

Bundle Public Board Meeting 8 December 2023

Agenda

Final Agenda Public Board Meeting 8 December 2023

- 71 09:00 - Welcome, introductions and apologies: Alison Lowe OBE
- 72 Declarations of interest
- 73 Questions from members of the public
Minutes adoption for approval
- 74 09:10 - Minutes of previous meeting and matters arising
- 74.a Minutes of the meeting on 6 October 2023
Item 74a Draft Public Board minutes 6 October 2023
- 74.b Actions' log
Item 74b Public Board Actions log December 2023
- 75 09:20 - Patient's story: Healthwatch video – Care and involvement of families from Integrated Children's Additional Needs Service (ICAN)
- 76 09:35 - Chief Executive's report
Item 76 CEO report - December 2023 v2
Item 76i Appendix 1 Involvement Report Autumn 2023
Item 76ii Media Report- September 2023
Item 76iii Media Report- October 2023
Item 76iv Media Report- Nov 2023
- 77 09:45 - Resilience and system flow
Item 77 Board paper Nov 23- Ststem Flow and Winter Preparedness
- 78 09:55 - Committee Chairs' Assurance Reports:
- 78.a Quality Committee: 27 November 2023
Item 78a QC Chairs assurance report Nov 2023
- 78.b Business Committee: 25 October 2023 and 30 November 2023
Item 78bi Business Committee Chairs assurance report Oct 2023
Item 78bii Business Committee assurance report Nov 2023
- 78.c Audit Committee: 13 October 2023
Item 78c AC Chairs assurance report Oct 2023
- 79 10:10 - Performance brief
Item 79 Performance Brief - October 2023
- 80 10:30 - Significant Risks and Board Assurance Framework (BAF) Summary Report
Item 80 Significant risks and Board Assurance Framework (BAF) TLT Board Nov
- 81 10:35 - Guardian for Safe Working Hours quarterly report
Item 81 Cover paper GoSWH Quaterly report Dec 23
- 82 10:45 - Health Equity Strategy update report
Item 82 Board equity update Dec 2023 v0.3
- 83 10:55 - Mortality report quarterly report
Item 83i Mortality report Q2 23
Item 83ii Appendix 1 Adult Mortality Report Q2 23 24 PDF
Item 83iii Appendix 2 QAIG flash report CBU Child Death Q2 23 24 FINAL
Item 83iv Appendix 3
- 84 11:05 - Sustainability report (Annual Green Plan)
Item 84 Net Zero Update November 2023
- 85 11:15 - Workforce Report and Strategy update report

Item 85i - Workforce Strategy Update and Headlines Nov 2023 V1.0

Item 85ii - APPENDIX 1 Workforce Strategy Delivery Plan pages 7 to 10 of Workforce paper V1.0 November Update

Item 85iii -APPENDIX 2 Workforce Strategy Delivery Plan pages 10 to 11 Dashboard V1.0 - November update

86 11:25 - Annual General Meeting Minutes: 19 September 2023

Item 86 Final minutes AGM 2023

87 11:30 - Register of sealings – quarterly report

Item 87 Use of Seal July to November 2023

88 11:35 - Any other business and Blue Box Items

89 11:40 - Reflections on the meeting

90 11:45 - Close of the public section of the Board

91 Blue Box: Quality Strategy update– reviewed by Quality Committee November 2023

Item 91 Quality Strategy Update Nov 23 approved

92 Blue Box: Estates Strategy – reviewed by Business Committee October 2023

Item 92 Estates - Board Update FINAL bm

93 Blue Box: Board workplan

Item 93 Public Board workplan 2022-23 v4 30 11 2023

Agenda Trust Board Meeting Held In Public
Boardroom, Ground Floor, Building 3
White Rose Office Park, Millshaw Park Lane
Leeds
LS11 0DL

Date 8 December 2023
Time 9:00am – 11.45am
Chair Brodie Clark CBE, Trust Chair

AGENDA			Paper
2023-24 71	9.00	Welcome, introductions and apologies: (Trust Chair) Apologies: Alison Lowe OBE	N
2023-24 72		Declarations of interest (Trust Chair)	N
2023-24 73		Questions from members of the public	N
2023-24 74	9.10	Minutes of previous meeting and matters arising (Trust Chair) *For approval*	
74a		Minutes of the meeting held on: 6 October 2023	Y
74b		Actions' log: 8 December 2023	Y
2023-24 75	9.20	Patient story: Healthwatch video – Care and involvement of families from Integrated Children's Additional Needs Service (ICAN)	N
QUALITY AND DELIVERY			
2023-24 76	9.35	Chief Executive's report (Sam Prince)	Y
2023-24 77	9.45	Resilience and system flow (Andrea North)	Y
2023-24 78	9.55	Committee Chairs' Assurance Reports:	
78a		Quality Committee: 27 November 2023 (Helen Thomson)	Y
78b		Business Committee: 25 October 2023 and 30 November 2023 (Rachel Booth)	Y
78c		Audit Committee: 13 October 2023 (Khalil Rehman)	Y
2023-24 79	10.10	Performance Brief (Sam Prince)	Y
BREAK			
2023-24 80	10.30	Significant Risks and Board Assurance Framework (BAF) Summary Report (Sam Prince)	Y
2023-24 81	10.35	Guardian of Safe Working Hours quarterly report 2023-24 (Dr Nagashree Nallapeta presenting)	Y
2023-24 82	10.45	Health Equity Strategy – update report (Dr Ruth Burnett)	Y
2023-24 83	10.55	Mortality report quarter 2 – reviewed by Quality Committee November 2023	Y

		(Dr Ruth Burnett)	
2023-24 84	11.05	Sustainability report (Annual Green Plan) – reviewed by Business Committee November 2023 (Andrea North)	Y
2023-24 85	11.15	Workforce Report and Strategy Update – reviewed by Business Committee November 2023 (Jenny Allen/Laura Smith)	Y
For Approval			
2023-24 86	11.25	Annual General Meeting minutes – 19 September 2023	Y
For Noting			
2023-24 87	11.30	Register of sealings – quarterly update (Sam Prince)	Y
CLOSE			
2023-24 88	11.35	Any other business and questions on Blue Box items (Trust Chair)	N
2023-2024 89	11.40	Reflections on the meeting (Trust Chair)	N
2023-24 90	11.45	Close of the public section of the Board (Trust Chair) The Board resolves to hold the remainder of the meeting in private due to the confidential or commercially sensitive nature of the business to be transacted.	N

All items listed (Blue Box) in blue text, are to be received for information/assurance, having previously been scrutinised by committees. The Trust Chair will invite questions on any of these items under Item 87.

Additional items (Blue Box)			
2023-24 91	Quality Strategy update– reviewed by Quality Committee November 2023 (Steph Lawrence)		Y
2023-24 92	Estates Strategy – reviewed by Business Committee October 2023 (Executive Director of Finance and Resources)		Y
2023-24 93	Board workplan – to note		Y

Trust Board Meeting held in public: 8 December 2023

Agenda item number: 2023-24 (74a)

Title: Trust Board meeting minutes 6 October 2023

Category of paper: for approval
History: N/A

Responsible director: Chief Executive
Report author: N/A

Attendance

Present:	Brodie Clark CBE	Trust Chair
	Sam Prince	Interim Chief Executive
	Richard Gladman (RG)	Non-Executive Director
	Professor Ian Lewis (IL)	Non-Executive Director
	Helen Thomson DL (HT)	Non-Executive Director
	Khalil Rehman (KR)	Non-Executive Director
	Yasmin Ahmed	Interim Executive Director of Finance and Resources
	Andrea North	Interim Executive Director of Operations
	Steph Lawrence MBE	Executive Director of Nursing and Allied Health Professionals (AHPs)
	Dr Stuart Murdoch	Deputy Medical Director
	Laura Smith (LS)	Director of Workforce, Organisational Development and System Development (LS)
Apologies:	Alison Lowe OBE (AL)	Non-Executive Director
	Dr Ruth Burnett	Executive Medical Director
	Jenny Allen (JA)	Director of Workforce, Organisational Development and System Development (JA)
In attendance:	Rachel Booth (RB)	Associate Non-Executive Director
	Helen Robinson	Company Secretary
Minutes:	Liz Thornton	Board Administrator
Observers:	None present	
Members of the public:	None present	

<p>Item 2023-24 (50)</p> <p>Discussion points: Welcome introduction, apologies, and preliminary business The Chair of Leeds Community Healthcare opened the Trust Board meeting. He welcomed members of the Board to the meeting.</p> <p>Apologies Apologies were received and accepted from Alison Lowe OBE, Non-Executive Director, Dr Ruth Burnett, Executive Medical Director and Jenny Allen, Director of Workforce, Organisational Development and System Development.</p> <p>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.</p> <p>He thanked the Executive Team and Trust staff for continuing to demonstrate its strength through challenging times. He said that this was a key time for the Trust:</p> <ul style="list-style-type: none"> • Money and funding would be a key consideration - there would be less funding available across the system. • Promoting a culture of decency and safety across the organisation. A key consideration would be the further implications of the Lucy Letby case and what the organisation needed to do in response to this. • System changes – 'Left Shift' needed to be central to future thinking. How can the Trust continue to drive, influence and shape that work and increase its positive reputation. • Managing the post-pandemic waiting lists. • A strong sense of planning to be put in place for the next two to three years. Ensuring that staff are well informed and fully understand the Trust's position. <p>He said that much of this was reflected in the agenda for the Board meeting today but none of this would simply fall into place, instead it would require focus and drive to be successfully achieved.</p>
<p>Item 2023-24 (51)</p> <p>Discussion points: Declarations of interest Prior to the Trust Board meeting, the Trust Chair had considered the directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Board members. No additional potential conflicts of interest regarding the meeting's agenda were raised.</p>
<p>Item 2023-24 (52)</p> <p>Discussion points: a) Minutes of the last meeting: 4 August 2023 The minutes were reviewed and agreed as an accurate record of the meeting. b) Actions' log 6 October 2023 2023-23 (31): Patient Story – Kelly Manak: a joint workshop (Leeds Community Healthcare, Leeds Teaching Hospitals NHS Trust (LTHT) and service user representatives) was planned for October 2023 – to focus on service pathway improvements. Action closed. 2023-24 (35): PEG report on waiting lists (CAMHS and ICAN): the report had been circulated. Action closed. 2023-2024 (35): Review of staffing levels – The Interim Executive Director of Operations informed the Board that three staffing areas across the business would be reviewed initially. No timescale had been agreed. Ongoing. 2023-2024 (36): Discussion on the detail underpinning Risk 981: constant supervision at Wetherby YOI – The Interim Executive Director of Operations informed the Board that following a review this risk will be closed and re-worded to focus on the actual risk of harm due to failures in constant supervision. A new Standard Operating Procedure was being developed. Action closed. 2023-24 (41): Health Equity Strategy: timescale for production of the e-book. An update would be provided on 8 December 2023. Ongoing.</p>

<p>2023-24 (41): future Health Equity reports to be more outcome focussed on the redress of inequalities across the service. Report to be presented to the Board on 8 December 2023 Ongoing.</p>
<p>Item 2023-24 (87)</p> <p>Discussion points</p> <p>Patient story:</p> <p>The story was presented to the Trust Board as a video recording produced by Healthwatch Leeds.</p> <p>Laura lived on the border between Leeds and Wakefield and had two children. Her little boy aged six had a rare genetic condition which had resulted in him having a range of complex medical conditions. He was non-verbal and had mobility issues. Laura was keen to explain the difficulties she had encountered to ensure he had the appropriate school support and explained the obstacles she had to overcome to make sure an Education, Health, and Care Plan (EHCP) was in place. She explained that the process was supposed to take a total of 20 weeks but had taken over a year. Her son was now attending a Specialist Inclusive Learning Centre (SILC) over 40 minutes away from home as this was the only centre available which could meet his needs.</p> <p>The Trust Chair said that this story highlighted the difficulties parents and carers encountered in working within the two systems of health and education, which did not always communicate effectively.</p> <p>The Interim Chief Executive acknowledge the problems related to working within a system which was not easy to navigate and currently did not support children in the best possible way. She said that the West Yorkshire Integrated Care Board was undertaking a piece of work to enable better integration between education and healthcare providers and link professionals more closely through the introduction of effective digital platforms.</p> <p>The Trust Chair asked what more the Trust could do to support the system transformation.</p> <p>The Executive Director of Nursing and AHPs explained that the Local Authority Director of Children's Services had lead responsibility for this but the Trust had a voice in influencing developments in the service to ensure improvements were made. She believed that this could be achieved through representation on the SEND Partnership Board. It was agreed that a further progress report would be made to the Quality Committee in Spring 2024.</p> <p>The Trust Chair said that the story had raised some important issues which the Board needed to be sighted on and looked forward to receiving a further update on developments via the Quality Committee Chair's assurance report in Spring 2024.</p>
<p>Item 2023-24 (55)</p> <p>Discussion points:</p> <p>Interim Chief Executive's report</p> <p>The Interim Chief Executive presented her report which focussed on:</p> <ul style="list-style-type: none"> • Chief Executive recruitment • Lucy Letby – what next? • Industrial action • Fit and Proper Person Test – Framework Implementation • Leaders Network Live • Cyber Security Board Development Session • Update on White Rose Park (new staff hub) • Annual General Meeting 2023 • Collaborating in partnership <p>Two items were highlighted.</p> <p>The Executive Director of Nursing and AHP's had attended an event in London hosted by NHSE with the Trust Chair to discuss further the implications of the Lucy Letby case and what organisations need to do. The Trust had already started to consider its processes and governance</p>

meetings/structures and there were ongoing conversations with the Chair of the Quality Committee who had also attended a series of events in relation to this very distressing and disturbing case.

A session for Board members run by the National Cyber Security Centre had taken place on 6 September 2023, which covered the evolving NHS context, a definition of cyber, and the five pillars of risks and harms. A stock-take of the Trust's cyber maturity and resilience would now be considered, with a view to Board receiving an assurance paper in December 2023.

Outcome: the Board

- received and noted the Chief Executive's report.

Item 2022-23 (56)

Discussion points:

Seasonal resilience and system flow

The Interim Executive Director of Operation provided a verbal update.

- The number of patients in hospital with 'no reason to reside' had reduced.
- Referrals to the Trust had been low in the past week which was possibly due the industrial action taken by medical staff.
- There were some delays related to re-enablement due to delays in assessments by the Local Authority.

The Interim Executive Director of Operations updated the Board on a piece of work to be undertaken by Newton Europe to compare patient treatment pathways in the two acute hospital sites in the city. Details of the findings would be reported to the Quality Committee.

Outcome: the Board:

- noted the update.

Item 2023-24 (57)

Discussion points:

Assurance reports from sub-committees

a) – Nominations and Remuneration Committee 15 September 2023

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

- The Committee received an update on the process to appoint a new Chief Executive Officer for the Trust.
- Approved implementation of the pay recommendations made by the Doctors and Dentist Pay Review Body recommendations for locally employed doctors for 2024.
- Accepted recommendations on bonuses for Very Senior Managers.

b) – Charitable Funds Committee 15 September 2023

The report was presented by the Executive Director of Nursing and AHPs, who highlighted the key issue discussed:

- The meeting had been held at Hannah House to enable the Committee to see the new gardens, play area and the minibus.
- The Committee noted the appointment of a new fundraiser for the Trust and the re-establishment of the Charitable Funds Steering Group to be chaired by the Executive Director of Nursing and AHPs.

c) – Quality Committee – 25 September 2023

The report was presented by the Chair of the Committee, Non-Executive Director (HT), the key issues discussed were highlighted:

- Service spotlight – Diabetes: the committee received an update on the projects which commenced last year to improve outcomes for people with diabetes.
- Home First governance structure: the Committee heard about an overall reducing trend in 'lost bed days' due to various projects. The Interim Chief Executive represented the Trust on the Home First Board.

- SEND review: the Trust had been subject to a focussed review of SEND alternative provision. The final report would be shared with the Committee when available. The Committee were reminded of the risks already identified within the Trust, specifically related to waiting times.

The Board noted that the items discussed on the agenda had allowed the Committee to assign a **Reasonable** level of assurance to the risks allocated to it.

d) – Business Committee – 27 September 2023

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

- Priority Focus - Dental Time to Shine: the Committee heard about service level improvements which had taken place to address persistent issues such as waiting times, workforce gaps and stepping up and down patients appropriately from general dental practices.
- Estates management report: the Committee received assurance on Reinforced Autoclaved Aerated Concrete (RAAC) and the work with the City Council to assess its estate, explore the nature of building construction and undertake on-site survey work. No further action was required for the Trust owned estate or leasehold estate provided by LIFT Co. or LTHT.
- Service focus – Neurodiversity Service: the Committee received an update on the issues surrounding access and support for neurodiverse children and young people in the Trust and wider system. The long wait times for assessments were highlighted and the actions being taken to mitigate them.

The Interim Director of Operations referred to the discussion about the Performance Brief relating to waiting lists including Community Gynae Services. She reported that LTHT had not been able to fund any clinics above the contract levels.

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

Non-Executive Director (IL) questioned whether a reasonable level of assurance was an accurate reflection of how some of the risks in both Quality and Business Committees were managed, particularly highlighting the information received about the length of waiting lists and access and support for neurodiverse assessments.

In relation to neurodiversity waiting lists the Interim Chief Executive said that the referral to diagnosis rate was 96%, and that the situation in Leeds was ‘assessment heavy and support light’. The service had engaged with colleagues and parents/carers to review its assessment model and was confident it had worked hard to ensure all possible efficiencies had been realised and existing clinical capacity delivered the best possible outcomes.

Commissioners had acknowledged the mismatch between demand and capacity and work was in progress to find a solution but it was important to be transparent about the scale of the issue. Overall, she felt that there was reasonable assurance that the Trust was managing the demand.

Risk 5: failure to deliver financial and performance targets, the Interim Chief Executive said that the reasonable assurance level was for the strategic risk of managing demand for services overall, and not just against the one service (Neurodiversity).

Outcome: the Board

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

Item 2023-24 (58)

Discussion points:

Performance Brief: August 2023

The Interim Executive Director of Finance and Resources presented the report which sought to provide assurance to the Trust Board on quality, performance, compliance, and financial matters.

The report had been reviewed by the Quality and Business Committees on 25 and 27 September 2023, respectively.

Questions were invited:

Responsive

Non-Executive Director (IL) queried why the number of face-to-face contacts in the neighbourhood teams had decreased in 2023/24.

The Executive Director of Nursing and AHPs spoke about the changes in patient care which had led to a decrease in the need for as many face-to-face contacts including improvements in wound care and more use of virtual consultations.

The Board were reminded that in the past a quarterly dashboard on performance of the neighbourhood teams had been produced, alongside a triangulation report which had been presented to Committees via the Performance Report.

Well-led

The Board noted that the data to August 2023 showed a fall in short-term sickness absence rates but a rising trend in long term sickness rates.

The Director of Workforce, Organisational Development and System Development (LS) said that short-term sickness absence rates were expected to rise in September due to an increase in Covid infection rates. A deep dive into long term sickness absence was planned for the Business Committee workshop session on 25 October 2023.

Finance

The Interim Executive Director of Finance and Resources provided a verbal update.

At the end of August 2023, the Trust was reporting a small surplus to the break-even plan approved by the Trust Board. The year-to-date favourable position was mainly driven by substantive vacancies and favourable variances in depreciation and interest received, offset by income contract penalties and non-pay inflationary pressures. A breakdown of the variances by category were provided in the papers. The forecast for the end of year was a break-even position with the contract penalties and pay overspend being offset by underspends in non-pay and interest received.

Outcome: the Board:

- noted the levels of performance in August 2023.

Item 2023-24 (59)

Discussion points:

Significant risks and Board Assurance Framework (BAF) summary report

The Company Secretary 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 Board noted changes to the risk register as follows:

- No new risks scoring 15+ had been added to the register as of 12 September 2023.
- There had been no risks scoring 12 or above added, deescalated, or closed on the risk register since the last report was received by the Board in August 2023.
- One risk had been escalated from 6 to 12:
 - Risk 1125: National supply issues with enteral feeding supplies by Nutricia.

The Board reviewed the list of risks scoring 12 (high risk).

In relation to Risk 1125 the Executive Director of Nursing and AHPs clarified that this was a national supply issue and provided assurance that the consequences of the contractor not fulfilling their contractual obligations impacted more on staff than patients. The West Yorkshire Integrated Care Board (ICB) were taking steps regionally and concerns were being escalated at a national level.

The Board noted that a number of risks were due for review. The Interim Executive Director of Operations said that a workshop was scheduled for November to focus on the risks related to waiting lists. The Interim Chief Executive said that this would provide an opportunity to review all the risks and consider whether there was any duplication.

Outcome: the Board

- noted the escalated risk, which had been scrutinised by Quality, Business and Audit Committees
- noted the assurance levels for strategic risks assigned to the Board's committees.

Item 2023-24 (60)

Discussion points:

Trust Priorities - update

The Board received a mid-year progress update against the four Strategic Goals priorities agreed for 2023/24.

The Board agreed that to judge the impact of the projects underpinning the goals it would be helpful to have a summary position dashboard for each one as part of the next report to the Board.

Outcome: the Board

- noted the progress made against the Trust's priorities so far in 2023-24 and recognised the contribution that staff had made to that progress whilst striving every day to provide the best possible care to the communities the Trust served.

Item 2023-24 (61)

Discussion points:

Patient Safety Strategy

The Board received a six-monthly update of progress against the national Patient Safety Strategy which was launched in 2019.

The Executive Director of Nursing and Allied Health Professionals (AHPs) reminded the Board that Strategy aimed to change the culture of patient safety reporting and investigation to ensure the key focus of investigation was learning and improvement that makes a difference to quality and safety, along with sustained change. The Trust continued to co-lead the citywide Patient Safety Specialist Network with the ICB where partner organisations across Leeds met to discuss implementation of the Strategy and how this could be done better together.

The Board noted that there remained significant work to do to complete the planning and implementation required to establish the Patient Safety Incident Response Framework and Response Plan in the Trust, but received reassurance that work was continuing to achieve full implementation by the end of the year.

Outcome: the Board

- noted the update report.

Item 2023-24 (62)

Discussion points:

Engagement Strategy

The Executive Director of Nursing and AHPs presented the update on the Trust's engagement principles and how these were being embedded across the organisation and in every interaction with patient care.

She explained that progress to embed the Engagement Principles across the organisation had been slow due to significant capacity issues within the Patient Experience Team but work had been ongoing across key areas which would help to form a true culture of engagement across the organisation. A summary was included in the appendix to the report. The Team was now at full complement, and work to embed the Engagement Principles would recommence with significant progress anticipated during 2024.

Outcome: the Board <ul style="list-style-type: none"> noted the progress so far to embed the Engagement principles across the organisation and agreed the updated aims for the next six months. 	
Item 2023-24 (63)	
Discussion points: Annual Workforce Equality & Diversity Report 2022/23 (Incorporating WDES and WRES Action Plans for 2023/24) The Director of Workforce, Organisational Development and System Development (LS) presented the paper which provided the Board with an annual update on progress made and future actions around equality and diversity to provide assurance that the requirements of the Equality Act 2010 Public Sector Equality Duties (PSED) and the NHS Standard Contract were being met.	
Outcome: the Board <ul style="list-style-type: none"> Noted that a further update on the NHS EDI Improvement Plan would be presented, once the mapping of current and proposed work had identified how these dovetailed, and any gaps identified, with suggested next steps. Agreed that the continued work undertaken with the EDI workstream during 2022-23 and the WDES & WRES action plans 2023-24 provided assurance that the Trust met the workforce requirements of the Equality Act 2010 Public Sector Equality Duties (PSED) and the NHS Standard Contract (WDES & WRES). 	
Item 2022-23 (63)	
Discussion points: Reflections on the meeting A reflective discussion took place on the format of the meeting and the papers presented, including the presentation of future reports.	
Item 2023-24 (64)	
Discussion points: Any other business and close The Trust Chair referred Board members to the additional Blue Box items (67 – 70) on the agenda and the papers which had been circulated to support those items. He explained that the Blue Box was for items already discussed at a Committee in full and where any concerns were escalated via the Chairs' assurance reports. The Trust Chair invited any questions or comments on the Blue Box items. None were raised.	
Item 2023-24 (66)	
The Trust Chair closed the meeting at 11.45noon	
<p style="text-align: center;"> Date and time of next meeting Friday 8 December 2023 9.00am-12.00 noon Woodhouse Community Centre 197 Woodhouse Street Woodhouse Leeds LS6 2NY </p>	
Additional items (Blue Box)	
2023-24 67	Infection Prevention Control Assurance Framework – reviewed by Quality Committee September 2023
2023-24 68	Serious incidents report and patient safety report combined report from March 2023 – reviewed by Quality Committee September 2023
2023-24 69	Children, Young People and Family Strategy – reviewed by Quality Committee September 2023
2023-24 70	Board workplan – to note

Leeds Community Healthcare NHS Trust
Trust Board meeting (held in public) actions' log: 8 December 2023

Agenda Item Number	Action Agreed	Lead	Timescale	Status
6 October 2023				
None to note				
4 August 2023				
2023-24 (35)	Performance Brief June 2023: <ul style="list-style-type: none"> A review of staffing levels post the pandemic should be undertaken to review and evaluate whether safe and effective staffing was in place in all areas to deliver care in the most productive way. 	Executive Director of Operations/ Executive Director of Nursing and AHPs/ Director of Workforce	To be considered at a QAIG Worksop	Trust Board 2 February 2024
2023-24 (41)	Health Equity Strategy update: <ul style="list-style-type: none"> Update on the timescale for production of the e-book. 	Interim Chief Executive	December 2023	Agenda 8 December 2023
2023-24 (41)	<ul style="list-style-type: none"> Future reports to be more outcome focussed on the redress of inequalities across the service. 	Executive Medical Director and Health Equity Lead.	Next report to Board	Agenda 8 December 2023

Actions on log completed since last Board meeting on 6 October 2023	
Actions not due for completion before 8 December 2023: progressing to timescale	
Actions not due for completion before 8 December 2023: agreed timescales and/or requirements are at risk or have been delayed	
Actions outstanding at 8 December 2023: not having met agreed timescales and/or requirements	

Trust Board Meeting held in public: 8 December 2023

Agenda item number: 2023-24 (76)

Title: Chief Executive's report

Category of paper: for information

History: Not applicable

Responsible director: Interim Chief Executive

Report author: Interim Chief Executive

Executive summary (Purpose and main points)

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

This month's report focusses on:

- Executive Team Recruitment & Selection Update
- Trust Strategy Workshop
- Staff Achievements and awards nominations
- BME Talent Development
- Collaborative updates
- Collaborating in Partnership

Recommendations

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

1. Introduction

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

2. Executive Team Recruitment & Selection Update

Selection has now taken place for a substantive Chief Executive replacement and we are pleased to report that Selina Douglas has been offered and accepted the post. We will now concentrate efforts to appoint substantively to our vacant Executive Director of Finance and Resources post.

3. Trust Strategy Workshop

At the end of October a full day's board workshop was held to review our organisational strategy. In addition to Board members we were joined by staff from Business, Change and Development; representatives from the staff networks; and the patient safety representatives.

An action plan is now being drawn up and next steps include reviewing all of our services and agreeing our 'core offer' at a board workshop in 2024, and starting extensive staff, service user and stakeholder engagement on LCH's unique selling point and position in the system – this will be undertaken in line with the start of the new Chief Executive Officer.

4. Staff Achievements

Hayley Ingleson, one of our practice learning facilitators was shortlisted for the Educator of the year at the Nursing Times Workforce Summit & Awards. The awards were held in London on 21 November 2023 and although she didn't win, we are proud of her for being nominated.

LCH has welcomed 17 new Queens nurses this year – this is an incredible number and takes our total to 38 Queens Nurses in the organisation. All those honoured this time will receive their awards at a ceremony on 8 December 2023.

Noor Ul Haq, Pastoral Lead for our overseas nurses, has been invited to a reception hosted by His Majesty The King to celebrate the contribution of Nurses and Midwives (notably International Nurses and Midwives) working in the UK's Health and Social Care Sector on Tuesday 14 November 2023. The reception invites were being issued to internationally educated nurses and midwives with representation from those colleagues supporting IENs/IEMs also.

In addition Noor has also won the won the Queens Nursing Institute (QNI) International Community Nurse of the Year award. He will receive his award at a ceremony on 8 December 2023. He was nominated by Jude McKaig, the operational manager for the Clinical Education Team.

5. HSJ / HR Excellence Awards (Hyper Local Recruitment)

Our Hyper Local work was recently shortlisted in the Health Service Journal (HSJ) Workforce Initiative of the Year Award and whilst the work did not win the category it was a great honour to be shortlisted.

Additionally, the same work has been nominated for an award for Best Resourcing Initiative in the HR Excellence awards – this is a national publication with annual awards across all sectors (public, private and charitable) and so it is a significant achievement to be shortlisted with LCH one of a very few public sectors bodies to achieve this.

6. BME Talent Development

The Trust Leadership Team have recently considered and approved an exciting proposal to provide focussed time and resources on the leadership development of our BME staff. Currently we are seeking to procure and finalise the approach working with ICS colleagues in terms of fit with their Aspirant BME Leaders course. We are working to improve our BME leadership representation and importantly improve the experience of BME staff working for LCH.

7. Leeds Partnership Executive Group

Senior accountable officers from across the NHS and Local Authority, Healthwatch, General Practice Confederation and the third sector have continued to come together fortnightly as the Leeds Health and Care Partnership Executive Group (PEG).

In addition the Partnership has established a strategic Finance Executive Group drawing membership from NHS Statutory Partners. The NHS statutory bodies in Leeds, who are collectively accountable for setting the balanced plan, will be using the next few months to develop the plan

This group will advise and support the Leeds Committee of the WYICB, through oversight of key financial and performance plans, ensuring alignment with Healthy Leeds Plan Priorities as well and achieving and maintaining financial balance.

Simon Worthington from LTHT, has been appointed Lead Director of Finance for place



8. West Yorkshire Community Health Services Collaborative

The West Yorkshire Community Healthcare Provider Collaborative (WYCHS) continues to develop and deliver its work programme. By working together to tackle mutual challenges and maximise our combined resources we aim to deliver improved outcomes and outstanding care closer to where people live.

Members of the Collaborative joined and spoke at the NHS Confederation Health beyond the Hospital conference in September. This event asked 'How can we best deliver out of hospital care?' and brought together those focused on keeping people well at home and in the community. This event also saw the launch of a new NHS Confederation and Carnell Farrer report which explores how investing in community care can improve system productivity. The report finds that acute healthcare spending between 2020/21 and 2021/22 grew faster than any other form of NHS spending, despite performance continuing to be challenged with pressure on A&E, beds and discharges. The podcast recorded at the event is well worth a listen.

One piece of work we are progressing in West Yorkshire is around data and intelligence. We are keen to highlight and improve the data we use and share about Community services. To that end we have been working with NHSE on the development of their updated Community data strategy and are in the process of agreeing with the West Yorkshire locality team a set of community metrics and narrative that will be included in the ICB assurance dashboard and in the new Opel framework to ensure it provides a system overview.

This month we had our Quarterly Chairs and Executive Leads meeting, where we welcomed Harrogate and District NHS Foundation Trust as a core member of our West Yorkshire Community health provider Collaborative. This time together also gave us the opportunity to share best practice, this time hearing about the Locala Clinical van pilot and review progress against our priorities, such as the development of a West Yorkshire Community Dental offer.

9. West Yorkshire Mental Health Services Collaborative

The Committees in Common on 25 October 2023 discussed the following:

- A West Yorkshire working group has been formed to support the delivery of the NHS111 First for Mental Health policy initiative, there have been shared concerns across the system which have been reflected back to NHSE (National Health Service England) which has resulted in positive policy changes.
- A Neurodiversity Summit will be taking place on 4 December 2023 to discuss the whole system approach on the challenges faced when diagnosing and supporting those with ADHD/Autism. The summit will include attendees from health, care, education, criminal justice along with elected members and Members of Parliament, there will be discussions and activities around the shared purpose, current context and creating a shared vision. It is expected that there will be a follow up early 2024.

- The latest position regarding the ICB Operating Model, with a discussion around how the collaborative can better prioritize where the core team puts their focus. A draft prioritisation framework would be produced and members were being asked to consider how the MHLDA core team would balance functions, priorities and requests.
- NHSE has set an expectation for the ICB to update the existing WY Children and Young Peoples Mental Health Plan which will include collective priorities and common challenges. The ambition and Operating Model were reviewed, along with the collective outcomes and objectives with current progression reports.
- Lead Provider developments, including engagement with NHSE around increased activity for Adult Eating Disorders/CONNECT and CYPS, and the need for a West Yorkshire system approach to complex care to meet the emerging gap realised by assuring transformation agenda/ quality transformation.
- An update on the MHLDA Programme of work.

10. Collaborating in partnership

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

Meeting	Attendee	Date
West Yorkshire Health and Care Partnership monthly Chairs and Leaders meeting	Brodie Clark	16 October
West Yorkshire System Leadership Executive Group	Sam Prince	7 November 2023
West Yorkshire Mental Health Collaborative Committees in Common	Brodie Clark Andrea North	25 October
WY Community Collaborative Exec Leads	Sam Prince	11 October
WY Community Health Services Provider Collaborative	Brodie Clark Sam Prince Steph Lawrence	16 October
WY ICS Finance Forum	Bryan Machin	24 November
WY ICB Development Session	Sam Prince	17 October
WY Safeguarding Oversight and Assurance Partnership	Steph Lawrence	

Leeds Adults, Health and Active Lifestyles Scrutiny Board	Sam Prince	10 October
Leeds Partnership Executive Group	Sam Prince	5 October 2023 17 November
Strategic Quarterly Leeds Partnership Executive Group	Sam Prince Ruth Burnett	20 October
Leeds Committee of WY ICB public meeting/development session	Sam Prince	4 October 25 October
Leeds Health and Wellbeing Board workshop	Sam Prince	12 October
LCC/LCH Alliance session and planning meeting	Sam Prince Andrea North Steph Lawrence Laura Smith Yasmin Ahmed	9 October
LCC/LCH Alliance Board meeting	Sam Prince	20 November
Leeds Clinical & Professional Forum Executive Group Forum	Ruth Burnett	11 October
Leeds Clinical Senate	Ruth Burnett	12 October
Leeds Hub Steering Group	Sam Prince	3 October
Staten Island events	Sam Prince Laura Smith Ruth Burnett	w/c 2 October
Primary Care Programme Board	Steph Lawrence	5 October
WY ICB Winter exercise	Andrea North	10 October
Frailty Population Board	Andrea North	12 October
Leeds Academic Health Partnership Board	Sam Prince	13 October
ICB Director of Nursing meeting	Steph Lawrence	18 October
NHS Providers Community Network	Sam Prince	19 October
WY Community Health Services Director of Ops Group meeting	Sam Prince Andrea North	20 October

Chairs of Standalone Community Trust and CiCs network	Brodie Clark	23 October
National Medical Director's Regional Winter Briefing	Ruth Burnett	25 October
Leeds Third Sector Strategy Launch	Sam Prince Andrea North	30 October
Leeds Cost of Living Strategic Group	Sam Prince	6 November
NHS England finance leaders update	Bryan Machin	9 November
WY planning and finance briefing	Bryan Machin	13 November
Strategic Workforce Forum	Laura Smith	10 October
NHS Workforce Summit	Steph Lawrence	9 November
NHS Providers conference	Brodie Clark Sam Prince	14 & 15 November
CNO Summit	Steph Lawrence	17 November
NHS Leeds Finance Executive Group	Sam Prince Bryan Machin	20 November
People Professional Development working group	Laura Smith	20 November
Leeds HRD meeting	Jenny Allen	29 September
Leeds One Workforce Strategic Board	Jenny Allen Steph Lawrence	23 November
Leeds City Resourcing Group	Laura Smith	3 October
Community HRD meeting	Jenny Allen	24 November
Leeds NHS DoF Meeting	Bryan Machin	28 November

Sam Prince
Interim Chief Executive

Nov 2023

Youth Board Update Autumn 2023



Social Media Take-Over Event

Members of the Youth Board joined staff from 0-19 Public Health Integrated Nursing Service taking over their social media account and submitting their own posts.



Their posts gave advice and information about firework safety, managing stress around exams, myths and facts about vaping and mental health support.

These posts were posted on 0-19 Public Health Integrated Nursing service Facebook page.

Leeds Community Healthcare NHS Trust Webpage.

We are now able to promote the Youth Board on our webpage.

This includes information on how to join, a video about the Youth Board and some information from Caitlin and Maddison about why they joined.

Here is the link to the page and video which can also be found on You Tube.

[\(4\) LCH Youth Board – YouTube](#)

[Leeds Community Healthcare NHS Trust - Youth Board](#)



Career Development Tool

We have been working with some of our colleagues from LTHT in helping to design a career development tool. This will be an app providing information around career choices in health and social care for young people in Leeds.

Leeds Central Library

A big thankyou to Leeds City Council who have kindly offered the use of a room at the central library for our Youth Board meetings.

We will now be using this room during school holidays and meet virtually during term time.

Here is Noah, Fraser and Charlie at a recent meeting.



Did you know?

Our Youth Board members have volunteered for a total of 89 hours between August and October.

Our members receive a record of participation every 12 weeks.

Patient - Led Assessment of the Care Environment (PLACE) at Hannah House

We were asked if we would take part in a PLACE at Hannah House and this is the first time that young people have been involved in these

Charlotte and Sami joined Denise (Healthwatch) and Pam (LCH friend) in undertaking this assessment supported by David and Chris

Charlotte and Sami added something different to the assessment from a young person's perspective.

We would like to thank David who did an amazing job providing training for Charlotte and Sami and supporting them on the day.



Quality Walks

We are exploring how members of our group can take part in quality walks of our services.

Adele from the team will be joining our December meeting to discuss this with the group.

Roles for Youth Board Members

We are introducing the option of undertaking specific roles within the Youth Board for our members.

These will include roles such as.

Social media development.

Leaflet / poster design.

For more information about the youth board please contact;

Chris Lake Tel: 07985267740
Amanda Jackson Tel: 07519070321
Email: lch.youthboard@nhs.net

LCH Trust Communications Report

Social and Online Media

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



Facebook

Insights

	This month	Last Month
Page likes	5k	5k
Followers	5.7k	5.7k
New likes	7	4
Page reach	na	3,225
Number of posts	44	19
Post Engagement	432	60
Post reach	10,601	6,494

Top Facebook posts

1. If you have administration experience and would love to work for the NHS, come along and see us at the Leeds Kirkgate Market (Vicar Lane, Leeds LS2 7HY) on 7 September from 10:00am-12:30pm. Or, at the Leeds City Centre Hub (Merrion House, Woodhouse Lane, LS2 8LX) on 14 September from 10am-2:00pm

You can book your place for 14 September via this link:
<https://www.eventbrite.com/.../nhs-recruitment...>

The team look forward to seeing you!
More info → debbie.murphy11@nhs.net

Post reach: 5,405 Reactions, comments and shares: 79

2. If you are looking for a new career and would love to work for the NHS, come along to see us this Thursday (7 September) at the Leeds Kirkgate Market, Vicar Lane, Leeds LS2 7HY. If you have administration experience, then we may have the role to suit you.

The team look forward to meeting you!
More info → debbie.murphy11@nhs.net

Post reach: 2,980 Reactions, comments and shares: 27

3. The Armley Neighbourhood Team talk about their experience working with the Enhance Team. "We have built a trusting relationship which enables better specialist care for patients at home."

Post reach: 1,833 Reactions, comments and shares: 104



Twitter - @LCHNHSTrust

Analytics

	This month	Last month
Followers	na	na
Profile visits	na	na
Mentions	na	na
Impressions	na	na
Tweets	na	na

Top Tweets

n/a



LCH Website

Analytics

	This month	Last month
Users	26k	24k
Average visit length	1m 12s	1m 14s
Sessions	na	27,226
Page views	na	23,697
New users	na	20k

Most viewed webpages

1. Leeds Community Healthcare (Home): **4,014**

2. Leeds Community Healthcare: **3,601**
3. Leeds Community Healthcare NHS – Refer yourself: **2,545**
4. LCH our services: **1,400**
5. Join our team- Vacancies: **1,276**
6. LCH Neighbourhood Teams: **1,223**
7. Leeds Community Healthcare- Hip, Knee, Leg and Foot/Ankle Problems: **1,186**
8. Contact us: **1,049**
9. Leeds Community Healthcare What We Offer **924**
10. LCH Podiatry Contact and Referral Details: **780**

Media Summary

So far for September:

n/a

Graphic Design

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

1. Practice Education Enabling Transition Conference Poster (SBU)

Innovative practice-based education in speech and language therapy: working together to go beyond traditional placement models

Introduction

This innovative project addresses developments in speech and language practice-based education. We have recognised and prioritised clinical practice from the four pillars of practice to ensure that students receive excellent quality placements, working directly with clients with neurological conditions who have been waiting for speech and language therapy input.



Background

NHS England calls for innovation beyond traditional placement models to enhance quality care (NHS, 2023). Post Covid-19, Leeds Community Healthcare NHS Trust's (LCH) Speech and Swallowing Team were unable to fulfil the Royal College of Speech and Language Therapists (RCSLT) requirement for staff to provide 25 days of practice education per year (RCSLT, 2021). They were facing service pressures, staffing issues and increased waiting lists. Support was provided by Leeds Beckett University (LBU) and an independent speech and language therapist to provide high-quality placements and reduce speech and language therapy client waiting lists. This has been achieved through working together in a non-traditional placement model.

Aims

- Address placement capacity shortfall.
- Deliver innovative placements in a non-traditional model.
- Support students with reasonable adjustment requirements due to health conditions.
- Assist students with placement costs during cost-of-living crisis.
- Provide speech and language therapy intervention and reduce client waiting lists.



