) asked if it could be broader to include learning from other types of issues. The Deputy Head of Internal Audit said that the recent audit on learning from adverse incidents had covered a broad range of areas, including information governance, health and safety incidents, overarching policy, etc. As part of that audit on complaints and claims a plan had been agreed for next year.

A Non-Executive Director (KR) said he was curious around the sustainability and the green plan as much of that was predicated on external environment and government policies. The Deputy Head of Internal Audit said that was one of the areas identified for a thematic review across their clients and part of the objective of that audit would be to learn and share any good practice. She said to reach that end point would be the processes and governance arrangements controlling that plan in the Trust and taking it forward.

A Non-Executive Director (KR) asked about the challenges, controls and learning around partnership working particularly with the Third Sector engagement. The Executive Director of Operations said that for partnership arrangements a set of standards are featured in the governance arrangements.

The Deputy Head of Internal Audit explained about the digital strategy audit. She said it was similar to the sustainability audit, which meant Audit Yorkshire conducting an audit exercise and sharing this across their clients, looking at digital strategies, approaches and developments, IT infrastructure and digital solutions within the healthcare sector. This enabled benchmarking information to be shared across clients. She said there was also a digital maturity assessment that organisations had to complete which would also be factored in when sharing with other organisations.

The Committee Chair thanked the Deputy Head of Internal Audit for all the engagement work and for putting the plan together and proposed the Business Committee should recommended it to the Audit Committee for approval.

**Outcome:**

The Committee was content with the format of the draft internal audit plan for 2023/24 and agreed with the priority areas identified.

**Item 2022/23 (88): Key Performance Indicators**

**Annual Review of KPIs**

It was decided to withdraw this agenda item. It will be considered at next months meeting in March 2023 following further discussion at SMT.

**Item 2022/23 (89): Strategy and planning**

**a) Digital Strategy (draft new strategy)**

The Committee Chair welcomed the Assistant Director of Business Intelligence to the meeting.

The Assistant Director of Business Intelligence said that this was a new approach to engage staff in the digital strategy in a way that they have not engaged before. The plan was to make the strategy relevant to staff, aligned to the Trust goals and make it easy and quick to read. The challenge was to get the main message across in no more than 5 minutes.

The new draft strategy was designed to be more visual and bringing together the key themes and key points. The major component of the strategy was building from foundations upwards and getting the infrastructure right.

The results of the forthcoming Digital Maturity Assessment would also be fed into the strategy emanating out of the business plan process that would support digital improvements to make further investment.

A Non-Executive Director (KR) reflected on the pyramid diagram showing patient digital engagement. He suggested adding the word 'inclusion' to it. He also felt that around the maturity index everything in the middle seemed least mature and not quite reflecting the true picture. The Assistant Director of Business Intelligence agreed and said that there was still further work to do. He said that was being picked up through Electronic Patient Record Optimisation program being run across business units.

The Director of Workforce (LS) said potentially there was some cultural and skills shift required to deliver this for the workforce which she could not see in this version. She was happy to discuss the workforce cultural training crossover. The Assistant Director of Business Intelligence said that looking at the Digital Maturity Index responses, there was a section about the workforce which did require her assistance. The final Digital Maturity Assessment was due by the beginning of May 2023.

A Non-Executive Director (HT) was concerned about staff still having to go back into base to update patient records. She said it was important to get that infrastructure right and prioritise in terms of culture and efficiency and clinical time.

The Committee Chair said that the Trust was becoming more and more reliant on other solutions being developed across the City for support. There was a need for explicitly setting out what was

expected from others to do and relied upon, eg. data analytics, population health analysis, shared records and even shared structure across the City and be more assertive in the City in order to reach business aims.

**Outcome:**

The Committee approved the approach to the draft Digital Strategy, along with the overall visual concepts and design outlined.

**b) Workforce strategy update (including quarterly report)**

This paper provided a combined update for the Committee comprising the Workforce Quarterly Report and progress on the 2021-25 Workforce Strategy. The Director of Workforce (LS) said that she was working with the Committee Chair to consider on an on-going basis, using the most useful content as possible for the Committees and the Trust Board. Strategy updates would continue to be provided throughout the remaining two years of the Strategy's life span.

The paper drew attention to some of the main areas of challenge and positive progress over the last several months since the last update report, in particular the overall increase in workforce numbers, and with successful resourcing initiatives. There was a reduction in turnover, and this was now within the tolerance zone and there had been some reduction in sickness absence but the Director of Workforce (LS) said she remained cautious of wellbeing goals in terms of attendance and absence. The update covered areas of progress in more generally around health and wellbeing and also around the inclusion agenda.

Information about turnover, and the reasons were noted. The Director of Workforce (LS) said that the turnover was steadily decreasing in the last few months. The top 3 reasons for turnover in the organisation was mainly due to promotion, work/life balance followed by relocation. Work was continuing with emerging talent work, appraisal projects and flexible working and aspirations to aim at those options for leaving.

Both the Non-Executive Director (HT) and Associate Non-Executive Director (RB) said it was encouraging to see positivity around turnover recruitment activity, and that it was having a real impact on numerous parts of the workforce strategy. In response to a question about work/life balance, the Director of Workforce (LS) said that this was because of work outside contracted hours. She said work around capacity and resourcing hopefully was the key in addressing some of those issues.

A Non-Executive Director (RB) was concerned about the critical vacancies being hard to fill and causing risks in some services. The hard to recruit posts were mainly in registered roles across AHPs and nursing, and those areas were being targeted at hyper recruitment fairs, which had been a success. The core nursing posts were also being addressed through the international recruitment cohorts and focused social media campaigns.

**Outcome:**

The Committee noted the context, achievements and progress described in the paper and in relation to the Trust's Workforce Strategy 2021-25.

**c) Draft financial plan 2023//24**

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

He explained that the Trust had submitted a first cut revenue plan to NHS England with a £12m deficit but said that, in line with the approach being taken across West Yorkshire, he expected this to improve significantly with further income of circa £5m. He outlined the risks inherent in the draft financial plan and the work that would be required in order for the Trust to deliver a balanced financial plan by the end of March 2023.

The Executive Director of Finance and Resources outlined the draft capital plan for the coming year and explained the affordability of the plans within the allocated resources. He noted that the Trust's relatively low levels of backlog maintenance allowed a significant resource to be allocated

for the new staff hub 2023/24. He also noted the significant sum potentially available for frontline digitisation.
<b>Item 2022/23 (90): Business and commercial development</b>
<b>TPP SystemOne Re-procurement Business Case</b> (Please see Private Minutes)
<b>Item 2022/23 (91): Performance Management</b>
<b>Operational and non-clinical risk report</b> The Committee received a summary report showing changes to note to non-clinical risks on the risk register. One risk had been escalated, two risks had been de-escalated, and one risk had been closed.  <b>Outcome:</b> The Committee noted the contents of the risk register and that non-clinical risks were being appropriately managed to mitigate the risks.
<b>Item 2022/23 (92): Change Management and projects</b>
<b>Change Programme Management report</b> The Executive Director of Operations introduced the Change Programme Management report and said there had been good progress on most schemes, with the following exceptions: <ul style="list-style-type: none"> <li>• ICE Pathology – work delayed due to resourcing gaps in LTHT – issue escalated.</li> <li>• Community Dental Transformation – this work was now less urgent due to extension of current contract. Commissioner-led review recommendations were being implemented.</li> </ul> <p>The Executive Director of Operations drew the Committee’s attention to the Wharfedale development that had not been anticipated at the beginning of the year and the CareNotes system outage.</p> <p>A Non-Executive Director (KR) asked if it was the right approach in terms of capturing all of the information as listed or whether further iterations could be useful to bring back that would add value. The Executive Director of Operations responded to say that the details contained demonstrates the scale of what was going on in the organisation then it leads onto capturing the benefits of some of those programmes. She said behind each of these there was a monthly highlight report with any associated risks associated. She invited Committee members to attend the Change Management Board to see more of the detail if they wished.</p> <p>The Committee Chair said he was particularly interested in the projects agreed by the Committee a few months ago. He said it would be good to pinpoint those again to scrutinise from a Business Committee perspective. The Committee Chair said he would like to see a more detailed report because in the past there was a regular quarterly report and also a regular cycle of a particular project coming to the Committee for a deep dive conversation. It was noted that the Admin Project Team would present their progress and next steps at the next Committee meeting in March 2023.</p> <b>Outcome:</b> The Committee noted the progress report.
<b>Item 2022/23 (93): Business Committee Governance</b>
<b>Work plan</b> The Committee reviewed and noted the work plan. The workplan was now reasonably back on track.
<b>Item 2022/23 (84): Matters for the Board and other Committees</b>
<b>Assurance levels (see strategic risk table)</b>

The Committee reviewed and discussed the levels of assurance for the strategic risks related to the agenda items. A reasonable level of assurance had been based on the information provided on all the papers and topics discussed in today's meeting.

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

The Committee Chair would brief the Trust Board on the updates relating to:

- Internal audit draft plan 2023/23
- Digital strategy update
- Workforce strategy update
- Draft financial plan
- Business case (private)
- Change programme management report

#### **Item 2022/23 (95): Any other business**

##### **Partnerships financial performance summary (joint ventures) previously deferred:**

The Executive Director of Finance and Resources said that this item had been deferred for some time, reporting against Trust contracts provided in partnership with Leeds Mental Wellbeing Service and South West Yorkshire Foundation NHS Trust. He said if the Trust was providing services in partnership with other organisations, then on a periodic basis these should be reviewed and assessed to be able to satisfy commissioners' requirements, meet partnership governance standards and as well as describing partnership relationships. He proposed 6/12 monthly updates of major partnerships including finance, workforce and service delivery.

The Committee Chair agreed to trial it out, suggesting two per year. He said this would support the Trust's strategic risk about partnership governance in terms of sources of assurance.

**Business Committee Meeting  
Microsoft Teams / Virtual Attendance  
Wednesday 29 March 2023 (9.00 to 12.00 noon)**

<b>Present:</b>	Richard Gladman (Chair)	Non-Executive Director (RG)
	Khalil Rehman (Deputy Chr)	Non-Executive Director (KR)
	Helen Thomson	Non-Executive Birector (HT)
	Rachel Booth	Non-Executive Director (RB)
	Bryan Machin	Executive Director of Finance & Resources
	Sam Prince	Executive Director of Operations
<b>Attendance:</b>	Laura Smith	Director of Workforce (LS)
	Diane Allison	Company Secretary
	Gill Warner	Head of Portfolio for Patient Flow
	Luke Storey	Clinical Quality Lead
	Adam Glass	Acting Head of Business Intelligence
	Catherine Scott	Outgoing-Head of Admin Service
	Aaron Wray	Incoming-Head of Admin Service
<b>Apologies:</b>	Thea Stein	Chief Executive
<b>Note Taker:</b>	Ranjit Lall	PA to Executive Director of Finance & Resources

**Item 2022/23 (96): Welcome and introductions**

The Committee Chair welcomed everyone to the meeting.

**a) Apologies:** Please see above.

**b) Declarations of interest**

Prior to the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda to ensure there was no known conflict of interest prior to papers being distributed to Committee members. One additional potential conflicts of interest regarding today's meeting agenda was raised by Non-Executive Director (KR) who had undertaken some work for Touchstone relating to the Third Sector Strategy discussion in the meeting.

**c) Minutes of meeting dated 22 February 2023**

The minutes of Public and Private meeting dated 22 February 2023 were noted for accuracy and approved by the Committee.

**d) Matters arising and review of action log**

The Committee reviewed the action log and noted the updates.

**Item 2022/23 (97): Service focus**

**Health case management (presentation)**

The Committee Chair welcomed representatives from the Health Case Management Team.

The Committee received a presentation which set the context and provided the background information for the service. The service was funded in 2017 and is commissioned by the Integrated Care Board (ICB) to provide case management function for those patients across Leeds who are eligible for continuing healthcare funding. At present the service had around 900 patients and operated 365 days a year.

The variety of work includes:

- Long term case management
- End of life case management

- Safeguarding
- Deprivation of Liberty in the Community Assessments.
- Court of Protection work
- Working with partner services

The Committee noted development of good working relationships with Leeds Teaching Hospitals and other organisations to facilitate better patient flow, supporting people to leave hospital safely and reduce any unnecessary delays. In terms of the caseload, the majority of patients had dementia and other life limiting illnesses.

The presentation also covered service priorities and celebrations, staff well-being at the forefront, and supporting staff with development personally and professionally.

The Executive Director of Operations said that this was a complex service, and prior to it being commissioned from 2017 by the ICB it was part of the Joint Care Management service, which formally brought together social care and health care.