Methods

LCH worked in partnership with LBU and an independent speech and language therapist (SLT) to configure an innovative placement. A hybrid, online and in-person method was established with a 4:1 student: practice educator model. The students worked online two days a week with the independent SLT, carrying out telehealth groups and one to one therapy for people with Parkinson's Disease (PD) who had been on the LCH waiting list for intervention. The students also attended in-person two days a week with LCH staff, doing home visits for clients with PD. In addition, the students engaged in project work, for example, creating resources designed to support people with PD.



Evaluation and outcome

- 4 placements over 18 months.
- 2464 placement hours delivered.
- 16 students successfully completed the placement.
- Reasonable adjustments related to health needs met student requirements due to the hybrid model.
- Students benefitted from reduced placement financial pressures (travel and accommodation) due to the hybrid model.
- LCH PD client waiting list reduced.
- Clients had a choice of online or in-person intervention, which is central to personalised care (NHS Constitution, 2021) and aims to reduce health inequalities.
- Students created a sustainable digital intervention package for clients with PD.

Positive feedback

From students:

"It was an outstanding placement."

"Opportunities to engage in direct therapeutic work that supported development of my skills exceeded expectations."

From clients:

"The students were very good and I really enjoyed the sessions."

"They [students] were nervous at first, but then after 2-3 sessions they got into the swing."

Implications and future plans

Co-designing an innovative, hybrid 4:1 placement resolved placement capacity issues and enabled successful placement delivery, targeting the service waiting list and delivering effective intervention to people with PD, thus highlighted the students' integral role in a service. This placement has implications for service delivery going forwards and is a model that can be sustained with ongoing student involvement. Placement models must remain innovative and responsive to the needs of students and services. We must also continue to recognise students as part of the workforce and central to managing caseloads and client care.



Authors:

Naomi de Graff - Senior Lecturer and Placement Coordinator, Leeds Beckett University.
Catherine Taylor - Highly Specialist Speech and Language Therapist, Independent Practice.
Helen Haer - Specialist Speech and Language Therapist, Speech and Swallowing Team/Speech and Swallowing Discharge Team, Leeds Community Healthcare NHS Trust.

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2. Home Ward Respiratory Leaflet (SBU)

Contact us

Long Term Conditions Office: 0113 843 4200
Weekdays 8.30am - 4.30pm

We really appreciate your feedback and ask anyone who has had intervention from the Virtual Respiratory Ward, to complete a short survey so we can continue to make improvements to how we work. Please scan the QR code which will take you to the short form to complete. Thank you.



If you need help for minor accidents or unexpected health problems please call 111 (free from landlines and mobile phones).

This is not for emergencies.

They can offer help if you:

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



Help us get it right

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

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

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



Home Ward Respiratory



For patients registered with GPs in the Leeds area

3. Childrens flu vaccination letter to parents and carers (CBU)

Dear Parent/Carer

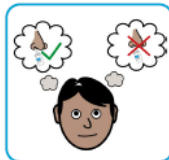


All children in school from reception class to Year 11 class will be invited to have their flu vaccination.

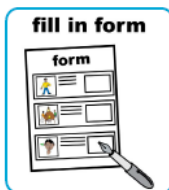


GP practice

Your child will only be able to have their flu vaccination at the GP practice if their GP offers them the vaccination there.



Please read the information pack we have sent you to help you make a decision.



fill in form

Please complete your child's consent form.
 This will be sent out to you via your school.

4. Childrens CIVAS Sticker (CBU)



5. Exploring the Virtual Respiratory Clinic Model in Leeds (ABU)

Exploring the Virtual Respiratory Clinic Model in Leeds

Introduction

Virtual Respiratory Clinics (VRCs) offer an innovative way of bringing together respiratory specialists and primary care clinicians to improve the care of people with COPD. In Leeds there are currently around 16,500 people on COPD registers. Data suggests approximately 25% of those diagnosed with COPD have an incorrect diagnosis.

This project was in collaboration with ICB West Yorkshire (Leeds Place) and funded by Health Inequalities resources.

Aim

To improve the management of COPD patients in Primary Care through upskilling and education.

Method

High risk patients were identified through searches on SystmOne:

- More than 6 prednisolone courses in 12 months.
- COPD patient on inhaled corticosteroids but no exacerbations in the past 12 months.
- COPD patient on LABA, LAMA or SABA monotherapy and no inhaled corticosteroid but CAT ≥ 10 and/or MRC ≥ 3 .
- COPD Diagnosis without Spirometry.

Patient record including spirometry reviewed ahead of VRC by Respiratory Nurse Specialist and Consultant Pharmacist with focus on the following:

- Confirmation of diagnosis, including identifying any potential differential diagnosis.
- Review treatment to ensure optimised and highlight any issues with concordance.
- Identify any non-pharmacological interventions that may be appropriate.

This then informs the VRC conversation where recommendations are agreed with the practice nurse; they then discuss these with the patient and an action plan is agreed.

Authors:

Louisa Clarke and Nicola Bell
Community Respiratory Team
Leeds Community Healthcare NHS Trust

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Results

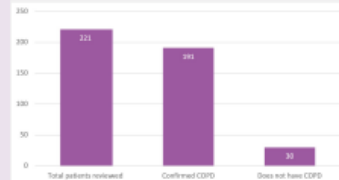
In 9 months 221 patients have been reviewed:

- 86% correctly coded COPD.

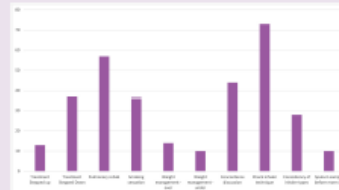
Out of these:

- 35% recommended pharmacological treatment change.
- More than 80% recommended non-pharmacological changes.
- 14% did not have COPD.
- All GP practice staff involved felt supported with greater knowledge and confidence to review patients with COPD. This highlighted the importance of diagnostic spirometry being interpreted by trained clinicians.
- High percentage of patients do not use Inhalers correctly – highlighted importance of clinicians exploring barriers to using inhalers with patients.
- Identified a high proportion of patients decline referral to Pulmonary Rehabilitation when offered during their annual review.

Overview (Dec 2022 - Aug 2023)



Recommendations



Conclusion

Improvements were demonstrated in diagnosis and management of COPD through practice staff having greater awareness and confidence in managing COPD.

VRC has built up greater links between primary care staff and the Community Respiratory Team.

We have identified further areas for development, such as developing lunch time webinars for practice nurses to gain greater awareness of Pulmonary Rehabilitation and how to refer.

6. Falls Service Leaflet (ABU)

The staff involved in my care are:

Appointments

Date of visit	Time of visit	Staff member

Leeds Community Falls Service

Yeadon Health Centre
17 South View Road
Yeadon
Leeds LS19 7PS

☎ **0113 843 5510**

Please phone between 8am and 4pm,
Monday to Friday
(excluding bank holidays)

**Information leaflet
and appointment card**

www.leedscommunityhealthcare.nhs.uk

© Leeds Community Healthcare NHS Trust, September 2023 ref: 1610 v7

7. What LCH Provides Infographic (CORP)

WHO WE ARE

We provide a range of community healthcare services for the people of Leeds and some specialist care services across the wider Yorkshire and the Humber area.

LCH delivers care to around

5,000 people every day.



Our local population is **812,000**

Care is always provided in, or as near to a person's own home as possible.



Our services are organised into three business units:

Adult Services

Specialist Services

Children and Family Services

All three business units are supported by:

Corporate Services

We are an

award winning Trust.

During the year we have seen individuals, teams and services receiving regional and national recognition.



Leeds Community Healthcare
NHS Trust

We employ more than

3,200 people.



Our vision:

We provide the best possible care to every community we serve.

Our 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.

We are rated **GOOD** by the



The Trust met its financial targets.



8. Care Home Visitors A4 Poster (CORP)

Dear visitors

NHS
Leeds Community
Healthcare
NHS Trust

Please don't visit the care home if you have symptoms of a respiratory illness or feel unwell.

Some of our residents could become seriously ill if they catch community acquired illnesses such as flu, Covid or sickness and diarrhoea.



Please help keep our residents healthy!

www.leedscommunityhealthcare.nhs.uk
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LCH Trust Communications Report

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Facebook

Insights

	This month	Last Month
Page likes	na	5k
Followers	na	5.7k
New likes	na	7
Page reach	na	na
Number of posts	na	44
Post Engagement	na	432
Post reach	na	10,601

Top Facebook posts

- 1.
- 2.
- 3.



Twitter - @LCHNHSTrust

Analytics

	This month	Last month
Followers	na	na
Profile visits	na	na
Mentions	na	na
Impressions	na	na
Tweets	na	na

Top Tweets

n/a



LCH Website

Analytics

	This month	Last month
Users	na	26k
Average visit length	na	1m 12s
Sessions	na	na
Page views	na	na
New users	na	na

Most viewed webpages

1. Leeds Community Healthcare (Home): **4,474**
2. Leeds Community Healthcare: **3,961**
3. Leeds Community Healthcare NHS – Refer yourself: **2,855**
4. LCH our services: **1,585**
5. Join our team- Vacancies: **1,313**
6. LCH Neighbourhood Teams: **1,284**
7. Leeds Community Healthcare- Hip, Knee, Leg and Foot/Ankle Problems: **1,264**
8. LCH Speech and Language Therapy Toolkit: **1,178**
9. Contact us: **1,177**
10. Leeds Community Healthcare What We Offer **985**

Media Summary

So far for September:

Date	Article	Link	Positive / Negative / Neutral
19 October	South Leeds Life- Leeds Mental Wellbeing Service launches plan to improve access	Leeds Mental Wellbeing Service launches plan to improve access - South Leeds Life	Positive

Graphic Design

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

1. Giving Voice Christmas Poster (SBU)



2. LMWS Data Privacy Leaflet (SBU)

What choices do I have about how my records are used?

You have the choice to decide if there are any parts of your records you do not want to share with other health professionals. You can:

- Tell us if you feel that something in your records is inaccurate.
- Discuss with us how your information is used.
- Ask us to limit access to parts of your healthcare records if you feel they are sensitive.
- Tell us if you do not want your record to be shared.

If you do not want your records to be used or shared in any particular way that may affect your treatment, you can tell us when you are referred or tell your health worker at any point in treatment or **contact us using the details at the end of this leaflet.**

Data retention

We will retain your data in line with the NHS Records Management Code of practice 2021.

Your rights

Under the GDPR all patients have certain rights in relation to the information which organisations holds about them. Not all of these will rights apply equally, as certain rights are not available depending on situation and the lawful basis used for the processing. For the legal bases LMWS uses to process data, the following rights are available. Please contact LCH who will facilitate these for you.

You have the right to be informed of how your data is being used:

- You can request a copy of the personal information held by LMWS.
- You have the right to ask us to rectify information you think is inaccurate.
- You have the right to ask us to complete information you think is incomplete.

www.leedscommunityhealthcare.nhs.uk

© Leeds Community Healthcare NHS Trust, Aug 2023 ref: 2826

The right to restrict processing: You have the right to limit the way in which your data is processed and stop us from processing it if you are not happy with the way the data has been managed.

The right to object: If you disagree with the way in which part of your data is processed, you can object to this - please bear in mind that this may affect the services we are able to offer you.

Right to complain to the Information Commissioner

You have the right to complain to the Information Commissioner if you are not happy with any aspect of LMWS's processing of personal data or believe that we are not meeting our responsibilities as a data controller.

We would, however, appreciate the chance to resolve your concerns before you approach the ICO, so please contact LMWS at the first instance.

Information Commissioner's Office
Wycliffe House, Water Lane, Wilmslow SK9 5AF
www.ico.org.uk

(Spanish) Llame al 0113 220 8572 si desea esta información en letra grande, braille, audio o en otro idioma.

(Polish) Zadzwoń pod numer 0113 220 8572 by uzyskać te informacje dużą czcionką, brajlem, w audio lub w innym języku.

(Urdu)

اگر آپ کو یہ معلومات بڑے حروف، بریل، آڈیو یا کسی دوسری زبان میں درکار ہوں تو 0113 220 8572 پر کال کریں۔

(Punjabi) ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਦੀ ਲੋੜ ਵੱਡੇ ਪ੍ਰਿੰਟ, ਬ੍ਰੇਲ, ਆਡੀਓ ਜਾਂ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਹੈ ਤਾਂ 0113 220 8572 'ਤੇ ਕਾਲ ਕਰੋ

Leeds Mental Wellbeing Service is a partnership between:
Leeds Community Healthcare NHS Trust, Leeds and York Partnership NHS Foundation Trust, Leeds GP Confederation, Northpoint Wellbeing, Community Links, Touchstone, Women's Counselling and Therapy Service, Homestart Leeds, Ieso Digital Health, SilverCloud Health, SignHealth



Leeds Mental Wellbeing Service

Your data privacy

How we use and share your personal information



Please take time to read this information and keep it safe

If you require this information in large print, braille, audio or another language, call 0113 220 8572.

3. Set for School Flyer (CBU)



Set for School Leeds

The 0-19 Public Health Integrated Nursing Service are here to support parents/carers to help their child be ready for school.

So now you are thinking about your child entering school tell us about their health and development.

Our set for school digital platform:

- Provides self-help information
- Useful links to local and national websites
- Raise any issues you may want us to know about
- Get support before your child goes into school



Visit our digital platform:
www.setforschool.co.uk/Leeds
or scan here:



For further information about how we process your child's data, please view our Privacy Notice on our website: <https://www.leedscommunityhealthcare.nhs.uk>

0-19 Public Health Integrated Nursing Service
Contact 0-19 PHINS on tel: **0113 843 5683**

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4. COS Leaflet (CBU)

How long will I be in COS?

This will be different for all young people and depends on your needs and how they change over time. Our aim is to support your recovery as much as we can, and when the time is right, we will close our involvement with you. This is usually when you are either ready to be supported less intensively in the community by CYPMHS, or if you need support in an inpatient setting.

We will involve the CYPMHS Transitions Team when you reach 17½ years if you agree to this, and if it is likely you will benefit from mental health support into adulthood. The Transitions Team will work with us so they can get to know you and make plans to make sure you have the right mental health support in place once you reach your 18th birthday. This is when you will then move from the care of CYPMHS to Adult Mental Health Services.



Out of hours/crisis support

In an emergency, please contact 999 or go to A&E for urgent support.

Out of COS office hours, you can contact:

CYPMHS helpline: 8am-8pm, tel 0800 953 0505

Night Owls: 8pm-8am, tel 0800 148 8244, or text 07984 392 700

Contact us

CYPMHS Outreach Service (COS)
Leeds Community Healthcare NHS Trust
Thornton Medical Centre
15 Green Lane
Armley
Leeds LS12 1JE
Tel: **0300 0290 021**
Email: dutycos@nhs.net
Monday - Friday, 9:00am-5:00pm

We will ask you to fill in questionnaires every now and then whilst you are under care of COS. This can help to assess your needs and check and monitor how things are going for you. We will also ask you to complete a questionnaire at the end of your care which is your chance to give us your opinions and feedback about what is it like to be supported by COS!

Help us get it right

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

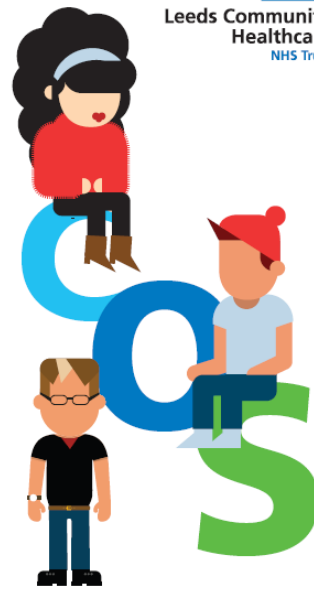
If you would like to talk to someone outside the service contact the **Patient Experience Team** on **0113 220 8585**, Monday to Friday 9.30am to 4.30pm or email Ich.pet@nhs.net

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

www.leedscommunityhealthcare.nhs.uk

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NHS
Leeds Community Healthcare
NHS Trust



Childrens and Young People's Mental Health Services (CYPMHS) Outreach Service

5. ISTUMBLE Restore2 Event Poster (ABU)

ISTUMBLE and RESTORE2 Sharing and Learning Focus Group

NHS
Leeds Community Healthcare
NHS Trust

**on 7 December, 09:00am-12:30pm
at The Old Fire Station, Gipton Approach, Leeds LS9 6NL**

The aim of the day is to:

- Share and hear good practice.
- Celebrate the work achieved so far.
- Network and partake in discussions for peer support.

What is ISTUMBLE?

ISTUMBLE is a post falls algorithm developed by West Midlands Ambulance Service to use in care homes. The algorithm is a simplified assessment to aid decision making and when to promptly call 999.



What is RESTORE2?

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 and act promptly and appropriately to protect and manage the person to achieve better health outcomes.

RESTORE2

Recognise Early Soft Signs, Take Observations, Respond, Escalate

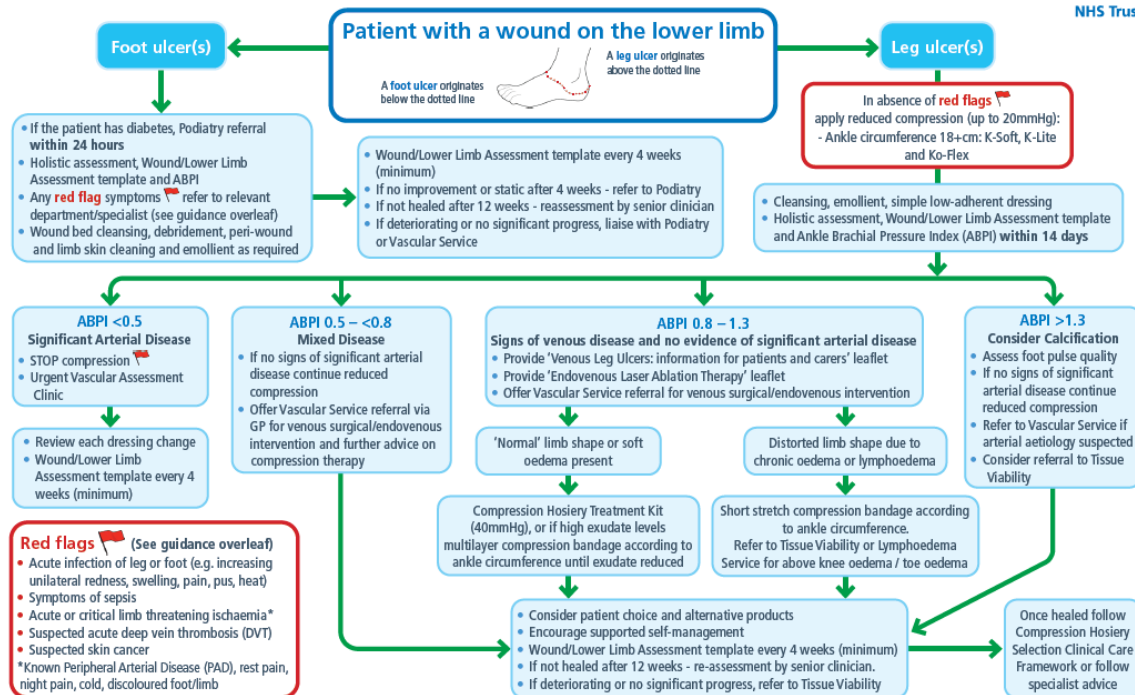
This event is for staff members working in care, nursing and residential homes in Leeds and will be hosted by Carrie Mulvihill, Danielle Miller and Jenny Minton. Refreshments are provided.

To book your place, please email Caroline Mulvihill at caroline.mulvihill@nhs.net

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6. Lower Limb Assessment and Management (ABU)

Interim Lower Limb Assessment and Management Clinical Care Framework



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7. Kirkgate Market Admin Event (CORP)



Join our Team!

New Season, New Job!

Friday 20 October, 10am - 12.30pm

Jobs Fair - Leeds Kirkgate Market, Vicar Lane, LS2 7HY

If you are looking for a new career and would love to work for the NHS, come along to see us at the Leeds Kirkgate Market, Vicar Lane, Leeds LS2 7HY.

We are looking for **Administrators**, **Neighbourhood Clinical Assistants**, **Therapy Assistants** and may have a role to suit you.

With competitive salaries, staff benefits, fantastic pension and much more, you don't want to miss this opportunity.

You can just pop by and have a chat with us on the day.



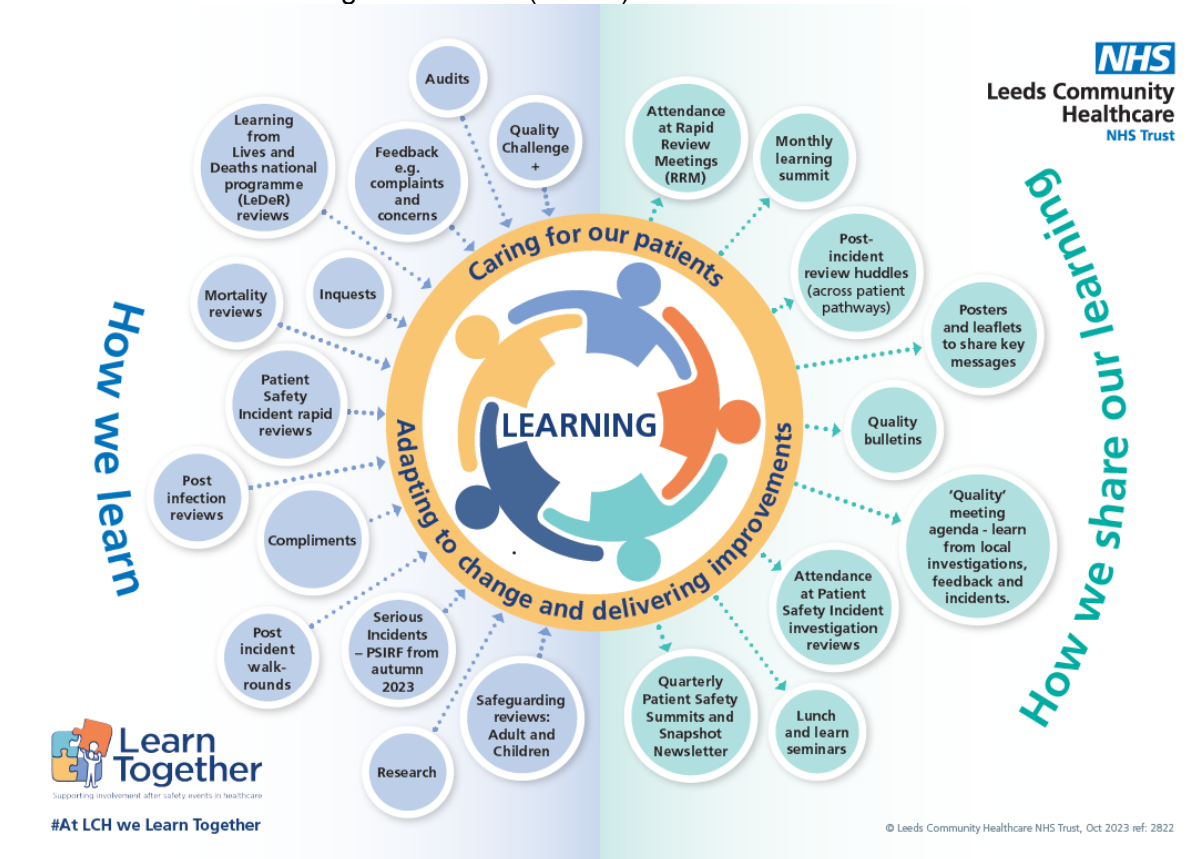
**We look
forward
to seeing
you!**

If you are unable to make the event, please forward your CV to debbie.murphy11@nhs.net

Organised by Leeds Employer and Partnership Team

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8. Sources of learning across LCH (CORP)



LCH Trust Communications Report

Social and Online Media

Facebook.....	2
Insights.....	2
Top Facebook posts.....	2
Twitter - @LCHNHSTrust	2
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Most viewed webpages.....	3
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List of graphic design jobs completed this month.	Error! Bookmark not defined.



Facebook

Insights

	This month	Last Month
Page likes	na	na
Followers	na	na
New likes	na	na
Page reach	na	na
Number of posts	na	na
Post Engagement	na	na
Post reach	na	na

Top Facebook posts

- 1.
- 2.
- 3.



Twitter - @LCHNHSTrust

Analytics

	This month	Last month
Followers	na	na
Profile visits	na	na
Mentions	na	na
Impressions	na	na
Tweets	na	na

Top Tweets

n/a



LCH Website

Analytics

	This month	Last month
Users	na	na
Average visit length	na	na
Sessions	na	na
Page views	na	na
New users	na	na

Most viewed webpages

n/a

Media Summary

So far for September:

Date	Article	Link	Positive / Negative / Neutral
21 November	Community Nursing Now- Community Nurse attends Reception at Buckingham Palace	Community Nurse attends Reception at Buckingham Palace — Community Nursing Now	Positive

Graphic Design

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

1. Community Respiratory Team (SBU)

Community Respiratory Team

Referral information for
health and care professionals



Who are we?

Our experienced team specialises in supporting patients aged 18 and over with Chronic Obstructive Pulmonary Disease (COPD). The service is delivered by Leeds Community Healthcare NHS Trust and Leeds Teaching Hospitals NHS Trust in partnership. Individuals will have input from respiratory nurse specialists, respiratory physiotherapists and clinical support workers at home, in hospital, pulmonary rehabilitation and clinics (including oxygen). We also deliver education for other healthcare professionals.

The Community Respiratory Team provides a specialist service targeting the management of COPD in the community. The aim of the service is to improve the quality of life of patients with COPD, enhancing self-management and providing patient choice.

What do we offer?

- Support during hospital discharge and to prevent hospital admissions.
- Home Ward (Respiratory) to support early discharge from hospital and more intensive support to avoid hospital admission.
- Pulmonary Rehabilitation which includes exercise and education.
- Oxygen clinics for long term use of oxygen for a variety of respiratory conditions (HOSAR - Home Oxygen Service and Review).
- Chest physiotherapy for COPD / Bronchiectasis.
- Nurse intervention.
- Home visits.

Who is the service for?

The service is here to support adults in Leeds aged 18 and over with a confirmed diagnosis of COPD and patients meeting the criteria for oxygen as per NICE guidelines. You can find out more at [West Yorkshire COPD Guidelines](#) due for publication Jan 24.

What are the benefits?

The aim is to improve and support the quality of life of patients by enhancing self-management and providing patient choice.

We provide a multidisciplinary approach to care which means a team of specialists from different areas input into the care we provide.

Our physiotherapy colleagues can offer advice and support on chest clearance, mucous plugging, breathing techniques and secretion clearance devices.

2. Community Pain Service (SBU)

Leeds Community Pain Service

Information for patients

We are the Leeds Community Pain Service. We specialise in managing persistent pain and deliver pain management support tailored to each person's individual needs.

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

What we do

At Leeds Community Pain Service we understand that persistent pain impacts greatly on all aspects of your life. We offer a range of pain management options for people (adults 18+) who are living with pain.

Who will you meet?

The Community Pain Service team includes a range of specialist NHS healthcare professionals. Healthcare trainers, nurses, mental health nurses, occupational therapists and physiotherapists who work in community settings across Leeds.

Your appointment

After an initial telephone contact, you will be offered our Living a better life with pain group (either face to face or online). Following this you will be offered a one to one appointment to discuss your pain management plan (face to face or by telephone depending on your preference).

What is self management?

Evidence shows that when people play an active role in their pain management, with support, they can improve their quality of life.



Some sites have treatment areas separated into cubicles by curtains and therefore, they are not soundproof. Please make your clinician aware if you wish to discuss information of a sensitive nature as it may be possible to access a private room, although this cannot be guaranteed at all sites.

Living a better life with pain group

This is a six-week course that focuses on helping you manage your pain better. Each session lasts about ninety minutes with short breaks throughout. Each week a different aspect of pain management is discussed, and participants can ask questions and talk about their experiences to help themselves and others if they wish. More in-depth information about the group will be available, should it be decided the group is the right approach for you.

3. Preparation for Birth and Beyond (CBU)

Joining a Preparation for Birth and Beyond course

Your midwife will discuss the course with you during your 16 week midwifery appointment. To book a place, you will need to be 24 weeks pregnant. You can find out more information and book a place on to a course dates by scanning the QR code opposite.



For more information about the 0-19 Public Health Integrated Nursing Service please visit:
www.leedscommunityhealthcare.nhs.uk



You can also find us on Facebook:
0-19 Public Health Integrated Nursing Service

I'm more confident than I was before - I've got more knowledge - I'm more relaxed

Help us get it right

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

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

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

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Preparation for Birth and Beyond



0-19 Public Health Integrated Nursing Service



4. CYPHMAS Systemic Family Work Leaflet (CBU)

What about families who need extra support to use your service?



We try and make sure all families can access our service. Please let us know if anyone in your family has special needs like disability access or help with hearing.

We hope you decide that Systemic Family Work is right for your family and we really look forward to meeting you.

Further information

You can find out more about Family Therapy and Systemic Family Work on www.aft.org.uk

Contact us

Children and Young People's Mental Health Services (Leeds CYPMHS)
Tel: 0113 843 4468
Email: lcht.therapyteam.cypmhs@nhs.net

Help us get it right

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

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

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



Children and Young People's Mental Health Services (CYPMHS)

Systemic Family Work



Information for children and young people, parents and carers

www.leedscommunityhealthcare.nhs.uk

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5. CCSS Cancer Service Report Poster (ABU)

Have you recently been diagnosed with cancer?



Ask your GP surgery for a Cancer Care Review:

A cancer care review is a conversation with a professional about the impact having cancer has had on your life.

Research has shown that the period after cancer treatment has finished can be a difficult time for people.

A Cancer Care Review can:

- Help you to talk about your experience of cancer and any worries you may have.
- Signpost you to the right support.
- Improve your health and wellbeing.

Please see below for cancer support services in Leeds:

NHS services (St James's Hospital):

Leeds Cancer Centre
☎ 0113 243 3144
www.leedsth.nhs.uk/a-z-of-services

Leeds Cancer Support Information Centre
☎ 0113 206 6498
✉ leedsth-tr.cancersupport@nhs.net
www.leedsth.nhs.uk/a-z-of-services



Cancer support charities:

Macmillan Support Line
☎ 0808 808 00 00 www.macmillan.org.uk

Maggie's Centre - Yorkshire
☎ 0113 457 8364 ✉ leeds@maggies.org
www.maggies.org

Yorkshire Cancer Community
☎ 01924 787 379
✉ info@yorkshirecancercommunity.co.uk
www.yorkshirecancercommunity.co.uk



Local authority service:

Leeds City Council
Leeds City Council
Macmillan Welfare Rights
☎ 0113 376 0452
✉ welfare.rights@leeds.gov.uk
www.leeds.gov.uk

Social prescribing service:

Linking Leeds
Linking Leeds
☎ 0113 336 7612
✉ linking.leeds@nhs.net
www.linkingleeds.com

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6. Clinical Pharmacy Congress Conf Poster (ABU)



Leeds Virtual Ward Frailty (VWf): Pharmacy Team Time in Motion Study

Background and introduction

The Leeds Virtual Ward Frailty (VWf) was established in 2019 as a collaborative service across Leeds Teaching Hospitals NHS Trust, Leeds Community Healthcare NHS Trust and the Leeds Office of NHS West Yorkshire Integrated Care Board (previously Leeds CCG). Pharmacist and pharmacy technician roles have been integrated into the VWf multidisciplinary team (MDT) from inception. These roles have developed organically alongside the model which is now an established hospital at home service. VWf pharmacy staff completed a time in motion study to help understand the resource required to meet proposed increases to the VWf caseload.

Aims and objectives

Primary aim: To understand what tasks the pharmacy team complete on a daily basis, task frequency and associated task time.

Secondary aim: Compare the tasks completed by differing pharmacy job roles and identify which tasks are time intensive for service/workforce redesign.

Method

Time and motion methods were used to observe how the VWf multidisciplinary team perform daily tasks. Nursing, medical and pharmacy staff timed tasks to the minute and the number of times the task was performed over a 2-week period. The pharmacy team (1 whole time equivalent (WTE) 8a pharmacist, 1 WTE band 7 pharmacist and 2 WTE band 5 pharmacy technicians, totalling 4 staff) collected data across the 2-week data collection period. Ethical approval was not required as this was a service evaluation project.

Author:

Amy Vigar - Advanced Pharmacist,
Leeds Community Healthcare NHS Trust

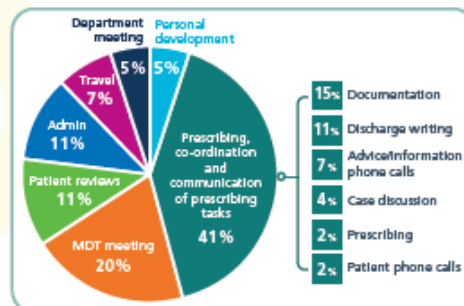
www.leedscommunityhealthcare.nhs.uk

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Results

The longest time spent on single tasks were: Departmental meetings (99 mins), MDT meetings (94 mins) and personal development (49 mins). The highest task frequencies were administration (125 tasks), patient reviews (104 tasks), professional phone calls (91) tasks and documentation (85 tasks).

Pharmacists spent more time on advice/information phone calls, case reviews, discharge communication and prescribing. Prescribing took on average 40 minutes per day (2% of total team time). Co-ordination and communication of the prescribing tasks accumulated over 40% of total team time. The pharmacy team did not complete.



Discussion and conclusion

Hospital at Home virtual wards do not have a hospital infrastructure. The emerging predominant pharmacy tasks, for all pharmacy roles, seek to prevent medication delays and errors by providing safe and timely changes to medications. Communication and documentation are key to ensuring governance of this service. Both pharmacists and pharmacy technicians were highly involved in communication of medication changes. Streamlining documentation and discharge writing could free time for the pharmacy team to undertake more face-to-face patient reviews and develop diagnostic skills potentially, reducing multiple domiciliary visits by different MDT staff.

7. PSRIF Pull up banner (CORP)

Come and talk to us about **Patient Safety**



8. LCH Charity E-card (CORP)



Trust Board Meeting held in public : 8 December 2023
Agenda item number: 2023-24 (77)

Title: System Flow and Winter Preparedness - Update

Category of paper: Information and assurance
History: TLT via email

Responsible Director: Executive Director of Operations
Report author: Nicola Nicholson and Andrea North

Purpose of the report

In August 2023 the Board received a comprehensive paper outlining a range of service changes undertaken by LCH and city partners to manage system flow and improve patient experience by enabling people to receive care at home wherever possible.

The Board paper (4th August) provided a detailed breakdown of the Homefirst Programme;

- Active Recovery at Home
- Enhanced Care at Home
- Rehab Recovery Beds
- Transfer of Care
- System Visibility and Active Leadership

The purpose of this report is to update the Board and demonstrate the impact of the Homefirst Programme on winter planning and system resilience.

Main issues for Consideration

- The Leeds System is entering winter in a stronger position than for 2022/23.
- Level of assurance that the whole system is working together in preparation for winter pressures.

Recommendations

Board is recommended to:

- Note the content of this report.

Background & Context

- Each organisation in the 'Leeds System' has its own winter and resilience plans, decision management tools and its own assurance & governance structure. This report is to bring an overview of the issues and actions at a system level, and to update on plans to support prevention of health issues and increase capacity in the System in the coming months. The paper covers specific interventions targeted at winter and does not cover the significant wider planning of the Council and its partners around food, housing and fuel poverty and the wider communities' work to support this.
- In addition to individual winter and resilience plans within organisations and the improvement work of the HomeFirst programme, the system in Leeds is developing plans to create additional capacity to support the modelled demand for acute hospital beds and discharge packages over the winter period.
- It also notes uptake of vaccines, given the vital importance of this in helping to mitigate illness requiring acute intervention, particularly among vulnerable groups.
- LCC Public Health are working with partners to prevent the major avoidable effects on health during cold weather periods through provision of services, guidance and messaging to protect the most vulnerable informed by the UKHSA National Adverse Weather Plan
- Significant risks exist to plans not only because of the uncertainties around Covid, flu and other respiratory conditions, but by the possible continuation of industrial action over the winter period. The system is working on plans to mitigate those risks.
- Progress against the plans and risks will be monitored weekly at System Resilience Operational Group (SROG) at which LCH is represented.

National Context

The National Winter drive is to deliver the ambitions of the Urgent and Emergency Care recovery plan:

- 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25.

Ask for providers to meet key thresholds:

- Achieving an average of 80% A&E 4-hour performance over Q4 of 2023/24.
- Completing at least 90% of ambulance handovers within 30 minutes during Q3 and Q4 of 2023/24.

The NHS Winter Board Assurance Framework contains the following 6 nationally mandated winter metrics:

- 111 call abandonment.
- Mean 999 call answering times.
- Category 2 ambulance response times.
- Average hours lost to ambulance handover delays per day.

- Adult general and acute type 1 bed occupancy (adjusted for void beds).
- Percentage of beds occupied by patients who no longer meet the criteria to reside

Context for Leeds

The Leeds System is entering this winter in a stronger position than for 2022/23.

- The number of acute bed days associated with no reason to reside patients reduced by over 2000 between Mar and Sept 23 supported by the work of the HomeFirst programme.
- The purchase of short-term care home beds has been eliminated over summer in recognition this pathway does not support people to have the best outcomes.
- There are some improvements in our care home and home care market sustainability and stability from last year – these providers are vital to support people into long term care.

These improvements have been supported with the implementation of a reporting suite that enables leaders in the system to understand where the pressure is on a daily basis and work collaboratively to address issues.

Leeds Teaching Hospitals NHS Trust (LTHT) has used nationally recommended modelling scenarios to predict the number of acute beds required across winter to maintain non-elective and elective demand. Winter activity profiles across urgent and emergency care services show a seasonal increase in demand for services in November, with particularly pressured periods from January to the end of February 24. Modelling suggests the system will struggle to maintain the ambition of 96% occupancy within LTHT from Oct 23- May 24. (see Appendix A). Priority system capacity and improvement plans have been aligned to mitigate this increase and support the delivery of a safe winter.

Oversight & Governance

To support the oversight and management of risks over winter, there has been a refresh of the national Operational Pressures Escalation Level (OPEL) scores and the introduction of a System Coordination Centre specification (SCC) to provide clarity on the governance structures that support patient access. SCCs will be a central co-ordination service to providers of care across the ICB footprint, with the aim to support patient access to the safest and best quality of care possible.

The Leeds Health and Care System will continue to maintain a system OPEL that reflects the wider system pressure and supports system leaders to balance risks. At escalated OPEL levels the system Decision Management Tool will support rapid decision making to collaboratively mitigate risks.

The system governance structures are shown in Appendix C

LCH governance plans for winter include additional resource to support the operational leads and the Risk and Emergency Planning Manager to plan for and manage surges in demand. They will monitor the LCH OPEL reporting and feed into, and respond to, system pressures through SROG. Local meetings will be arranged as required.

Service plans are in place to optimise available staffing especially in January and February including; close management of annual leave, focused attention on managing longterm and short term sickness, focus on staff health and wellbeing, extension of the 'critical shift' payment to the end of March 2024, promotion of staff vaccination, successful recruitment, focus on retention of staff and securing additional bank staff.

Admission avoidance

The demand for A&E has remained relatively stable across the past 2 years with no significant statistical increase or decline. There remains a level of variability with peaks linked to seasonal illness eg. COVID Flu and RSV (respiratory syncytial virus) particularly in children. LTHT admissions have decreased from 2022/23 through the development of strong Same Day Emergency Care offers on our hospital sites, supported by improved services in the community.

Pathways are in place to support patients to access Urgent Treatment Centres for minor injuries and illness, and additional same day GP capacity to support minor illnesses. In addition to this Leeds has a Primary Care Access Line (PCAL) supporting alternatives to hospital attendance. This service has responded to over 82,000 primary care clinical calls with 54,000 of those calls resulting in A&E avoidance in the last year.

This admission avoidance work has been supported by the HomeFirst programme and further improvements are expected over the course of winter as the programme continues. LTHT is carrying out estate work before the end of November to maximise the footprint for medical and elderly Same Day Emergency Care.

Additional primary care capacity to support admission avoidance over winter has been commissioned to target the predicted rise in respiratory conditions. There are planned increases to the capacity available to triage UCR calls and falls service to further support admission avoidance.

Process against these plans is shown in Appendix C.

Timely Discharge from hospital

Leeds is entering winter 23/24 in a better position than in previous years due to the reduction in patients waiting for discharge from hospital. There has been a notable change in the number of people being discharged with support at home (pathway 1) over the last 6 months, largely driven by an increase in homecare starts from hospital. To support this demand shift over winter the system is working to improve capacity in receiving services in line with the expected peak of demands.

Community health services, particularly the Neighbourhood Teams have ongoing challenges throughout this year because of demand and staffing, but services continue to prioritise hospital discharge wherever possible. The Neighbourhood Team capacity has been supplemented by partnering with private home care companies, funded through the ICB and partnering with the VSCE Enhance service where partners are acting as 'proxy family' to support with tasks that would previously have needed a statutory partner.

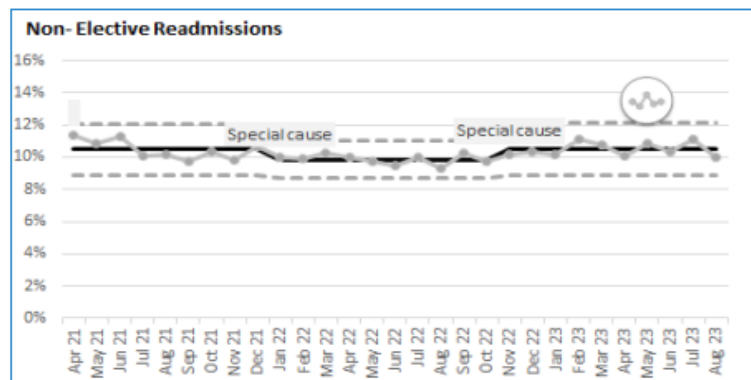
The HomeFirst Programme is working to further increase capacity of receiving services over winter. The Active Recovery Programme is working to increase the capacity in the Reablement service and increase joint working between LCH and LCC through the combining of referral pathways into the triage hubs across the city. The Rehabilitation & Recovery bed programme is working to reduce the length of stay in the community beds to support increased throughput.