In response to a question from a Non-Executive Director (HT) about fast track and increased demand, the Head of Portfolio for Patient Flow said that it was a combination of increased awareness and the increase in numbers of people who are living longer and with more complex needs. The combination of complex cases and more people returning home to receive care than ever before had an impact on all those other supporting services, like the neighbourhood teams, night teams and all those community support teams. It was a service that achieved good results to support people to be where they wished to be at the end of life, and most importantly the experience for their families afterwards. Evaluation and feedback had been systematically collected particularly about how cares and relatives viewed the service when dealing with different partner organisations.

A Non-Executive Director (RB) referred to the health and wellbeing of staff, working in the service and working directly with patients and their families and said this could be challenging and demanding, but also very rewarding. She asked about staff turnover rates. The Clinical Service Lead responded to say that for a long-time staffing was stable from inception of joint care management, but more recently post-covid there had seen movement of staff, which was not seen as a negative but a positive because people had developed within the service and moved on within LCH and wider as their career progressed.

The Trust Chair thanked the team for the presentation. He asked about the origin of referrals. It was noted that about half of the referrals for end-of-life came from hospitals and others from hospices, and any health care professional or social worker involved in the care. The Head of Portfolio for Patient Flow said that the aim was for people to be identified before they went into hospital for that final phase of life otherwise it was more difficult to get people discharged back into the community quickly. There were regular meetings taking place with colleagues in the ICB to give feedback on progress. The service operated on 'no waiting basket' policy. Compliments and complaints about the service and any learning was shared with continuing healthcare colleagues in ICB.

The Trust Chair suggested there might be merit giving some consideration to the positive impact made to the healthcare system across the city. The Head of Portfolio for Patient Flow agreed to devise a set of markers to evidence this and agreed that an end of year evaluation would be helpful.

The Committee Chair asked about the new arrangements with ICB, the relationship with the Population Health Board and the Frailty Board, and whether there was an opportunity for the Trust to get even more closely integrated with others. The Executive Director of Operations said that in her view the more integration between health and social care, the better the experience would be for patients. She continued to say that using the health budgets flexibly to try and put more resource into this area could speed things up for patients, not just those waiting to come out of hospital but also those waiting for packages of care.

The Committee Chair thanked the Head of Portfolio for Patient Flow and the Clinical Quality Lead

for the presentation.

## **Item 2022/23 (98): Finance**

### **a) Revenue and capital budgets**

The Committee received the revenue and capital plan for 2023/24. The Executive Director of Finance and Resources provided a full explanation of the information and rationale for recommending approval of a balanced revenue and financial plan before approval by the Trust Board on Friday 31 March 2023.

Key issues addressed were as follows:

- With the exception of an agreed non-recurrent reduction of £1.5m, simply for not able to recruit staff during the year, the ICB in Leeds had met all prior commissioning commitments.
- The current contract sum did not reflect the additional services being commissioned from the Trust. The ICB in Leeds currently are unable to fund some significant demand pressures in LCH services.
- The efficiency requirement of 4% was challenging but deliverable in year. The Trust has an underlying recurrent deficit of £4.1m which will need to be addressed during 2024/25.
- The capital plan was deliverable and included the one-off cost of the new staff hub fitout, this being made possible by low levels of backlog maintenance resulting from focused spend over previous years on the maintenance and safety of the estate to restart the programme in 2024/25.

The Executive Director of Finance and Resources said that the announcement of the NHS pay award for 2023/24 and 24/25, not yet been accepted by unions could not be treated as committed expenditure. The risk to that was often not being completely funded for pay awards as a community trust because the spend profile did not match the national profile.

The Executive Director of Finance and Resources referred to the presentation slide entitled 'West Yorkshire ICB (2)' regarding current Trust position. He said discussions with Leeds ICB colleagues had been mutually supportive, any allocations that should have flowed to the Trust had been received. He said he had agreed on behalf of the organisation not to take the 0.9% of growth which had been decided recently by the West Yorkshire Finance Directors collectively. In view of the overall financial position across providers in West Yorkshire, it was then agreed that the Trust would not take it in 2023/24 but it would be added recurrently to the contract, making the current underlying deficit (£5m quoted in the paper) becomes £4.1m rolled into 2024/25.

The Executive Director of Finance and Resources said he was taking a proposition to Senior Management Team to stop the incurred Covid spend in terms of healthcare centre navigators and touch point clinics without receiving funding.

The Committee noted the CIP efficiency requirement for a balance budget of 4%, that was within the national finance directors' range expectations.

The cost pressures table included SMT recommendations of funding for the business units and corporate services. SMT had agreed the essential cost pressures that should be funded amounting to 2.5% currently and £3m in total. These cost pressures included decisions taken about the new facilities and safety department structure, and a shift from capital funding to revenue funding of the electronic patient record support team. The corporate costs included the increased costs of the EPR inflation, the embedded of the E-rostering and resourcing support that was recommended and implemented during the year and some limited investment in business intelligence and IT.

A Non-Executive Director (KR) asked for details of the cost pressures providing more granular breakdown in terms of different services. The Executive Director of Finance and Resources agreed to provide the breakdown.

The Committee Chair queried the vacancy factor and asked for the Executive Director of Operations' view from an operational perspective. The Executive Director of Operations said she didn't feel constraint in the number of people that she could recruit and was keen to continue with hyperlocal recruitment for a better return. The Executive Director of Finance and Resources added

that this would be addressed throughout the year in terms of planning for the recurrent delivery of the 4.1% underlying deficit. The mitigation in year was not in the efficiency plan at the moment, potentially £1m increase in interest income as a result of current interest rates over and above the budget had not been added to the plan but was in reserve. The cash balance generated £1m interest income which was not in the plan.

The capital expenditure table showed capital allocation for 2023/24 of £2.8m including the fitout for the new White Rose hub. The risk was the costs subject to receipt of tender for the fitout. The Committee noted a total revenue risk of up to £5m of capital as identified in the presentation.

The next steps were to submit plans to NHS England by 29 March 2023 and to have signed contracts with NHS commissioners by 31<sup>st</sup> March 2023. Work was continuing to allocate those efficiency targets to business units, and corporate departments. The level of vacancies were different across business units and services and the workforce plans will determine the efficiency delivered.

The Executive Director of Finance and Resources concluded that whilst mindful of the risks, the Trust could deliver its financial targets based on the plans outlined in his presentation. He would provide an overview of the revenue and capital financial plans at the Board meeting held in public on 31 March 2023.

**Outcome:**

The Committee agreed to recommend approval of the 2023/24 revenue and capital plans to the Trust Board. The balanced approach plan and numbers reflected a deliverable balanced revenue and finance plan, and the Committee noted the risks.

**b) Internal audit: ESR payroll interface**

This paper covered the completed audit from the 2022/23 plan and the audit opinion related to ESR Payroll Interface.