The Home Wards for frailty and for respiratory conditions are working well, and we are increasing capacity in these to provide an alternative to admission wherever possible. Our target is to create 115 Virtual wards beds in total by March 25 including a new remote health monitoring service to support early discharge from hospital. There is an opportunity to further utilise the Home Wards' capacity and the HomeFirst programme is working to increase demand through improving awareness and referral route/pathways.

To accommodate the additional demand over winter we are developing a Short-Term Assessment Service to support people at home while they are assessed for their long-term care & support needs and recover from their hospital stay.

Progress against these plans is shown in Appendix B.

To assure ourselves that patients are not being discharged from hospital prematurely or without adequate community support we monitor the readmission rates to LTHT monthly. The average 30 day readmission rate for non-elective patients at LTHT has remained stable since Oct 22 and is currently 9.96%, reassuring us that the improvements we have made by increasing capacity and pace have not adversely affected readmissions. There are a range of actions being taken within LTHT to maintain and reduce this further.

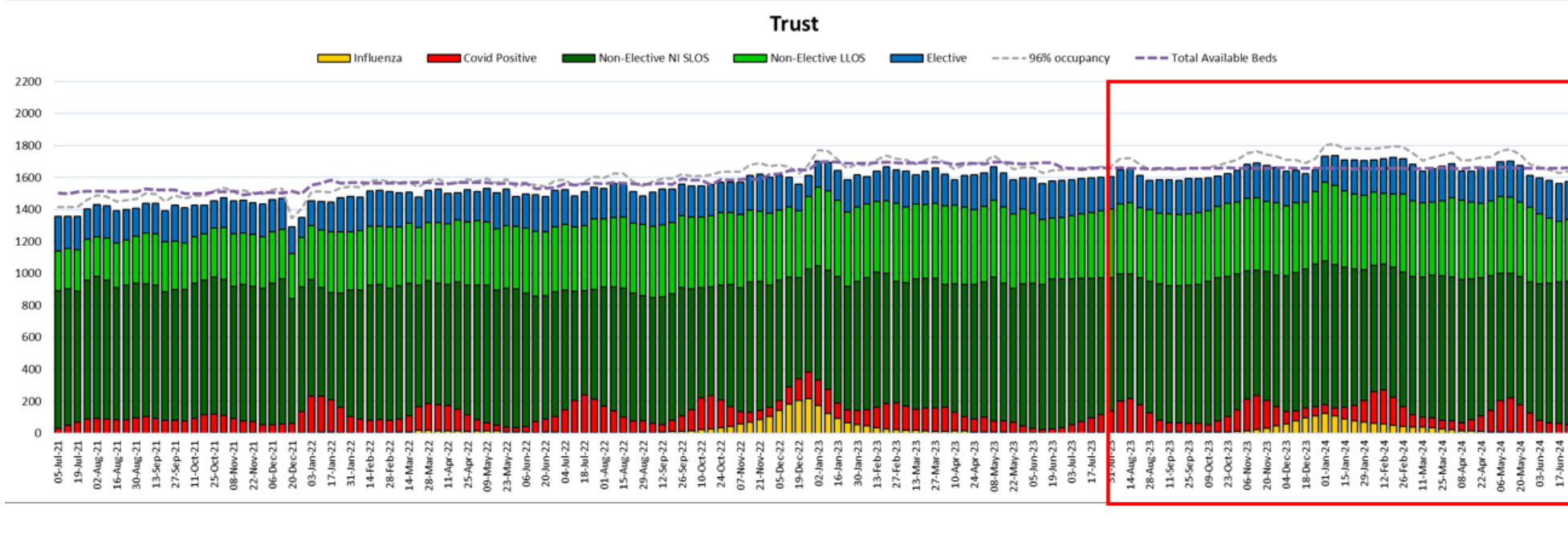


Risks

There remains a level of uncertainty around demand for care and the prevalence of infection over winter alongside other workforce and supply chain pressures. SROG and the Active System Leadership meetings will continue to work weekly to collaboratively address any emerging risks to the health and care services provided by all partners.

Bed Modelling outputs

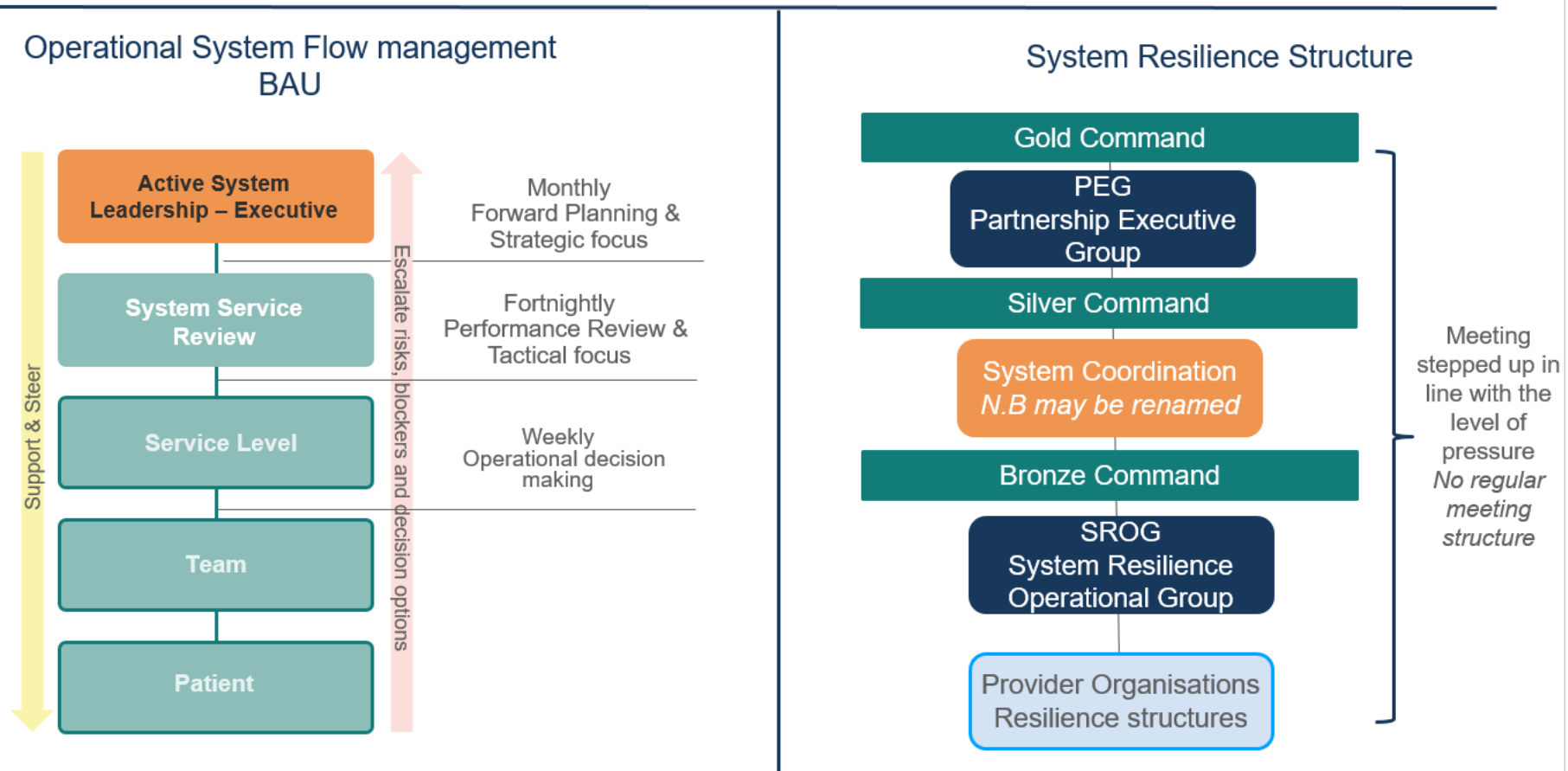
Scenario 1 – Most likely case



APPENDIX B: Leeds Health & Care System Additional Winter Capacity Plans

	Leeds Winter plan	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
	Demand modelling LTHT (bed deficit at 96% occupancy) baseline		0	0	150	178	150	180
	Capacity gap after mitigation from currently funded discharge schemes (beds)		0	0	31	12	0	0
	Additional impact of the admission avoidance schemes that will further reduce bed demand in hospital specifically		826	1294	1733	1736	1723	1741
	Actual bed deficient against modelled demand (beds)		-77					
	Additional admission avoidance capacity		794					
System Impact	Confirmed Discharge schemes (already funded)							
	Beds Released		96.4	63.8	119.2	165.6	186.0	198.4
Acute Hospital capacity	LTHT Beckett wing wards	0	0	0	30	60	60	60
Actual		0	0					
Pathway 1	LTHT Home Telemetry (children's, ERCP, Cardiac, Renal) capacity on pathway	0	5	10	16	18	22	25
Actual	Underachievement relates to delays in project start up	0	3					
Pathway 1&2	Home First Improvement	0	9	19	28	43	47	61
Actual	Oct update: beds on track and reablement well ahead of target	0	34					
Pathway 1	Home Ward Frailty within HomeFirst	5	5	5	15	15	15	15
Actual		40	40					
Pathway 1	Winter Bridging Service	0	0	30	30	30	30	25
Actual			0					
Pathway 2	The Oaks @ Dolphin Manor (works dependent)	0	0	0	0	0	12	12
Actual								
System Impact	Admission/Attendance avoidance							
	Capacity change since 22/23	814	-1,752	-1,934	-1,063	-1,060	-1,073	-1,055
Primary Care	Same Day Response service in primary care	1350	0	0	0	0	0	0
Actual		1350	0					
Primary Care	ARI paed's hub	672	672	840	1000	1000	1000	1000
Actual		606	698					
Primary Care	AARC... Adult Acute Respiratory Clinic... for 111 and 999	0	0	272	544	544	544	544
	Revised plan now Sun- Fri service starting on 27th Nov			144	576	576	576	576
Actual		0	0					
Primary Care	LCD triage of UCR calls (prior to passing to LCH)							
	Ambulance avoidance	120	124	150	155	155	140	155
Actual	Underachievement related to lower level of demand than predicted	85	86					
Community Repose	HomeFirst (enhance community response)	3	4	6	8	11	13	16
Actual								
Admission avoidance	LTHT SDEC enhancements	0	20	20	20	20	20	20
Actual	Under achievement associated with delay to building work		10					
Community Reponse	Falls service increase	0	6	6	6	6	6	6
Actual								

System flow Operational & Resilience Structures



APPENDIX D: Review of the system approach and mitigation of risk during winter 2022/23

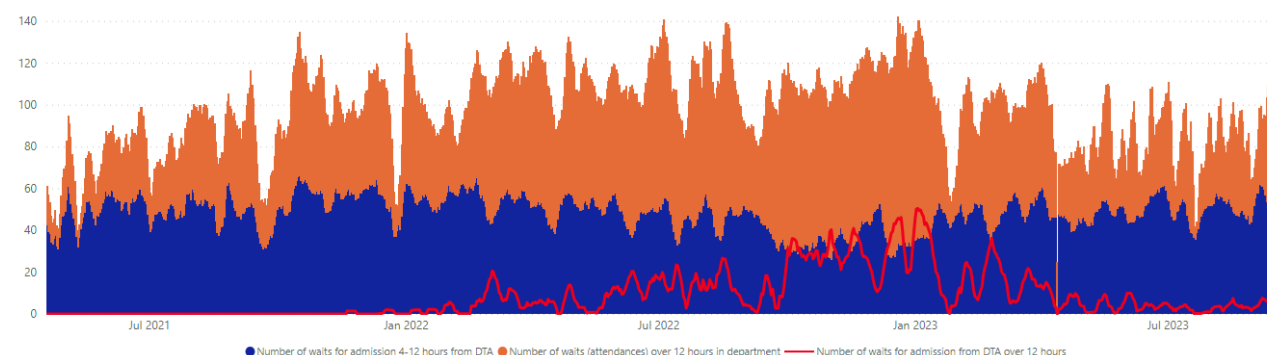
In 2022/23 LTHT modelled bed deficit over winter was 271. The system delivered the equivalent of 263 beds during winter to balance the deficit. There was an additional challenge to the system in Nov 22 of the loss of community beds from a change of provider, which created some challenges with the availability of capacity to meet the modelled demand.

Through our additional capacity plans Leeds successfully maintained the flow through the health and care system in winter 2022/23 as demonstrated by the maintenance of number of no reason reside people in hospital and reduction in the number of bed days for people who are no reason reside. However, it should be noted that the baseline of pressure during summer 2022/23 going into winter was significantly high and while the additional winter capacity plans mitigated the increase pressure, they were not sufficient to address the baseline pressure in the system. There were still several days of extreme pressure, where significant numbers of patients needed to be cared for in areas not designed for inpatient care or waited a long time in the A&E for admission. Pressures linked to flu and Covid added to the difficulties. Our ambition is to improve on this during 23/4 and as referenced within the paper we are entering winter 23/24 in a less pressurised position.

Over the course of the winter, we saw increased pressure at the front door of health services as seen through the increased number of 12hour waits in A&E. To support this primary care services increased the same day offer through the Same Day Response and Community Ambulatory Paediatric Services alongside improvements to the Primary Care Access Line (PCAL) which supports alternatives to hospital attendance.



LTHT – A&E Number of admitted patients waiting over 4 hours for admission, Number of attendances waiting over 12 hours in department and Number of waits for admission from Decision to Admit over 12 hours – 7 day rolling average



Trust Board Meeting held in public: 8 December 2023

Agenda item number: 2023-24 (78a)

Title: Quality Committee Chair's Assurance Report 27 November 2023

Category of paper: For Assurance

History: N/A

Responsible director: Quality Committee Chair

Report author: Deputy Director of Nursing and Quality

Executive summary:

This paper identifies the key issues for the Board arising from the Quality Committee meeting held on the 27 November 2023, and it indicates the level of assurance based on the evidence received by the Committee. This meeting was held on MS teams.

Recommendations:

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

System pressures

Committee were appraised of the current OPEL 3 position across the system, with increasing referrals for care at home and rehabilitation. No specific escalations. Committee were also informed of an ongoing CQC and HMP Inspectorate visit in WYOl.

QAIG assurance report

Committee were provided with assurance that there was a clear plan in place to mitigate the risk associated with a national shortage of ADHD drugs, and this was not expected to impact adversely at this point.

It was clarified that the additional MSK roles were to support waiting list management and not for any additional work.

It was agreed that further conversation was required regarding to refine the level of assurance from QAIG given the depth and breadth of detail in the flash reports.

Cancelled and rescheduled visits

This paper provided findings from the most recent audit, demonstrating an increase in both rescheduled visits and number of patients who did not receive a call as part of the clinical assessment in cancelling a visit. Datix reporting has been requested where visits are cancelled without a call and a daily position is being provided to the Executive Director of Nursing and AHPs. Work is underway to improve consistency of reporting and reduce variation. Additional suggestions from Committee, to be explored, related to the scope for Enhance to support where visits are unable to be carried out and the roll out of E-allocate to restrict the rescheduling of visits. Further clarity regarding the reason for continued cancelled and rescheduled visits were requested, with acknowledgment that caseload reviews to ensure those on caseload need to be on caseload would be helpful.

Committee welcomed the consideration of health equity in the paper.

Agreed a further update to Quality Committee in January 2024.

Lucy Letby paper

The paper, considered by senior leadership and at a QAIG workshop, identified positive processes across the Trust, as well as where further improvements can be made.

Committee took reassurance from the subsequent conversation of improvements being progressed and the Committee wanted to see much more assurance and further work needed to be undertaken, including a review of FTSU arrangements.

Service spotlight: Implementation of RESPECT, celebration of good partnership working.

Driven by the national requirement to roll out ReSPECT, Committee heard of the system wide work led by LCH in the design of an electronic template to incorporate ReSPECT, what happens to me and advanced care planning for both SystmOne and EMIS. This was rolled out across GPs, Hospice and LCH and underpinned by training and supervision. Outcome data was shared, reported as a city, with consideration of health equity data. The success of this project is also being shared by presentation at the national Resus Council conference and our LCH lead has been recruited as a member of the national ReSPECT sub-committee to represent community services.

Patient Safety Incident Response Plan (PSIRP)

Committee have been involved in the stakeholder engagement for the draft plan.

Patient Safety partners have supported engagement activities with third sector partners and patient engagement sessions. Committee were informed of the plan to adopt the approach

of PSIRP from 2 Jan 2024, unless any significant issues raised through consultation, with approval retrospectively at January Committee and February Board.

Performance brief

Committee were made aware of a Category 4 pressure ulcer and four retrospective duty of candour incidents identified outside of LCH response standards and subsequent actions being taken.

Committee commented that further triangulation of safety data and greater clarity on what Committee should be concerned / assured about would further improve the paper.

Clinical Governance report

Noted 2 services concluded as 'requires improvement' from quality walks and Committee heard of the review undertaken to standardise ratings. Committee noted the concerns related to Leeds Sexual Health and Woodsley NT and requested plans and progress are reported back to Committee.

Committee were also informed of the risk associated with the August CAS alert regarding bed rails / bed grab rails. Despite a Leeds task and finish group being established the impact of different data in different systems is causing some challenge in identifying patients who require a risk assessment. Committee were appraised this is likely to impact on compliance with the national requirements.

Quality strategy update

The update was received and accepted. It was suggested this would be even better if we have measures to explain how this has changed quality.

Risk Register

Risk 840 was discussed (Increase in violence and aggression in WYOI) Committee agreed to close the risk above appetite with a clear rationale for doing so.

Committee were provided an update on the SUDIC administration risk, which has just been reduced as the backlog of SUDIC minutes is now cleared.

Committee were also informed of the ongoing quality procedure to cleanse the risk register.

Board member service visits

The paper was accepted and agreed that further conversation was required to re-visit how we ensure feedback from these visits does go back to right Committee. To be taken forward outside of the meeting

Mortality report

Committee welcomed the equity data within the Childrens flash report. It was noted that the increase in child deaths was consistent with the national picture and welcomed the ongoing work regarding reliability of data related to deaths of individuals with LD or Serious Mental Illness.

PGDs

PGDs continue to move towards almost exclusively adopting national PGDs. 12 approved in this timeframe and been through due process. It was suggested that audit of PGDs should be considered.

NICE

Paper received and accepted. It was suggested that more robust audit of NICE guidance should be considered.

Clinical audit update

The report was received as an improving picture. Committee welcomed an increase in the number of audits, specifically across ABU and would welcome consideration of how to further align the audit plan with PGDs, NICE etc.

Quality Committee assurance levels – determined at the meeting

Quality Committee strategic risks	Risk score (current)	Agenda items reviewed	Overall level of assurance provided	Comments
Risk 1 Failure to deliver quality of care and improvements: If the Trust fails to identify and deliver quality care and improvement in an equitable way, then services may be unsafe or ineffective leading to an increased risk of patient harm.	9 (high)	<ul style="list-style-type: none"> • System pressures update • QAIG: assurance report • Service spotlight • Lucy Letby detailed paper • Patient safety incident response plan • Multi-agency SI • Performance brief • Clinical governance report • Quality strategy • Risk Register report • Board members' service visits • Mortality report • Patient Group Directions • Review of BAF sources of assurance • Safeguarding Children's and Adult's • Group: minutes • Integrated Care Steering Group 	Reasonable	Conversation was generated across various papers regarding what could be even better, particularly related to clarity and triangulation of information for relevance to Committee.
Risk 2 Failure to manage demand for services: If the Trust fails to manage demand in service recovery and in new services and maintain equity of provision then the impact will be potential harm to patients, additional pressure on staff, financial consequences and reputational damage.	12 (V high)	<ul style="list-style-type: none"> • System pressures update • Service spotlight • Cancelled and rescheduled visits update • Performance brief • Risk Register report • Board members' service visits • Serious incidents report • Patient safety incident response plan • Multi-agency SI • Mortality report 	Reasonable	With the exception of Limited assurance regarding cancelled and rescheduled visits, reassurance taken in immediate remedial actions with agreement to come back to Jan QC
Risk 3 Failure to invest in digital solutions. If the Trust fails to invest in improving core technology	12 (V high)		No assurance from papers received today	Further conversation required re CCIO and new Deputy Director of Digital

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 4 Failure to be compliant with legislation and regulatory requirements: If the Trust is not compliant with legislation and regulatory requirements then safety may be compromised, the Trust may experience regulatory intervention, litigation and adverse media attention.	9 (high)	<ul style="list-style-type: none"> • Performance brief • Clinical governance report • Serious incidents report • Patient safety incident response plan • Safeguarding Children's and Adult's • Group: minutes • NICE guidance compliance update • Mortality report 	Reasonable	CAS alert risk noted

Trust board meeting held in public: 8 December 2023

Agenda item number: 2023-24 (78bi)

Title: Business Committee Chair's assurance report 25 October 2023

Category of paper: For assurance
History: Not applicable

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

Executive summary (Purpose and main points)

This report identifies the key issues for the Board from the Business Committee held on 25 October 2023 and provides assurance on how well its strategic risks are being managed. The level of assurance is based on the information in the papers, other information received and the Committee's discussion.

Items discussed:

Strategy and Planning

Estates Revised Strategy

Committee received updated position within Year 1 of the plan. It was noted that a comprehensive clinical strategy was required to drive the estates strategy, and this would fall out of the current Trust strategy work. The update on acquisitions, disposals, feasibility studies, the capital programme and other estates issues were noted. Further options for Burmantofts Health Centre would be brought back to a future next meeting.

Frontline Digitisation (FD) Update

FD funding was pending approval from NHSE, and the Committee noted that the delays this incurred increased the risk of not spending the available money by the end of March 2024. It was suggested that an evaluation of benefits would be useful, and to avoid locking into long term contracts in relation to the funding. Although the staffing resource may not be available at the point at which the funding became available, there would be more flexibility around planning resource for the 2024/25 funding. Interoperability of digital systems would need to be considered, and views would be sought from companies that specialised in this.

A Chair's action may be required for approval of urgent business cases in order to avoid implementation delays.

Mobile Phone Business Case

The Committee acknowledged the need for an urgent solution and recommended the business case for approval to Trust Board. Issues to be addressed outside the meeting were staff from a range of services testing the proposed handset models, the level protection offered within the contract, whether the suppliers offer implementation support, and options for the old handsets.

Efficiency Programme Update

The outline for the Board development session was shared for comment.

Change Management: Digital Patient Communications Programme

The three key projects were described, and the direction of travel was supported by the Committee, although questions around ongoing governance were raised. The Committee was assured that patients would be involved in the design of the hub website. Separate business cases would be required. It was agreed that the link to quality improvement was missing from the report, and there was more work to be done on future integration.

Performance Management (see Finance Report within Board Performance Brief)

The Committee noted the forecast of break-even at year end, and the vacancy factor being a key risk. Additional expenditure controls had been implemented by the ICB, including around non-clinical agency usage and extra scrutiny around non-pay spend above £10k. Concern was raised around £5m of the £8.3m efficiency plans for 2024/25 being non-recurrent. It was also noted that the Admin Review had not achieved the forecast saving of £500k per year and a second phase was required in order to release savings.

Committee Workshop

Long Term Sickness

The Committee considered the downward trend in long term sickness rates over the last two years but noted that it continued to be above target. The Assistant Director of Workforce outlined how the Trust managed long term sickness and ongoing health and wellbeing support, and shared deep-dive data broken down to Business Unit, Service and Team level. The challenge to manage absence compassionately was balanced against the need to tighten processes and have a consistent approach. Although assured that efforts were being made to reduce long term sickness rates, the Committee expressed an appetite for triangulated data against the staff survey, Freedom to Speak Up and bullying data, and on how quickly the Trust got people back to work and then how long before they were absent again or left the Trust completely. It was agreed that this would be provided via the Workforce report to Committee going forwards.

Talent Management

The Committee was introduced to the BME training proposal which had now received support and funding from the Trust Leadership Team for cohorts up to March 2025. It was noted that the core leadership offer was also in the process of being updated and further information on this would be reported to the November Committee via the Workforce report.

Recommendation:

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

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

The Business Committee provides the following levels of assurance to the Board on these strategic risks	Risk score (current)	Agenda items reviewed	Overall level of assurance provided that the strategic risk is being managed (or not)	Additional comments
Risk 2 Failure to manage demand for services: If the Trust fails to manage demand in service recovery and in new services and maintain equity of provision then the impact will be potential harm to patients, additional pressure on staff, financial consequences and reputational damage	12 (high)	<ul style="list-style-type: none"> Change Management and Projects: Patient Information Hub Committee Workshop <ul style="list-style-type: none"> - Long Term Sickness - Talent Management Programme Performance brief - Quarterly Finance Report including ICB 	Reasonable	
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	9 (high)	<ul style="list-style-type: none"> Frontline Digitisation update Change Management and Projects: Patient Information Hub 	Reasonable	
Risk 4 Failure to be compliant with legislation and regulatory requirements: If the Trust is not compliant with	9 (high)	<ul style="list-style-type: none"> Estates Revised Strategy (2019-2024) update 	Reasonable	

legislation and regulatory requirements then safety may be compromised, the Trust may experience regulatory intervention, litigation and adverse media attention.		<ul style="list-style-type: none"> • Performance brief - Quarterly Finance Report including ICB 		
Risk 5 Failure to deliver financial and performance targets: If the Trust does not deliver key financial and performance targets, agreed with NHS England and the ICB, then it will have adverse consequences for financial governance and cause reputational damage.	12 (high)	<ul style="list-style-type: none"> • Efficiency Programme update • Performance brief - Quarterly Finance Report including ICB • Committee Workshop <ul style="list-style-type: none"> - Long Term Sickness - Talent Management Programme 	Reasonable	
Risk 6 Failure to have sufficient resource to for transformation programmes: If there is insufficient resource across the Trust to deliver the Trust's priorities and targeted major change programmes and their associated projects then it will fail to effectively transform services and the positive impact on quality and financial benefit may not be realised.	9 (high)	<ul style="list-style-type: none"> • Change Management and Projects: Patient Information Hub • Estates Revised Strategy (2019-2024) update • Frontline Digitisation update 	Reasonable	
Risk 7 Failure to maintain business continuity (including response to cyber security): If the Trust is unable	12 (high)	No sources of assurance provided at this meeting	Not applicable	

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.				
Risk 8 Failure to have suitable and sufficient staff resource (including leadership): If the Trust does not have suitable and sufficient staff capacity, capability and leadership capacity and expertise, then the impact will be a reduction in quality of care and staff wellbeing and a net cost to the Trust through increased agency spend.	12 (high)	<ul style="list-style-type: none"> Committee Workshop - Long Term Sickness - Talent Management Programme 	Reasonable	See notes in assurance report regarding the Committee's request for further assurance within the Workforce Report

Trust board meeting held in public: 8 December 2023

Agenda item number: 2023-24 (78bii)

Title: Business Committee Chair's assurance report 30 November 2023

Category of paper: For assurance
History: Not applicable

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

Executive summary (Purpose and main points)

This report identifies the key issues for the Board from the Business Committee held on 30 November 2023 and provides assurance on how well its strategic risks are being managed. The level of assurance is based on the information in the papers, other information received and the Committee's discussion.

Items discussed:

Strategy and Planning

Net Zero Update

The Committee received updated position which highlighted the continued increase of Trust emissions and the impact on the net zero trajectory. Barriers to reducing carbon emissions such as a lack of capital budgets and rising amounts of travel in operational services were noted. It was agreed that a deeper dive should be carried out for the benefit of the Board, to review the system position and align on what is achievable and in the meantime the Trust should continue to focus on achievable projects as outlined in the report.

Health and Safety Action Plan Update

The Committee took assurance from progress achieved to date against the plan, with the exception of moving and handling for which a lead was in the process of being recruited.

Workforce Strategy Update

Stability and improvement in some of the core workforce indicators such as turnover and net movement was noted and welcomed. The Committee celebrated the funding that had been secured for the BME Talent Development Programme and looked forward to monitoring the progress of the first cohort.

Further consideration would be given to the presentation of the Delivery Plan in order to clarify which year specific aims had been allocated to, and to clearly indicate progress and gaps.

Enhance Business Case

The Committee received an outline of the achievements of the service and reviewed the business case for years 3-5. The Committee echoed the Trust Leadership Team's support for the continuation of the programme, and supported the recommendation for the Board to approve the funding for 2024/25. Funding for 2025-27 would be considered following full analysis of the cost benefit to both the Trust and the system and value for money considerations.

Business Development Strategy

The Committee noted the updates regarding the Leeds Sexual Health and North Yorkshire Police Custody bids.

Following a Board workshop in October it was noted that an action plan was now being drawn up and next steps would include reviewing all of the Trust's services and agreeing the 'core offer', and starting extensive staff, service user and stakeholder engagement on LCH's unique selling point and position in the system. It was agreed that it was difficult to make decisions regarding services which formed part of a combined pathway, and the ICB would have a facilitation role in this process.

Cyber Security Update

The Committee received an assurance report in relation to the resilience of the current security controls employed by the Trust, and noted the progress made to date in mitigating the risks identified.

It was noted that the Cyber Essentials plus audit had been pushed back from December 2023 to January 2024 due to the complexity of achieving the required standard and availability of key resources. Recent network issues were discussed, and the need for network stability to return prior to the internal audit. The Committee supported the proposal for an independent cyber security audit to be carried out in order to gain a more in-depth understanding of the risks posed to the Trust.

Change Management

The Committee received an update on the School Aged Immunisations Mobilisation Closure, and noted the success of the project.

In addition, the Committee reviewed a summary dashboard of the 11 priority projects based on scale, urgency and criticality. Although no further update could be provided regarding Wharfedale EPR at the time of the meeting, the Committee was reassured that meetings were ongoing in relation to this project.

Performance Management (see Board paper)

The Committee was informed that the Responsiveness section was out of date, and a revised version would be shared outside the meeting.

In terms of Well-led, there was continued support for sickness hotspot data to be separated to prevent the data being skewed.

Financially, the Committee was updated on the break-even forecast for the Trust in 2023/24. Discussions were held regarding system pressures and the forecast system deficit, and the Committee heard how some non-recurrent money had been released to support Leeds Place. The financial position for 2024/25 was anticipated to be more difficult, and work had started to establish all organisations' underlying positions. New system Chief Exec/Chief Finance Officer workstreams were outlined and assurance was given that the Trust had representation at these meetings.

In relation to Emergency Preparedness, Resilience and Response (EPRR), although initially concerned about dropping from substantially compliant in the previous year to a non-compliant position, the Committee heard how the criteria had been completely changed over the last year making it very challenging to even reach partial compliance. Assurance was given that the Trust was undertaking considerable work in this area, and was not an outlier compared with other regional Trusts or the ICB. Instead of the scheduled audit on Business Continuity, it had been agreed that more value would be gained from developing an action plan, and this was almost complete. Internal Audit would then carry out an assessment in June, prior to the next NHSE evaluation.

In conclusion, the Committee felt assured that although non-compliant on the self-assessment, the Trust was taking all required actions to address the position and welcomed the planned quarterly updates on progress.

Service Focus

Neighbourhood Teams

The Committee received an update on the Neighbourhood Teams, hearing that patient contacts remained steady albeit decreasing slowly each year, referrals were stable but showed a 10% increase year on year, and there were positive trends regarding increasing staff numbers and appraisal rates, and decreasing turnover. Engagement was noted to be good within the teams, with a record 64% completion rate for the recent staff survey.

Information was shared regarding what was being done differently within the service since the last update to Committee, and how it had prepared for Winter. Ongoing challenges were noted, including increased demand and complexity set against CIPs, the size and multiple offers within teams, and partnership working.

The Committee was reassured that morale within the teams was currently good, and more focus had been put on workforce planning.

Recommendation:

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

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

The Business Committee provides the following levels of assurance to the Board on these strategic risks	Risk score (current)	Agenda items reviewed	Overall level of assurance provided that the strategic risk is being managed (or not)	Additional comments
Risk 2 Failure to manage demand for services: If the Trust fails to manage demand in service recovery and in new services and maintain equity of provision then the impact will be potential harm to patients, additional pressure on staff, financial consequences and reputational damage	12 (high)	<ul style="list-style-type: none"> • Change Management Report • Risk Register Report • Performance brief • Service focus – Neighbourhood team • Enhance Business Case • Tenders/Contracts: Commissioning Intensions 	Reasonable	
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	9 (high)	<ul style="list-style-type: none"> • Change Management Report • Internal Audit Report - Cyber Essential Plus Accreditation • Risk Register Report • NHS Cyber Security update • Performance brief 	Reasonable	
Risk 4 Failure to be compliant with legislation and regulatory requirements: If the	9 (high)	<ul style="list-style-type: none"> • Performance brief 	Reasonable	

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.		<ul style="list-style-type: none"> • Premises Assurance Model (PAM) update • Health and Safety Annual Plan • Sustainability update • Emergency Preparedness Self-Assessment • Internal Audit Report - Cyber Essential Plus Accreditation • Health and Safety Group Minutes 		
Risk 5 Failure to deliver financial and performance targets: If the Trust does not deliver key financial and performance targets, agreed with NHS England and the ICB, then it will have adverse consequences for financial governance and cause reputational damage.	12 (high)	<ul style="list-style-type: none"> • Risk Register Report • Performance brief 	Reasonable	
Risk 6 Failure to have sufficient resource to for transformation programmes: If there is insufficient resource across the Trust to deliver the Trust's priorities and targeted major change programmes and their associated projects then it will fail to effectively transform services and the positive impact on quality and financial benefit may not be realised.	9 (high)	<ul style="list-style-type: none"> • Change Management Report • Business Development Strategy • Enhance Business Case • Sustainability update 	Reasonable	

Risk 7 Failure to maintain business continuity (including response to cyber security): If the Trust is unable to maintain business continuity in the event of significant disruption then essential services will not be able to operate, leading to patient harm, reputational damage and financial loss.	12 (high)	<ul style="list-style-type: none"> • Emergency Preparedness Self-Assessment • Internal Audit Report - Cyber Essential Plus Accreditation • Performance brief • NHS Cyber Security update 	Reasonable	
Risk 8 Failure to have suitable and sufficient staff resource (including leadership): If the Trust does not have suitable and sufficient staff capacity, capability and leadership capacity and expertise, then the impact will be a reduction in quality of care and staff wellbeing and a net cost to the Trust through increased agency spend.	12 (high)	<ul style="list-style-type: none"> • Performance brief • Workforce strategy update • Service focus – Neighbourhood team 	Reasonable	

Trust Board Meeting held in public: 8 December 2023

Agenda item number: 2023-24 (78c)

Title: Audit Committee Chair's Assurance Report 13 October 2023

Category of paper: for assurance
History: Not applicable

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

Meeting summary

Internal audit (Audit Yorkshire)

The Committee received the following internal audit report: Youth Offenders Institute Wetherby (significant assurance).

The Committee discussed the recommendations relating to strengthening aspects of the governance documentation in place via the Collaboration Agreement with South West Yorkshire Partnership Foundation Trust (SWYPFT). It was agreed that a further discussion at Business Committee would be beneficial around the Trust's arrangements for holding third party providers to account. The strategic risk relating to partnership working which is overseen with the Trust Board would also benefit from a review of whether sufficient assurance is received.

It was noted that the Cyber Essentials Plus Accreditation Follow-Up audit report was in draft form (significant assurance).

The Committee was concerned about the number of overdue recommendations and the potential impact on the end of year Head of Internal Audit Opinion if the situation did not improve. Work would be undertaken prior to the December meeting to review and prioritise the overdue recommendations and the Committee hoped to see a reduction in the next report.

External Audit (Mazars)

The external auditor advised the Committee that an unqualified 'Value For Money' opinion had been issued. No high-risk recommendations or significant weaknesses had arisen from the 2022/23 external audit work.

Counter fraud

The Committee received the mid-year Counter Fraud report. A discussion took place about the Counter Fraud information which was provided to new starters following it no longer being part of the Welcome day, and it was agreed that it was important to continue to disseminate this information.

Annual Security Management Report.

An annual update was presented to the Committee. The reduction and appropriate management of violence & aggression to staff remains a priority. The existing functions have been consolidated into the 'LCH Security Service' and details of its focus and activities were discussed. In particular the Committee acknowledged the work done on lone working and recognition of on-going risks but was assured that following the mobile phone upgrades, the risks would be significantly mitigated.

Data Security

The Committee reviewed the six monthly Cyber Security report and noted that fewer cyber alerts had been received in that period, and a high degree of compliance had been reported against the NHS Digital Microsoft Defender Endpoint monitoring, resulting in the Committee feeling more assured of the Trust's ability to respond to an incident. The September Board development workshop had focussed on this issue, and as a result a stock-take against the standards required of the organisation would be taken to the December Board meeting.

Board Assurance Framework (BAF) activity report

The Committee reviewed the levels of assurance provided at its meetings between April-July 2023 on the two strategic risks for which it was responsible. It was noted that the risks had been assigned in April and so there had been few opportunities to receive assurance.

The additional controls and sources of assurance regarding investment, utilisation and effectiveness of business intelligence software had not yet been included in BAF risk 7 (Failure to maintain business continuity (including response to cyber security) but this was underway.

A brief discussion followed around whether it was right for BAF 3 risk (Failure to invest in digital solutions) to be assigned to the Committee, and that was reflected in the limited assurance that had been received to date. It was agreed that this would be considered further outside the meeting.

Assurance

The Committee reflected on the relevant sources of assurance it had received at the meeting and agreed that they provided **Limited** assurance that BAF risk 3 (Failure to invest in digital solutions) was being managed, although it did note the considerable progress reported in this area.

The Committee agreed that **Reasonable** assurance had been provided that BAF risk 7 (Failure to maintain business continuity (including response to cyber security) was being managed.

Trust Board Meeting held in public: 8 December 2023

Agenda item number: 2023-24 (79)

Title: Performance Brief October 2023

Category of paper: for assurance

History: Quality Committee – 27 Nov 2023
Business Committee – 30 Nov 2023

Responsible director: Executive Director of Finance and Resources

Report author: Head of Business Intelligence

Executive Summary (purpose and main points)

This report seeks to provide assurance to the Senior Management Team, Business Committee, the Quality Committee and the Trust Board on quality, performance, compliance, and financial matters. It is structured in line with the Care Quality Commission (CQC) domains with the addition of Finance.

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

Performance Brief – October 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 – 27 Nov 2023
- Business Committee – 29 Nov 2023
- Trust Board – 8 Dec 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 577 LCH patient incidents reported with harm.
- There were three Serious Incidents logged on StEIS (Strategic Executive Information System).
- There were two incidents which met the requirement for Legal Duty of Candour in September and October 2023, these were both managed appropriately, one was completed by LCH and the other was completed by a partner organisation. Due to a concern raised that there were no reported incidents meeting statutory Duty of Candour in August and September, a full review of all cases discussed at Rapid Review Meeting was completed. There were four breaches identified from August 2023. Three have since been completed and the remaining one is in the process of completion.
- There were two new Central Alert System (CAS) notifications in the period, all appropriate actions were taken, and they have since been closed. One existing CAS notification remains open and under review for completion of actions, this requires a co-ordinated response LCH and Leeds Community Equipment Service (LCES) response. There is one historical alert open under review as part of NHS England's Enduring Standards.

Caring

- There were 30 complaints received in the reporting period
- Within the Friends and Family Test, 93.65% of feedback was good or very good.