The audit provided significant assurance on the controls in place to support the timely and accurate processing of payroll. There were some areas identified where existing processes could be strengthened further.

The Director of Workforce (LS) was delighted to note both the Workforce and Finance teams working alongside over the last couple of years had achieved a positive result. She said there was nothing in the report to give her cause for concern. Any improvements identified were picked up quickly and handled well.

**Outcome:**

The Committee noted the completed audit as part of the approved 2022/23 plan. There were no further sources of assurance required related to this audit area.

**Item 2022/23 (99): Strategy and planning**

**Operational plan (final)**

This was the final plan which outlined the strategic framework for 2023/24. It included the Trust vision, strategic goals and priorities for 2023/24. Consideration had been given to the 2023/24 priorities and operational planning guidance that NHS England published on 23rd December 2022. The key points for the Trust were considered by the Committee.

The Committee was asked to receive and note its content before final approval by the Trust Board on Friday 31 March 2023. The Trust Chair said he was comfortable with the final version but requested specific outcomes to be included that could be measured and reported against. It was noted that the regular reporting was scheduled 3 times a year.

**Outcome:**

The Committee received the report and noted its content for recommendation to the Trust Board.

**Item 2022/23 (100): Business and commercial development**

## **Business development update (contracts/tenders)**

*Please see Private minutes*

### **Item 2022/23 (101): Performance Management**

#### **a) Performance brief and domain reports**

The Quality Committee considered the first three domains at its meeting on Monday 27 March 2023. A Non-Executive Director (HT) said that the Quality Committee had a robust debate about incidents and welcomed a more detailed section on safe part of the report including clinical governance and the audit report.

The Executive Director of Operations said the challenges were in neurodiversity pathway both in terms of under-fives and ICAN waits. The narrative in appendix 2, explained the increases in referrals for the under-fives in children's service, and the number of children referred for neurodiversity assessment had increased significantly. She said evidence suggested that one in seven children now have something that would be labelled under the neurodiversity pathway. The 'labelling' was something that was sought by parents to receive support in schools for their children. She said it was a system issue but at the moment the risk was sitting with the Trust. She continued to say that at the moment she did not have a solution for it but hoped it will soon be taken up by the system and considered by PEG as a growing problem.

A Non-Executive Director (KR) felt it was a complex area where somebody needed to provide a diagnostic service, especially for parents. He welcomed a deep dive to understanding the position further. The Executive Director of Operations said that it was almost a joint situation for both the Quality Committee and the Business Committee as the clinicians would want to give their views. The Committee Chair to consider how to facilitate that and get representation from the clinical experts for this topic.

#### **Action: The Committee Chair**

To consider a deep dive into the neurodiversity pathway to be held jointly with Quality Committee.

#### Well-led

The Director of Workforce (LS) was pleased to note the positivity of hyperlocal recruitment campaigns. The Committee Chair was concerned about the long-term sickness absence and suggested a deep dive discussion in the future. A Non-Executive Director (RB) agreed and said she would like to know the success of getting the long-term sick back into work and the focus on keeping them in work.

#### **Action: Future workshop agenda item**

Challenges of long-term sickness absence discussion to be added to a future agenda as a committee workshop item.

#### **b) KPIs 2023/24**

The Committee Chair welcomed the Acting Head of Business Intelligence to the meeting.

The report provided recommendations and propositions for the Key Performance Indicators (KPIs) monitored by the Board and its Committees during the 2023/24 financial year. New reporting and information tools had been developed for the indicators selected and for monitoring to increase data and insight provided to corporate and clinical teams.

The Committee was asked to receive and comment on the KPIs presented as continuing development and reflecting in the organisation as it changed. The Acting Head of Business Intelligence said that the national requirement was that these indicators were reported to the Trust Board to be made aware of and keeping pressure on the context around the wider system.

There was one additional measure to note ahead of the Trust Board meeting relating to health equity indicators and development of some metrical measures to help assess the impact of waiting times through a health equity lens.

#### **Outcome:**

The Committee reviewed the draft KPIs and assurance mechanisms presented in the paper and agreed to recommend this to the Board for approval.

### **c) Operational and non-clinical risks report**

The Committee received a summary report showing changes to non-clinical risks on the risk register. One risk had been added to the risk register as follows:

- **Risk 1138:** Data Quality/Performance Reporting within Leeds Sexual Health Service.

#### **Outcome:**

The Committee noted the contents of the risk register and that non-clinical risks were being appropriately managed to mitigate the risks.

### **Item 2022/23 (102): Internal audit**

#### **a) Internal audit plan 2023/24**

The Committee received the approved internal audit plan for 2023/24 for noting.

The Committee Chair thanked the Executive Director of Finance and Resources for presenting the final plan for the year ahead.

#### **Outcome:**

The Committee noted the content of the internal audit plan for 2023/24 and agreed with the priority areas identified.

#### **b) Financial sustainability results and action plan**

The Healthcare Financial Management Association (HFMA) had published a comprehensive assessment to complete, and Audit Yorkshire conducted the NHS England's specified review, and presented the report to the Audit Committee meeting in December 2022.

The purpose of bringing the results and the action plan to the Business Committee was to highlight matters of financial management that would be of interest to the Committee and to the Audit Committee which would oversee the overall progress against the action plan. However, the self-assessment process had identified areas where the Trust could improve its approach further.

The weakest area assessed was 'Cost Improvement / Efficiency Plans'. This will need real focus in 2023/24 to deliver underlying financial sustainability, particularly for future areas of work. The Executive Director of Finance and Resources said that this would require cultural training of budget managers, and all staff understanding their financial responsibilities. There was a need to develop a training function which allowed people the freedom to ask about training and development, within a controlled framework.

The Executive Director of Finance and Resources said that as a result of this work, there was an action plan for the areas that had been identified for improvement. He said that this Committee and the Trust Board should expect to see an improvement in the presentation of the financial information.

The Committee Chair thanked the Executive Director of Finance and Resources for his update and invited the Committee members for questions.

The Trust Chair said in terms of the consultation arrangements and scoring mechanism he felt that some of the action plan deadlines had very short timescales and yet quite a bit was underpinned by culture. He thought the cultural issues were a challenge and likely to take longer to embed across the Trust. The Executive Director of Finance and Resources agreed to revisit those ambitious time scales.

The Committee Chair suggested that he would discuss this with the Chair of the Audit Committee to agree where this was reported because of the financial efficiency element and financial control element.