Effective

- 43% of audit registration forms have been submitted compared to 5% same time last year
- Completion of the rolling annual audit programme is 100% ahead compared to last year, 27 compared to 13.
- 16% of Priority 2 audits are complete compared to 8.7% same time last year

Responsive

- Performance against RTT standards fell to 50.9% by the end of October
- A total of 467 breaches of the 52-week standard were recorded in September and October
- Performance against 18-week non-consultant led pathways fell to 75.3%
- Performance against the DM01 diagnostic standard of 6-weeks held steady at 32.4%
- Performance against the Urgent Community Response Standard held steady, above target at 74.5%

Well-led

- Overall Turnover has been below the 14.5% target since last April 2022 and we are continuing to see month on month improvement across the staff net movement since January 2023
- As part of our Retention focus, we are now monitoring two further areas:
 - Turnover by Ethnicity - October 2023 turnover amongst staff declaring as BME was 11.6%, which is within the Trust's turnover tolerance

- The instances of the “Not Known / Other” reason for leaving - In May 2023 this attributed to over 40% of departures – October 2023 now 16.1%
- Successfully recruited and inducted 27 international nurses, who are now registered with the NMC. A further 5 internationally educated nurses commenced employment in October 2023
- Time to recruit remains a priority and implementation of a new Applicant Tracking System has started
- Since February 2023, the Overall sickness absence has remained below the 6.5% target - of particular note, is Corporate and Operations Business Unit which have both increased by 1%+ and ABU is now at over 8%
- Long-term sickness absence continues to be above the 3.5% target. ABU has remained above 5% since April 2023. Long Term absence was the subject of a recent “deep dive” Business Committee session
- Short-term sickness absence has remained below the 3% target since last April 2022
- The Appraisal compliance remains largely static hovering around 75%
- Statutory and mandatory training continues to perform well with mid-high 80% against 90% target
- Overall BME representation in LCH continues to hover around 12.4%, with representation at Bands 8 & 9 at 6.1%

Safe – October 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	Jul	Aug	Sep	Q2	Oct	YTD	Time Series (from Apr-21)
Patient Safety Incidents reported as Harmful (per 1K contacts)	SL	1.42 to 2.09	2023/24	2.23	2.29	2.53	2.50	2.44	2.11	2.30	
			2022/23	2.04	2.01	1.88	1.87	1.92	1.54	1.89	
Serious Incidents (per 1K contacts)	SL	0 to 0.1	2023/24	0.03	0.00	0.00	0*	0*	0*	0*	
			2022/23	0.01	0.01	0.02	0.04	0.02	0.02	0.02	
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	8 per year	2023/24	2*	0*	0*	0*	0*	0*	2*	
			2022/23	1	1	0	0	1	0	3	
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	SL	0	2023/24	0*	0*	0*	0*	0*	0*	0*	
			2022/23	0	0	0	1	1	0	1	
Validated number of Patients with Avoidable Unstageable Pressure Ulcers	SL	10 per year	2023/24	0*	0*	0*	0*	0*	0*	0*	
			2022/23	1	0	1	0	1	0	2	
Number of Falls Causing Harm	SL	No Target	2023/24	123	55	55	38	148	43	314	
			2022/23	147	51	34	42	127	25	458	
Number of Medication Errors Causing Harm	SL	No Target	2023/24	22	7	7	8	22	7	51	
			2022/23	16	5	0	8	13	6	60	
Number of teams who have completed Medicines Code Assurance Check 1st April 2019 versus total number of expected returns	RB	100% by year end	2023/24	72%				77%		77%	
			2022/23	68%				77%		77%	

** Reported by exception

* These numbers are subject to revision pending completion of investigations

Narrative

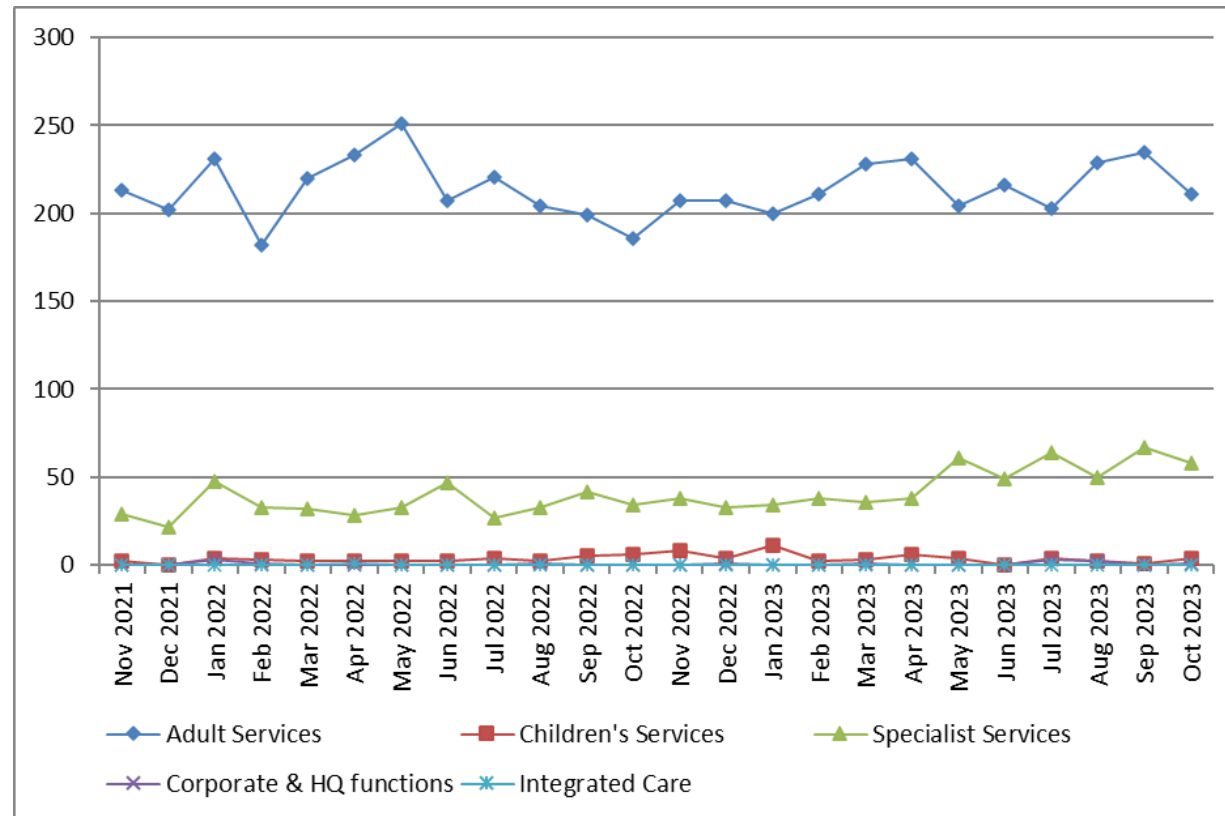
The data for this reporting period has been extracted from Datix based on patient incidents occurring under LCH care.

LCH Patient Incidents Reported as Harmful

There were 577 incidents reported as harmful within September and October 2023. In comparison there were 452 incidents reported with no harm. As the data is taken from a live system the incidents are continually updated which results in some variation in the reported numbers over time. The data included in this report is accurate as of the 06/11/2023.

No Injury	Minimal	Moderate	Major	Unexpected death	Expected death	Total
452	466	60	14	28	9	1029

Table one: LCH patient incidents by degree of harm reported in the reporting period



Graph One: Incidents reported as harmful over two years by Business Unit

The number of incidents with harm reported for the Specialist Business Unit (SBU) has remained increased during this reporting period (125, with 114 last period and 110 in May/June) and is a consistent increase in incidents with harm over the last six-month when compared to the previous six-month period. The increase continues to be impacted by multiple self-harm incidents for the same young people in Secure Estates (32 incidents). An incident assurance review has been requested from Secure Estates and the service are in the process of establishing a risk panel meeting with a monthly assurance output provided to the Quality Lead for the business unit. There also remains an increase in falls incidents with 34 reported by SBU for September and October 2023 (17 Stroke Team, 6 Cardiac Team, 8 Neuro, 2 Long Covid Team and 1 CIVAS) and six pressure ulcers of minimal harm (3 each for the Stroke and Respiratory Team).

The numbers reported for Adult Business Unit (ABU) remains consistent over the last nine months.

The Children's Business Unit (CBU) reported five incidents in September and October 2023 which is consistent with the last nine months. There is a plan to discuss incident reporting at the Children's Management Team Quality Meeting due to a reduction in overall reporting.

Number of Falls causing Harm

There were 83 falls incidents causing harm in September and October 2023, compared to 98 in the last reporting period. Table Two shows the breakdown by Business Unit.

	ABU	SBU	CBU	TOTAL
July/Aug 23	73	24	1	98
Sept/Oct 23	48	34	1	83

Table Two: Falls incidents causing harm by reporting period and business unit

The highest reporting team for falls with harm across September and October 2023 was the Community Stroke Team. There continues to be an increase in falls with harm in the Cardiac Team and Community Neurology. The Community Falls service remain high reporters however this is reflective of the nature of the service who see complex and high risk falls patients.

Community Stroke Team

The Community Stroke Team reported seventeen falls' incidents with harm, an increase from four incidents in July and August 2023. Sixteen incidents were reported as minimal harm and the remaining fall incident of moderate harm is awaiting a Rapid Review meeting date, an update will be provided in the next bimonthly report.

Community Neurology

The Community Neurology Team reported eight falls' incidents the same number as the last reporting period, all eight were minimal harm.

Cardiac Team

The Cardiac Team reported six falls' incidents a decrease from nine last reporting period. Five incidents were minimal harm, and one is major harm and is pending Rapid Review Meeting an update will be provided in the next bimonthly report.

Community Falls Service

The Community Falls Service reported a total of 14 incidents in September and October 2023, decreased by one from the July and August 2023. Twelve incidents were reported as minimal harm, and the remaining two falls were major harm. One has been discussed at Rapid Review and concluded no lapses in care the remaining incident is awaiting a Rapid Review meeting date; an update will be provided in the next bimonthly report.

Updates from July/August 2023

The Community Falls Service incident and two Community Neurology incidents concluded at Rapid Review as no contributing lapses in care with learning identified.

The Seacroft Neighbourhood Team incident concluded at Rapid Review as no lapses in care with no learning identified.

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

Number of Medication Errors Causing Harm

There were seventeen medication errors causing harm reported, this is a slight increase from thirteen in July and August 2023. All incidents were recorded as minimal harm, thirteen were reported in the Neighbourhood Teams and one each for Adel Beck, Community Stroke Team, Wharfedale Recovery Hub, and the Neighbourhood Night Service. Of the thirteen incidents reported for the Neighbourhood Teams, eight related to insulin. Four were wrong doses administered, two were double doses given, one was the wrong type of insulin given and the remaining was given to the wrong patient in a care home who was not diabetic.

Medicines Management have since attended the ABU Quality Development Meeting on 07 November 2023 to discuss medicines errors and the reasons they are happening, contributing factors identified are staff not checking Medication Administration Records and the process of allocating visits. There is a plan for the Pharmacy Technicians to observe the insulin process from allocation to administration in the Neighbourhood Teams in real time to identify how the process could be made safer and reduce the risk of insulin errors and subsequent harm. Currently training is planned for the North Teams and 1:1's for staff who have been involved in more than one error. The Neighbourhood Teams are also working with care homes who are willing to support their residents with insulin administration so the Neighbourhood Team would not need to be involved for this element of care. This has advantages of better patient identification and insulin dose timing in relation to meals.

The incident related to the wrong patient receiving insulin will be discussed at Rapid Review Meeting as although the actual harm to the patient was minimal, the potential for significant harm if a similar incident occurred in future is high.

Pressure Ulcers

Validated Category 3 Pressure Ulcers

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

Validated Category 4 Pressure Ulcers

There was one category four pressure ulcer discussed at Rapid Review Meeting in the reporting period for Yeadon Neighbourhood Team which concluded as lapses in care. This incident initially identified a lack of case management which delayed the transfer of the patient to 24-hour care. If there had been effective case management, the patient may have been in an appropriate place of care to meet her needs prior to the pressure ulcer development so may have been prevented.

All learning for this incident had been identified at Rapid Review Meeting in line with PSIRF, as a proportionate approach to investigating and learning from incidents an action plan will be completed in place of a Serious Incident Investigation.

Validated Unstageable Pressure Ulcers

There were two validated unstageable pressure ulcers in the reporting period which concluded as lapses in care following completion of a Serious Incident investigation. The learning from pressure ulcer incidents will be shared in the quarterly Pressure Ulcer Report, six-monthly Safety and Serious Incident report and bimonthly Clinical Governance Report.

Serious Incidents

There were three moderate/major harm/unexpected death incidents in the reporting period which met the criteria for Serious Incident Investigation (in line with the Serious Incident Framework 2015). All were reported on the Strategic Executive Information System (StEIS) within the 48-hour timeframe.

ID	Incident date	Category	Rapid Review	Date added to STEIS	Team
90281	03/05/23	Unexpected Death	24/07/23 Logged on StEIS following receipt of final report as met SI criteria – 24/10/23	24/10/23	Middleton NT
94550	31/05/23	Clinical Assessment	1/11/23	26/10/23- logged by partner organisation ahead of LCH Rapid Review Meeting	CAMHS to be completed as a joint review led by partner organisation.
93638	16/09/23	Pressure Ulcer Category Four	13/10/23	Reviewed by chair following RRM and confirmed meets SI criteria on 16/10/23. Logged on StEIS on 16/10/23	Yeadon NT

ID 90281 was initially discussed at Rapid Review meeting in July and progressed to an Internal Concise (Not StEIS logged). Initial learning identified that a set of clinical observations should have been taken and phone calls should have been made instead of sending tasks for urgent prescriptions. Following 45-day meeting and review of the report including cause of death this incident was logged on StEIS as met the criteria for Serious Incident Investigation.

ID 94550 will be completed as a multi-agency review led by a partner organisation with LCH contribution to the report.

Duty of Candour

There were two incidents which met the requirement for statutory Duty of Candour. The first was completed by the Neighbourhood Team, the patient lacked capacity and did not have a next of kin, so a letter was not sent, however this was appropriate. The remaining incident was completed by a partner organisation as is being investigated as a multiagency review.

Following a significant decrease in incidents identified as meeting the criteria for statutory Duty of Candour in August and September this was escalated at Quality Assurance and Improvement Group and a review of the incidents which had been discussed at Rapid Review Meeting in this timeframe was completed.

There were four incidents from August which met the criteria however had not been identified at Rapid Review Meeting, all are breaches of the 10-day LCH standard and will be backdated in the data. Since identification three have been completed all declined a letter, the fourth is currently in progress. A checklist has been circulated to chairs for areas of consideration before concluding an outcome for an incident including statutory Duty of Candour and the Patient Safety Team are now including whether incidents met the criteria in the write up on Datix following Rapid Review Meeting to ensure it has been considered.

Central Alert System (CAS) alerts outstanding

There were two Central Alert System (CAS) notifications during this period, both required a response on the CAS website. Of these, one alert was assessed as relevant to LCH and was acknowledged, assessed, and actioned within the allocated timeframe. The remaining alert was not applicable to LCH and was acknowledged, assessed, and actioned within the allocated timeframe.

The National Patient Safety Alert assessed as relevant to LCH in the last report remains ongoing and is related to the risk of death from entrapment or falls from medical beds, trolleys, bed rails, bed grab handles and lateral turning devices. This is being coordinated by the Medical Device Safety Officer. Monthly strategy meetings are being held alongside as are required meetings with the business unit Clinical Leads and Clinical System Advisors. This alert requires input from LCH and LCES to meet the requirement of all actions to be completed by March 2024.



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

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

Caring – October 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	Jul	Aug	Sept	Q2	Oct	YTD	Time Series (from Apr-21)
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Community Care (FFT)	SL	>=95%	2023/24	93.9%	95.6%	94.1%	91.9%	93.9%	92.7%	93.4%	
			2022/23	92.2%	91.0%	94.4%	94.3%	93.0%	93.3%	92.2%	
Total Number of Formal Complaints Received	SL	No Target	2023/24	29	12	11	21	44	9	82	
			2022/23	29	8	14	17	39	16	137	

Narrative

Complaints

There were 30 complaints received in September - October 2023. This is an increase to the previous two reports. On review the spread is disproportionate between September 2023 with 21 complaints received and October 2023 with nine complaints received. This represents an increase compared to the previous six months.

Learning from Complaints

There were 25 complaints closed between September and October 2023.

Adult Business Unit

The learning from a complaint for Seacroft identified the need for written information regarding the process for a transfer to a community care bed. This is being developed.

The learning from a complaint for Middleton included the team implementing a safety meeting every morning to ensure any concerns about any patients are discussed at the start of each day. To ensure visits that cannot be covered are then escalated to senior management and support can then be sourced from other areas. The team have reflected and identified a need to be open and honest with families and patients in the future, to ensure when contact is received from patients on the day of an expected visit, to communicate openly if the team are struggling to meet the time of the visit and work together to find a solution.

A complaint for the Therapy Supported Discharge team identified that there was a missed opportunity for the Team to have a conversation with the patient and family regarding why therapy input would not be provided. Communication has been sent out to teams to ensure these discussions are more carefully considered in the future.

Children's Business Unit

A complaint to CAMHS regarding issues around the communication of appointments helped to identify improvements in processes. This included setting up alert/high priority reminders to the patient record stating that appointment letters are sent immediately via email upon booking.

The learning from an ICAN East complaint included ensuring all Occupational Therapists make parents aware the school copies of reports will be sent to parents to deliver to the school. It also identified the need to ensure that goals set with children and families are sufficiently detailed, that the Goals Based Outcome scores are completed with the child or family and that the goals and scores are included in reports; training has been updated to reflect this.

The learning from an ICAN West complaint included ensuring clear plans with timescales are agreed with families and clearly communicated and to ensure this is clearly recorded on SystmOne.

The learning from a complaint for 0-19 PHINS identified the need for the service to learn how we avoid conveying racial bias. The Investigator has contacted the Equality and Diversity Team to work to inform practice around awareness of reinforcing negative racial social stereotypes.

Specialist Business Unit

The learning identified from a Podiatry complaint included ensuring Podiatrists were reviewing notes and communication plans to ensure contact details were correct and authorised correctly.

The learning from a complaint for LMWS identified the need for staff to receive further support and guidance around how they approach sensitive conversations.

The learning from a complaint to Leeds Sexual Health regarding unclear information on the website identified that the website requires updating, the service have since updated the website.

All learning from complaints will be reviewed for clinical audit potential.

Friends and Family Feedback

Within the Friends and Family Test, 93.65% of feedback was good or very good. There has been a slight decrease in good or very good reports from the previous reporting period (July- August 2023, 96.2%).

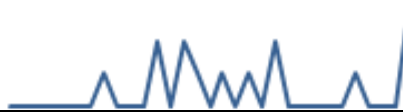
There has been a significant increase in MSK FFT responses. The service has two staff members who are Patient Engagement Experience & Participation Officers focusing on FFT responses. These are being sent out via SystmOne weekly.

For responses that are rated poor/very poor, we continue to see themes around access to services via telephone and regarding contacting services, particularly via telephone and service wait times, specifically in LSH. Good/very good responses have highlighted positive experiences with staff, feedback has highlighted patients feeling listened to, staff members being patient, knowledgeable and understanding during appointments.

Effective – October 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	Oct	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	2023/24	98%	98%		98%	
			2022/23	95%	95%		95%	
Number of NICE guidelines with full compliance versus number of guidelines published in 2020/21 applicable to LCH	RB	No Target	2023/24	100%	100%		100%	
			2022/23	95%	95%		95%	
Number of Unexpected Deaths in Bed Bases**	RB	No Target	2023/24	1	0	3	4	
			2022/23	3	1	1	7	
NCAPOP audits: number started year to date versus number applicable to LCH	RB	100% by year end	2023/24	100%	100%		100%	
			2022/23	100%	100%		100%	
Priority 2 audits: number completed year to date versus number expected to be completed in 2021/22	RB	100% by year end	2023/24	55%	16%		16%	
			2022/23	0%	8%		8%	
Total number of audits completed in quarter	RB	No Target	2023/24	2	16		16	
			2022/23	3	5		5	

** Reported by exception

Narrative

Clinical Audit

A total of 125 audits have been registered for the 2023/24 programme to date, a further 23 audits have been registered since the Quarter one update. Of those, 27 audits have been completed, compared to 13 at the same time last year, this is an increase in trend of 100% and a significant improvement in comparison to the last two years.

- In Quarters one and two of 2023/24, 43% (54/125) of registration forms were submitted which is a significant increase compared to the same period last year where the figure was 5%, and 43% compared to 13.4% at the end of Quarter one).
- There is a rate of 16% of priority 2 audits that have been completed for 2023/24 year to date which is a significant increase compared to the same period last year where the figure was 8.7%. The Clinical Effectiveness Team continue to support audit leads in ensuring the completion of any outstanding audits.
- There has been a significant drive for a more robust process which has now been implemented, by the Clinical Effectiveness Team. The Team is actively contacting services to ensure that all pending registration forms are submitted. The Team contact Clinical and Operational Heads of Service for quarterly updates in addition.

NICE

We currently have 25 open NICE guidance. They are all pending initial assessment or have action plans in place to achieve concordance. One guidance is overdue in comparison to the PL326 Policy for the Dissemination, Implementation and Monitoring of NICE guidance standard of two years. There is no risk to patient safety assessed from this, and the two-year completion is an internal standard.

- For 2021/22 there are 3 open NICE Guidance
- For 2022/23 there are 11 open NICE Guidance
- For 2023/24 there are 11 open NICE Guidance.

Data for the core indicators:

- Number of NICE guidelines with full compliance versus number of guidelines published in 2019/20 applicable to LCH (expressed as a %):
 - 97.6% fully compliant (represents 41 of 42)
 - 2.4% previously agreed non-compliance by Quality Committee (represents one)
- Number of NICE guidelines with full compliance versus number of guidelines published in 2020/21 applicable to LCH (expressed as a %):
 - 100% full compliance (represents 22 of 22)

Unexpected Deaths in Community Bed Bases

There have been early indications of increases in unexpected deaths in bed bases, with three reported in October 2023. This trend is being monitored.

Responsive – October 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	Jul	Aug	Sept	Q2	Oct	YTD	Time Series (from Apr-21)
Percentage of patient contacts where an ethnicity code is present in the record	SP	100%	2023/24	97.1%	97.4%	97.4%	97.4%	97.4%	97.3%	97.2%	
			2022/23	95.9%	95.8%	95.8%	95.6%	95.7%	96.0%	95.7%	
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	>=92%	2023/24	60.4%	56.9%	52.7%	52.0%	52.0%	50.9%	50.9%	
			2022/23	83.4%	78.2%	77.0%	75.2%	75.2%	71.8%	62.7%	
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	2023/24	38	71	158	199	199	268	268	
			2022/23	0	2	4	2	2	0	2	
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	SP	>=99%	2023/24	37.4%	38.1%	31.8%	30.3%	30.3%	32.4%	32.4%	
			2022/23	46.9%	47.5%	41.5%	44.3%	44.3%	50.9%	50.3%	
% Patients waiting under 18 weeks (non reportable)	SP	>=95%	2023/24	86.9%	84.6%	81.8%	79.1%	79.1%	75.3%	75.3%	
			2022/23	90.6%	89.9%	89.0%	88.4%	88.4%	88.6%	87.5%	
LMWS – Access Target; Local Measure (including PCMH)	SP	24456 by year end	2023/24	6,805	2,372	2,156	2,407	6,935	2,124	15,864	
			2022/23	7,581	2,536	2,716	2,781	8,033	2,867	30,963	
IAPT - Percentage of people receiving first screening appointment within 2 weeks of referral	SP	No Target	2023/24	65.0%	77.9%	70.8%	76.9%	75.4%	76.1%	71.0%	
			2022/23	51.6%	40.5%	39.0%	42.9%	40.9%	40.1%	51.5%	
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	SP	>=95%	2023/24	98.0%	97.9%	98.2%	98.7%	98.3%	97.5%	98.1%	
			2022/23	99.6%	98.9%	99.3%	98.4%	98.8%	98.4%	98.7%	
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	>=75%	2023/24	80.4%	83.3%	83.7%	81.0%	82.6%	81.5%	81.5%	
			2022/23	92.5%	87.2%	84.5%	81.2%	84.3%	77.8%	81.4%	

Narrative

Overall, the number of people waiting for a First Assessment from LCH Services has increased by 11% since April. There are specific pressures in a number of services, and the report below contains a number of actions and improvements being progressed in these services. Further detail is included in Appendix 2.

Consultant-led RTT Pathways

Increased demand for Neurodisability assessments, as well increases in medical referrals for unaccompanied asylum-seeking children with ICAN Services, and ongoing challenges with Inter-Provider Transfer for our Community Gynaecology Service are the primary reasons why RTT performance continues to deteriorate (see Table 4).

Month	ICAN Paediatric Neuro-Disability	Community Gynaecology
April 2023	37.1%	1.0%
May 2023	38.8%	0.0%
June 2023	37.0%	0.7%
July 2023	35.8%	0.0%
August 2023	31.0%	0.0%
September 2023	30.2%	4.0%
October 2023	29.4%	7.8%

Table 4 – RTT 18-week Performance in PND and Community Gynaecology

These same pressures area also resulting in increases in the number of people waiting more than 52-weeks for their first appointment. By the end of October 2023, 268 patients had waited more than 12months. The number of people waiting this long for assessment in LCH Services has grown 55% in the last 3 months.

However, both services are working closely with colleagues at the ICB to address changes to their pathways and make long-term, sustainable improvements.

ICAN consultant pressures (PND, CPC and CPMC)

The ICAN Service has now completed the first cohort of recruitment to Advanced Clinical Practitioner roles, reducing reliance on a medical model and increasing clinic capacity. A second round of recruitment is planned for January 2024. Waiting lists continue to grow, primarily due to increased demand across a range of clinics. Additional pressures are now visible in the Initial Health Needs Assessment (IHNA) clinics within ICAN, where waiting times are now approximately at 16 weeks from referral to first contact. Increased referrals relating to unaccompanied asylum-seeking children and young people, as well as increasing numbers of DNAs have contributed to this picture. The service continues to prioritise urgent cases.

However, waiting lists continue to grow, primarily due to increased demand across a range of clinics. Additional pressures are now visible in the Initial Health Needs Assessment (IHNA) clinics within ICAN, where waiting times are now approximately at 16 weeks from referral to first contact. Increased referrals relating to unaccompanied asylum-seeking children and young people, as well as increasing numbers of DNAs have contributed to this picture. An ST7 Junior Doctor has been moved to support these clinics. The service continues to prioritise urgent cases.

Community Gynaecology

Although the service is continuing to receive referrals from LTHT for patients that have already waited more than 18 weeks, the responsiveness of our own service to care continues to be timely and of high standard. The average waiting time is 7.4 weeks, with the longest waiters waiting no more than 32.1 weeks. The total size of the waiting list has reduced consistently by -79.5% over the last 12 months, with only a total of 157 people waiting for care to start at the end of October.

However, due to the current situation, they continue to report a low level of formal RTT 18-week performance, as shown in Table 4, but there are early signs that this might be improving. However, as the service experiences a variability in the length of the existing waiting time for each person referred, this early trend should be noted with caution.

Non-Consultant Pathways

There are 6 non-consultant pathways highlighted in this report:

- Podiatry
- Respiratory
- Neighbourhood Team Therapies
- Continence, Urology and Colorectal (CUCS)
- Children's Occupational Therapy

Other pathways are also included in Appendix 2 for updates.

Podiatry

The total number of patients waiting for the service has grown by 37% since May, reaching 3,932 by the end of October. There are four primary reasons for this recent trend: -

1. *Increases in Urgent referrals*

Increases in urgent referrals have been evident since August 2023, with the impact that patients with more routine concerns are experiencing longer waiting times. A question has been raised with the service regarding changes in admin process that might have contributed to this change. Further scrutiny is being applied to regular reviews of activity levels, with support from the BI Team, to improve focus on these metrics. The BI Team is in discussions with all Business Units to further improve the analysis and reporting of activity trends.

2. *Removal of Locums*

In June 2023 the service withdrew the locum staff funded on a temporary basis to help to address the COVID backlog. The locums provided targeted input to first assessments and there has been a notable impact since their withdrawal. In Q1 when the locums were in place the service conducted 2,517 first contacts, this reduced to 1,257 in Q2 when the locums were withdrawn, a reduction of 50%. There has also been a reduction in follow up contacts of 8% over the same time period, leading to a rise in the first-to-follow-up ratio from 1:3.8 in June 2023 to reach 1:6.6 in October 2023

3. Review of digital first offer

In an effort to reduce waiting times, during and post pandemic, all patients were offered a non-face-to-face first assessment, however learning from a recent patient safety incident has led the service to change this approach. All patients assessed as high risk are now offered a face-to-face assessment and combined with the loss of the temporary locum staff this has resulted in increased waiting times. As a result, the service expects waiting times to continue increasing.

Where the service continues to offer digital first assessments, it has recognised that this is likely to disproportionately affect those with more communication needs. To compensate, the service will use language line for those who cannot speak English and speak to family of those with learning disabilities.

4. Delays in reviewing the clinical model

Working closely with the ICB, the service is proposing a new model of delivery to manage the demands on the service more effectively. The new model will:

- Offer wound care and urgent clinics
- Offer foot care prevention to high-risk groups
- Offer some at-risk prevention
- Offer education and foot health reviews as part of the discharge package for some and 12-month passport for others who are more vulnerable
- Offer nail surgery for all risk groups
- Offer F&A MSK service with current workforce and non- registered workforce (providing treatment under direction)
- Offer Podiatry care to adults with mental health challenges or learning disabilities through specialist intervention
- Removing the offer of general footcare or low risk care

In the August Performance Brief, a deep dive into data was proposed, however the resources needed to complete this will now be required to support the changes to the delivery model as agreed by the ICB. The service has therefore suggested not conducting this deep dive and focussing on the deployment of a new model instead, which will have the largest single impact on improving waiting times across the service. Progress reports highlighting the impact of these changes will be shared in due course and governance managed at appropriate change forums within the Trust.

Respiratory

In the Respiratory Service the total number of patients waiting for first assessment has grown by 63% in the last 7 months. The waiting list stood at 254 in April 2023, but has since risen to 414 patients at the end of October 2023. The reasons behind this, and a response plan are being discussed with the service, and further details of these plans will be shared in the December Performance Brief.

Neighbourhood Team Therapies

Increased referrals and staffing gaps within the Neighbourhood Teams Therapy Service is leading to a growth in the number of patients waiting longer than 18 weeks. Although the total number of patients waiting has remained stable at approximately 1500 during the quarter, numbers waiting more than 18 weeks have been growing at a consistent rate this year, now reaching 313 in October 2023 (from 196 in April 2023). The service is progressing with the following actions to analyse and improve this position:

- Working with Business Intelligence to streamline improve the capturing of referral data
- The creation of a capacity tracker tool which enables a live understanding of current capacity across all teams, and monitoring of caseload sizes to ensure they remain at a safe level
- Improved use of Job planning, as well as STaR and CLaSS where appropriate
- Upskilling staff to reduce the number of internal referrals
- Working with wider partners including GPs, LTHT and third sector to consider how patients could be managed differently
- Improving the referral criteria and forms, and triage processes
- Optimising processes: admin support, redesigning the OT/PT template and assessment process, introducing assessment only equipment and assessment ledgers in SystmOne
- Working with the ABU Resourcing Project to consider methods to improve recruitment, onboarding and induction including lectures at university, recruitment fairs, social media, retention conversations, the development of a robust training and development programme

Fewer clinical sessions have been cancelled by staff this year, which has led to improved productivity, and clear expectations are being set of Agency staff who have been brought into support.

Colorectal and Urological Service (CUCS)

Sickness levels within CUCS are creating operational pressure that continue to impact on waiting times for patients, primarily patients waiting for bowel care and nursing assessment.

Measure		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend
% Patients waiting under 18 weeks (non reportable)	2022/2023	84.6%	93.4%	96.0%	95.3%	96.9%	95.8%	96.0%	93.6%	91.9%	88.1%	85.6%	83.3%	
	2023/2024	82.3%	82.1%	80.0%	76.6%	69.9%	67.2%	66.9%						
Waiting list size	2022/2023	599	558	547	551	575	597	605	624	657	690	785	827	
	2023/2024	812	810	814	841	885	942	990						
12-18 week waits	2022/2023	91	86	89	65	94	116	124	118	138	145	133	144	
	2023/2024	169	186	174	180	153	166	163						
18+ week waits	2022/2023	92	37	22	26	18	25	24	40	53	82	113	138	
	2023/2024	144	145	163	197	266	309	328						

Actions being progressed by the service include:

- Waiting lists on SystmOne have been streamlined and are more accessible
- New triage role implemented and dedicated triage clinicians allocated daily
- Redesign of the referral forms and improving the process

- Meetings have been streamlined and non-clinical time has been reduced
- Robust diary management introduced – e.g., working with admin to ensure late cancellation slots are rebooked
- Reviewed data to calculate the number of f2f contacts staff are expected to see each day - clinician's S1 ledgers have been updated to increase capacity
- From January built in training/study days so this is more structured rather than ad hoc days which allows for easier fulfilment of this commitment alongside the pressures
- Reviewing skill mix and moving staff around to the areas of greatest need
- Working with QI on a quality improvement project for waiting lists – starting in November

Further opportunities being explored include:

- Further use of eAssessments for screening, giving patients more input into the content used for Assessment, as well as saving time. The service has been asked to monitor the impact of this approach on health equity
- Developing a demand and capacity tool to mirror the one created in Neighbourhood Team Therapy Services
- Considering setting up Student-led clinics

Children's Occupational Therapy

Due to increases in sickness and other absences, the number of patients waiting to access the service has been growing at a consistent rate since March 2023.

Measure		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend
% Patients waiting under 18 weeks (non reportable)	2022/2023	75.7%	82.2%	84.9%	88.7%	88.0%	90.0%	87.9%	91.7%	94.6%	92.9%	93.0%	92.0%	
	2023/2024	90.5%	85.8%	78.8%	64.6%	59.8%	51.9%	47.7%						
Waiting list size	2022/2023	148	129	119	106	100	110	99	109	111	98	114	125	
	2023/2024	126	148	170	181	194	208	220						
12-18 week waits	2022/2023	26	28	29	13	18	26	26	18	23	19	21	10	
	2023/2024	20	35	37	27	34	34	28						
18+ week waits	2022/2023	36	23	18	12	12	11	12	9	6	7	8	10	
	2023/2024	12	21	36	64	78	100	115						

In response the service is pursuing a range of actions:

- A risk assessment of children waiting has been completed to identify the most priority cases
- The goal setting clinic has been paused, to allow clinicians to carry out ongoing triage of children waiting. This is leading to the prioritisation young people with Early Help Care Plans (EHCPs) and high-risk cases
- Low-risk children are being offered group sessions or self-management support
- The service has noted that many of the referrals come from a small handful of schools. The team is working with the SENCOs there to improve the quality of referrals
- Recruitment has recently been completed into existing B5 vacancies

- It is planning to re-open the goal setting clinic in March 2024, once new B5 clinicians have completed their registration

Urgent Community Response

As of the end of October 2023, the Trust had responded to 74.5% of Urgent Community Response (UCR) patients within the required 2-hr timeframe, continuing its above-target performance.

Diagnostic Pathways (DM01)

The Audiology Service continues with high levels of staff absence, leading to a total of 138 appointments being cancelled by the service during September and October. The service also continues to experience high DNA rates. The service has now successfully completed recruitment to 2 posts at Band 2 and a Band 3 post, to increase clinical capacity.

Currently, performance against this standard continues at low levels, with 32.4% of patient waiting less than 6 weeks at the end of October 2023, against a 99% Target.

Improving Access to Psychological Therapies

The service has seen a number of improvements to its waiting list position, including improvements for those requiring access within 6 weeks, and those requiring access within 2 weeks of referral. These improvements have been set against an overall increase in referrals to the service during this financial year. This has been driven primarily by the recent recruitment of 9 additional therapists, but the service is also seeing a strong impact of the partnership with Xyla, and CBT waiting lists are now reducing at faster rates than originally modelled, which has been a priority area to improve.





However, there is some ongoing work to investigate reporting of Access figures, where there are discrepancies between local data, and data submitted nationally. It is likely that Access rates are in fact higher than reported locally, but the results of investigations will be shared in due course.

CAMHS Access Measures

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

A correction plan for migrated records has now been approved, and it is hoped that reporting can re-commence from the end of January 2024.

Neighbourhood Team Indicators

Responsive - services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care	Responsible Director	Target	Financial Year	Q1	Jul	Aug	Sept	Q2	Oct	YTD	Time Series (from Apr-21)
Neighbourhood Team Face to Face Contacts	SP	No Target	2023/24	139,857	48,112	49,334	46,164	143,610	48,976	332,443	
			2022/23	154,093	51,131	50,654	49,440	151,225	50,389	586,579	
Neighbourhood Team Referrals (SystemOne only)	SP	No Target	2023/24	7,377	2,460	2,478	2,570	7,508	2,590	17,475	
			2022/23	7,326	2,572	2,591	2,497	7,660	2,585	30,374	
Neighbourhood Team Productivity (Contacts per Utilised WTE)	SP	No Target	2023/24	98.8	98.1	100.7	96.3	96.3	109.9	109.9	
			2022/23	102.2	105.7	103.1	102.9	102.9	106.1	96.4	
Proportion of Urgent Community Response referrals reached within two hours	SP	70%	2023/24	69.7%	69.5%	77.5%	74.8%	74.8%	74.5%	74.5%	
			2022/23	0.5	0.6	0.6	0.6	0.6	0.6	0.7	

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

Well-Led – October 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.

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	Jul	Aug	Sept	Q2	Oct	YTD	Time Series (from Apr-21)
Staff Turnover	LS/JA	<=14.5%	2023/24	11.4%	10.9%	10.9%	10.5%	10.5%	10.2%	10.2%	
			2022/23	14.4%	14.4%	14.1%	13.9%	13.9%	13.4%	12.9%	
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%	2023/24	14.1%	13.4%	13.6%	13.9%	13.9%	13.1%	13.1%	
			2022/23	18.4%	17.6%	17.1%	17.2%	17.2%	16.4%	14.3%	
Short term sickness absence rate (%)	LS/JA	<=3.0%	2023/24	1.5%	1.4%	1.3%	2.6%	2.6%	2.5%	2.5%	
			2022/23	2.1%	2.9%	1.8%	1.8%	1.8%	2.2%	1.8%	
Long term sickness absence rate (%)	LS/JA	<=3.5%	2023/24	4.3%	4.5%	4.6%	3.5%	3.5%	4.1%	4.1%	
			2022/23	5.2%	5.1%	4.7%	4.6%	4.6%	4.9%	4.4%	
Total sickness absence rate (Monthly) (%)	LS/JA	<=6.5%	2023/24	5.8%	5.9%	5.9%	6.1%	6.1%	6.6%	6.6%	
			2022/23	7.3%	8.1%	6.5%	6.4%	6.4%	7.1%	6.2%	
AfC Staff Appraisal Rate	LS/JA	>=90%	2023/24	75.7%	76.3%	76.5%	75.1%	75.1%	74.3%	74.3%	
			2022/23	76.7%	76.0%	76.3%	75.3%	75.3%	75.5%	72.1%	
Statutory and Mandatory Training Compliance	LS/JA	>=90%	2023/24	87.2%	88.2%	88.1%	86.1%	86.1%	86.8%	86.8%	
			2022/23	85.6%	85.3%	85.5%	85.4%	85.4%	86.3%	86.1%	

Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target	Financial Year	Q1	Jul	Aug	Sept	Q2	Oct	YTD	Time Series (from Apr-21)
'RIDDOR' incidents reported to Health and Safety Executive	BM	No Target	2023/24	0	0	0	0	0	0	0	
			2022/23	2	0	2	1	3	1	7	
WRES indicator 1 - Percentage of BME staff in Bands 8-9, VSM	LS/JA	No Target	2023/24	7.0%	7.3%	7.3%	6.9%	6.9%	6.1%	6.1%	
			2022/23	7.8%	7.8%	7.6%	7.8%	7.8%	7.8%	7.2%	
Total agency cap (£k)	BM	No Target	2023/24	1155	307	485	312	1104	314	2573	
			2022/23	1053	255	311	362	928	357	4133	
Percentage Spend on Temporary Staff	BM	No Target	2023/24	6.3%	5.9%	5.9%	6.1%	6.1%	6.1%	6.1%	
			2022/23	6.3%	4.4%	5.4%	5.1%	5.1%	5.6%	5.8%	
Neighbourhood Team Vacancies, Sickness & Maternity WTE	SP	No Target	2023/24	151	160	149	167	167	87	87	
			2022/23	106	119	114	117	117	122	139	
Neighbourhood Team Percentage of Funded Posts Utilised	SP	No Target	2023/24	83.9%	82.8%	83.8%	82.1%	82.1%	92.0%	92.0%	
			2022/23	87.5%	85.9%	86.9%	86.4%	86.4%	84.3%	83.2%	
Starters / leavers net movement	SP	>=0 in favour of starters	2023/24	44	30	4	9	43	13	100	
			2022/23	-8	0	10	24	34	3	179	

Narrative

Turnover

Work to retain staff is in focus and “stay conversations” are being utilised across the trust, with some positive outcomes being reported. This should help to further improve the overall Turnover which has been below the 14.5% target since last April 2022, with the last four months below 11%. We are also seeing month on month improvement across the staff net movement ie the number of starters –v- leavers, consistently since January 2023.

As part of our Retention focus, we are now monitoring Turnover by Ethnicity and will be reporting this through the Performance Brief narrative. In October 2023 turnover amongst staff declaring as BME was 11.6%, which is within the Trust’s turnover tolerance, although higher than overall Trust turnover at 10.2%.

We are also monitoring the instances of the “Not Known / Other” reason for leaving, which has in the past been attributed to over 40% of departures (May 2023). There has been positive progress on reducing these instances following targeted communications, with the instances during October 2023 down at 16.1%. Whilst some classifications of

“Other /Not Known” are legitimate, and employees are under no obligation to share a reason for leaving, it is anticipated that these should account for fewer than 20% of reasons for leaving, and ideally 10% or fewer.

Work continues on a range of resourcing initiatives to increase supply and enhance capacity.

Traditional recruitment methods continue to be supplemented by hyper local recruitment which reaches our local communities, narrowing inequalities and streamlining and speeding up recruitment processes for all roles. To address adult nursing vacancies, we have successfully recruited and inducted 27 international nurses who are now registered with the NMC. A further 5 internationally educated nurses commenced employment in October 2023.

A further review of a retention self-assessment tool is underway to inform our work but the data and feedback from leavers suggests a focus on flexible working and how we can further support staff in their early, mid, and later careers.

Reduce the number of staff leaving the organisation within 12 months

Staff turnover of leavers with less than 12 months service continues within tolerance at 13.1% and has continued to improve and stabilise during the past year.

In addition to the above retention initiatives, work to improve recruitment and induction processes has been a key focus to ensure that new recruits get the best possible experience during those first few crucial months of employment. Time to recruit remains a priority and implementation of a new Applicant Tracking System has started.

Overall sickness absence

Since February 2023, the overall sickness absence has remained below the 6.5% target. Last month saw a marginal increase at 6.6%, which is due to increases across all business areas. Whilst this increase follows the traditional increase in absence going into the autumn period, of particular note, is Corporate and Operations Business Unit which have both increased by over 1+% since last month and Adult Business Unit which is over 8%. The HR Business Partners will be working closely with specific teams to see what further support can be offered in this space. Further waves of Cold, Cough, Flu - Influenza are expected to contribute towards sickness absence rising again as LCH enters the Winter period.

Long-term sickness absence

Long-term sickness absence continues to be above the 3.5% target. ABU stand out with the highest percentage, which has remained above 5%, since April 2023.

Long Term absence was the subject of a recent “deep dive” Business Committee session, where they were presented with data/information on current position, which included highlighting those services and professions with highest absence rates, reasons for absence, support available and next steps. The output from this session has been fed back to the HR Business Partners, and they are undertaking case reviews as appropriate, to ensure the necessary support plans are in place and policy is followed.

Anxiety/stress/depression/other psychiatric illnesses remain the highest reason for absence at 1.7%.

Short-term sickness absence

Short-term sickness absence has remained below the 3% target since last April 2022, with just two areas (Adult Business Unit and Operations) marginally exceeding this only occasionally. The main reason for short term absence continues to be Infectious Diseases/Covid related absences.

As we are now in winter months, an added focus is being placed on fundamental aspects of positive employment practices that we know help people to feel supported, effective, and well at work. These include 1:1s, regular meetings for teams; appraisals and taking rest breaks.

Appraisal

The Appraisal compliance remains largely static hovering around 75%. Appraiser training and targeted support for teams was put on hold in October while TLT considered a paper to move towards an appraisal season for all staff, which is currently being piloted within the Adult Business Unit. TLT decided to pause roll-out of a Trust-wide appraisal season, until further work is carried out in understanding ESR hierarchies, reporting requirements. In the meantime, we will reintroduce the training and look at new ways to engage with colleagues and managers around the importance of appraisal.

Statutory and Mandatory Training (MaST)

MaST performance continues to be performing well at mid- high 80%. We have now introduced into the overall reporting both the Oliver McGowan Training on Learning Disability and Pressure Ulcer Prevention which can explain the slight drop in compliance since August 2023.




Workforce Race Equality Standard (WRES)

The overall BME representation in LCH continues to hover around 12.4%, with representation at Bands 8 & 9 fallen to its lowest level at 6.1%. The EDI team are meeting with the WFI team to explore this in further detail.

Finance – October 2023

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

Data

Finance	Responsible Director	Year End Target	Financial Year	Q1	Jul	Aug	Sept	Q2	Oct	YTD	Time Series (from Apr-21)
Net surplus (+)/Deficit (-) (£m) - YTD	BM	1.0	2023/24	-0.5	-0.4	0.0	0.0	0.0	0.0	0.0	
Capital expenditure in comparison to plan (£k)	BM	4149	2023/24	8381	588	202	2875	3665	656	12702	
CIP delivery (£k)	BM	3.03	2023/24	2065	687	688	687	2062	688	4815	

Narrative

National and West Yorkshire Context

At the time of writing this report there is significant work ongoing across England to review and confirm financial positions and a range of performance metrics. This follows the allocation to ICBs of £800m and a review of elective targets which will release a further £300m. West Yorkshire Finance Directors have proposed a set of principles for the allocation of these funds which is the process of being agreed. It is unlikely that any share of the funds due to LCH will become available for LCH to spend; the interim Director of Finance has indicated his support for that position.

Trusts are also being asked to review their financial positions in the context of their aggregated Place positions and the overall West Yorkshire position. Further information on the informal agreements reached across the Leeds Trusts and the ICB in Leeds will be reported at the Committee/Board. The position reported here does **not** take account of those agreements.

A further review of each Trust's Statement of Financial Position will be undertaken by each West Yorkshire Trust to identify any accounting prudence which could be released into the income and expenditure position. LCH has identified £250k which is **not** reflected in the October financial information in this report. All other things being equal this will move our forecast position to a £250k forecast surplus which will not be available to be spent within the Trust.

Income & Expenditure (I&E) Summary

At the end of October 2023, the Trust is reporting a breakeven position. The year-to-date position is mainly driven by substantive vacancies and a favourable variance in interest received and donation income, offset by contract penalties and non-pay inflationary pressures. A breakdown of the variances by category are provided in the tables below. Forecast for the end of year is break even with the contract penalties and pay overspend being offset by underspends in non-pay and interest received.

	October 2023			2023/24		
Income & Expenditure Summary	YTD Plan	YTD Actual	YTD Variance	Annual Plan	Forecast Outturn	Forecast Variance
	£k	£k	£k	£k	£k	£k
Income						
Income from Patient Care Activities	(120,382)	(120,291)	91	(206,368)	(206,178)	190
Other Operating Income	(7,191)	(7,361)	(170)	(11,977)	(12,122)	(145)
Total Income	(127,573)	(127,652)	(79)	(218,345)	(218,300)	45
Expenditure						
Pay	90,355	89,864	(491)	154,517	154,766	249
Non pay	37,101	38,480	1,379	63,628	64,005	377
Total Expenditure	127,456	128,344	888	218,145	218,771	626
Operating (Surplus) / Deficit	(117)	692	809	(200)	471	671
Public Dividend Capital	269	269	0	461	461	0
Profit/Loss on Asset Disp	0	(8)	(8)	0	(8)	(8)
Interest Payable	395	377	(18)	676	676	0
Interest Received	(538)	(1,336)	(798)	(922)	(1,600)	(678)
(Surplus) / Deficit	9	(6)	(15)	15	0	(15)
Less: Donated Asset Depreciation	(9)	(9)	0	(15)	(15)	0
Less: Capital Donations and Grants	0	15	15	0	15	15
Adjusted (Surplus) / Deficit	0	0	0	0	0	0

Income From Patient Care Activities

The year-to-date adverse variances of £0.1m year to date and £0.2m full year forecast a mainly relates to contract penalties for Police Custody. The majority of contracts remain unsigned as of October-23 and the Trust is in the process of liaising with commissioners to ensure that signed contracts are in place. There is no risk to income in respect of the unsigned contracts; all commissioners are making contract payments as expected.

Other Operating Income

The **year-to-date** and **forecast** variances largely relate to donation income in respect of the new Trust headquarters. The £15k capital donation is for the Hannah House Garden upgrade.

Pay

The **year-to-date** favourable variance is £0.5m, this is comprised of variances in substantive staff of £1.4m due to vacancies partially mitigated by a £1.0m adverse variance from the costs of bank staff covering substantive vacancies.

The relatively small adverse pay **forecast** variance reflects an upturn in recruitment and substantive pay costs are forecast to overspend the budget which includes achievement of a vacancy factor. The **forecast** overspend on bank staff costs is slightly less than the forecast underspend on agency staff, reflecting the expected continued successful recruitment and continued operation of the additional controls on agency staff that have been put in place.

	October 2023			2023/24		
	YTD Plan	YTD Actual	YTD Variance	Annual Budget	Forecast Outturn	Forecast Variance
Pay Costs by Category	£k	£k	£k	£k	£k	£k
Substantive Staff	85,181	83,777	(1,404)	145,667	145,996	329
Bank Staff	2,131	3,154	1,023	3,655	4,790	1,135
Agency Staff	2,683	2,573	(110)	4,600	3,385	(1,215)
Sub Total	89,995	89,504	(491)	153,922	154,171	249
Apprenticeship Levy	360	360	0	595	595	0
Total	90,355	89,864	(491)	154,517	154,766	249

There are 131 vacancies as at October-23 (September-23: 138 vacancies) split by business unit as follows:

	October 2023		
WTE	Plan	Actual Contracted	Variance
	WTE	WTE	WTE
Specialist Business Unit	753	736	(17)
Childrens Business Unit	641	614	(27)
Adult Business Unit	1,017	944	(73)
Ops Management	449	441	(8)
Corporate	295	291	(4)
PCN	44	41	(2)
Total	3,199	3,067	(131)

The table below shows the **year to date** pay position for each Business Unit split into substantive, bank, and agency.

Business Unit	Pay Group	YTD Budget	YTD Actual	YTD Variance
Adult Business Unit	Agency	85	240	156
	Bank	43	1,532	1,489
	Substantive	27,524	25,441	(2,082)
Adult Business Unit Total		27,651	27,214	(438)
Childrens Business Unit	Agency	229	634	405
	Bank	0	369	369
	Substantive	19,073	17,563	(1,509)
Childrens Business Unit Total		19,302	18,566	(736)
Corporate	Agency	36	229	193
	Bank	0	187	187
	Substantive	9,259	8,580	(679)
Corporate Total		9,295	8,995	(300)
Ops Management	Agency	57	450	393
	Bank	0	330	329
	Substantive	9,065	8,578	(487)
Ops Management Total		9,122	9,358	236
Reserves	Agency	0	300	300
	Apprenticeship levy	384	384	0
	Bank	0	300	300
	Substantive	1,995	1,967	(27)
Reserves Total		2,379	2,951	573
Specialist Business Unit	Agency	348	721	373
	Bank	12	436	424
	Substantive	22,246	21,622	(624)
Specialist Business Unit Total		22,606	22,779	173
Grand Total		90,355	89,864	(491)

The Committee may wish to consider the potential impact of the aggregated variance in each business unit.

The run rate on pay costs remains fairly consistent over each month.

	2023/24							
Run Rate of Pay Costs by Category	April £k	May £k	June £k	July £k	August £k	September £k	October £k	YTD Actuals £k
Substantive Stbf	11,886	11,886	12,138	11,851	11,864	12,098	12,055	83,777
Bank staff	426	426	448	439	470	472	474	3,154
Agency staff	417	362	376	307	485	312	314	2,573
Sub Total	12,728	12,673	12,962	12,597	12,819	12,882	12,843	89,504
Apprenticeship Levy	45	45	79	47	48	48	48	360
Total	12,773	12,718	13,041	12,644	12,867	12,930	12,891	89,864

Non-Pay including Depreciation and Interest

The overall **year-to-date** position is £0.6m adverse to plan. In the table below, the adverse non-pay only variance of £1.4m mainly relates to continued inflationary pressures which reflect inflation in the economy that were not fully reflected in budget setting. This significant variance is partially offset by a non-recurrent favourable £0.8m variance in interest received of due to the higher-than-expected interest rates.

The annual **forecast** assumes the cost pressures described above are offset by additional non recurrent efficiencies delivered in the remaining months of the year. The concern here is that the year to date overspend of £1.4m is recurrent with a potential full year effect of £2.4m whereas the offset in year to take the forecast to £0.4m overspent is non-recurrent.

This reinforces the need to identify efficiencies recurrently for 2024/25 as well as to replace non-recurrent efficiencies in 2023/24.

	October 2023			2023/24		
	YTD Plan	YTD Actual	YTD Variance	Annual Budget	Forecast Outturn	Forecast Variance
Non Pay Costs	£k	£k	£k	£k	£k	£k
Drugs	551	598	47	942	1,023	81
Clinical Supplies & Services	16,194	16,207	13	27,820	26,382	(1,438)
General Supplies & Services	3,428	3,444	16	5,823	5,824	1
Establishment Expenses	2,034	2,153	119	3,421	3,510	89
Premises	5,296	5,001	(295)	9,223	8,849	(374)
Depreciation	5,779	5,732	(47)	9,908	9,908	0
Other Non Pay	3,819	5,345	1,526	6,491	8,509	2,018
Total Non Pay Costs	37,101	38,480	1,379	63,628	64,005	377
Public Dividend Capital	269	269	0	461	461	0
Interest Payable	395	377	(18)	676	676	0
Interest Received	(538)	(1,336)	(798)	(922)	(1,600)	(678)
Total	37,227	37,790	563	63,843	63,542	(301)

Non-pay expenditure in October is consistent with previous months, demonstrating a consistent non-pay run rate.

	2023/24							
Run Rate of Non Pay Costs by Category	April £k	May £k	June £k	July £k	August £k	September £k	October £k	YTD Actuals £k
Drugs	93	93	74	90	86	76	86	598
Clinical Supplies & Services	1,970	1,970	2,455	1,726	2,566	2,802	2,718	16,207
General Supplies & Services	576	576	344	732	257	488	472	3,444
Establishment Expenses	334	334	357	276	291	324	237	2,153
Premises	727	727	683	790	881	530	664	5,001
Depreciation	743	743	779	917	816	915	819	5,732
Other Non Pay	961	925	531	944	661	559	623	5,345
Total Non Pay Costs	5,403	5,367	5,223	5,474	5,558	5,694	5,619	38,480
Public Dividend Capital	39	39	38	39	38	39	38	269
Interest Payable	48	48	49	50	49	76	58	377
Interest Received	(175)	(175)	(178)	(187)	(199)	(201)	(221)	(1,336)
Total	5,314	5,278	5,132	5,376	5,446	5,608	5,494	37,790

Delivery of Efficiency Plans

The Trust has £8.3m of planned efficiencies to deliver during 2023/24 of which £5m is a non-recurrent saving. At the end of October, £4.8m of savings have been delivered which is in line with plan. The forecast assumes that the CIP programme will be delivered in full. Again, the importance of converting non-recurrent efficiencies to recurrent cannot be overstated.

	October 2023			2023/23		
Savings Scheme	YTD Plan £k	YTD Actual £k	YTD Variance £k	Annual Plan £k	Forecast Outturn £k	Forecast Variance £k
Vacancy factor	2,567	2,567	0	4,400	4,400	0
Incremental Drift	810	810	0	1,389	1,389	0
Interest receivable	350	350	0	600	600	0
Contribution from developments	495	495	0	848	848	0
Procurement - management of price increases	592	592	0	1,015	1,015	0
Total Efficiency Savings Delivery	4,814	4,814	0	8,252	8,252	0
Recurrent	1,897	1,897	0	3,252	3,252	0
Non-recurrent	2,917	2,917	0	5,000	5,000	0
	4,814	4,814	0	8,252	8,252	0

Summary by Business Unit

	October 2023			2023/24		
Savings Scheme	YTD Plan £k	YTD Actual £k	YTD Variance £k	Annual Plan £k	Forecast Outturn £k	Forecast Variance £k
Specialist Business Unit	690	690	0	1,183	1,183	0
Childrens Business Unit	386	386	0	661	661	0
Adult Business Unit	760	760	0	1,302	1,302	0
Ops Management	479	479	0	821	821	0
Corporate	240	240	0	411	411	0
Below EBITDA	350	350	0	600	600	0
Reserves	1,910	1,910	0	3,274	3,274	0
Total Efficiency Savings Delivery	4,814	4,814	0	8,252	8,252	0

Analysis of Variances by Business Unit and Corporate Directorates

Business Unit Summary	October 2023			2023/24		
	YTD Plan	YTD Actual	YTD Variance	Annual Budget	Forecast Outturn	Forecast Variance
	£k	£k	£k	£k	£k	£k
Specialist Business Unit	36,537	36,388	(149)	62,693	62,661	(32)
Childrens Business Unit	19,291	18,614	(677)	33,070	32,362	(708)
Adult Business Unit	32,262	31,638	(624)	55,164	55,167	3
Ops Management	9,096	9,454	358	15,447	16,099	652
Estates	3,329	2,863	(466)	5,766	5,201	(565)
Corporate	12,814	12,558	(255)	21,947	21,611	(336)
PCN	0	(1)	(1)	0	0	0
Reserves	394	3,062	2,668	708	2,218	1,510
Depreciation	5,779	5,724	(56)	9,907	9,907	0
Contract Income	(119,628)	(119,455)	173	(204,918)	(204,608)	310
Operating (Surplus) / Deficit	(125)	846	971	(215)	619	834
Public Dividend Capital	269	269	0	461	461	0
Interest Payable	394	377	(18)	676	676	0
Interest Rec	(538)	(1,336)	(798)	(922)	(1,600)	(678)
Donation	0	(156)	(156)	0	(156)	(156)
Adjusted (Surplus) / Deficit	0	0	(0)	0	0	0

Income by Business Unit/Corporate Directorate

Income Variance	October 2023			2023/24			Comments
	YTD Plan	YTD Actual	YTD Variance	Annual Budget	Forecast Outturn	Forecast Variance	
	£k	£k	£k	£k	£k	£k	
Income from Patient Care Activities							
Specialist Business Unit	(176)	(173)	3	(302)	(302)	0	
Childrens Business Unit	(537)	(537)	0	(943)	(943)	0	
Adult Business Unit	(251)	(251)	0	(461)	(443)	18	
Ops Management	(67)	(77)	(11)	(150)	(168)	(18)	
Reserves	5	5	0	5	5	0	
Contract Income	(119,356)	(119,258)	98	(204,517)	(204,327)	189	YTD Variance - Estimated penalties in Police Custody £98k Forecast Variance - Estimated penalties in the 0-19 service £35k and in Police Custody £154k
Subtotal Income from Patient Care Activities	(120,382)	(120,292)	90	(206,368)	(206,178)	190	
Other Operating Income							
Specialist Business Unit	(1,390)	(1,395)	(5)	(2,368)	(2,374)	(6)	YTD Variance - Additional salary recharge income Forecast Variance - Additional salary recharge income
Childrens Business Unit	(1,098)	(1,078)	20	(1,768)	(1,744)	25	YTD Variance - SLT training income Forecast Variance - SLT training income
Adult Business Unit	(671)	(706)	(35)	(1,063)	(1,122)	(60)	YTD Variance - Additional lease car income Forecast Variance - Additional lease car income
Ops Management	(80)	(80)	(0)	(102)	(113)	(11)	Forecast Variance - Additional salary recharge income
Estates	(799)	(836)	(38)	(1,427)	(1,444)	(16)	Forecast Variance - Over recovery on Estates recharges
Corporate	(1,281)	(1,308)	(27)	(2,064)	(2,106)	(42)	YTD Variance - Procurement rebate Forecast Variance - Procurement rebate
PCN	(1,210)	(1,210)	(0)	(2,151)	(2,151)	0	
Reserves	(390)	(394)	(4)	(633)	(633)	0	
Below EBITDA	0	(156)	(156)	0	(156)	(156)	YTD Variance - Increase to Interest Received Forecast Variance - Increase to Interest
Contract Income	(272)	(196)	75	(401)	(280)	120	YTD Variance - LCC One Adoption West Yorkshire Forecast Variance - LCC One Adoption West Yorkshire
Subtotal Other Operating Income	(7,190)	(7,360)	(170)	(11,977)	(12,123)	(146)	
Total	(127,572)	(127,652)	(80)	(218,345)	(218,301)	44	

Income by Commissioner

Contract Variance	October 2023			2023/24			Comments
	YTD Plan	YTD Actual	YTD Variance	Annual Budget	Forecast Outturn	Forecast Variance	
	£k	£k	£k	£k	£k	£k	
Income from Patient Care Activities							
ICB							
Mental Health	(5,193)	(5,193)	0	(8,902)	(8,902)	0	
Tier 3 Weight Management	(370)	(370)	0	(635)	(635)	0	
Community Beds	(2,679)	(2,679)	0	(4,531)	(4,531)	0	
Pain Service	(396)	(396)	0	(680)	(680)	0	
Leeds Mental Wellbeing Service (LMWS)	(9,986)	(9,986)	0	(17,119)	(17,119)	0	
Block	(76,331)	(76,330)	1	(130,889)	(130,889)	0	
Subtotal ICB	(94,955)	(94,954)	1	(162,754)	(162,754)	0	
NHS England							
Reconnect	(83)	(83)	(0)	(236)	(236)	0	
Liaison and Diversion	(766)	(766)	(0)	(1,312)	(1,312)	0	
Public Health	(369)	(369)	(0)	(525)	(525)	0	
Prison Service	(2,971)	(2,971)	(0)	(5,093)	(5,093)	0	
Covid	(213)	(213)	(0)	(213)	(213)	0	
MPX	(3)	(3)	0	(3)	(3)	0	
Block	(0)	(0)	(0)	(0)	(0)	0	
Subtotal NHSE	(4,405)	(4,405)	(0)	(7,382)	(7,382)	0	
NHS Other							
Community Dental Service (CDS)	(1,683)	(1,683)	0	(2,886)	(2,886)	0	
Subtotal NHS Other	(1,683)	(1,683)	0	(2,886)	(2,886)	0	
Local Authority							
SLT Traded Provision	(24)	(24)	0	(44)	(44)	0	
PrEP	(167)	(167)	0	(286)	(286)	0	
Other	(110)	(110)	(0)	(225)	(224)	1	
Dementia Beds	(149)	(149)	0	(255)	(255)	0	
0-19 Service	(6,554)	(6,551)	3	(11,236)	(11,201)	35	Forecast Variance - Estimated penalties in the 0-19 service
Community Beds	(1,086)	(1,086)	(0)	(1,857)	(1,857)	0	
East Leeds Recovery Hub	(100)	(100)	(0)	(172)	(172)	0	
Leeds Equipment Service (LES)	(909)	(909)	(0)	(1,558)	(1,558)	0	
Sexual Health	(3,761)	(3,761)	(0)	(6,448)	(6,448)	0	
Police Custody	(4,954)	(4,860)	94	(8,492)	(8,337)	154	YTD Variance - Estimated penalties in Police Custody Forecast Variance - Estimated penalties in Police Custody
Library	(5)	(5)	(0)	(9)	(9)	0	
Infection Control	(551)	(551)	(0)	(945)	(945)	0	
Subtotal Local Authority	(18,371)	(18,274)	97	(31,528)	(31,337)	190	
Other	(967)	(975)	(8)	(1,818)	(1,819)	(0)	
Income from Patient Care Activities Total	(120,382)	(120,292)	90	(206,368)	(206,178)	190	

	October 2023			2023/24			
Contract Variance	YTD Plan	YTD Actual	YTD Variance	Annual Budget	Forecast Outturn	Forecast Variance	Comments
	£k	£k	£k	£k	£k	£k	
Other Operating Income							
Education & Training	(2,749)	(2,752)	(3)	(4,467)	(4,468)	(0)	
Research & Development	(183)	(185)	(1)	(289)	(306)	(16)	Forecast Variance - Additional NIHR funding
Internal Transfer	0	0	0	0	0	0	
Non Patient Care Services to Other Bodies	(323)	(313)	11	(554)	(529)	25	YTD Variance - Undertrade against SLT training income Forecast Variance - Undertrade against SLT training income
NHS Salary Recharges and Other	(827)	(886)	(59)	(1,379)	(1,473)	(93)	YTD Variance - Procurement rebate and salary recharges Forecast Variance - Procurement rebate and salary recharges
Non-NHS Salary Recharges and Other	(3,108)	(3,069)	38	(5,287)	(5,192)	95	YTD Variance - LCC One Adoption West Yorkshire (OAWY) Forecast Variance - LCC One Adoption West Yorkshire (OAWY) and Therapeutic Social Work Team (TSWT)
Donation	0	(156)	(156)	0	(156)	(156)	YTD Variance - Donation income relating to new HQ Forecast Variance - Donation income relating to new HQ
Other Operating Income Total	(7,190)	(7,360)	(170)	(11,977)	(12,123)	(146)	
Income Total	(127,572)	(127,652)	(80)	(218,345)	(218,301)	44	

Pay by Business Unit/Corporate Directorate

Pay Variance	October 2023			2023/24			Comments
	YTD Plan	YTD Actual	YTD Variance	Annual Budget	Forecast Outturn	Forecast Variance	
	£k	£k	£k	£k	£k	£k	
Specialist Business Unit	22,606	22,779	173	38,749	38,856	107	YTD Variance - Unachieved vacancy factor from use of agency. Forecast Variance - Unachieved vacancy factor from use of agency.
Childrens Business Unit	19,302	18,566	(736)	32,999	32,246	(753)	YTD Variance - Vacancies across HCP, CNT and ICAN. Forecast Variance - Vacancies across HCP, CNT and ICAN
Adult Business Unit	27,651	27,214	(438)	47,253	47,477	224	YTD Variance - Vacancies across the Neighbourhood Teams. Forecast Variance - New starters plus bank & agency usage.
Ops Management	9,122	9,358	236	15,492	15,999	507	YTD Variance - Unachieved vacancy factor and over established in MSK Admin. Forecast Variance - £100k relates to unachieved 23/24 vacancy factor and £400k historic admin unachieved vacancy factor
Corporate	9,295	8,995	(300)	15,847	15,445	(402)	YTD Variance - Vacancies across multiple departments. Forecast Variance - Vacancies across multiple departments.
PCN	1,170	1,169	(1)	2,086	2,086	0	
Reserves	1,227	1,812	574	2,090	2,658	568	YTD Variance - Estimate for Bank and Agency. Forecast Variance - Staff in pipeline plus costs for Frontline Digitisation.
Total	90,373	89,894	(491)	154,517	154,769	252	

Non-Pay excluding depreciation and interest by Business Unit/Corporate Directorate

Non-Pay Variance	October 2023			2023/24			Comments
	YTD Plan	YTD Actual	YTD Variance	Annual Budget	Forecast Outturn	Forecast Variance	
	£k	£k	£k	£k	£k	£k	
Specialist Business Unit	15,497	15,177	(321)	26,614	26,481	(133)	YTD Variance - WYOI and L&D Humber vacancies with the partners. Forecast Variance - WYOI and L&D Humber vacancies with the partners.
Childrens Business Unit	1,624	1,663	39	2,782	2,802	20	YTD Variance - Increased Drug costs. Forecast Variance - Increased Drug costs.
Adult Business Unit	5,533	5,381	(152)	9,435	9,256	(179)	YTD Variance - Underspend on travel. Forecast Variance - Underspend on travel, partially offset by increased Contenance costs across the Neighbourhood Teams.
Ops Management	121	254	133	207	380	173	YTD Variance - Overspend due to Allocate IT software costs. Forecast Variance - Overspend due to Allocate IT software costs.
Estates	4,128	3,700	(428)	7,193	6,645	(548)	YTD Variance - Underspend due to utilities and repairs. Forecast Variance - Underspend due to utilities and repairs.
Corporate	4,800	4,871	72	8,164	8,271	108	YTD Variance - Overspend on Mobile Phone related costs. Forecast Variance - Underspend due to IT contracts and QPD Training partially offset by increased corporate induction costs and Finance software.
PCN	40	40	0	65	65	0	
Reserves	(505)	1,589	2,094	(882)	61	943	YTD Variance - Non pay inflation. Forecast Variance - Non pay inflation.
Total	31,238	32,674	1,437	53,578	53,961	383	

Capital Expenditure

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

At the end of October 2023, the Trust has spent £12.7m compared to a plan of £9.2m. The main **year-to-date** expenditure on owned assets is £1.4m on the HQ project. On the lease expenditure, the year-to-date and forecast variance relates to increased costs for RPI following the remeasurement of the right of use leases, lease car additions and

the addition of the Trust HQ Lease in September. The variance in the YTD for the HQ additions is due to the phasing of the plan, whilst the total cost has been capitalised in September.

The Trust is **forecasting** to spend £18.7m by the end of March 2024. This is an overspend of £1.7m, mainly related to increased costs from the remeasurement of Wharfedale, of £1.6m which is intra NHS related and will therefore be excluded from the calculation of the performance against target.

The initial business case for frontline digitisation is awaiting approval from NHSE. In September the Trust bid for some additional PDC Frontline digital funding. Confirmation has been received that £0.6m has been approved and been included in the forecast. However, there is some risk to the digital funding as it is understood that national digital development funds have contributed to the additional revenue support funding discussed in the introduction to this Finance report.

A £0.6m underspend is forecast against plan for IFRS 16 lease additions, for the renewal of the Killingbeck Court lease.

At the time of writing the IFRS16 expenditure is not included in the Trust's CDEL target and therefore any variance is not an issue. It is likely this may become part of the Trust's financial targets in the future.

	October 2023			2023/24		
Capital Scheme	YTD Plan £k	YTD Actual £k	YTD Variance £k	Annual Plan £k	Forecast Outturn £k	Forecast Variance £k
Estate Maintenance	74	67	(7)	443	443	0
Estates - HQ Project	1,433	1,433	0	1,433	1,433	0
Clinical Equipment	58	8	(50)	350	350	0
IT Hardware	33	101	68	200	200	0
IT - National Cyber Security	66	0	(66)	400	400	0
Sub-Total	1,664	1,609	(55)	2,826	2,826	0
PDC Capital - Frontline Digitisation	0	0	0	1,194	1,748	554
Sub-Total Capital Expenditure	1,664	1,609	(55)	4,020	4,574	554
Lease Cars IFRS 16	175	296	121	300	475	175
Property Leases IFRS 16 - Additions	1,268	3,203	1,935	6,524	5,923	(601)
Property Leases IFRS 16 - Remeasurement	6,128	7,637	1,509	6,128	7,726	1,598
Lease Disposals	0	(43)	(43)	0	(43)	(43)
Sub-Total Finance Lease Expenditure	7,571	11,093	3,522	12,952	14,081	1,129
Total Capital Expenditure	9,235	12,702	3,467	16,972	18,655	1,683

Statement of Financial Position (Balance Sheet) and Cash

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

Statement of Financial Position	October 2023		
	YTD Plan £m	YTD Actual £m	YTD Variance £m
Property, Plant and Equipment	34.6	33.9	(0.7)
Intangible Assets	0.1	0.1	0.0
Right of Use Assets	61.2	63.2	2.1
Trade and Other Receivables	0.0	0.0	(0.0)
Total Non Current Assets	95.8	97.2	1.4
Current Assets			
Trade and Other Receivables	9.1	14.1	5.0
Cash and Cash Equivalents	48.5	41.9	(6.6)
Total Current Assets	57.6	56.0	(1.6)
Total Assets	153.4	153.2	(0.2)
Current Liabilities			
Trade and Other Payables	(30.9)	(28.5)	2.3
Borrowings	(7.0)	(7.2)	(0.2)
Provisions	(0.6)	(0.6)	(0.0)
Total Current Liabilities	(38.4)	(36.3)	2.1
Net Current Assets/(Liabilities)	19.2	19.8	0.6
Total Assets less Current Liabilities	115.0	117.0	1.9
Non Current Borrowings	(53.8)	(56.3)	(2.5)
Non Current Provisions	(0.0)	(0.0)	0.0
Total Non Current Liabilities	(53.8)	(56.3)	(2.5)
Total Assets less Liabilities	61.2	60.6	(0.6)
TAXPAYERS EQUITY			
Public Dividend Capital	0.8	0.8	(0.0)
Retained Earnings Reserve	27.6	24.3	(3.3)
General Fund	18.5	19.5	1.0
Revaluation Reserve	14.2	15.9	1.7
Total Equity	61.1	60.5	(0.6)

Aged Receivables (invoices only)

As at the end of October the Trust had £9.2m of receivables outstanding, £9.0m of non-NHS and £0.3m of NHS invoices. This is an increase on the previous months aged debt total of £6.8m. The majority of the outstanding amount is within the 0 to 30 days category and is expected to be paid in November.

The over 90-day debt has increased from £150k in September to £933k in October. The increase in this category related to outstanding Leeds City Council invoices.

Leeds City Council (LCC) are the main debtor, with £6,868k outstanding for contracted services. The Finance team is following this up with colleagues at LCC to resolve any outstanding issues to ensure that the remaining outstanding amounts are paid.

	Current month - Oct 2023					Prior Month -Sept 2023				
Aged Receivables	TOTAL	0-30 Days	31-60 days	61-90 days	Over 90 days	TOTAL	0-30 Days	31-60 days	61-90 days	Over 90 days
Organisation Type		£000	£000	£000	£000		£000	£000	£000	£000
Receivables non NHS	9,018	3,769	2,162	2,283	804	6,475	3,185	2,390	876	24
Receivables NHS	264	114	21	-	129	342	208	5	3	126
TOTAL Receivables	9,282	3,883	2,183	2,283	933	6,817	3,393	2,395	879	150

Aged Payables (invoices only)

£1.7m of payables are outstanding at the end of October compared to the previous month, the majority are within the 0-30 days category.

	Current month - Oct 2023					Prior Month -Sept 2023				
Aged Payables	TOTAL	0-30 Days	31-60 days	61-90 days	Over 90 days	TOTAL	0-30 Days	31-60 days	61-90 days	Over 90 days
Organisation Type		£000	£000	£000	£000		£000	£000	£000	£000
Payables non NHS	(970)	(463)	(219)	(80)	(208)	(2,390)	(1,414)	(451)	(249)	(276)
Payables NHS	(784)	(780)	0	(4)	0	(583)	(577)	(6)	0	0
Total Payables	(1,754)	(1,243)	(219)	(84)	(208)	(2,973)	(1,991)	(457)	(249)	(276)

Better Payment Practice Code

The Trust's cumulative Better Payment Practice Code performance has exceeded the 95% target for paying invoices within 30 days for non-NHS invoices at the end of October 2023 and for the value of NHS invoices as shown in the table below.

For the second month running the NHS invoices by number is lower than target at 91%. The shortfall is due to the delayed payments of two small invoices in June for the NHS Business Services Authority because of delayed supplier set up by NHS SBS. SBS have assured the Trust that processes have been improved to remove any further set up delays. In addition, the Finance team are putting extra monitoring measures in place to try to ensure the timely approval of due payments.

	October 2023		
BPPC Measure	YTD	Target	RAG
NHS Invoices			
<i>By Number</i>	91.0%	95.0%	A
<i>By Value</i>	99.3%	95.0%	G
Non NHS Invoices			
<i>By Number</i>	96.0%	95.0%	G
<i>By Value</i>	98.2%	95.0%	G
Total			
<i>By Number</i>	95.9%	95.0%	G
<i>By Value</i>	98.5%	95.0%	G

Appendix 1

Measures with Financial Sanctions

Measures with Financial Incentives/Sanctions	Responsible Director	Threshold	Financial Year	Q1	Q2	YTD	Potential Financial Impact
LMWS – Access Target; Local Measure (including PCMH)	SP	24456 by year end	2023/24	5686	5171	15864	
T3WM - Percentage of patients currently waiting under 18 weeks	SP	>=92%	2023/24	98.5%	50.9%	22.9%	
0-19 - % of infants who had a face to face newborn visit within 14 days of birth.	SP	>=87%	2023/24	89%	90%	89%	
0-19 - % of 6-8 week reviews completed within 12 weeks of birth.	SP	>=83%	2023/24	89%	89%	89%	
0-19 - % of 12 month reviews completed within 12 months.	SP	>=80%	2023/24	87%	89%	88%	
0-19 - Number of PBB Programmes commenced	SP	0	2023/24	23	22	45	0.25% of contract value (annual)
0-19 - Number of HENRY Programmes commenced	SP	0	2023/24	24	18	42	0.25% of contract value (annual)
0-19 - Percentage of actual staff in post against funded establishment	SP	>=95%	2023/24	90.9%	92.5%	92.5%	
0-19 - % of 0-19 staff (excluding SPA) co-located in Children's Centres	SP	43%	2023/24	0.0%	0.0%	0.0%	
PolCust - % of calls attended within 60 minutes	SP	>=95%	2023/24	85.7%	86.0%	86.0%	0.50% deduction from monthly invoice
PolCust - Provision of a full rota	SP	>=90%	2023/24	98.8%	99.2%	99.1%	£350 deduction per missed shift

Appendix 2

Waiting List Summary

Business Unit	Service	Waiting List Size - Sep 23	Waiting List Size - Apr 23	Change	Current Performance (%age patients waiting under 18 weeks)	Plan
ABU	Neighbourhood Team Therapy	1597	1254	+343	81%	Narrative in main body
ABU	CUCS	966	812	+154	67%	Narrative in main body
CBU	Child Development Centres (CDC)	517	576	-59	16%	Narrative in main body
CBU	Children's Audiology	990	860	+130	37%	Narrative in main body
CBU	Children's Speech & Language Therapy	1184	1238	-54	88%	The service has now restarted follow up activity within its Mainstream Pathway, allowing patients and therapists to benefit from enhanced therapeutic interventions. Referrals still remain at levels higher than seen before the pandemic
CBU	Paediatric Neuro Disability (PND) Clinics	1357	1098	+259	39%	Narrative in main body
CBU	Children's Occupational Therapy	209	126	+83	52%	Narrative in main body
SBU	Community Gynaecology	154	440	-286	8%	Previously reported issues with shared pathway continue - significant reductions in WL size following purchase of specialist external support
SBU	MSK	6427	8466	-2039	90%	Whilst the total number of patients waiting has significantly reduced this month, there has been some growth in the number of long waiters (18+ weeks). This data may be distorted in part by the interface between SystmOne and the Electronic Referral System (ERS) so should be monitored. Levels of activity within the service have shown increases over the last 4 months, however, this has mostly been in the recording of follow up and clinical admin activity.
SBU	Podiatry	3770	2778	+992	59%	Narrative in main body
SBU	Respiratory	390	255	+135	90%	Narrative in main body

Trust Board Meeting held in public: 8 December 2023
Agenda item number: 2023-24 (80)

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

Category of paper: For assurance
History: Trust Leadership Team 15 November 2023

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

Executive summary

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

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

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

Risk register recent changes:

There are no risks scoring 15 (extreme) or above on the risk register as of 8 November 2023.

No new risks scoring 12 or above have been added since the last report was received in October 2023.

The following risk has been escalated from 9 to 12:

- Risk 1048: Mind Mate Single Point of Access (SPA) increasing backlog of referrals (system wide risk)

The following risks have been de-escalated from 12:

- Risk 1047: Volume of Callers using the Leeds Sexual Health Appointment Line
- Risk 1125: National supply issues with enteral feeding supplies by Nutricia

The following risks have been closed after being de-escalated from 12 to the target level:

- Risk 1057: Inability to deliver service at Wetherby Young Offender Institution (WYOI) due to reduced staffing levels.
- Risk 1096: High vacancy rate within the Community Care Beds
- Risk 1128: Industrial Action

Board assurance framework (BAF)

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

Two strategic risks received limited assurance during this period:

Business Committee Sep 2023: Risk 2 (failure to manage demand for services) received limited assurance. Although assured regarding the efforts made by the service to find solutions to the waiting list issue, the current design of the service led to limited assurance that the demand was being managed. Reasonable assurance for this risk was received at the October meeting.

Audit Committee Oct 2023: Risk 3 (failure to invest in digital solutions) received limited assurance, although the Committee did note the considerable progress reported in this area.

In addition, in October 2023 the Business Committee did not feel that the agenda topics provided any specific sources of assurance for Risk 7 (failure to maintain business continuity (including response to cyber security)).

Recommendations

The Board is recommended to:

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

1. Introduction

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

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

The report provides a description of risk movement since the last register report was received by the Board (October 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 November 2023.

3. Risk register movement

There are no risks scoring 15 (extreme) or above on the risk register as of 8 November 2023.

3.1 New or escalated risks (scoring 15+)

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

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

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

3.3 Risks scoring 12 (high)

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

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

ID	Description	Rating (current)
836	CAMHS waiting list for follow-up appointments	12
874	Sickness levels – Neighbourhood Teams	12
877	Risk of reduced quality of patient care in Neighbourhood Teams due to an imbalance of capacity and demand	12

ID	Description	Rating (current)
913	Increasing numbers of referrals for complex communication assessments in Integrated Children's Additional Needs Service (ICAN)	12
957	Increased demand for the Adult Speech and Language Therapy service	12
981	Application of constant supervision at WYOI	12
1070	Capacity pressures in Neighbourhood Teams impacting on ability to deliver full range of clinical supervision and annual appraisals	12
1112	Looked after children health offer	12
1048	Mind Mate SPA increasing backlog of referrals (system wide risk)	12

3.4 New or escalated risks (scoring 12)

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

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

Risk 1048: Mind Mate Single Point of Access (SPA) increasing backlog of referrals (system wide risk)

Previous Score: 9

Current Score: 12

Description: As a result of an increase in routine and urgent referrals into Mind Mate SPA there is a significant backlog in mental health and emotional wellbeing and neurodiversity referrals. Urgent referrals are prioritised, there is a risk that routine referrals will not be triaged within a 2-week timeframe. Resulting in longer wait times and increase in patient's needs.

Reason for escalation: The referral logging backlog has been cleared and the quality assurance is being undertaken by a senior clinician. The number of referrals coming into the service has continued to increase as has the waiting time to be triaged which stands at 16 months for neurodiversity (ND) and 8 months for emotional wellbeing and mental health referrals. The service has not breached the waiting standard for urgent referrals of 48hrs. However, capacity is needed when the number of urgent referrals received exceeds what is usually expected. The 16 months wait for ND is exacerbated by the significant expected assessment wait for those young people who are referred onto the assessment pathway. Complaints that are now being received are citing long waiting times at SPA to be triaged, then the ND assessment pathway and finally a subsequent significant wait for ADHD medication consultation if this is indicated. In total, if the situation remains the same, a child or young person could wait at a minimum several years to receive an intervention from the point of referral.

New mitigating actions include:

A Neurodiversity waiting list risk assessment has taken place and this should be reviewed in conjunction with the one for SPA.

Expected date to reach target: 31/12/2023.

Risk Owner: Head of Service for CAMHS

Lead Director: Chief Operating Officer

3.5 Risks de-escalated from a score of 12.

Five risks have de-escalated from a score of 12, three of which have been closed as at target level:

Table 2. Details of De-escalated Risks

ID	Description	Rating (current)
1047	Volume of Callers using the Leeds Sexual Health Appointment Line	9
Reason for De-escalation: New telephony system in place, the service has adapted to ensure that patients are responded to, and clinical capacity is maximised. Reinstated walk in and dedicated outreach clinics. With these in place we can reduce the risk score from 12 to 9, however we have reduced capacity within the admin function which does have an impact on the ability to take calls.		
1125	National supply issues with enteral feeding supplies by Nutricia	9
Reason for De-escalation: Supply issues are ongoing but recently there have been a reduction in the number of products that are out of stock. The situation remains unstable, and the clinical teams are on occasions still being given very limited notice that a product is unavailable. Clinical time is required to amend patients' regimen in response to product unavailability and this is continuing to impact clinician's workload and affects routine patient care.		
1057	Inability to deliver service at Wetherby Young Offender Institution (WYOI) due to reduced staffing levels	3 (closed)
Reason for De-escalation: Significant increase in capacity and recruitment to vacant posts. All shifts have the minimum safety staffing levels required. Utilise some regular bank and agency and remaining posts are under review to reflect needs of the children. Discussed with Head of Service Clinical and propose to close this risk as target risk score achieved.		
1096	High vacancy rate within the Community Care Beds	3 (closed)
Reason for De-escalation: International nurses have started and new starters also due. We have agreed for Villa Care to continue to offer backfill until the end of December in time for staff to be trained and working independently. With the introduction of Wharfedale this also offers increased resource flexibility across north and south recovery hubs. Risk score reduced accordingly.		

ID	Description	Rating (current)
1128	Industrial Action	3 (closed)
Reason for De-escalation: Currently there is no further industrial action planned and therefore this risk has met its target at this point. It will be reconsidered in the future if needed to go back onto the register.		

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 i.e., success is being realised (or not)

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

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

Levels of assurance have been provided to the Board for 8 out of the 10 strategic (BAF) risks during September and October 2023, all of which received reasonable assurance. Details of the assurance levels is provided at **Appendix A** (please also refer to the Chairs' assurance reports in the Board papers pack).