#### **Outcome:**

The Committee noted the intention to improve financial reporting over the coming year in terms of the planned improvements.

## **Item 2022/23 (103): Change Management and projects**

### **Change Programme: Admin review**

The Committee Chair welcomed representatives from the Admin Team to the meeting; the Service Manager (who is about to retire) and the incoming Service Manager.

The presentation covered the principles of the admin review, challenges, the staff consultation programme, benefits realisation, and next steps. The admin review objectives were to improve patient care, provide consistency across the services, standardising functions and consistency across job roles and also to improving recruitment and retention to generate savings and benefits.

A suite of standard operating procedures was created, and systems put in place to review local variances in staffing both in terms of numbers and grades between services and the requirements to make cost improvements. There was previously no sharing of staff across services, lower than average appraisal rates and inconsistency around job descriptions and the digital opportunity.

The consultation process involved accommodating as many staff as possible in groups and on a one-to-one basis and a frequent cascade mechanism on the admin intranet page.

Some of the benefits realised included having improved recruitment rates throughout the Trust, in terms of new initiatives of hyperlocal recruitment which meant working with staff in Human Resource and with the Leeds partners to recruit people from deprived areas of Leeds.

The incoming Service Manager talked about some of the digital implementations, the service level agreements with clinical services to manage the relationships with administration, the management team structure, and managing the new space management booking system and centralise ordering and storage and the White Rose Hub move. He said this was quite a challenge over the next few months because the majority of admin staff were currently based at Stockdale House. A development of a standardised approach to business support tasks would ensure that everybody was working at the grade they should be across those roles in the Trust. There was a greater involvement in waiting list management and a flexible approach to phase 2 of the administration review, starting April 2023 onwards.

The Committee Chair said the presentation was a great reflection on progress that had been made during the pandemic. The Director of Workforce (LS) said she was pleased to acknowledge the huge amount of staff engagement and listening to people worried about change processes that was affecting them. She took assurance from the strong leadership team, improving appraisal rates and the adoption of new appraisal process.

The Trust Chair appreciated both the presentation and the feedback and said that 12 to 18 months ago the project appeared to be stalling. He said staff feeling comfortable, and listened to was so important and so critical in this organisation and wished the outgoing Head of Service the very best wishes going forward.

The Committee Chair thanked the Admin project team for the presentation and was looking forward to the next update in 6 months' time about phase 2.

**Outcome:** The Committee noted the progress made so far.

## **Item 2022/23 (104): Health and safety**

### **Health and safety group minutes**

The minutes highlighted the issues that the Health and Safety group considered at its meeting on 22 February 2023.

The Health & Safety Group had reflected on some of the comments noted at the February 2023 Trust Board meeting around non-compliance with health and safety legislation. The group would prioritise work that had the greatest impact on improving compliance and changing the culture of the Trust to ensure that health and safety really was everybody's business.

The Executive Director of Finance and Resources reported on a RIDDOR incident about a child

who trapped their finger in a door whilst attending an audiology appointment. It was identified that there were insufficient arrangements for maintaining some door closing mechanisms across the Trust. Work was underway to mitigate the risk.

A Non-Executive Director (HT) reflected on the paragraph about weapons and asked what support was in place for staff experiencing a threat from weapons.

**Action: Executive Director of Finance and Resources**

The Committee to receive a brief at the next meeting on the support in place for staff experiencing a threat from weapons.

A Non-Executive Director (RB) referred to the comments in the minutes about a recent prosecution at another trust as a result of a falling tree. She said she had a lot of insight into how to manage risk from falling trees and the HSE expectations around risk assessment and offered her assistance and knowledge about tree surveys around the Trust. The Executive Director of Finance and Resources said that he had initiated a tree survey across all the Trust's estate and was happy to receive any useful insight information from a Non-Executive Director (RB).

**Item 2022/23 (93): Business Committee Governance**

**a) Committee annual report and terms of reference review**

**Annual report**

The Committee Chair thanked the members and attendees for completing the effectiveness surveys and the Company Secretary for consolidating the information and producing the draft report.

The Committee members were asked to view the comments summarised at the end of the report and to propose any changes to the way the Committee carried out its business.

In terms of Committee's Terms of Reference, the Company Secretary said they were fit for purpose. Her suggestion was to amend the section about the Committee's urgent decisions process to include a reference to the actual Board approved procedure. The Company Secretary also welcomed any other suggestions or changes.

The Committee Chair opened the discussion for questions and suggestions. He said overall, there had been some catching up during this year after the pandemic, but for the next year there should be more time to focus on some of the issues and concerns, generally looking to areas for improvement.

A Non-Executive Director (KR) was content with the summary and thought that in today's meeting discussion on the format and approach to the integrated performance report and issues that came up worked better in that context, removing a sense of duplication.

The Trust Chair reflected on the culture across the Trust, staffing and leadership and the financial sustainability agenda going forward. He was concerned that this could be culturally difficult because it was not in the mindset. He said the health and safety issue culturally should be more strongly embedded in the business.

The Committee Chair suggested that a Board development session at some point was required. It had been a long time since the original vision, behaviours, value and culture piece of work was put together and sustained well until now. He said some of the challenges were different now and may require re-visiting some of the approaches and culture change within the organisation to reflect the new realities.

The Committee Chair said that the recent tidying up of the strategic risks and the BAF would help in terms of the commitment and the areas overseen and an opportunity to make a few improvements.

In terms of the Committee's Terms of Reference, the Committee Chair agreed the proposed change to reflect the emergency decision-making procedures.

**b) Health and Safety Group annual report and terms of reference review**

The Committee received the draft Terms of Reference (ToR) for the subgroup of the Committee for approval.

The Health and Safety Group's terms of reference were reviewed by the Group in February 2023. Reference to the Fire Safety Group had been removed from the ToR and the Health and Safety Group agreed that all fire matters would be considered by the Health and Safety Group directly. Minor additions had been made to the attendance list to ensure it reflected the current attendees.

The Committee noted the feedback received from the self-assessment and the subsequent actions for improvement. The Executive Director of Finance and Resources said that the key points on improvement were noted in the appendix of the effectiveness report.

**Outcome:**

The draft Health and Safety Group Terms of Reference were approved by the Committee.

**c) Work plan**

The Committee reviewed and noted the work plan. The workplan was now reasonably back on track. The Director of Workforce (LS) and the Committee Chair agreed to consider various topics for presentation during the year.

**Item 2022/23 (84): Matters for the Board and other Committees**

**Assurance levels (see strategic risk table)**

The Committee reviewed and discussed the levels of assurance for the strategic risks related to the agenda items. A reasonable level of assurance had been based on the information provided on all the papers and topics discussed in today's meeting.

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

The Committee Chair would verbally brief the Trust Board on the updates relating to:

- Finances
- Internal audit plan 2023/23
- Health case management
- Admin review
- Business development and upcoming tenders
- Finance sustainability.

**Item 2022/23 (95): Any other business**

None discussed.

## **SCRUTINY BOARD (ADULTS, HEALTH & ACTIVE LIFESTYLES)**

**TUESDAY, 21ST MARCH, 2023**

**PRESENT:** Councillor A Marshall-Katung in the Chair

Councillors C Anderson, S Burke, L Farley,  
J Gibson, N Harrington, M Iqbal, E Taylor  
and E Thomson

Co-opted Member present – Dr J Beal

### **73 Appeals Against Refusal of Inspection of Documents**

There were no appeals.

### **74 Exempt Information - Possible Exclusion of the Press and Public**

There were no exempt items.

### **75 Late Items**

With agreement from the Chair, there was Supplementary Information circulated to Board Members in relation to agenda item 11 – Work Schedule. This was Appendix 2 of the report, which was a summary of a working group held on the 9<sup>th</sup> of March 2023 regarding the Leeds Mental Health Strategy.

### **76 Declaration of Interests**

No declarations of interests were made at the meeting.

### **77 Apologies for Absence and Notification of Substitutes**

Apologies for absence had been received from Councillors W Kidger and C Hart-Brooke.

### **78 Minutes - 21st February 2023**

**RESOLVED** - That the minutes of the meeting held on 21<sup>st</sup> February 2023, be approved as an accurate record.

### **79 Leeds Committee of the West Yorkshire ICB - Update**

The Head of Democratic Services submitted a report which presented further updates provided by the ICB Accountable Officer (Leeds Place).

The following were in attendance for this item:

Draft minutes to be approved at the next formal meeting.

- Cllr Fiona Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Cllr Salma Arif, Executive Member for Public Health and Active Lifestyles
- Tim Fielding, Deputy Director of Public Health
- Tony Cooke, Chief Officer Health Partnerships
- Jenny Cooke, Director of Population Health Planning, Leeds ICB
- Gaynor Connor, Director of Primary Care and Same Day Response, Leeds ICB

The Chair explained that since July 2021, the Scrutiny Board has been actively monitoring the ongoing development of the new local Integrated Care System. During the Board's last update in October 2022, it was agreed that this next update would be more focused on the key priority work areas of the ICB in Leeds linked to the Healthy Leeds Plan.

The Chair invited the Director of Population Health Planning and the Director of Primary Care and Same Day Response to provide a brief introduction to the report provided by the ICB Accountable Officer (Leeds Place). In doing so, the following areas were highlighted:

- The refresh of the Healthy Leeds Plan had been undertaken between October 2022 and March 2023 to coincide with the refresh of the Health and Wellbeing Strategy.
- Funding secured through the Core20PLUS5 framework resulted in £3million being allocated to the health inequalities programme in Leeds. This programme is made up of 44 individual projects across the system alongside funding to the eight local care partnerships (LCP) with the highest levels of deprivation.
- The 44 individual projects were selected from a list of over 90 proposed projects in varying states of maturity, from ongoing projects that were coming to the end of their funding to new projects.
- The funding for next year has been secured and discussions are underway to determine how best to deploy this funding.
- The Intermediate Care Redesign Programme aims to deliver a bold and innovative programme to achieve the vision of having a sustainable, person-centred, home-first model of intermediate care across Leeds that is joined up and promotes independence. This 18-month programme has been constructed over three phases and is being led by Dr Phil Wood, the Chief Executive for Leeds Teaching Hospitals Trust (LTHT). The programme is transitioning from Phase 2 to Phase 3 and it was therefore suggested that that Scrutiny Board maintains a watching brief of progress.
- Improving access to General Practice is recognised as a key priority for the ICB due to unprecedented demand for services. Recent data shows delivery of 20,000 appointments on average per day across the 92 practices in Leeds. Currently 43% of all appointments are booked on the same day with a total of 70% being booked within 7 days. Over 71% of all appointments were conducted face to face and just under 50% are with a GP. A further 20,000 enhanced access service appointments (evening

and weekends in PCN based hubs across the city) are also delivered per month. A further 3,300 are also delivered through the Same Day Response Service.

- The Additional Roles Reimbursement Scheme has provided funding to Primary Care Networks to allow practices to collectively employ more staff with different skills to complement the existing workforce. However, this Scheme is set to end in 2024. In Leeds, there is around 300 whole time equivalent staff with the aim of this rising to over 500 by the end of 2024.
- Engagement with Healthwatch Leeds and other organisations has helped increase understanding of service accessibility with optional modules regarding quality and patient outcome co-designed.
- The new GP contract renewal for 2024 will make clear that patients should be offered an assessment of need, or signposted to an appropriate service, at first contact with the practice. Requirement for improved online access to GP records will be provided and telephone systems to become cloud based, including functionality for call queuing or call back to provide a better patient experience when the lines are busy as well as management information and data so that practices have better insight around improving their responsiveness further.
- At the end of March 2023, a nationally produced recovery plan for general practice is also expected.
- As from July 2023, West Yorkshire ICB will take responsibility for the co-commission of pharmacy, dentistry and optometry NHS services.

The following key points were also raised during the Board's consideration of the report:

- In response to a question regarding the provision of community funding, particularly focused on the Chapel Allerton Ward, it was outlined that two-thirds of the £3million funding was allocated to Third Sector organisations, working collaboratively with forums, communities of interest groups and Local Care Partnerships to best allocate funds to tackle health inequalities. The specifics for Chapel Allerton were to be followed up after the meeting.
- The value of informing Ward Members of community and third sector projects in terms of improving awareness and accessibility for the public.
- The variable levels of access experienced across GP surgeries, largely due to them being independent organisations with different systems and practises.
- Expectations for the quality improvement module and GP contract changes, which are to be more patient centred and provide an outcome at the first point of contact, including seeing people on the same day when required and where possible.
- Service recovery was not at full pre-pandemic capacity contributed to by long term condition reviews, routine health check backlogs, an increasing demand for same day services and for mental health and frailty service provision.