5. Recommendations

The Board is recommended to:

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

Appendix A. Board Assurance Framework levels of assurance

Details of strategic risks (description, ownership, scores)								Level of Assurance			
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	Risk 1 Failure to deliver quality of care and improvements: If the Trust fails to identify and deliver quality care and improvement in an equitable way, then services may be unsafe or ineffective leading to an increased risk of patient harm.	DoN	QC	4	4	16				✓	
Deliver outstanding care	Risk 2 Failure to manage demand for services: If the Trust fails to manage demand in service recovery and in new services and maintain equity of provision then the impact will be potential harm to patients, additional pressure on staff, financial consequences and reputational damage.	DoO	QC/BC	4	3	12			✓	✓	
Deliver outstanding care. Use our resources wisely and efficiently	Risk 3 Failure to invest in digital solutions: If the Trust fails to invest in improving core technology and in new digital solutions, then resource may not be utilised effectively, services could be inefficient, software may be vulnerable and the impact will be delays in caring for patients and less than optimum quality of care.	DoF/MD	QC/BC/AC	3	3	9			✓	✓	
All four strategic goals	Risk 4 Failure to be compliant with legislation and regulatory requirements: If the Trust is not compliant with legislation and regulatory requirements then safety may be compromised, the Trust may experience regulatory intervention, litigation and adverse media attention.	SMT	QC/BC/TB	3	3	9				✓	
Use our resources wisely and efficiently	Risk 5 Failure to deliver financial and performance targets: If the Trust does not deliver key financial and performance targets, agreed with NHS England and the ICB, then it will have adverse consequences for financial governance and cause reputational damage.	DoF	BC	3	4	12				✓	
Use our resources wisely and efficiently	Risk 6 Failure to have sufficient resource for transformation programmes: If there is insufficient resource across the Trust to deliver the Trust's priorities and targeted major change programmes and their associated projects then it will fail to effectively transform services and the positive impact on quality and financial benefit may not be realised.	DoO	BC	3	3	9				✓	

Use our resources wisely and efficiently. Ensure our workforce is able to deliver the best possible care in all of the communities that we work with.	Risk 7 Failure to maintain business continuity (including response to cyber security): If the Trust is unable to maintain business continuity in the event of significant disruption then essential services will not be able to operate, leading to patient harm, reputational damage and financial loss.	DoO/DoF	BC/AC	3	4	12		✓		✓		Oct 2023 Business Committee: No sources of 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	Risk 8 Failure to have suitable and sufficient staff resource (including leadership): If the Trust does not have suitable and sufficient staff capacity, capability and leadership capacity and expertise, then the impact will be a reduction in quality of care and staff wellbeing and a net cost to the Trust through increased agency spend.	DoW	BC	4	3	12				✓		
Ensure our workforce is able to deliver the best possible care in all of the communities that we work with	Risk 9 Failure to involve and engage staff: If the leadership of the Trust does not engage with and involve staff and create and embed a culture of equality and inclusion based on available evidence, then the impact will be that it will fail in its ambition to attract and retain a diverse and committed workforce, there will be low morale, a less representative workforce and a loss of trust and confidence in the communities we serve.	CEO/DoW	TB	2	4	8						
Work in partnership to deliver integrated care, care closer to home and reduce health inequalities	Risk 10 Failure to collaborate: If the Trust does not work in partnership with other organisations, then systems will not provide a single offer for patients or achieve the best outcomes for all.	CEO	TB	2	4	8						

Trust Board meeting held in public: 8 December 2023

Agenda Item: 2023-24 (81)

Title: Quarter 2 Report 23.24 of the Guardian of Safe Working Hours

Category of paper: For assurance

History: Nil

Responsible director: Executive Medical Director

Report author: Guardian of Safe Working Hours

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

- CAMHS ST historic rota compliance and payment issues discussion and plans for next step of action
- Work in progress to improve Medical staffing and HR support for Junior doctors in LCH

Recommendations

Board is recommended to:

- Support GSWH with the on-going work related to CAMHS ST historical rota compliance and payment issues.
- Support GSWH with the work in progress to improve medical staffing and HR support for Junior doctors in LCH.
- 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 26 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	5	ST	LCH contract
	0	ST	Honorary contract
	4	CT	Honorary contract
Community Paediatrics	2	ST Level 1	Honorary contract
	7	ST Level 2/ Grid trainee	LCH contract
Sexual Health	1	ST	LCH contract
GP	3	GPSTR	LCH contract
Community Gyane	1	ST	Honorary contract
Dental Services	3		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	11	n/a	11	n/a	12
	Internal Cover	n/a	5	n/a	9	n/a	9
	External cover	n/a	6	n/a	2	n/a	3
	Unfilled	n/a	0	n/a	0	n/a	0

3.2 Exception reports

No exception reports were filed during this quarter.

3.3 Fines

No fines levied by the GSWH during this quarter.

3.4 Feedback from trainees

Junior Doctors Forum (JDF) was held on MS teams on 05/10/2023. New appointee to the role of DPGME attended the meeting and offered introduction to junior doctors in attendance of the meeting.

Junior doctors raised the HR issue related to delay in getting generic work schedules. Plans were made to investigate the matter to resolve any challenges.

Some junior doctors were affected as a part of Junior doctor strike action and pay deduction. A paediatric junior doctor working and based in community clinic (not participating in strike action) was asked to sign a register based in Leeds hospital. This was classed as inappropriate request and issue was raised by GSWH and DMD to the relevant HR team at hospital and issue was resolved.

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

Significant progress has been made with this matter. GSWH has summarised the key points to consider and act on. This was a very productive meeting between Director of Workforce, Assistant director of workforce, DMD, BMA IRO and GSWH.

A next steps meeting was held on 22/11/23 to go through these said key points and plans were made for each of the issue raised. Main areas discussed in depth –

- Compliance of CAMHS rota from year 2016 to 2021
 - Issues related to manually populated NROC rota
 - No evidence of rota monitoring from 2017 until mid 2021
- Discrepancy in pay and on call supplements for JD on CAMHS Rota
 - Individual issues with few doctors with regards to pay banding, supplements, and premia
- Impact of HR support on CAMHS rota
 - a. Impact of not having dedicated HR support for Junior doctors

The outcome of this meeting will be summarised soon and will be presented to the Trust Board.

5.0 Recommendations

Board is recommended to:

- Support GSWH with the on-going work related to CAMHS ST historical rota compliance and payment issues.
- Support GSWH with the work in progress to improve medical staffing and HR support for Junior doctors in LCH.
- 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.

LCH Board Meeting: 8 December 2023

Agenda item number: 2023-24(82)

Title: Update on the delivery of LCH Health Equity Strategy

Category of paper: For assurance
History:

Responsible director: Medical Director
Report author: Health Equity Lead

Executive summary (Purpose and main points)

Our Health Equity Strategy is LCH's response to how we address unfair and avoidable differences in the health of different groups and communities, by working with communities and partners to create equitable care and pathways. In developing the strategy, it was recognised that this work is a long-term commitment. We are now in year 3 of this more coordinated approach to identifying and tackling inequity. This paper provides an update on delivery of the strategy and plans for 2023/4 that will support a Board workshop at the end of the year to plan how we continue to embed equity in our care, pathways and corporate activity that supports them.

Key Findings

- Progress continues to be made on each of LCH's Health Equity strategic objectives. Each of these are working to identify and/or address inequity and benefitting groups/communities who experience inequity. Of particular note are:
 - Delivery of phase 1 of the new cultural conversations programme with 8 teams and cultural conversations training to support leaders of those teams
 - Follow-up review of access data, including the use of newly developed rates per 1000 population to support understanding of equity in referrals and waiting lists
 - Work to support patients and carers with Cost of Living, particularly in lead up to winter

Recommendations

Board is recommended to:

- Receive and note the update on strategy delivery and action plans for the next reporting period
- Receive and note the equity analysis of waiting lists by deprivation
- Support the use and further development of rates per 1000 population as a measure of equity

1. Background

Our Health Equity Strategy is LCH's response to how we address unfair and avoidable differences in the health of different groups and communities, by working with communities and partners to create equitable care and pathways. In developing the strategy, it was recognised that this work is a long-term commitment. This first three-year strategy is focussed on understanding our current position and moving from intent to action (years 1-2), followed by a focus on spread and adoption (year 3).

The strategy is delivered through seven objectives with associated workstreams that support the trust to embed action to address inequity across care delivery and supporting functions. These can be described through our 'building blocks' of conditions for change, outputs and impact:



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

2. National and system contexts

2.1 National contexts

Four new reports have been published nationally which include principles to underpin our ongoing equity work and provide recommendations for best practice:

- 2.1.1 [Framework for reporting on Health Inequalities to NHS Trust Boards](#)
- 2.1.2 [Framework for action on Inclusion Health](#)
- 2.1.3 [Reducing health inequalities experienced by children and young people](#)
- 2.1.4 [Patient and Carer Race Equality Framework for Mental Health](#)

A summary of the findings and recommendations of these reports are included in Appendix 1. Common themes include data, engagement, workforce and leadership and work with partners. All these are embedded within the LCH equity strategy and associated work in the workforce strategy.

2.2 System contexts

2.2.1 The current financial climate creates risk across the system to this work and taking forward recommendations from national and local learning and good practice, with partnerships and system groups working to understand:

- What is the cumulative impact of cuts on marginalised communities and those most at risk of poorer health outcomes?
- How do improvement programmes and additionally-funded schemes become part of core delivery/mainstream, particularly with no additional money to 'double-run' different models of care to meet different groups' needs?
- How to ensure that stated commitments to addressing inequity are not 'lost' within other priorities that can be seen to be more urgent?

2.2.2 As winter approaches, LCH is engaged in system work around cost-of-living support including:

- Reminders to staff to prompt and support access to pension credit and Healthy Start Vouchers both of which have low take-up among some communities and provide ongoing income with longer-term impact than emergency grants.
- Signposting to resources such as [Welcome to the Money Information Centre \(leeds.gov.uk\)](https://www.leeds.gov.uk/welcome-to-the-money-information-centre), [Together Leeds](https://www.wypartnership.co.uk/together-leeds) and [Making Your Money Count Booklet.pdf \(wypartnership.co.uk\)](https://www.wypartnership.co.uk/making-your-money-count-booklet.pdf)

This system and trust-wide work is supported by national guidance for providers on adverse weather planning:

- Identify those at risk of adverse weather
- Consider changes to care plans for people most at risk
- Have alert system to trigger proactive actions
- Awareness and key messages for staff and patients

3. Stories of change

In addition to the reported core measures (Appendix 1), the impact of LCH's focus on equity is also understood through changes that improve access, experience and outcomes for groups/communities who experience inequity in health:

- Duty of Candour patient and carer feedback now asks "did inequity or bias play a part in this?"
- Tissue Viability Service delivery of wound care and people with Learning Disabilities webinar to discuss how clinicians can be inclusive in lower limb wound care for all service users, explore the enablers of a meaningful consultation for those living with a learning disability, and how reasonable adjustments must be made to enable full involvement in wound care
- Following the explicit expectation of Board and all Committees that all papers with patient care data should include equity lenses, or an explanation of why it is missing and what is being done to address this, briefings for Quality Committee papers include equity and equity data requirements are to be included on the revised cover paper for Board and all Committees, with the creation of new monitoring processes
- The new framework for Therapy Assistant Practitioner-led care in Neighbourhood Teams takes inclusion health into account to provide greater levels of support to those who need it
- Plain English version of Duty of Candour letter
- Development of new guidance to make the receipt of complaint and incident reports more accessible, inclusive and person-centred - starting with 'how would you like to receive this', based on individual communication and digital needs and informed consent

- Equity, and the EQIA process, was identified as one of 3 golden threads running through the change programme in the Community Neurological Rehabilitation Service change programme closure review.
- Using patient and carer feedback from diverse communities, including those with additional communication needs, to inform the design and procurement of a digitised patient letters solution
- In Q2, an additional 12,728 communication templates have been created, with recording of interpreter requirements rising to 78%

4. Developing and using our data to understand equity in access

4.1 Referrals and waiting lists

In December 2021, Board undertook its first review of access data. While the data provided some assurance that referrals were equitable by deprivation (referrals of people in IMD decile 1 were 29.8% (n=109,898) but 23.8% of population), there were limitations due to the data being a one-off snapshot and inaccessible to services to drilldown into their own data.

In March 2022, in line with the Healthcare Inequalities 2022/23 Planning Guidance Advisory Note, Board reviewed and published waiting list analysis to understand equity across. Whereas the examples shared nationally in the guidance identified patients from the most deprived areas waiting 8.5 weeks longer on average than those from more affluent areas, in LCH people in the most deprived quintile were waiting an average of 1.2 days less than the rest of the population. 41% of people on the waiting list were in the most deprived quintile (n=10,242) which is slightly more than the % of the Leeds population in the lowest quintile, but reflective of the higher rates of referrals for patients in more deprived in areas; and higher prevalence of key conditions. This analysis was again limited by it being a snapshot of one point in time, so while some assurance was provided that waiting lists were equitable by deprivation, additional data was required to identify trends and improve reporting to make it easier to identify any inequity between groups, and more accessible to provide 'actionable insights' in order to facilitate change.

In December 2022, a second snapshot of waiting list data was analysed, identifying that people in all IMD deciles are waiting shorter times than they were in the previous snapshot but that people in IMD1-2 were then waiting 2.1 days longer than the rest of the population. Due to being only 2 data points this change of 3.3 days could not be identified as a trend but additional focus on equitable approaches to waiting list management were included in the Improving Patient Flow Programme to mitigate further risk.

A year on, and referrals and waiting lists have been reviewed again, this time through the use of rates per 1000 population, making comparison between population cohorts and therefore the identification of any inequity easier. While deprivation quintiles had been used in previous analysis, in line with national focus on the 'Core 20', at place-level Leeds has decided to focus on the most deprived 10% nationally so the data in LCH has been analysed in line with this.

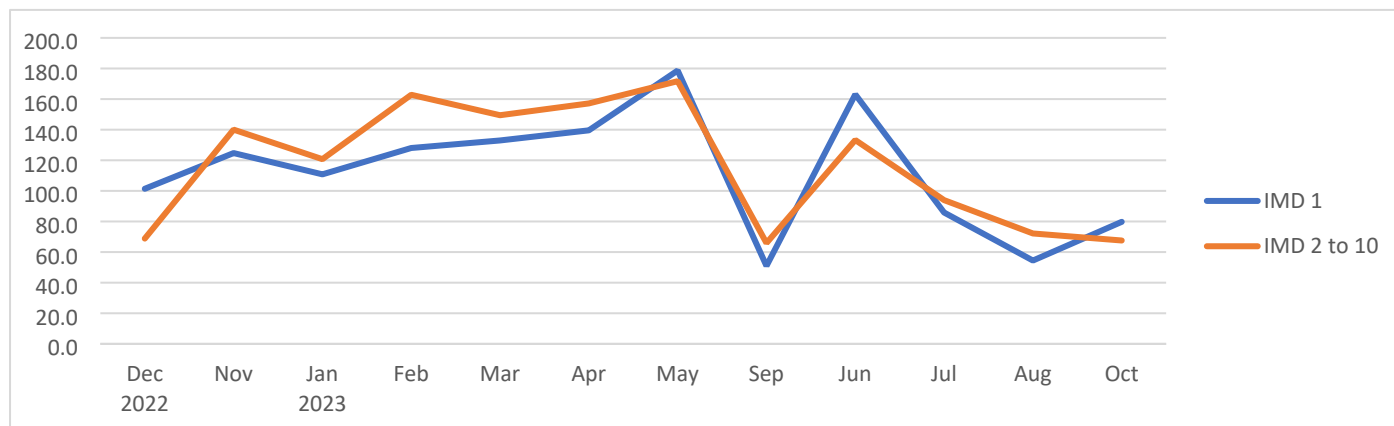
	Rate per 1000 population		Difference
	IMD1	IMD2-10 average	
Referrals	266.2	203.6	131%
Completed waits	143.7	111.2	129%
Currently on waiting list	51.4	35.0	147%

People living in the most deprived areas of Leeds have high rate of referrals and completed waits, indicating access into services. To complete analysis of patient journeys into services, the next step will be to include analysis of attendance and cancellation rates.

Recommendation: To support the use and further development of rates per 1000 population as a measure of equity.

4.2 Average length of completed waits

Average length of completed waits have now been analysed over time:



Over time, people living in IMD1 wait 5.8 days less (117 days) on average across the year than IMD2-10 (122.8 days). Next steps are to identify any outlier services, to share good practice and prioritise action.

Recommendation: To receive and note the equity analysis of waiting lists by deprivation.

5. Cultural conversations

Cultural competence and humility underpin equity in care and pathways and inclusive teams delivering that care. Our new cultural conversations programme is therefore being planned and delivered jointly by Workforce EDI and Equity leads. Building on other opportunities building allyship and inclusive cultures such as Reciprocal Mentoring, Allyship programme, Unconscious Bias and No Bystanders, Cultural Conversations provide a way for teams to undertake and reflect on learning or experience around different cultures.

Cultural Conversations run minimum twice a year, in each cycle :

- The team self-identifies what aspect of culture they want to focus on
- Some team members undertake a self-selected piece of learning about that aspect of culture from a menu of options (could be reading an article, watching something, a piece of online learning, a visit somewhere, a conversation with someone)
- The team holds a reflective discussion either as a standalone meeting or as part of an existing meeting to share the learning, reflect on it, and consider what this means for inclusion within the team and for patient care

The Cultural Conversations programme will be rolled out to all teams, with 8 teams being part of phase 1 (Sept 2023 – Mar 2024):

ABU	Chapelton NT
	Health Case Management

CBU	CAMHS Telephone crisis line
	0-19 West
SBU	Dental
	LSH
Corporate Teams	BCDS
	Medical Education

As part of the first phase roll-out of cultural conversations in teams, team members have been asked to complete an anonymous online survey to help their leadership team to understand what support and focus is required in these sessions and centrally to be able to evaluate the impact of the programme.



59 responses have been received to date, with barriers to talking about culture mainly focussed on anxieties about causing offense, not knowing the right terminology and demonstrating lack of knowledge. This aligns with the identified need and development of the West Yorkshire ICB Cultural Competency train the trainers model, developed through the Adversity and Trauma fellowships. The training is therefore being piloted in LCH with the leaders of teams taking part in phase 1 of Cultural Conversations, delivered across 3 sessions in November and December:

- Understanding culture
- Understanding our own cultural lens
- Working with difference

The sessions will provide participants with an opportunity to explore culture as a group of leaders, using practical tools and exercises which can then also be used to support the reflective Cultural Conversations they will be leading with their teams. This training will be evaluated as part of the University of Leeds evaluation of the training pilot delivered by over 30 trainers across West Yorkshire.

One of the exercises in the training provides opportunities for reflection about a continuum towards cultural humility (below), which has the potential to also be used as a standalone tool for team and individual reflection.

From Cultural Dominance to Cultural Humility: Where do you fit in?

© Gurnam Singh, Coventry University. July 2021.

Available at: https://drive.google.com/file/d/1iikZV2N_AudzuPyOLIFVTAOLiXyg-OF9/view?usp=sharing

Cultural Dominance	Cultural Ignorance	Cultural tolerance	Cultural competence	Cultural humility
<ul style="list-style-type: none"> In its simplest sense, this is the assertion that human culture is relatively bounded and stable and that some cultures are 'inferior', and others are 'superior'. The belief in superiority of culture provides a moral and economic justification for dominance, which can range from segregation, exploitation, enslavement, and genocide. The assertion that humanity is on an evolutionary path and that the dominant, and therefore most powerful cultural groups, represent the height of the development of human civilisation. Actively promotes elitist narratives where the values, perceptions, beliefs, and modes of communication of the dominant group are associated with superior human worth. 	<ul style="list-style-type: none"> In its simplest sense, through a lack of exposure or deliberate unwillingness to learn, this is a condition where, by design or circumstance, one simply has very little knowledge of other cultures. Lack of knowledge may be perceived as positive, in that a person may be more open to learning about the other, but it is more likely to characterise an internalisation of stereotypes and misinformation about other cultures. Against the backdrop of the past 400 years of Western colonialism and imperialism, it characterises an uncritical and unknowing acceptance of an ethnocentric world view, that is, a feeling that one's own nation or group represents 'normality'. On a practical level, this may result in, at best embarrassing situations, and at worst mistrust of and/or conflict with those perceived to be from other cultures from one's own. 	<ul style="list-style-type: none"> In its simplest form, this represents an ability or willingness to acknowledge the existence/presence of other cultures, beliefs, and behaviours that one may otherwise disapprove or dislike. In positive terms, it can represent a willingness to act against one's own will or instinct by taking a risk, offering sympathy, and perhaps even participating in practices differing from or conflicting with one's own beliefs. In negative terms, it may represent a token gesture of arm's length acceptance, consumption of and fetishisation of other cultures that is devoid of a genuine desire to change one's beliefs and attitudes. Does little to confront, privately or publicly, the underlying assertion of dominance by certain groups, but accepts that tolerance can help to avoid conflict and segregation. 	<ul style="list-style-type: none"> In its simplest form, this shows an ability and willingness to learn from/about people from a different cultural background to oneself with the explicit aim to build positive relationships and effective communication. Though it involves developing self-awareness about one's own cultural outlook and behaviour, reflecting on how this may be perceived by others, the primary focus is on the 'other' and 'their' culture. Here, one is seeking to develop a positive non-judgemental appreciation of the cultural practices of others and to be more understanding of, and receptive to, their different needs. Competence is enhanced through a combination of gaining knowledge about other cultures and ongoing engagement with diverse groups. 	<ul style="list-style-type: none"> Emerging out of a recognition of the limits of the notion of cultural competence, this approach begins with an assertion that culture is not something that one possesses, or an obstacle to be transcended, but is understood as a pervasive and complex set of forces that shape all our relationships. The focus is less on the 'other' and more on developing self-awareness about one's own privileges, power, values, and beliefs and how these inform our intellectual, emotional, and practical responses, especially towards people who are perceived to be different. Recognises the lasting trauma resulting from European colonialism and cultural dominance, and displays skills to sensitively engage in ways that promotes healing and understanding. Informed by the humility of 'non-knowing', is able to generate safe spaces to enable the articulation of different and conflicting viewpoints that promotes the co-creation of solutions.

The LCH Cultural Conversations programme will be evaluated by repeating the online survey with phase 1 teams after the first round of Cultural Conversations. This will then inform the model of delivery and roll-out to additional teams in phase 2 (April 2024).

6. Risks

Risk	Impact	Mitigation
BI capacity, both to develop equity reporting as well as the capacity and skills to analyse data	<ul style="list-style-type: none"> Capacity in the BI team to support analysis as well as data provision is limited. This affects the identification, and monitoring of the impact of, actions to address inequity as well as delivery on the commitment to use equity lenses in all patient care reporting. Capacity limitations mean reporting development is predominantly linked to SystmOne and that services on different clinical systems do not have the same capabilities around equity reporting or analysis. 	<ul style="list-style-type: none"> Implementation of the BI strategy "delivering insight and intelligence" to shift from data provision to strategically aligned analytics, particularly delivery of: <ul style="list-style-type: none"> The ability to assess each of the organisation-wide measures for different populations to assess health equity Business Intelligence technologies and processes that have freed up resources to provide more in depth, specialist support More efficient and better aligned Business Intelligence resource within the existing Business Intelligence team and wider corporate teams Alignment of analysts to provide consistency of service and the development of the specialist knowledge and relationships required to carry out effective analysis and report production

		<ul style="list-style-type: none"> • Ongoing discussions about the role of Office of Data Analytics in supporting providers.
Service capacity to engage in health equity work and action to address inequity	Inequities are identified at an aggregated trust-wide level but service capacity means that service-level analysis is impacted and actions are not identified or taken forward to address inequity.	<ul style="list-style-type: none"> • Promote the value proposition around health inequalities, understanding and acting on opportunities to improve service efficiency and effectiveness by addressing inequity • Incorporating equity lenses into all data so that using it and identifying actions become business as usual in all reporting and assurance processes rather than 'something additional'. • Breaking action into small manageable 'chunks' such as the equity QI projects across all services, focussed on communication and focus on waiting lists. • Review of the Equity strategy at the end of the first 3-year period to inform ongoing action and priorities, strengthened by a new trust-wide strategic goal around equity • Cultural conversations roll-out along with other initiatives engage all services in this agenda where it has previously been self-selecting in other similar initiatives.
Resource for the delivery of the strategy	<ul style="list-style-type: none"> • 0.4 PSO capacity is committed until December 2023. • Public health consultant role agreed as permanent. • There is no agreed budget outside staffing costs for equity work 	<ul style="list-style-type: none"> • Funding is provided from Medical Directorate vacancy until December 2023. At this stage the evaluation of LCH's first 3-year strategy will be underway and future resource requirements for delivery identified. • Budget requests such as the equity QI programme are submitted on an ad-hoc basis to SMT

7. Next steps


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

- Use output and outcome measures for the equity strategic objectives to evaluate impact of the strategy
- Stakeholder engagement, linked to LCH engagement principles and delivery


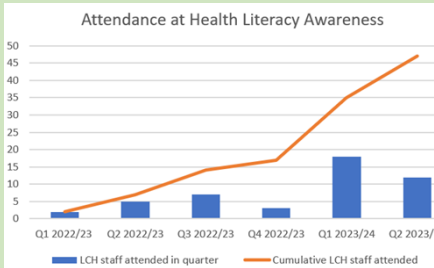

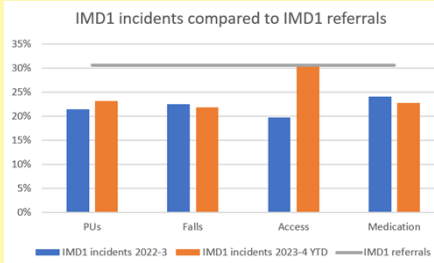
Next steps in delivery of the overall strategy are detailed in Appendix 2, along with an update on progress in the last 4 months of delivery.


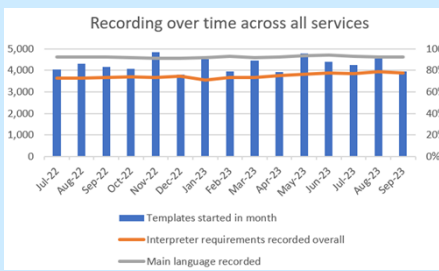
7.1 Recommendation: To receive and note the update and plans for the next reporting period.


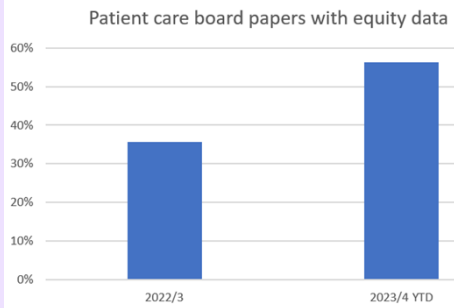
Appendix 1: Learning from national reports



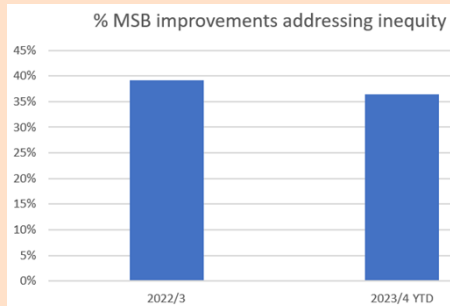
Framework for reporting on Health Inequalities to NHS Trust Boards	<p>Key learning for providers:</p> <ul style="list-style-type: none"> • Scope and maturity of approach • Data reporting, quality, and completeness • Data innovation and infrastructure • Challenges and motivations to change • Leadership buy-in • Collaboration with system partners • Capacity and capability (upskilling and reskilling)
Framework for action on Inclusion Health	 <p>The diagram illustrates the 'Inclusion health principles' as a five-step process arranged in a semi-circle. The steps are numbered 1 through 5, each with a corresponding icon and description:</p> <ol style="list-style-type: none"> 1 Commit to action on inclusion health (Icon: A circle with a checkmark) 2 Understand the characteristics and needs of people in inclusion health groups (Icon: A group of people) 3 Develop the workforce for inclusion health (Icon: A person with a gear) 4 Deliver integrated and accessible services for inclusion health (Icon: A person with a heart) 5 Demonstrate impact and improvement through action on inclusion health (Icon: A bar chart) <p>The central circle is labeled 'Inclusion health principles'.</p>
Reducing health inequalities experienced by children and young people	<ul style="list-style-type: none"> • Data collection • Engagement with children and young people • Prevention and outreach initiatives • Focus on deprivation and associated barriers to access deprived • Work with partners in the ICS
Patient and Carer Race Equality Framework for Mental Health	<ul style="list-style-type: none"> • Improve governance structures, to include better representation of racialised people and improve services accordingly. • Improve data collection around ethnicity and other demographics. • Examine the information to improve services to better meet your local population needs. • Use your ethnicity data to co-produce plans to improve access to services and outcomes for racialised groups and make them publicly available. • Commit to improving interactions with racialised groups

Appendix 2: strategy update

		Year 3 focus	Output measure	Impact measure	Update, including plans for next reporting period
	Address inequity through person-centred care	Support 100% Digital inclusion projects and share learning within LCH service delivery Support delivery of self-management activity that improves health equity Develop awareness and identify actions to address inequity through shared decision-making, health literacy and personalised care planning and support.	<ul style="list-style-type: none"> No. LCH staff attending health literacy awareness sessions 	<ul style="list-style-type: none"> AIS compliance (tbc - as defined by CQC pending completion of AIS review, autumn 2023) 	<ul style="list-style-type: none"> Scope service self-assessment for person-centred care Development of system-wide approach to rollout of SDM-9 to assess Shared Decision Making
	Focus on equity in quality and safety	Analysis by ethnicity and deprivation to understand and act on inequity in mortality, pressure ulcers and other incidents, complaints and concerns. Consider equity in our proactive approaches to quality, including research, evidence-based guidance and outcomes. Develop an equity assessment process in the development of clinical policies and protocols.	<ul style="list-style-type: none"> % Quality Challenge+ self-assessments including equity <p>Benchmark based on 2023/4 QC+ submissions to be identified for measuring against in future years.</p>	<ul style="list-style-type: none"> Reduction in difference between IMD1-2 and IMD 3-10 for incidents 	<ul style="list-style-type: none"> Equity in PSIRP EIA in policies and SOPs Evaluate success of EQIAs in mitigating equity risks Implementation of NICE guidance Inclusion of equity in new CQC evidence framework Further embed equity in QC+ for 2024/5

		Year 3 focus	Output measure	Impact measure	Update, including plans for next reporting period
	Test different ways of working	Test having a consistent area of focus (communication) in QI projects across all services. Review learning from delivery to plan for next round of equity QI programme.	<ul style="list-style-type: none"> % interpreter requirements recorded on communication template 	<ul style="list-style-type: none"> TBC in developing plans for in-depth understanding of equity in patient journeys through 1 prioritised service per BU 	<ul style="list-style-type: none"> Increase completion of communication template, including pilot of revised template Deliver 2023/4 equity QI programme including next round of projects, training and engagement activities Identification of services for in-depth understanding of equity data

		Year 3 focus	Output measure	Impact measure	Update, including plans for next reporting period						
	Increase understanding of health equity in our services	We will improve the recording of diversity and inclusion data, embedding agreed approaches to equity analysis across datasets. We will review data that tells us about access, experience and outcomes of Communities of Interest. We will increase access to equity data and the skills to analyse and use this intelligence in addressing inequity. We will increase the meetings and reports where equity lenses on data are used.	Availability of equity reports: <ul style="list-style-type: none">19 reports equity reports now available, with lenses for deprivation, ethnicity, age, interpreter requirements, LD and autism	<ul style="list-style-type: none">% Board reports using equity lenses on papers with data relating to patient care  <table><caption>Patient care board papers with equity data</caption><tr><th>Period</th><th>Percentage</th></tr><tr><td>2022/3</td><td>35%</td></tr><tr><td>2023/4 YTD</td><td>55%</td></tr></table>	Period	Percentage	2022/3	35%	2023/4 YTD	55%	<ul style="list-style-type: none">Alignment of data development with implementation of BI strategy and new PowerBI dashboard developmentsContinued delivery of data discovery sessionsDevelop equity rates per 1000 populationDevelop mortality equity report
Period	Percentage										
2022/3	35%										
2023/4 YTD	55%										

		Year 3 focus	Output measure	Impact measure	Update, including plans for next reporting period						
 Tools and resources	Develop tools and resources	We will develop and embed use of tools and resources to support leaders, staff, partners and communities to work together to identify and address inequity. This will include: Equity and Quality Impact Assessment process, Review Panel and EIA information sessions; Health Equity MS Team channel and intranet pages; Communities of Interest insight resources.	<ul style="list-style-type: none">Views of MyLCH Health Equity pages to be used as output measure.	<ul style="list-style-type: none">% EQIA successfully mitigated equity risks <p>Confirmation of successful mitigation added to review panel template. Analysis of 2023/4 reviews to provide benchmark.</p>	<ul style="list-style-type: none">Changes to incorporate EIA into QIA main documents following EQIA reviewOngoing work on No BystandersDevelopment, delivery and evaluation of phase 1 of 'cultural conversations' programme						
 Sharing	Share successes and progress	Using change stories to share successes and learning and prompt further engagement with services and partners. Seeking out internal and external opportunities to share good practice and progress.	<ul style="list-style-type: none">MyLCH Health Equity page to share successes and change stories under development. As new examples added, to be shared as new stories on MyLCH and in LCHToday. The number of that content on the sharing success MyLCH page will be used as an output measure.	<ul style="list-style-type: none">% Making Stuff Better shout-out presentations that include equity  <table><caption>% MSB improvements addressing inequity</caption><tr><th>Period</th><th>% Improvements</th></tr><tr><td>2022/3</td><td>~38%</td></tr><tr><td>2023/4 YTD</td><td>~36%</td></tr></table>	Period	% Improvements	2022/3	~38%	2023/4 YTD	~36%	<ul style="list-style-type: none">Learning and impact of equity QI projectsEDS22 – peer assessment, engagement and development of action planDelivery of presentations, workshops and stalls at conferences
Period	% Improvements										
2022/3	~38%										
2023/4 YTD	~36%										

Trust Board Meeting held in public: 8 December 2023

Agenda item number: (83i)

Title: Mortality Report Quarter 2 2023-24

Category of paper: For assurance

History: Quality Committee 27 November 2023

Responsible director: Executive Medical Director

Report author: Executive Medical Director

Executive summary

Purpose of this report:

To provide the Board with assurance regarding the Mortality figures and processes within LCH NHS Trust in Quarter 2 23-24.

Main points to note:

- Quality Assurance & Improvement (QAIG) Group have met regularly and are quorate. The last business meeting was on the 10th October 2023.
- Business Unit Learning from Deaths meetings have taken place regularly and have been quorate throughout the quarter.
- Ethnicity data is included within the CBU flash report for the first time and is welcomed.
- Reference is made to the National Child Mortality Dataset (NCMD) data review for 22-23 (Appendix 3) and acknowledgement that the increase in child deaths seen by the Trust during that time period was in line with a national picture.
- Learning from the Lucy Letby case was discussed during the QAIG Deep Dive on 14th November and the Trust will continue to assess whether any further improvements to our Learning from Deaths process can be made in response to this. An Internal Audit is planned for 23-24 to invite objective scrutiny and assessment of this.
- The plan to analysis the Trust mortality data in line with the End-of-Life Population Board outcomes has not yet started due to the retirement of the Consultant in Public Health but will be picked up again once the replacement is in post.

Recommendations:

- The Board is recommended to receive this assurance regarding Trust mortality processes during Q2 of 23-24

1. Adults & Specialist (Appendix 1)

1.1 Overview

- The NT element of the mortality pilot commenced on the 1st July 2023 and is due to complete on 15th December 2023. Staff working under the new process have reported that it is working effectively; fewer Level 2 investigations are being triggered in the test sites due to a more detailed understanding of the specific circumstances of these deaths
- No increased identification of SMI has been seen to-date with introduction of the pilot, or change to the datix reporting field; this is being kept under review as it is a relatively recent change and will require a change to historical practice
- The Palliative Clinical Leads in the NT test site are providing clarity and consistency to the local team on the definition of expected/unexpected deaths in response to the trends seen in previous quarters. This appears to be resulting in a moderate reduction in deaths reported as unexpected but will continue to be monitored and any learning shared as the pilot continues.
- The increase in number of unwell patients being discharged home and into the CCBs seen during Q1 has been maintained, but has not increased further.
- In response to the repeated theme of difficulty recognising when a patient is entering the last phase of life training is underway:
 - Training on recognising the deteriorating patients and NEWS2/SBAR is underway for all ABU clinical staff and 90% staff (registered and non-registered) have now completed this.
 - LCH has committed funding to support ABU and SBU registered clinical staff to undertake the Leeds Frailty Clinical Education two day training program in the new financial year. This has previously been limited to ACPs, and includes management of patients with cognitive dysfunction and clinical deterioration
- In SBU the SLT deep dive with primary care highlighted that there was no correlation between speech and swallowing waiting times, and cause of death. It did identify there had been potential missed opportunities in some cases for the GP to re-refer to ASLT as more urgent when the patient had deteriorated whilst waiting to be seen, thus enabling them to be seen as “urgent” rather than “routine”. The service plans to complete a learning from incidents template and share this via the Primary Care Bulletin and GP Confederation to primary care colleagues.

1.2 Equity

Equity figures for Q2 of 23-24 continue to show similar patterns and trends as identified previously.

In line with our commitment to move from intent to action several pieces of work are underway with a focus on equity findings within our Adults mortality data as follows:

- Linking the key themes of deprivation, ethnicity and proportion of deaths at a younger age ABU have an outline plan in line with the agree priority focus of

the Health Equity strategy: to review through the lens of EoL and mortality reviews the identification of communication and interpreter needs to enable improved access to interpreter services. There is also a piece of work underway exploring the potential impact of EOLC Doula's to support families; in line with Health Case Management employing an ICS funded Doula, additional work is underway to identify if there is an equivalent role for patients receiving EOLC under the NTs.

- Within Health Case Management a project is underway to explore the impact of Cultural Competency training for staff; aiming to ensure they are better informed to understand and support patients and families when patients are deteriorating and approaching or categorised as being a fast track. It is hoped this will enable them to have increased insight into cultural differences regarding this stage of life and better conversations.
- The Elderly Medicine medical team have reviewed the impact of ReSPeCT documentation with audit findings to be shared at the November Adults Mortality Review Meeting for consideration, shared learning across the BUs and any other identified actions.
- A specific piece of work is taking place together with primary care in Seacroft PCN exploring how we can enable patients who are approaching EOL to 'die well' and it is hoped this will inform how we improve care within an area of high social deprivation.
- LTC respiratory patients who are deteriorating has been identified as a pathway where increased support in the management of patients may avoid or reduce repeated admissions as the condition worsens. Data shows that ethnicity influences how frequently they are admitted to hospital and also that patients in higher IMD deciles are admitted more than four times less frequently than those in lower IMD deciles. This work is in the early stages and is being discussed at the EOLC Population Board for consideration of next steps and actions.
- The ABU Head of Clinical Development, through their Health Equity Fellowship project, will be exploring what in our services drives differences in achievement of preferred place of death for Black and Black British communities in 2022/3, to identify possible solutions to mitigate this. Review of the data specifically for PPD by ethnicity shows early signs of encouragement for 23.24 in comparison to previous years for this population, and the number of Black and Black British community deaths in which PPD was known has increased to 11 by the end of Q2, a marked improvement on 2 at the end of Q1.

PPD Achieved	Ethnic Group	2019/20	2020/21	2021/22	2022/23	2023/24	Total
%	Asian or Asian British	88%	86%	91%	88%	74%	88%
	Black or Black British	100%	91%	59%	68%	91%	75%
	Mixed	100%	68%	100%	86%	100%	82%
	Not Known	100%	77%	79%	67%	67%	76%
	Not Stated	89%	85%	70%	79%	67%	82%
	Other Ethnic Groups	100%	78%	86%	91%	100%	87%
	White	81%	81%	80%	78%	81%	80%

2. Children (Appendix 2)

2.1 Overview

- 9 deaths were seen in Quarter 2, of which 7 were SUDIC, which is just higher than the average of 7 seen for the previous 24 months.
- Ethnicity data is now included in the CBU report to QAIG for the first time, and a review of ethnicity and deprivation data for the past 12 months will be conducted now this is available.
- The National Child Mortality Death (NCMD) database Child Death Data Review for the year ending 31st March 2023 has been received (Appendix 3) and will be reviewed in the context of Trust figures for the same time period.

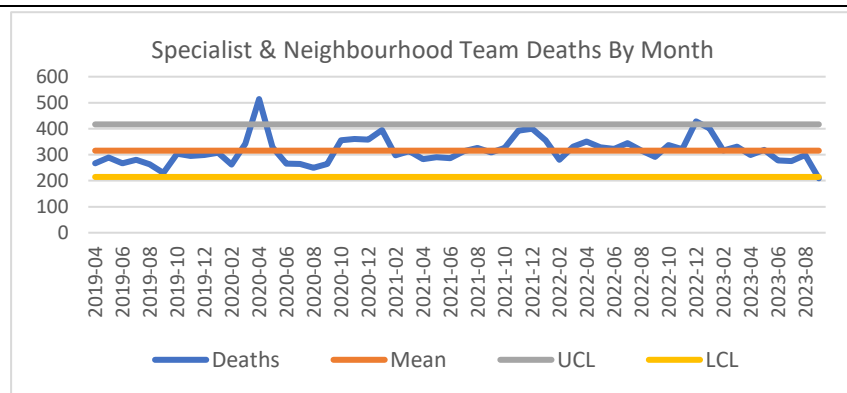
3. People with a Learning Disability

- Data for patients with an LD or SMI were not reliably available for Q2. This has identified an issue with reporting mechanisms in the absence of the LD lead who has had to reprioritise her workload on behalf of the Trust to support elsewhere.
- This will be explored with BI, QPD and the LD lead over the course of Q3.