- The increase in demand and people's frustration experiencing service access issues equates into staff working under extreme pressure and leading to exhaustion. Threatening behaviour towards GP staff was also noted to be increasing. The Board recognised the importance of having effective communication with the public in terms of helping them to better understand the existing service pressures as well as being offered other pathways to primary care.
- Members discussed the comparative GP access data across West Yorkshire, which was set out within the report. In doing so, it was noted that national GP access data had only recently been made available and that further analysis work is therefore still required.
- Reference was made to the value of social prescribing and Board Members suggested that the successor Scrutiny Board considers this in more detail.
- The intermediate care redesign will be a fundamental shift to strip the complexity for patients and staff trying to navigate the various institutions and layers of the health and care system and will also have positive economic implications across the entire system.
- The importance of ensuring that the various plans and strategies, including the Healthy Leeds Plan and the Health and Wellbeing Plan, are aligned and aim to maximise opportunities while avoiding duplication.
- Patient Participation Groups (PPG) were noted to have not been re-established in some GP practices. It was outlined all GPs are required to have some form of PPG, however some stood down during the pandemic and had struggled to re-emerge. A recent event involving PPGs resolved to refresh the approach of the network through the ICB and offer support where needed.
- Members were assured that the end of the 5-year Additional Roles Reimbursement Scheme will not be abrupt as there will be some guaranteed income once concluded. During the final year of the programme, recruitment will also be maximised as much as possible.
- Same day GP service provision is proposed in all possible cases including supported capacity through 23 hubs and virtual appointments. However, some challenges regarding travel to the designated hubs from outer areas, particularly for less able people, were noted.
- Mitigation for missed appointments, which had unfortunately slightly increased, was discussed and it was noted that best practice initiatives were also being shared through PPG communication.
- It was highlighted that the ratio of GPs per 100,000 of the population had increased in Leeds since 2018 which is largely the opposite case for other areas of the UK.
- Regular zero tolerance and 'leaving a gap' campaigns run in attempt to raise awareness on the repercussions of abusive behaviour towards GP practise staff and there are processes for dealing with abusive patients with the ultimate sanction being removed from the register.

**RESOLVED** – That the contents of the report, along with Members comments, be noted.

Draft minutes to be approved at the next formal meeting.

## 80 Leeds Health and Wellbeing Strategy Refresh

The Chief Officer for Health Partnerships submitted a report regarding the work undertaken to develop the Leeds Health and Wellbeing Strategy and included the current working draft of the Strategy refresh.

The following were in attendance for this item:

- Cllr Fiona Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Cllr Salma Arif, Executive Member for Public Health and Active Lifestyles
- Tim Fielding, Deputy Director of Public Health
- Tony Cooke, Chief Officer Health Partnerships
- Wasim Feroze, Strategy Partnership Development Manager

The Executive Member for Adult and Children's Social Care and Health Partnerships provided the Board with an overview of the ongoing work and discussions of the Health and Wellbeing Board (HWB) and how the Health and Wellbeing strategy guides action within the health and care system.

Strategy delivery was noted to be challenging given the current context of the cost-of-living crisis, pandemic recovery and staffing and accessibility issues experienced within the health and care system. It was recognised that plans therefore needed to be aspirational while also remaining realistic. The 'Team Leeds' approach that had been adopted during the pandemic will be incorporated as the strategy develops and is deployed.

The Chief Officer for Health Partnerships and the Strategy Partnership Development Manager presented the report, outlining the following:

- In response to feedback arising from the Scrutiny Board's meeting in October, it was highlighted that greater focus had now been given to the role of carers and that one of the twelve priorities within the Strategy relates to support for carers and enabling people to maintain independent lives.
- The importance of equality, diversity and inclusivity was noted, recognising the needs of diverse communities across the city and to represent those needs across the West Yorkshire partnerships.
- The strategy will be implemented in a two-phase approach and following its formal launch in July 2023, the second phase will involve working with the Leeds Health and Wellbeing Board and partners to agree clear plans under each of the priorities.
- Reference was made to the links with the five breakthrough projects that have been established specifically on promoting mental health in the community; better homes for health and wellbeing; inclusive green jobs; learning outcomes for social mobility and responding to the cost-of-living crisis.

Draft minutes to be approved at the next formal meeting.

- The strategy and plans will run longer term, until 2030, and align with inclusive growth and climate emergency initiatives.

During the Board's discussions on this matter, the following points were also raised:

- In response to a question regarding the effectiveness of the Marmot Approach delivery, the Board was advised that the initial processes had begun and that a report will be brought to the Executive Board in April 2023. A two year work programme is due to commence with the National Marmot Team and so the Scrutiny Board will be kept updated once the approach is launched.
- A suggestion was made for greater detail on post-natal and maternity care to be reflected in the Strategy.
- It was noted that not all Members are fully aware of the health practitioner presence and third sector projects within their respective Wards.
- Health Champion work groups and Community Committees will be utilised to increase awareness of health and wellbeing projects across the City. The HWB had also developed The Allyship programme which connects Board Members with key third sector organisations in the city.
- Actions for enhancing job opportunities, creating an inclusive economic model through tailored support, were outlined as the Lincoln Green project which linked employment opportunities to people living in their local areas, getting younger people back in education or secure jobs, the One Workforce programme, and the Leeds Health and Care Talent pipeline.
- Reversing low life expectancy will be targeted through proportionate universalism, tailoring services and infrastructure to suit the level of need in an area. Cross generational peer support and mentoring was also discussed as an effective method.

**RESOLVED** – That the contents of the report and the work that has been undertaken across the Partnership as part of the refresh of the Health and Wellbeing Strategy, along with Members comments, be noted.

## **81 Physical Activity Ambition**

The Head of Active Leeds and the Chief Officer Consultant in Public Health submitted a joint update report regarding the development of the Physical Activity Ambition for Leeds.

The following were in attendance for this item:

- Cllr Fiona Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Cllr Salma Arif, Executive Member for Public Health and Active Lifestyles
- Tim Fielding, Deputy Director of Public Health
- Tony Cooke, Chief Officer Health Partnerships
- Steve Baker, Head of Active Leeds
- Emma Powell, Project Enabler (Get Set Leeds)

- Katy Bowden, Development Manager Sports and Active Lifestyles

The Executive Member for Public Health and Active Lifestyles provided an overview of the development of the ambition collaboratively with Active Leeds and Public Health, noting data for Leeds as 31% of children and young people, 23% of adults and 36% of those over 65 are inactive. Poorer communities had lower levels of activity, with the inequality gap for activity widening with initiatives to reduce this being Get Let Leeds, Covid-19 Rapid Review, Big Leeds Chat and insight from national campaigns. An aim of the strategy is for Leeds to be a place where 'everyone moves more everyday' and has the opportunity to live an active life with The Leeds Everyone Moving More Leadership Group championing this vision. The report outlined the progress of workstreams since the Board's last update back in March 2022.

The Head of Active Leeds also outlined the following key points:

- Since the last update in March 2022, governance arrangements have now been put in place, including a good leadership team to influence the sphere of work.
- The connotation of the phrase 'physical activity' may discourage certain individuals. Movement in any shape or form is to be encouraged and does not always need to be structured activity.
- Alongside Parks & Countryside, spaces had been established to accommodate many forms of exercise.
- Work had been done with care homes so residents can exercise in creative ways at various levels of ability.
- Targeting health inequalities, in particular people living with mental health issues, was noted as a priority and movement can have positive effects for mental wellbeing.
- In response to the Board's previous feedback, engaging with people from a young age was a key priority to influence ongoing healthy lives, which involves a variety of stakeholders.
- Community work in priority neighbourhoods will allow the development of their own initiatives that work best for a given community.
- Funding had been received from the Department of Transport to influence social prescribing and active travel.

During the Board's discussions on this matter, the following points were also raised:

- The Get Set Leeds initiative was noted to be positive and was confirmed to have a wide community reach and value as events were free and did not require a structured, competitive nature.
- It was confirmed to Members there are 73 public exercise circuits and multi-use game facilities, including 29 outdoor gyms within parks and green spaces in Leeds. The importance of accessibility and safety traveling to and in these spaces was stressed.

- Wetherby Leisure Centre had recently been updated to be more energy efficient, however it was highlighted that the changing rooms and disability access were noted to be below standard, which led to some dissatisfaction among the community. Officers confirmed the changing rooms were on a priority list for improvement and plans for the gym equipment to be renewed and further exercise classes targeted for older people were ongoing.
- While it was noted that the report had largely focused on the physical and mental health of young people being a priority, it was highlighted that the offer is universal in terms of improving physical and mental health for all ages and abilities.
- Further engagement with vulnerable people, such as those living through domestic violence, could be implemented through safe hours at various facilities.
- With 40% of councils at risk of closing their leisure centres, Leeds still invests in their facilities which was positive when framed against the national picture and funding constraints.
- Rehabilitation work with MacMillan for cancer patients, commissioned through the West Yorkshire ICB, was noted as a big area for health programmes.

**RESOLVED** – That the contents of the report, along with Members comments, be noted.

## **82 2022/23 End of Year Scrutiny Board Statement**

The Head of Democratic Services submitted a report which presented the 2022/23 end of year statement for the Scrutiny Board (Adults, Health and Active Lifestyles) for the Board's consideration and approval.

The Chair explained that the 2022/23 end of year statement provided details of the Board's full work programme for the 22/23 municipal year, including links to the associated agenda packs, minutes and webcast recordings, as well as including a statement from the Chair that reflects on the key priorities for the Scrutiny Board over the last year.

**RESOLVED** –

- a.) That the contents of the report be noted.
- b.) That the publication of the 2022/23 end of year statement for the Scrutiny Board, be approved.

## **83 Work Schedule**

The Principal Scrutiny Advisor introduced the report and reminded Members that the Board had agreed to hold a working group meeting to consider the current position surrounding the delivery of the Leeds Mental Health Strategy with a view to also identifying key areas that would potentially benefit from more focused scrutiny work to be taken forward into the new municipal year. This working group had been arranged for Thursday 9th March 2023.

A summary of the main issues and key conclusions arising from this working group meeting had been circulated and Members were asked to consider the contents of this summary note and endorse the key conclusions, including the two proposed recommendations for the successor Scrutiny Board to continue closely monitoring general progress with the Strategy, as well as undertaking a more focused piece of work that aims to assist in the successful delivery of the new Community Mental Health Transformation Programme.

The Principal Scrutiny Advisor explained that as this was expected to be the Board's final formal public meeting for the municipal year, a draft work schedule for the new municipal year had been set out in Appendix 1 of the report for Members' consideration. This included preliminary future meeting dates and reflected known items of scrutiny activity, such as performance and budget monitoring, as well as other identified areas of work that the Board had already recommended for the successor Scrutiny Board to pursue in the new municipal year.

Reflecting on the Board's earlier discussions, it was noted that the Board was also recommending that the successor Board schedules a focused item on social prescribing.

In conclusion, the Chair thanked all Board Members, Executive Members, officers and partners for their valuable contributions and support to the work of the Scrutiny Board throughout the year.

**RESOLVED –**

- a.) That the contents of the work schedule of the successor Scrutiny Board for 2023/2024 be noted.
- b.) That the successor Scrutiny Board is recommended to schedule a focused item on social prescribing as part of its work schedule.
- c.) That the Board endorses the content of the working group summary note relating to the Leeds Mental Health Strategy, including the key conclusions and recommendations.

**84 Date and Time of Next Meeting**

**RESOLVED –** To note the next meeting of the Adults, Health and Active Lifestyles Scrutiny Board is provisionally scheduled for Tuesday, 13<sup>th</sup> June 2023 at 1:30pm (pre-meeting for all Board Members at 1.00 pm)

## Escalation and Assurance Report

**Report from:** West Yorkshire (WY) Integrated Care System (ICS) Mental Health, Learning Disability & Autism (MHLDA) Committee-in-Common

**Date of the meeting:** 26/04/2023

Key discussion points and matters to be escalated from the discussion at the meeting:
<b>Alert/Action:</b>
<ul style="list-style-type: none"> <li>No items.</li> </ul>
<b>Advise:</b>
<ul style="list-style-type: none"> <li>There are challenges around the PMH transformation due to static financial flow and some lack of understanding of the NHSE expectations.</li> </ul>
<b>Assure:</b>
<ul style="list-style-type: none"> <li>Stakeholder and provider collaborative workshops are taking place to explore the future MHLDA operating model.</li> <li>The MHLDA Collaborative is connecting with Primary Care for ED and Physical Health Monitoring.</li> <li>PMH EOI has been completed and will be presented to the NHSE panel, this recommends LYPFT to be the Lead Provider.</li> <li>There is an expectation that the MHLDA Collaborative bank will be launched once re-procurement has taken place.</li> <li>International recruitment has been successful for some psychiatrist roles.</li> </ul>

**Report completed by:** Keir Shillaker, WY MHLDA Programme Director **Date:** 09/05/2023

**Distribution:** Chairs and Company Secretaries of Bradford District Care NHS Foundation Trust, Leeds Community Healthcare NHS Trust, Leeds & York Partnership NHS Foundation Trust, South West Yorkshire Partnership NHS Foundation Trust.