4. Recommendations:

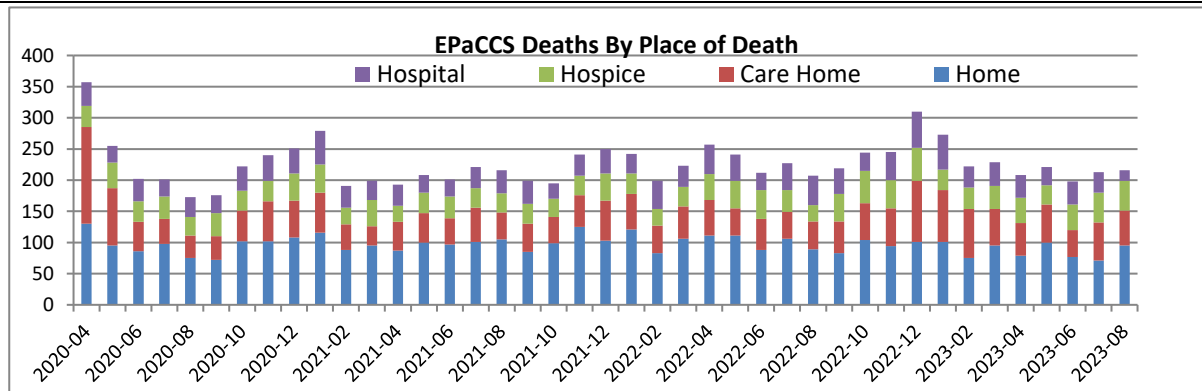
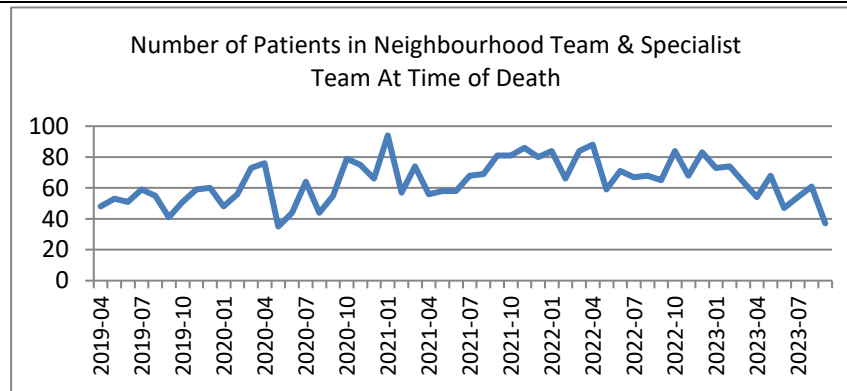
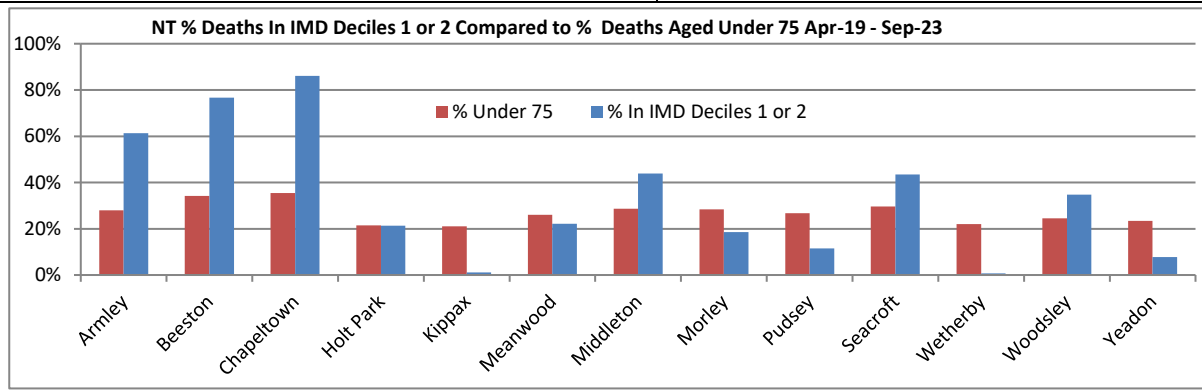
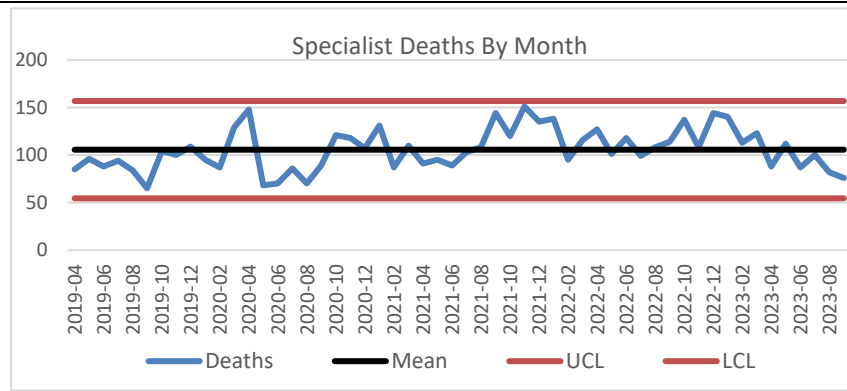
- The Board is recommended to receive this assurance regarding Trust mortality processes during Q2 of 23.24

Quantitative data



July - Sept 23 Mortality Figures for NTs & Selected Specialist Services				
Deaths	July 23	Aug 23	Sept 23	Q2
Total	276	299	209	784
NT	230	278	170	678
Specialist	100	82	76	258
Specialist not in NT	46	21	39	106
In NT & Specialist	54	61	37	152
Specialist Deaths in Multiple Units	13	3	3	19

Adult Data	Q4 22/23	Q1 23/24	Q2
Level 1	691	492	356
Level 2	224	146	94
Unexpected deaths	100	86	64
Expected deaths	450	477	289
Alliance CCB deaths	3	5	4
Virtual Ward deaths	5	4	3
LeDeR	5	2	4
Serious Mental Health	0	0	0



S1 Systems, processes & practices to keep people safe

S4 Medicines management

S5 Track record on safety

S6 lessons learned & improvements made

E1 Standards, legislation & evidence-based practice

E2 Outcomes of care & treatment

E3 Staff skills, knowledge & experience

R4 Listening & responding to concerns & complaints

Narrative

<p>Analysis:</p> <ul style="list-style-type: none"> • Total Adult deaths in Q2 23/24 = 784 (Q1= 832 Q4= 962, Q3= 961, Q2=868 Q1= 938). The total is the lowest figure in the last year. Adult Business Unit deaths Q2 23/24 = 678 (Q1 720, Q4 800) Specialist Business Unit deaths = Q2 23/24= 258 (Q1 262, Q4 339) All mortality data for this quarter within ABU and SBU sits within the control parameters however deaths have decreased this quarter and will be monitored. . • SBU: There has been an increase in LMWS deaths in this quarter. A deep dive has been completed in deaths over the last 12 months due to an increase at Inquest being noted. No concerns highlighted. Learning implemented into service appropriately and timely. LMWS deaths will continue to follow the Rapid review process. 1 Death in LMWS is under LYPFT investigation process. • 64 deaths were reported as unexpected (Q1 86, Q4 100, Q3 71, Q2 52, Q1 92). This reflects a 26% decrease from Q1. This is being monitored. • 4 patients died who had a learning disability, (increase of 2 from Q1 2022/23). LD lead will start to be able to obtain data on LD deaths and review this against LeDeR data from Q3. • Equity — No new trends noted for equity data for SBU or ABU this quarter. • There have been no Serious incidents as a result of patient deaths in Q2 for both ABU and SBU. <p>SBU LMWS: A case study was presented in the Mortality review involving a multi-agency death due to suicide. Learning as a result included: Forward Leeds-working with A&E to improve understanding of their service and to develop a pathway for onward support post- accidental overdose A&E admission. Criteria guidance for mental health referrals refined and clarified in conjunction with GP Confederation. “Helpful conversation” approach for PCMH/CMHT- embedded into Community Mental Health Transformation. Community Mental Health Transformation – one door for all mental health referrals. National themes in relation to unintentional overdoses consistent with a theme we have identified in Self harm overdose incidents in LMWS whereby Opioids are the drug of cause. This will be monitored.</p> <p>ABU There have been no deaths that have gone to inquest in this quarter. There a planned inquest planned for Meanwood NT however this was stood down due to LTHT involvement. Within Meanwood NT there was death in hospital potentially related to lapses in identification and action in a deteriorating patient. This is going through the investigation process. Training is underway for deteriorating patient, NEWS2 and Sepsis.</p>	<p>Themes</p> <ol style="list-style-type: none"> 1. No new themes from previous report. 2. Pilot in ABU/SBU is continuing. No concerns have been escalated and this will be reviewed in Q4.
<p>Overall: Mortality process pilot: Commenced 1st July 2023. This will continue into Q3 with a review in Q4.</p> <p>Business units and QPD have been working together to develop an improved mortality review process and are now piloting and developing as one integrated team. Within ABU the palliative clinical quality leads are providing a significant contribution to the ABU mortality reviews which includes more sharing of thematic learning. During the review of the mortality questionnaires to inform a pilot, it was noted that the wording for ‘Serious mental illness’ was only linked to cause of death. This has been updated to a serious mental illness at time of death as a pose to being a causative factor. This should ensure data is accurate in future.</p> <p>LTHT discharge pathways 1 & 2 means there are changes in the proportion of discharges from hospital to home and therefore more poorly patients are being discharged home and community care beds are seeing more frail patients that are not for active rehabilitation.</p> <p>A City wide discussion is currently taking place to review how patients with Learning Disabilities are cared for at the end of life.</p> <p>The ICB has commissioned a small service in Leeds to support end of life care called ‘Doula’s’. The aim is to work on the qualitative elements to end of life care.</p>	<p>Risks</p> <ul style="list-style-type: none"> • Whilst piloting the new mortality process, completing ABU mortality level 2 reviews in a timely manner is a challenge. Any urgent requiring review for assurance are being completed within the month. This includes virtual frailty ward (Homeward), community care beds and any escalated for review by the NHT clinical lead. • Difficulty in obtaining data due to submission timescales therefore reporting to be aligned with the business unit reports 19th-20th. For QAIG discussion and approval.

Opportunities/Successes (Making Stuff Better/Celebrations)

[info relevant to subject area] PLEASE INDICATE WHICH BAF RISK IS MITIGATED

Opportunity/Success

Business units and QPD have been working together to develop an improved mortality review process and are now piloting and developing as one integrated team. Within ABU the palliative clinical quality leads are providing a significant contribution to the ABU mortality reviews which includes more sharing of thematic learning.

Shared guidance with Heads Of Service in SBU to support improvement of mortality review process for services within Datix.



Datix investigation
guide for Mortality r

*BAF RISK 1	BAF 2	BAF 3	BAF 4
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Opportunity/Success

During the review of the mortality questionnaires to inform a pilot, it was noted that the wording for 'Serious mental illness' was only linked to cause of death. This has been updated to a serious mental illness at time of death as a pose to being a causative factor. This should ensure data is accurate in future.

Inclusion on the LD Lead within the mortality quarterly review process. LD website underway for staff support and learning from LD deaths will be included. .

BAF 1	BAF 2	BAF 3	BAF 4
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RISK/Opportunity

LTHT discharge pathways 1 & 2 means there are changes in the proportion of discharges from hospital to home and therefore more poorly patients are being discharged home and community care beds are seeing more frail patients that are not for active rehabilitation.

Mitigation

To be closely monitored and update to be shared in next report.

BAF 1	BAF 2	BAF 3	BAF 4
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Risks/issues

PLEASE INDICATE WHICH BAF RISK THIS LOCAL RISK RELATES TO (LIST ON PAGE 3)

RISK

Whilst piloting the new mortality process, completing ABU mortality level 2 reviews in a timely manner is a challenge. This continues.

Mitigation

Any urgent requiring review for assurance are being completed within the month. This includes virtual frailty ward (Homeward), community care beds and any escalated for review by the NHT clinical lead.

*BAF 1	BAF 2	BAF 3	BAF 4
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RISK

Difficulty in obtaining data due to submission timescales, this is ongoing. Data can be pulled on the first working day of the month after the quarter and this is usually the submission date for QAIG. This means that completing analysis of data is difficult to include. Consideration for this to move to 20th-19th as per BU reports to align.

Mitigation

Reporting to be aligned with the business unit reports 20th-19th. For QAIG discussion and approval- awaiting approval
Rich information lost on QAIG flash report- what is the must have information?

BAF 1	BAF 2	BAF 3	BAF 4
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RISK

Potential data inaccuracies in some of the mortality data i.e., level 1 and 2 completions and expected or unexpected deaths. A large amount state 'unknown' and therefore rates are expected to be much higher.

Mitigation

Business unit's have requested a review of data to ensure accurate and sensitive reporting.

BAF 1	BAF 2	BAF 3	BAF 4
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BOARD ASSURANCE FRAMEWORK (BAF) – QUALITY COMMITTEE RISKS

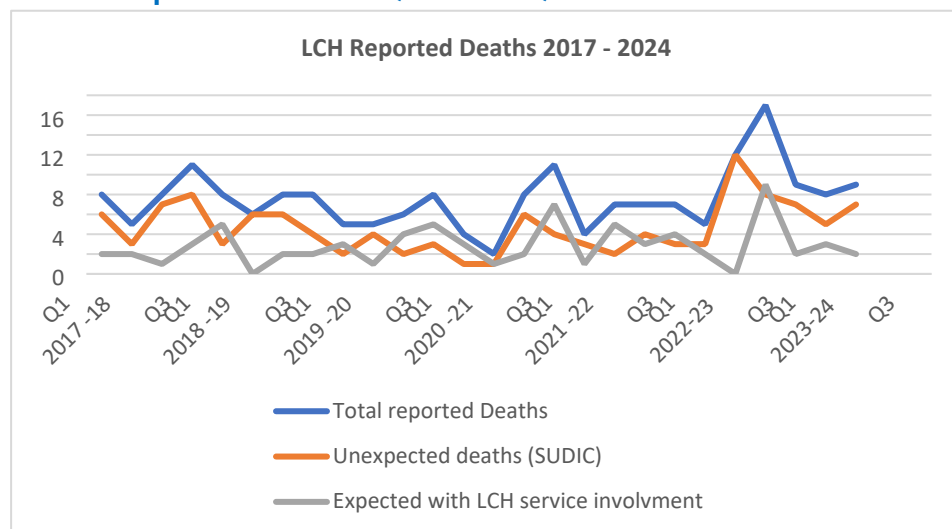
<p>Risk 1 Failure to deliver quality of care and improvements: If the Trust fails to identify and deliver quality care and improvement in an equitable way, then services may be unsafe or ineffective leading to an increased risk of patient harm. Quality Committee (Exec Director of Nursing and AHPs)</p>	<p>Risk 2 Failure to manage demand for services: If the Trust fails to manage demand in service recovery and in new services and maintain equity of provision then the impact will be potential harm to patients, additional pressure on staff, financial consequences and reputational damage. Quality Committee and Business Committee (Exec Director of Operations)</p>	<p>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. Quality, Business and Audit Committees (Exec Director of Finance and Resources, Exec Medical Director)</p>
<p>Risk 4 Failure to be compliant with legislation and regulatory requirements: If the Trust is not compliant with legislation and regulatory requirements then safety may be compromised, the Trust may experience regulatory intervention, litigation and adverse media attention. Quality and Business Committees, and Trust Board. (Senior Management Team)</p>	<p>Intentionally Blank</p>	<p>Intentionally Blank.</p>

Key Opportunities Risks and Successes - Child Death, Q2 2023/2024 (Jul-Sep)



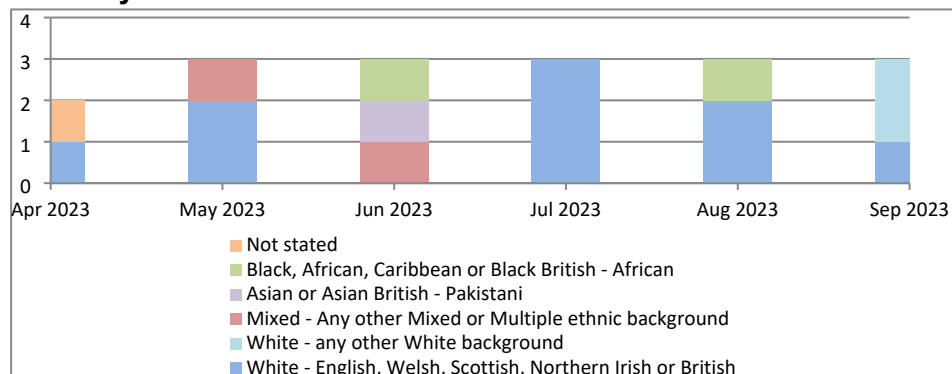
Quantitative data

All LCH reported deaths – Q1 2017 – Q2 2023



*NB – an additional child has been added to Q1, the young persons SUDIC was undertaken by Wakefield, but the child had a Leeds postcode, therefore the number above has been adjusted to reflect this. Sadly this was another child who drowned which resulted in two drowning in Q1.

Ethnicity



Analysis/Narrative

There were 9 deaths in quarter 2, the average for the previous 24-months is 7.

Expected deaths.

Age	Cause of Death	Immediate LCH Learning
1yr1m	Respiratory failure, chronic lung disease	No immediate learning
4yr 3m	Underlying Cardiac Diagnosis	

SUDIC

2yr 1m	Cardiac Arrest	No immediate learning
4yr 6m	Cardiac Arrest	
2yr 9m	To be confirmed	
12yr 6m	Road traffic collision	
9yr 7m	Road traffic collision (abroad)	
1 day	Cardiac arrest	
2yr 4m	Cardiac arrest	

Learning

From the Child Death Review Meetings

- In 2 expected deaths there was clear evidence of continuity of care for the child and family over several years.
- There has been evidence of good links with Adoption Services to understand what should happen when a child dies and discussion with the birth family.
- The Royal Life Saving Society UK are offering Water Smart Schools - Schools can now register to be a part of the Water Smart Schools initiative. Clinical Lead to share with Healthy School Partnership

HIGHLIGHT & RAG RATE THE PRIMARY CQC DOMAIN BEING MET

SAFE

EFFECTIVE

CARING

RESPONSIVE

WELL LED

Key Opportunities Risks and Successes - Child Death, Q2 2023/2024 (Jul-Sep)



Opportunities/Successes (Making Stuff Better/Celebrations)

Opportunity/Success

The child death meetings are showing good evidence of continuity of care for children within ICAN. There was also a very good example of how the SUDIC Team, LTHT and the Coroners worked together to support a family with progressing a post-mortem (which was not indicated), with the outcome providing significant relief for them.

*BAF RISK 1 ✓	BAF 2	BAF 3	BAF 4
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Opportunity/Success

The Child Death SOP has been circulated.

BAF 1 ✓	BAF 2	BAF 3	BAF 4
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Risks/issues

RISK

There are currently 24 child deaths to review, which is showing a reducing number per quarter to review

Quarter and year	Number of deaths to review
Q3 22/23	35 (total number to review, not number of deaths per quarter)
Q4 22/23	39
Q1 23/24	28
Q2 23/24	24

Mitigation

Continue to review between 8 and 9 cases every 2 months. All expected deaths for 2022 have now been reviewed.

*BAF 1 ✓	BAF 2	BAF 3	BAF 4
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RISK

Risk remains of limited number of Paediatricians covering the Service, the service has Paediatricians who can cover notifications. The SUDIC Paediatrician has now provided two training sessions. This is on the risk register ID 1121.

Mitigation

The service has Paediatricians who can cover notifications. Further training to take place in September.

BAF 1 ✓	BAF 2	BAF 3	BAF 4
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Additional or supporting information (optional)

HIGHLIGHT & RAG RATE THE
PRIMARY CQC DOMAIN BEING
MET

SAFE

EFFECTIVE

CARING

RESPONSIVE

WELL LED

Child Death Review Data Release: Year ending 31 March 2023

Published November 2023

1. Introduction

The National Child Mortality Database (NCMD) was launched on 1 April 2019 and collates data collected by Child Death Overview Panels (CDOPs) in England from reviews of all children who die at any time after birth and before their 18th birthday. There is a statutory requirement for CDOPs to collect these data and to provide it to NCMD, as outlined in the Child Death Review [statutory and operational guidance](#). The guidance requires all Child Death Review (CDR) Partners to gather information from every agency that has had contact with the child, during their life and after their death, including health and social care services, law enforcement, and education services. This is done using a set of statutory CDR forms and the information is then submitted to NCMD.

The data in this report summarise the number of child deaths up to 31 March 2023 and the number of reviews of children whose death was reviewed by a CDOP before 31 March 2023.

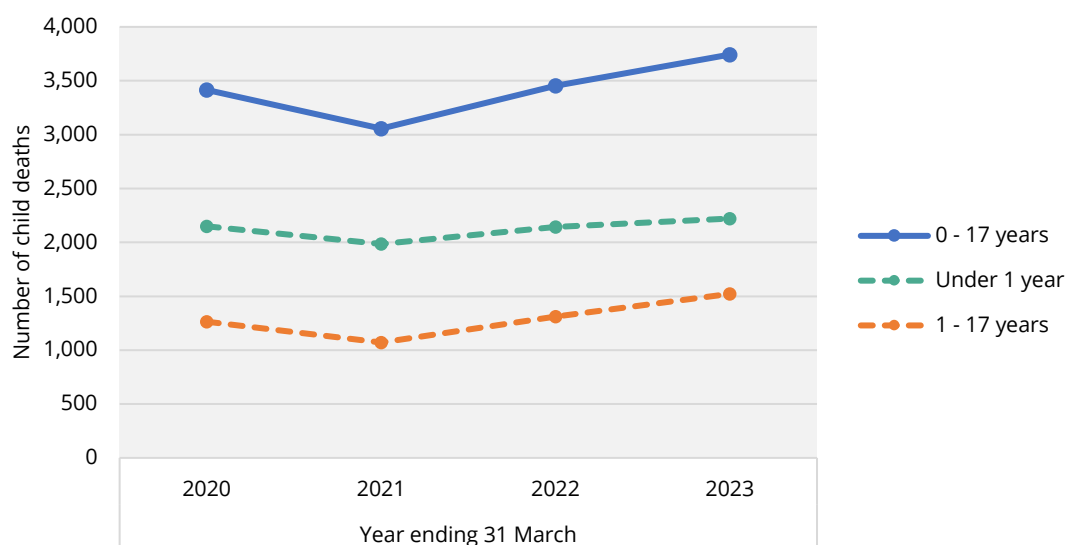
It should be read in conjunction with the [data tables](#), where more detail is available.

2. Child death notifications

There were 3,743 child (0 – 17 years) deaths in England in the year ending 31 March 2023, an estimated rate of 31.8 deaths per 100,000 children. The number of deaths increased by 8% on the previous year and was the highest number of deaths in a year since NCMD started data collection in 2019 (Figure 1). Infant (children under 1 year) deaths increased by 4% on the previous year and deaths of children aged between 1 and 17 years increased by 16%.

There were 391 deaths during December 2022, the highest in any single month since 2019.

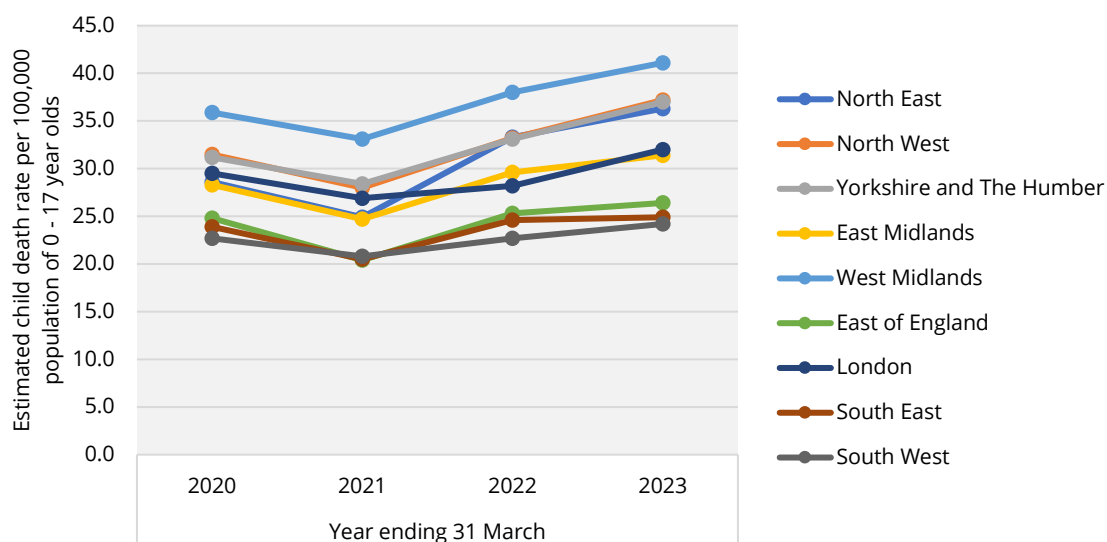
Figure 1. Number of child death notifications, by year ending 31 March



Data source: NCMD

The child death rate in each region of England ranged from 24.2 to 41.1 per 100,000 population of 0-17 year olds (Figure 2), an increase on the previous year for most regions.

Figure 2. Estimated child death rate per 100,000 population, by region

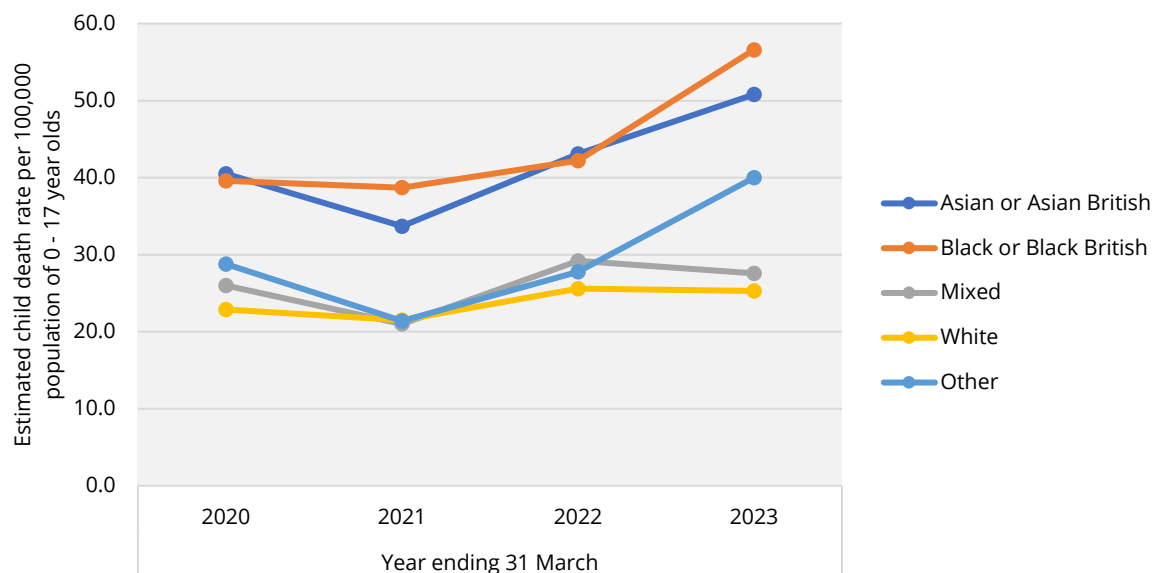


Data source: NCMD, [ONS mid-year population estimates](#), [ONS Census \(2021\)](#)

The child death rate in the year ending 31 March 2023 was highest for children of black or black British ethnicity (56.6 per 100,000 population) and Asian or Asian British ethnicity (50.8 per 100,000 population) (Figure 3). The rates for both of these ethnic

groups continued to increase in comparison to previous years, whilst the death rate for children of white ethnicity decreased from the previous year and remained lower than all other ethnic groups.

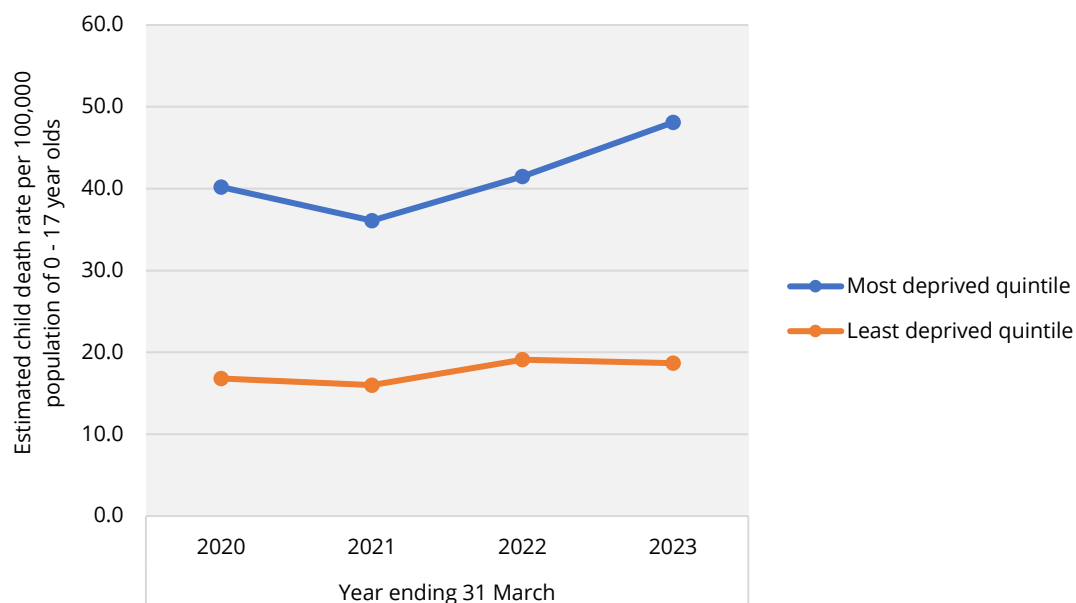
Figure 3. Estimated child death rate per 100,000 population, by ethnicity



Data source: NCMD, [ONS Census \(2021\)](#)

The child death rate for children resident in the most deprived neighbourhoods of England was 48.1 per 100,000 population, more than twice that of children resident in the least deprived neighbourhoods (18.7 per 100,000 population) (Figure 4). Whilst the death rate in the least deprived neighbourhoods decreased slightly from the previous year, the death rate for the most deprived areas continued to rise, demonstrating widening inequalities.

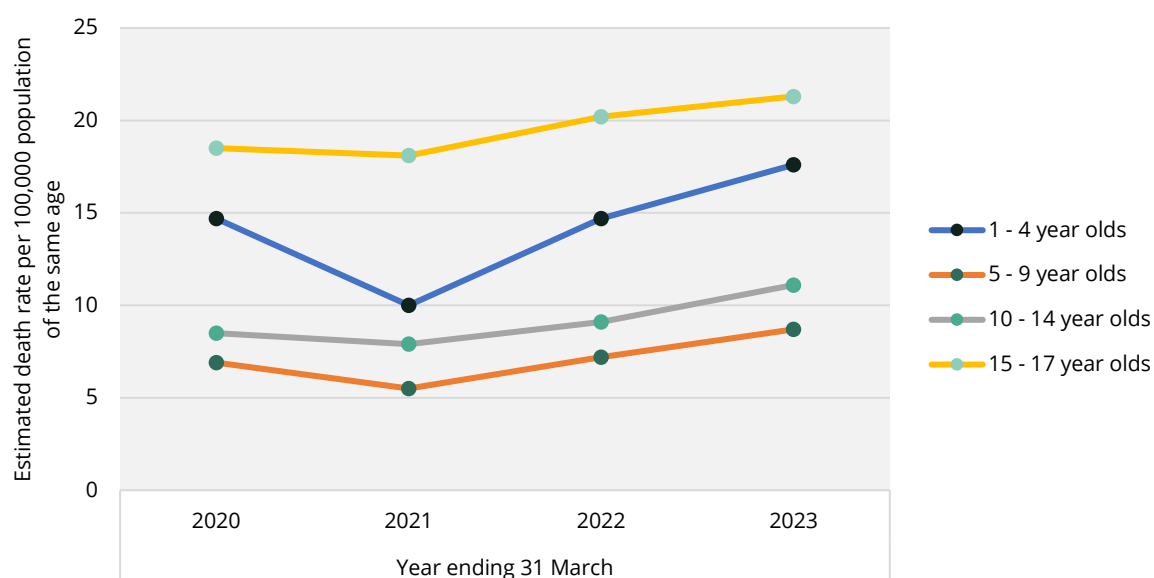
Figure 4. Estimated child death rate per 100,000 population, by most/least deprived quintiles



Data source: NCMD, [ONS mid-year population estimates](#), [ONS Census \(2021\)](#), [Index of Multiple Deprivation \(2019\)](#)

For children aged between 1 and 17 years, the highest death rate continued to be for children aged between 15-17 years (21.3 per 100,000 population), followed by 1-4 year olds (17.6 per 100,000 population) (Figure 5). Death rates for all age groups increased in comparison to the previous year.

Figure 5. Estimated death rates for children aged between 1 and 17 years per 100,000 population, by age group



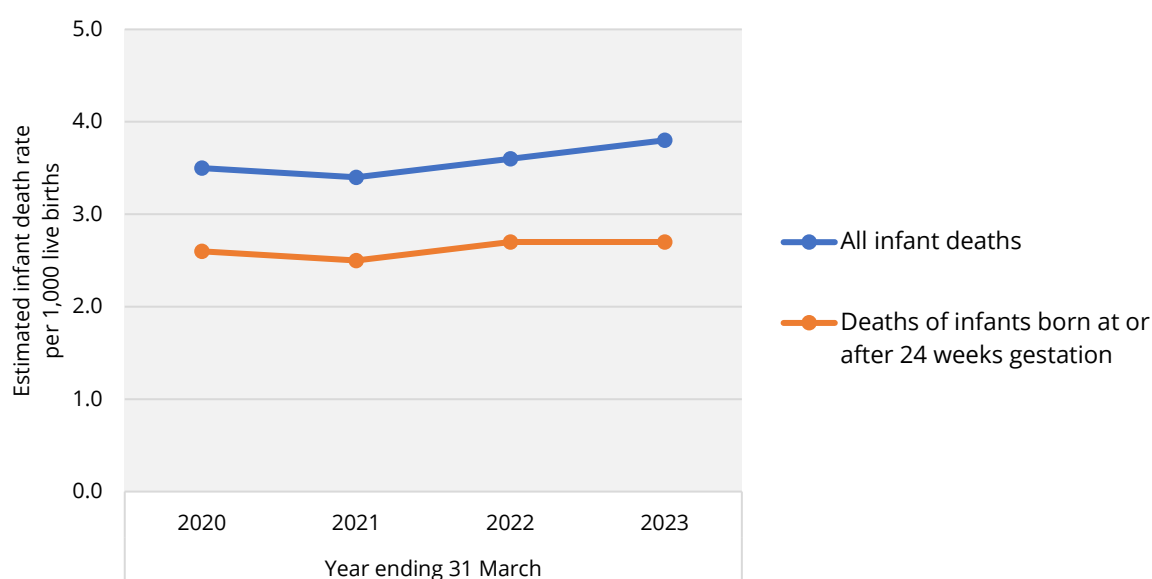
Data source: NCMD, [ONS mid-year population estimates](#), [ONS Census \(2021\)](#)

Infant deaths

Deaths of infants (babies under 1 year of age) accounted for 59% of all child deaths in the year ending 31 March 2023.

The infant death rate was 3.8 per 1,000 live births, an increase from 3.6 in the previous year (Figure 6). However, the estimated death rate for infants born at 24 weeks or over was 2.7 deaths per 1,000 live births of the same gestational age, the same rate as the previous year.

Figure 6. Estimated infant death rate per 1,000 live births

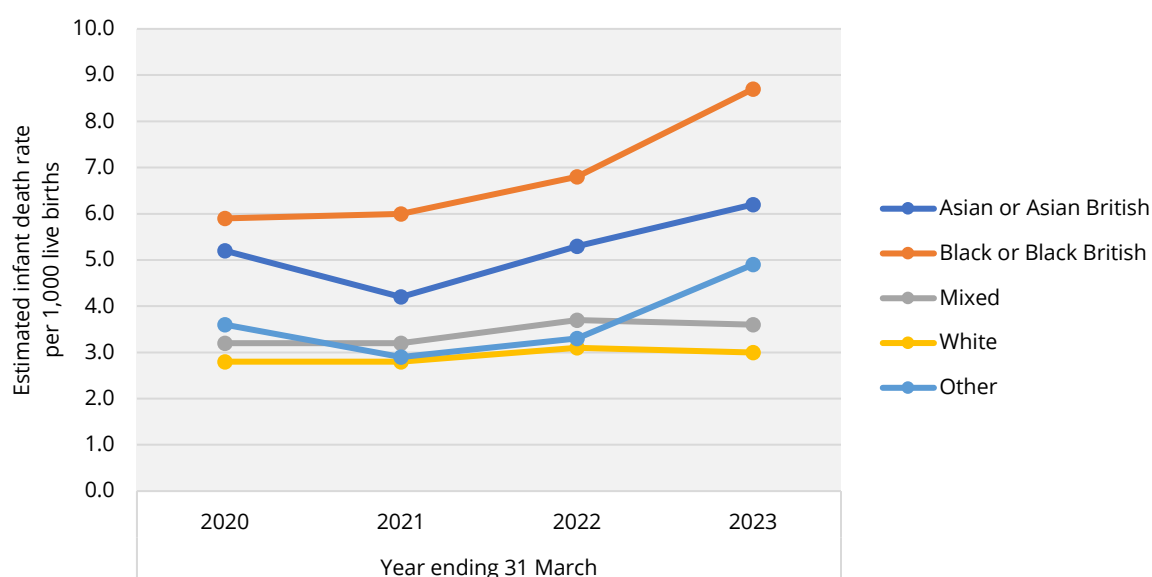


Data source: NCMD, [ONS Live births](#)

N.B. The proportion of infants born at or after 24 weeks gestation for year ending 31 March 2023 was assumed to be the same as previous years, and this estimate was used to calculate the infant death rate in the latest year.

Patterns of infant deaths were similar to those reported for all child deaths. The estimated infant death rate continued to be highest for infants of black or black British ethnicity (8.7 per 1,000 live births), approximately three times the rate of infants of white ethnicity (3.0 per 1,000 live births) (Figure 7). The death rate of infants of Asian or Asian British ethnicity (6.2 per 1,000 live births) also continued to be higher than white infants. Infant death rates for those of black or Asian ethnicity increased in comparison to the previous year, however, the rate of deaths for infants of white ethnicity decreased.

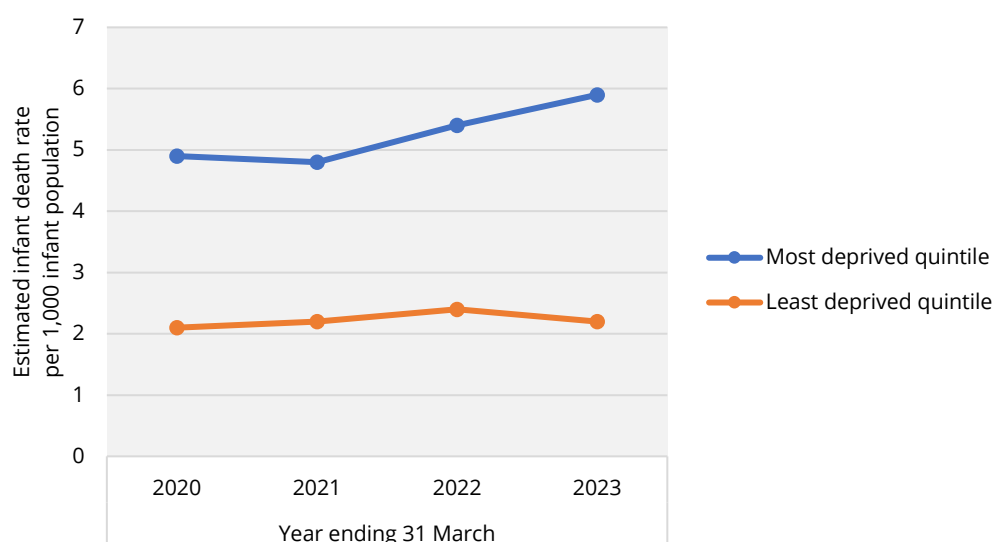
Figure 7. Estimated infant death rate per 1,000 live births, by ethnicity



Data source: NCMD, [ONS Live births](#)

The death rate of infants who were resident in the most deprived neighbourhoods of England was 5.9 per 1,000 infant population, more than twice that of infants resident in the least deprived neighbourhoods (2.2 per 1,000 infant population) (Figure 8). Similar to all child deaths, inequalities in infant deaths widened, with the infant death rate for the most deprived having increased, despite the rate for the least deprived having decreased from the previous year.

Figure 8. Estimated infant death rate per 1,000 infant population, by most/least deprived quintiles

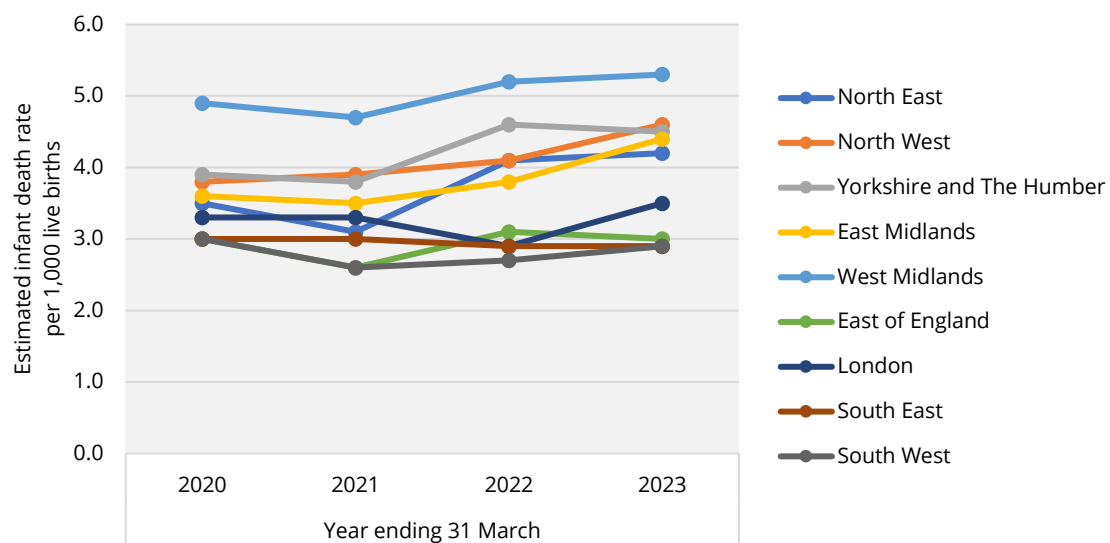


Data source: NCMD, [ONS Live births](#), [Index of Multiple Deprivation \(2019\)](#)

N.B. Infant population (0 year olds) used as a proxy measure for live births

The infant death rate in each region of England ranged from 2.9 to 5.3 per 1,000 live births (Figure 9).

Figure 9. Estimated infant death rate per 1,000 live births, by region



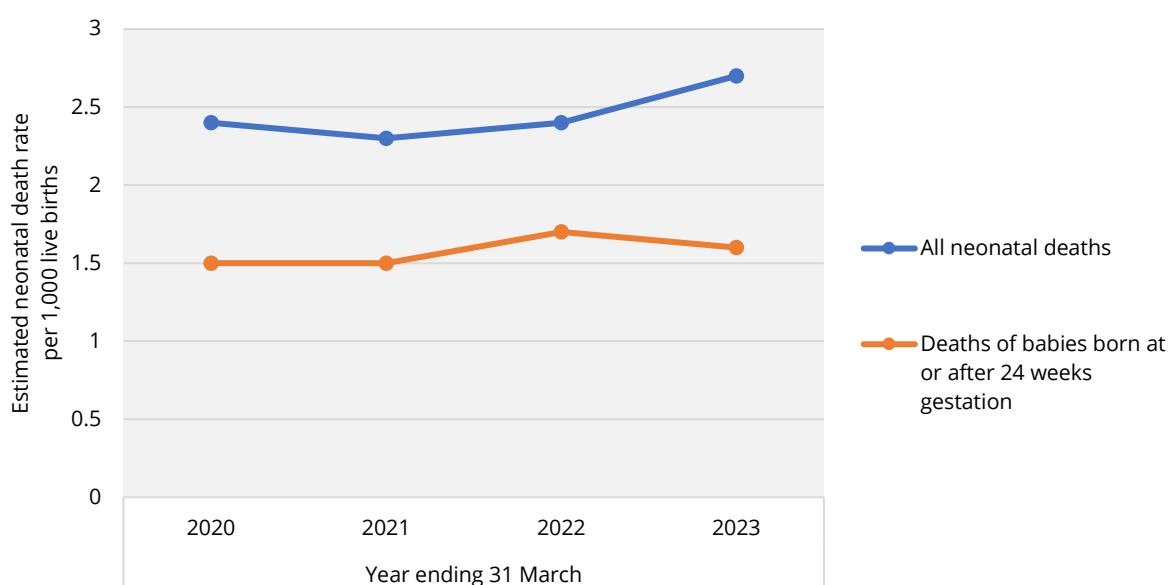
Data source: NCMD, [ONS Live births](#)

Neonatal deaths

Neonatal deaths (deaths of babies under 28 days of age) accounted for 41% of all child deaths in the year ending 31 March 2023.

The estimated neonatal death rate was 2.7 per 1,000 live births, an increase from 2.4 in the previous year (Figure 10). However, the estimated neonatal death rate for babies born at 24 weeks or over was 1.6 deaths per 1,000 live births of the same gestational age, a decrease from 1.7 in the previous year. The [neonatal mortality rate ambition](#), derived from ONS data, is 1.0 deaths per 1,000 live births of babies born at 24 weeks or over, by 2025.

Figure 10. Estimated neonatal death rate per 1,000 live births



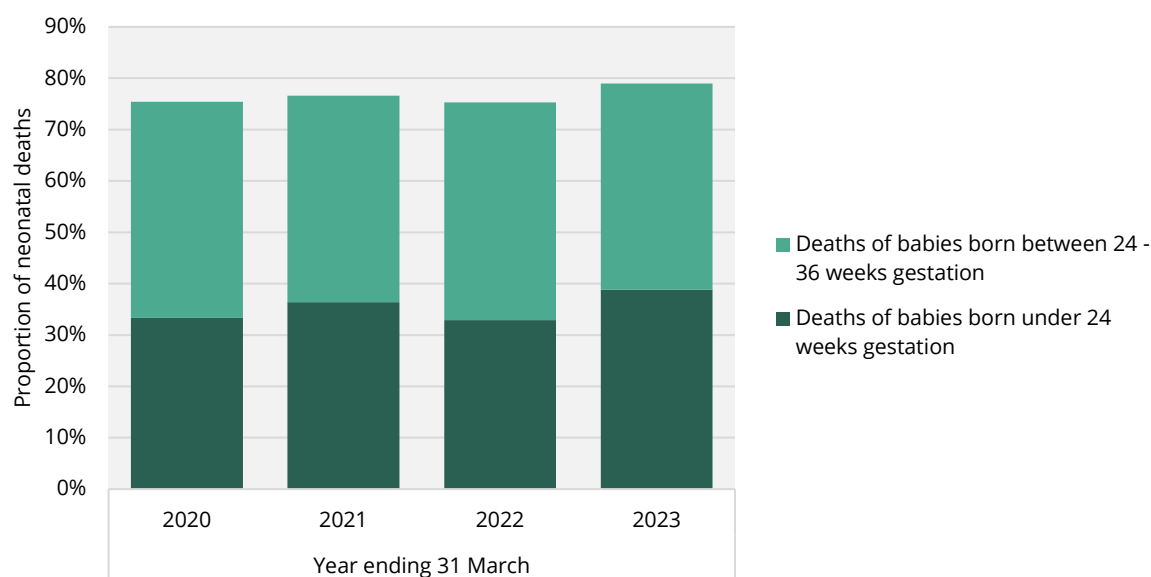
Data source: NCMD, [ONS Live births](#)

N.B. The proportion of babies born at or after 24 weeks gestation for year ending 31 March 2023 was assumed to be the same as previous years, and this estimate was used to calculate the neonatal death rate in the latest year.

79% of neonatal deaths were of babies born at a premature gestational age (before 37 weeks) (Figure 11). This proportion was an increase from those seen in previous years, likely due to a rise in deaths notified to CDOPs of babies born under 24 weeks gestation (39% vs 33% in the previous year).

This increase in deaths of babies under 24 weeks is difficult to interpret but is likely impacted by multiple factors such as [more consistent recognition of signs of life](#) by clinical teams, babies receiving survival focussed care, appropriate completion of MCCDs (medical certificate of cause of death), and better reporting to CDOPs.

Figure 11. Proportion of neonatal deaths by gestational age at birth



Data source: NCMD

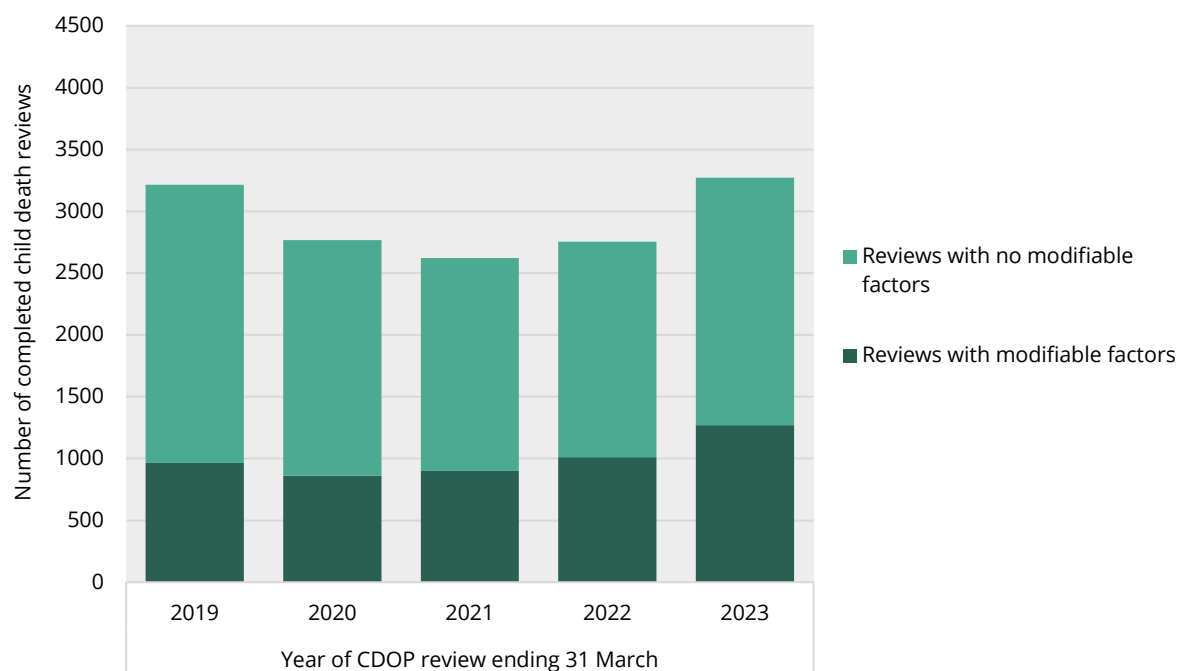
Further information on child death notifications can be found within Tables 1-11, including a breakdown of infant and child death rates by Integrated Care Boards.

3. Child death reviews by CDOPs

3,271 child deaths were reviewed by CDOPs in England between 1 April 2022 and 31 March 2023 (some of these deaths may have occurred in earlier years), a 19% increase on the previous year and the highest number since 2019 (Figure 12).

The proportion of reviews that identified modifiable factors continued to rise with 39% of deaths reviewed in the year ending 31 March 2023 identifying modifiable factors. The proportion of reviews with modifiable factors varied per region from 27% to 52% (Table 12).

Figure 12. Number of child death reviews by CDOPs, by year of review and modifiable factors

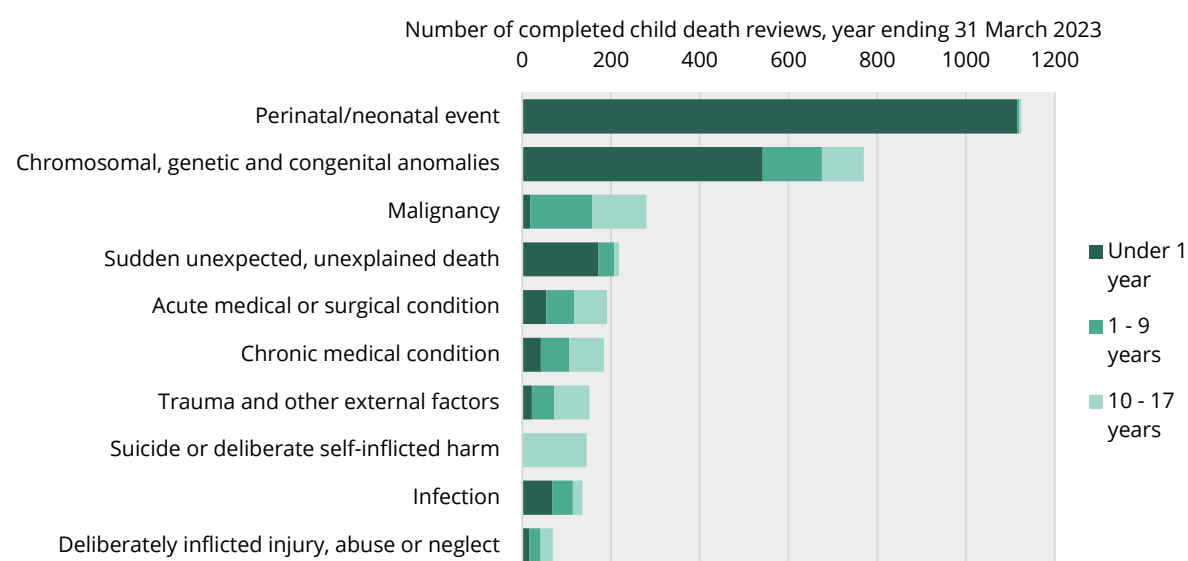


Data source: NCMD

The most common primary category (i.e., the likely cause) of death for reviews in 2022-23 was *Perinatal/neonatal event*, which was recorded for 34% of all child death reviews, followed by *Chromosomal, genetic and congenital anomalies* (24%), *Malignancy* (9%) and *Sudden unexpected and unexplained death* (7%) (Figure 13). These patterns were similar to previous years.

The most common primary category of death was *Perinatal/neonatal event* for children aged under 1, *Malignancy* for children aged between 1 and 9 years, and *Suicide or deliberate self-inflicted harm* for children aged between 10 and 17 years. Figure 13 shows the number of reviews by primary category of death and age group.

Figure 13. Number of child death reviews by CDOPs by primary category of death and age group, year ending 31 March 2023

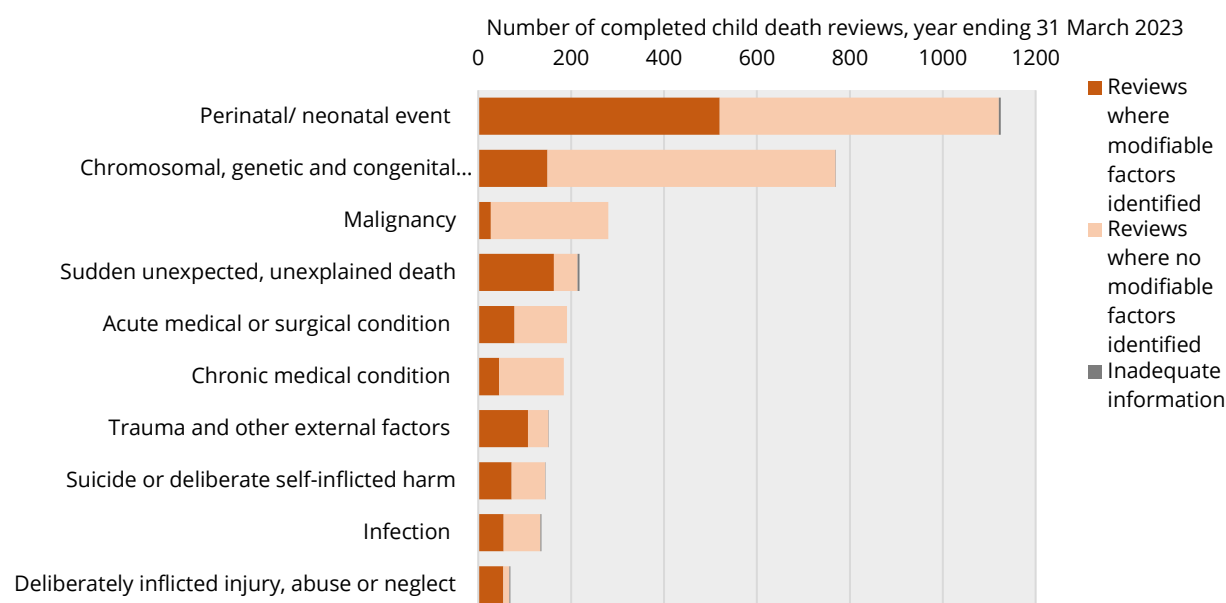


Data source: NCMD

The CDOP is responsible for identifying any modifiable factors in relation to the child's death. Modifiable factors are defined as factors which, by means of nationally or locally achievable interventions, could be modified to reduce the risk of future child deaths. Deaths categorised as *Deliberately inflicted injury, abuse or neglect* had the highest proportion of reviews with modifiable factors (81%), followed by *Sudden unexpected and unexplained death* (76%), *Trauma or other external factors* (71%) and *Suicide or deliberate self-inflicted harm* (50%) (Figure 14).

Following recent improvements to how contributory and modifiable factors are recorded in the statutory analysis form, we expect to be able to include further detail on the specific factors reported in future data releases.

Figure 14. Number of reviews completed by CDOPs by primary category of death and whether modifiable factors were identified, year ending 31 March 2023

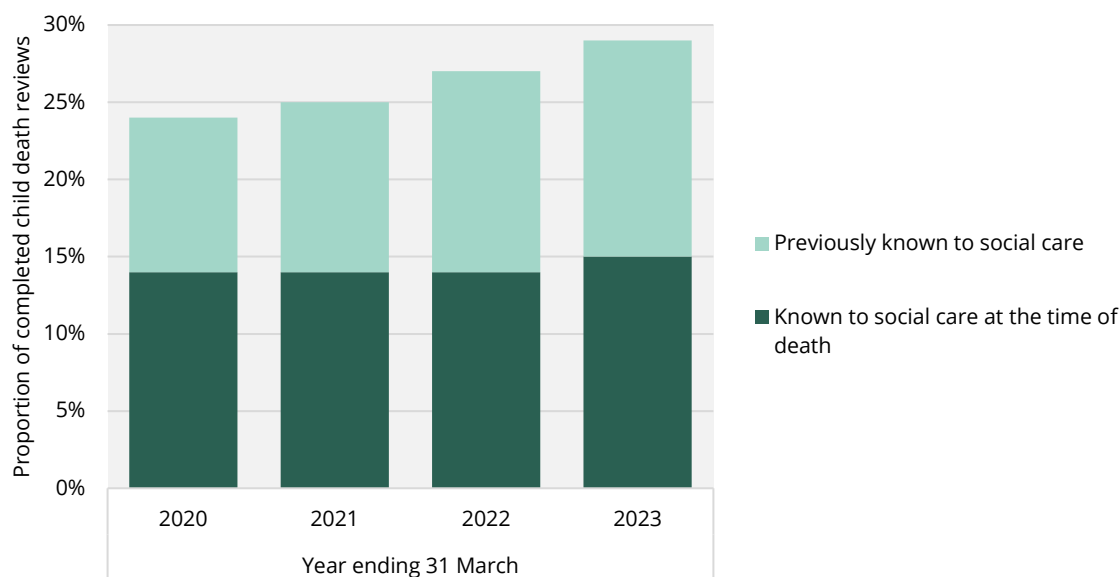


Data source: NCMD

For reviews completed in the year ending 31 March 2023, 15% of children were known to social care at the time of their death, a similar proportion to previous years (14%) (Figure 15). A further 14% were reported as previously known to social care, which has increased each year from 10% in the year ending 31 March 2020.

Of the 496 reviews where the child was known to social care at the time of their death, 42% identified modifiable factors. This was a similar proportion to previous years, and remains higher than reviews of children who were never known to social care (35%).

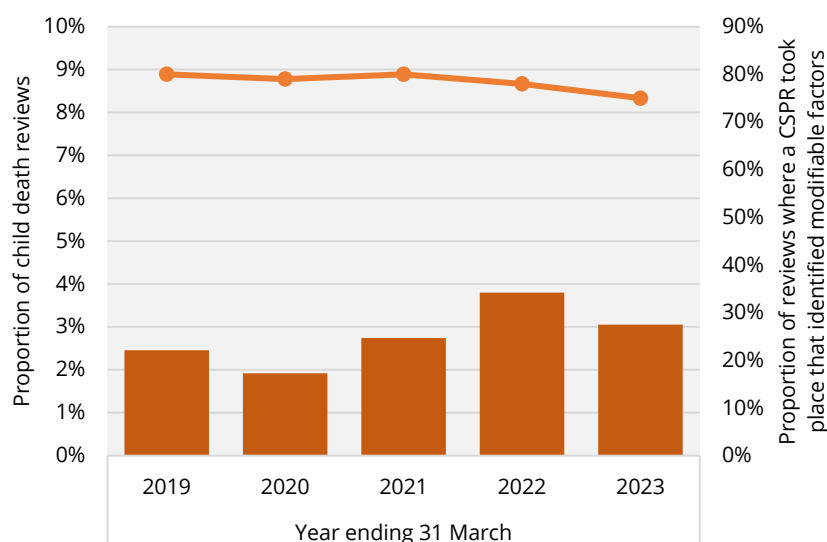
Figure 15. The proportion of child death reviews by CDOPs, by year of review and whether the child was known to social care



Data source: NCMD

For reviews completed by CDOPs in 2022-23, 3% of the deaths were subject to a local or national [Child Safeguarding Practice Review](#) (CSPR) (Figure 16), which is a similar proportion to the previous year (4%). Of the 96 reviews where a CSPR took place, 75% of CDOP reviews recorded modifiable factors, a decrease from the previous year (78%).

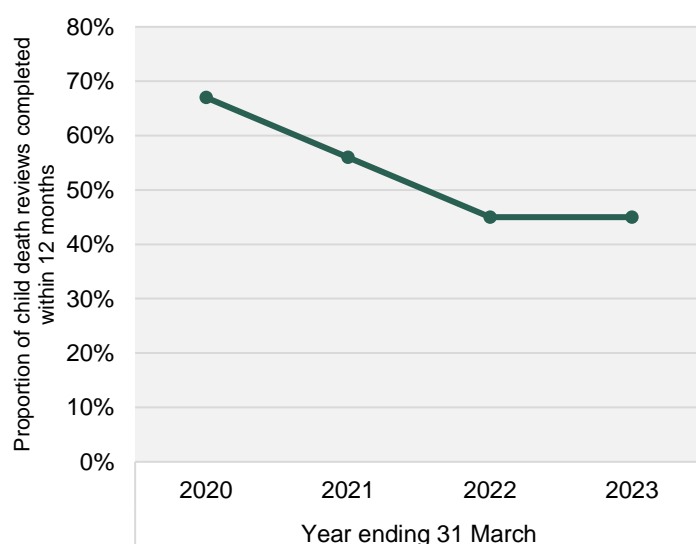
Figure 16. The proportion of child death reviews by CDOPs, by year of review and whether there was a Child Safeguarding Practice Review



Data source: NCMD

45% of reviews in the year ending 31 March 2023 were completed by the CDOP within 12 months of the death, a similar proportion to the previous year, but a fall from 2020 where 67% of reviews were completed within 12 months (Figure 17). The median time taken to complete reviews in 2022-23 was 392 days (around 13 months).

Figure 17. Proportion of child death reviews completed by CDOPs within 12 months of the death



Data source: NCMD

4. Technical information

All reference tables including further breakdown of data can be found [here](#).

A child for these purposes is defined as a child aged 0 up to their 18th birthday, excluding stillbirths and planned terminations of pregnancy carried out within the law.

All CDOPs continue to submit data to NCMD on an ongoing basis. NCMD is dependent on accurate data entry by the CDOPs, and specifically, category of death is presented within the data release as it was submitted by the CDOP. The data included within this release represent child deaths that were submitted to NCMD that were going to be, or had been, reviewed by a CDOP in England. In a small number of reviews, this may include deaths of children usually resident outside of England.

The estimated neonatal and infant death rates reported have been calculated using [ONS data for live births](#), and the rate is presented per 1,000 live births.

The estimated child (0-17 years) death rate and death rate of children aged 1-17 years have been calculated using population data of children the same age in England, from the [ONS mid-year population estimates](#) (for years ending 31 March 2020 and 2021), or

[Census 2021 data](#) (for years ending 31 March 2022 and 2023). The rate is presented per 100,000 children of the same age. Following the 2021 Census, [ONS plan to release rebased mid-year population estimates](#) for previous years. This rebased data were not available at the time of analysis, and therefore population estimates used in the years ending 31 March 2020 and 2021 are still based upon previous census information. Following release of the rebased estimates from ONS, this CDR data release will be updated using the most accurate population data available in future years. This may have a small impact on the trend reported.

ONS publish live births data and population estimates using calendar years. As this CDR data release uses financial years, live births and population estimates that correspond to the largest proportion of the financial year were used, for example, 2019 live births and mid-year population estimates were used to calculate rates for deaths occurring in the year ending 31 March 2020, and so on.

[Census 2021 data](#) (population of 0-17 year olds in England) was used to calculate rates of child death by ethnicity (Table 6) for all years for the child death rate and death rate of children aged 1-17 years. This was because this population data by ethnicity was not available for previous years.

The data sources are reported under each table and figure.

Table 4 uses the population of infants (0 year olds) as a proxy measure for live births, as the data for live births by deprivation and region was not available. This may have a small impact on the rates presented.

Where the most recent live births data for 2022 was not available in the level of detail required at the time of analysis, this was derived using the proportional split from previous years, and assumes this to be stable over the years. This affects Tables 3, 6, and 8. Future releases will be updated to include the most recent data available.

In some instances, the number of deaths presented is low, and therefore the confidence intervals will be wider. Therefore, all rates should be interpreted alongside actual number of deaths.

For further information on NCMD data processing please see our [Privacy Notice](#).

5. Acknowledgements

The National Child Mortality Database (NCMD) programme is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). HQIP is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing, and National Voices. Its aim is to promote quality improvement in patient outcomes. HQIP holds the contract

to commission, manage and develop the National Clinical Audit and Patient Outcomes Programme (NCAPOP), comprising around 40 projects covering care provided to people with a wide range of medical, surgical and mental health conditions. NCAPOP is funded by NHS England, the Welsh Government and, with some individual projects, other devolved administrations and crown dependencies (www.hqip.org.uk/national-programmes).

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Partners:



Trust Board meeting: 8 December 2023

Agenda item number:2022-24 (84)

Title: Net zero update November 2023

Category of paper: For information

History: Trust Leadership Team/Business Committee 30 November 2023

Responsible director: Acting Director of Operations
Report author: Sustainability manager

Executive summary (Purpose and main points)

Following the Trust's declaration of a climate emergency (2021) and first Trust Green Plan (2022), the amount of Trust carbon emissions has been calculated on a quarterly basis.

The 2022/23 annual report described how over that year the Trust's emissions had actually increased, and that greater investment/ commitment was required from the Trust to get back to the trajectory.

Since the annual report was reviewed by Business Committee/ Board, the increase in carbon emissions has continued into 2023.

This paper highlights the impact on the net zero trajectory and explains some of the barriers to reducing carbon emissions such as a lack of capital budgets and rising amounts of travel in operational services.

For each of the main carbon emission areas (procurement, waste, estates, travel/ transport) the paper gives more detail on what net zero may look like and suggests a number of projects that should be started immediately, and some other initiatives where there are barriers at the moment, but where the Trust will need to focus its activities over the next five years.

Recommendation

1. The Board is asked to note that the trajectory to achieving net zero carbon by 2045 is not being achieved.
2. Business committee is asked to support the following recommendations/ actions:
 - Procurement – Work with LYPFT to incorporate changes to Trust procurement activities including the introduction of an electronic catalogue, establishing electronic stock control systems for common products, increasing the percentage of locally produced goods, ensuring suppliers have their own net zero plans and ensuring that all procurements include social value elements.
 - Estates – Support the Estates Strategy Implementation Board and the Trust's Accommodation group in increasing utilisation rates in Trust buildings, possibly using the new Matrix booking system more extensively/ effectively. Use utilisation data to determine the size of the estate that the Trust needs to retain/ lease and reduce estate that isn't required or/ it is not economical to decarbonise.
 - Travel – Establish a Net zero transport group to create the first Trust Green travel plan by the end of 2024, incorporating recommendations from NHS England such as restrictions on non electric lease cars/ salary sacrifice cars and initiatives to increase non car commuting.
 - Travel – Explore whether journey planning software could reduce staff business mileage without affecting operational effectiveness.

- Waste – Support the Facilities team in establishing a waste and recycling group to oversee changes such as the new clinical waste streams, the reduction in single use plastics and the introduction of a wider range of recycling facilities.



Leeds Community Healthcare NHS Trust

Sustainability Report November 2023



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1. Introduction

In 2021 Leeds Community Healthcare NHS Trust made a commitment to become carbon neutral by 2045. This is commonly referred to as “net zero”. Like most NHS organisations, the Trust has struggled since the lifting of Covid restrictions to reduce carbon emissions.

This paper will focus on the work required by the Trust to become carbon neutral, on the commitments made by Board in the 2022 Green Plan for the first three years up to 2025, and finally the projects required to commence and accelerate carbon reduction over the rest of the decade.

The report reviews the 4 main carbon emitting areas: procurement, estates, travel and waste incorporating the following questions:

- what does net zero looks like,
- what does the Trust’s carbon data show,
- what opportunities and barriers are there for future short – long term projects
- what are the recommendations for implementation.

2. Overview of Trust carbon performance

The Trust has seen its emissions rise consecutively over recent years, with the trajectory of this upward trend to continue into 2023/2024.

Whilst this could be seen as a return to normal after the Covid pandemic, if the rise in carbon emissions is not tackled it will make the overall goal of net zero increasingly difficult and the Trust will fall further behind the trajectory.

NHS England, through their Greener NHS department, have been very active in steering Trusts towards more sustainable developments/ decisions. To support the delivery and monitoring of progress, The Greener NHS team request quarterly data from Trusts across the country to allow for benchmarking, analysis of data and carbon foot printing. Leeds Community Healthcare Trust has submitted data over the past 3 years and through this we are able to review our areas of compliance / non-compliance; some of which are highlighted in the table below. *(There are areas which are not applicable to the Trust such as canteen requires and for the sake of this paper have been left out of the table below).*

Estates and Facilities	
Does your organisation purchase 100% of its electricity from renewable sources?	YES
Travel and Transport	
Does your organisation's salary sacrifice scheme for vehicles allow for the purchase of only ULEVs or ZEVs?	ULEZ/ZEV are available alongside non ULEV/ZEV options thought salary sacrifice for vehicles
What travel-related schemes do you operate across your organisation?	<input type="checkbox"/> Park and Ride

	<input type="checkbox"/> Shuttle buses <input checked="" type="checkbox"/> Salary sacrifice cycle to work scheme. <input type="checkbox"/> Cycle training <input checked="" type="checkbox"/> Discounted public transport scheme. <input type="checkbox"/> Third party operated car club. <input type="checkbox"/> e-bike / e-scooter hire <input type="checkbox"/> Staff travel survey within last 12 months. <input type="checkbox"/> Sustainable travel options included within staff induction. <input checked="" type="checkbox"/> Staff webpage focused on promoting sustainable travel options.
Which local transport partners does your organisation work closely with?	<input checked="" type="checkbox"/> Local transport authority <input type="checkbox"/> Local highways authority <input checked="" type="checkbox"/> Local bus operator(s)
What facilities are included throughout the Trust's estate to promote and enable active travel?	Throughout LCH we do have basic facilities for active travel including external bike toast racks and lockers at every sites, however we would want to expand these facilities to showers for both staff and visitors and safe secure cycling facilities.
Supply Chain	
How are you managing the inclusion of the minimum of 10% on Net Zero and Social Value in every tender?	We have not fully developed our processes around embedding Net Zero and Social value in every tender.
How are you managing the inclusion of the Carbon Reduction Plans (CRPs) requirements in new procurements over £5million/annum? (outside of procurement via frameworks)	We have not had any procurements over £5m/annum since April 2023
Do you operate or participate in a walking aids returns scheme to support reuse within the NHS?	Yes, but we do not currently gather data on returned devices
Adaptation	
Does your organisation have a nominated lead who is accountable for adaptation planning and management?	No
Does your organisation have a long-term climate change adaptation plan separate from your business continuity plan?	No

Table 1 - NHS England Greener dashboard 2023

Although the above table highlights there are areas the Trust is underperforming in, it is reassuring that those areas are all in accordance with the issues raised within this report. The sustainability team will continue to submit data every quarter which in turn not only fulfils our duty to the Greener NHS but consequently also acts as a barometer to gauge our sustainability progress and overall performance against.

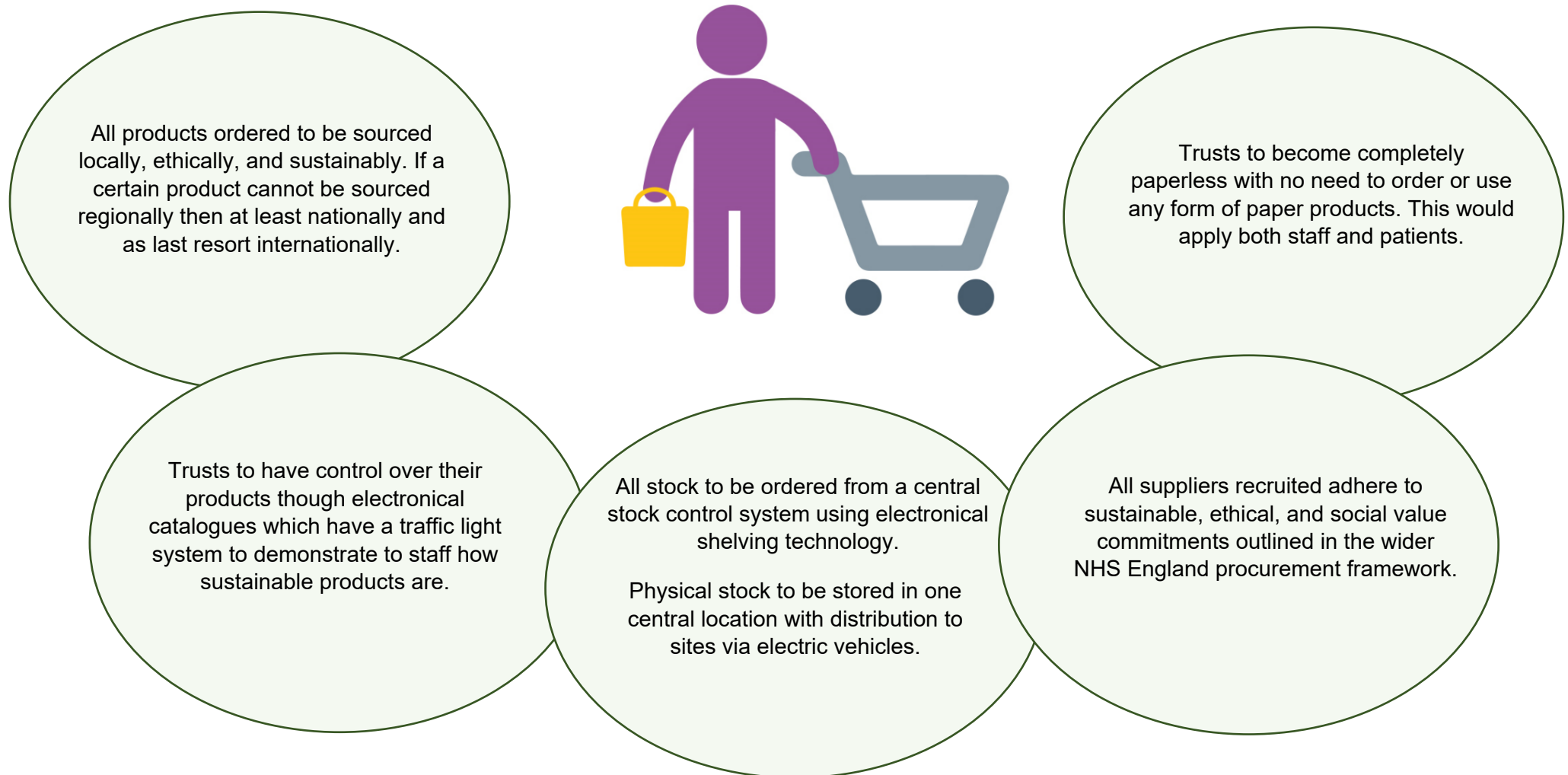
There has been a noticeable change in the approach by NHS England on sustainability recently. In the last few years Trusts have been encouraged and guided to implement various initiatives (but not compelled), and areas of good practice have been shared. In 2023, this approach has changed to a more directive approach, such as the new estates green requirements affecting new buildings/ modifications and significant reforms to travel and transport described in the NHS Net Zero Travel and Transport Strategy.

This paper will refocus the Trust on the decisions that will need to be implemented to reduce carbon emissions and to prepare for future implementation decisions that could have a big impact on the way the Trust operates.

3. Procurement

3.1 Net Zero Procurement for Community Trusts

The below diagram depicts what an NHS Community Trust net zero procurement practices would resemble:



3.2 Current Trajectory, Barriers, and Opportunities

3.3 Analysis of carbon data from procurement

Graph to show comparisons of carbon produced from procurement throughout the 4 annual quarters

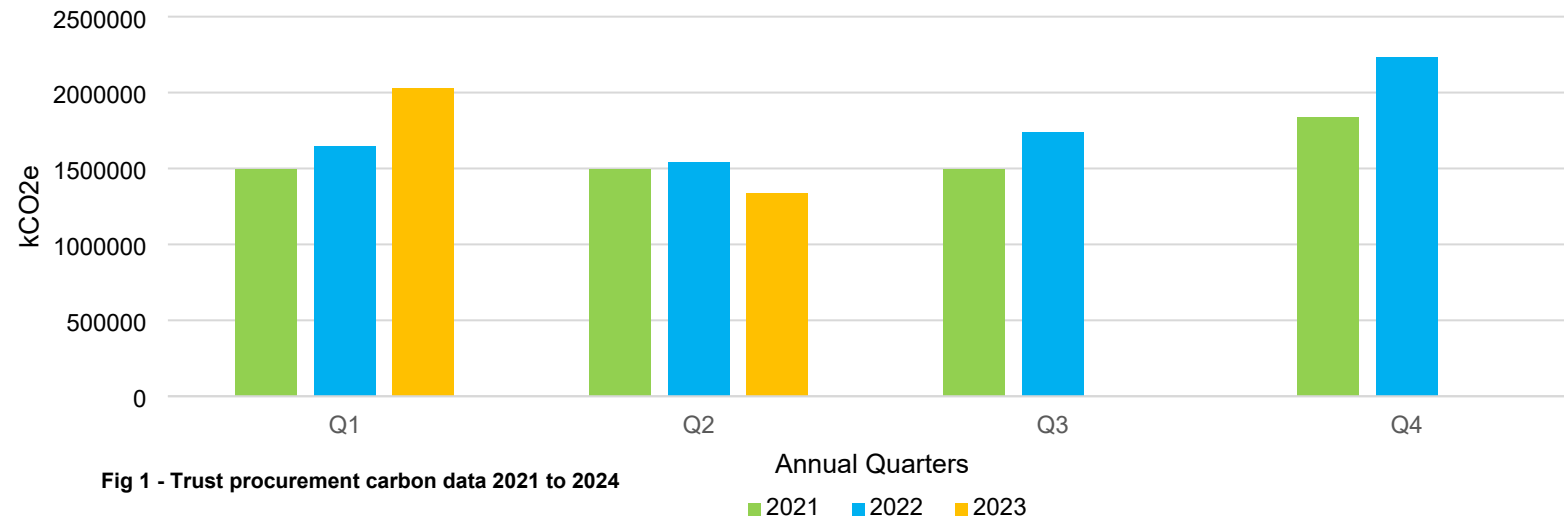


Fig 1 - Trust procurement carbon data 2021 to 2024

The carbon data collection method although flawed is the only standardised way of calculating procurement carbon throughout the NHS. NHS England through NHS Greener are reviewing how Trusts calculate carbon within procurement to improve the accurate representation of the data.

Until that point the data will have to be analysed closely each quarter and year to provide narrative to either drop or hikes in the data in accordance to spend and any increase or decrease of certain E-class products.

3.4 Carbon reduction net zero commitment requirements for the procurement of NHS goods, services and works.

Before the Trust can commence reviewing and transforming its own procurement practices it is important to be aware of the wider changes the NHS is making to its supply chain and procurement systems. Below is a summary of what the national Greener NHS procurement department is planning to implement over the next 7 years up to 2030.

From April 2023

For all new contracts above £5 million per annum, the NHS requires suppliers to publish a Carbon Reduction Plan for their UK Scope 1 and 2 emissions and a subset of scope 3 emissions as a minimum (aligning with PPN 06/21). The Carbon reduction plan and net zero commitment requirements for the procurement of NHS goods, services and works guidance outlines what is required from suppliers and how it should be implemented.

From April 2024:

The NHS will proportionately extend the Carbon Reduction Plan requirements to cover all new procurements.

From April 2027:

All suppliers will be required to publicly report targets, emissions and publish a Carbon Reduction Plan for global emissions aligned to the NHS net zero target, for all their Scope 1, 2 and 3 emissions.

From April 2028:

New requirements will be introduced overseeing the provision of carbon footprinting for individual products supplied to the NHS. The NHS will work with suppliers and regulators to determine the scope and methodology.

What does this mean for LCH procurement?

As the Greener NHS procurement roadmap progresses, the Trust must ensure it implements the directives locally to avoid falling behind the national move towards decarbonisation. From April 2024 all those who tender services or order products / goods must ensure that suppliers adhere to the requirements stipulated by Greener NHS: suppliers of any good or services must have evidence of a Carbon Reduction Plan along with clear Net Zero Commitment.

3.5 Barriers and Opportunities



Barriers

- The current complex structure of procurement within the NHS is problematic when attempting to calculate accurate carbon. At present production practices, travel (for example courier air miles required to receive the products), means of product disposal and longevity of product are not considered when calculating carbon emissions.
- Existing contracts with product providers may not be aligned with current NHS sustainability ambitions.
- Leeds Community Healthcare will need to rely on national changes before making large scale changes locally to our standard procedures – i.e. wider supply chain changes
- Behaviour changes within ordering processes; for example, centralising ordering with front of house teams rather than separately in teams might be seen as a threat.

Opportunities

- Many of the changes to the procurement stream not only positively affect carbon emission / sustainability but have far reaching benefits to society and local economy.
- Social value is closely intertwined with procurement progression and structural changes, which the Trust is already committed to making an impact on.
- As we move away from single use and towards reuseable products, long term savings will be made due to one-time purchases versus single use repeat ordering.
- Streamlining our ordering processes will result in less waste and less excessive bulk stock / habitual ordering practices. This could also reduce costs as products would only be ordered, when necessary, rather than routinely.

LCH works extremely closely with Leeds and York NHS Foundation Trust (LYPFT) for its procurement needs and so collaboration will be required to align our sustainability goals and ambitions. Through collaborative working lessons learnt and best practice can be adopted and enrich our services.

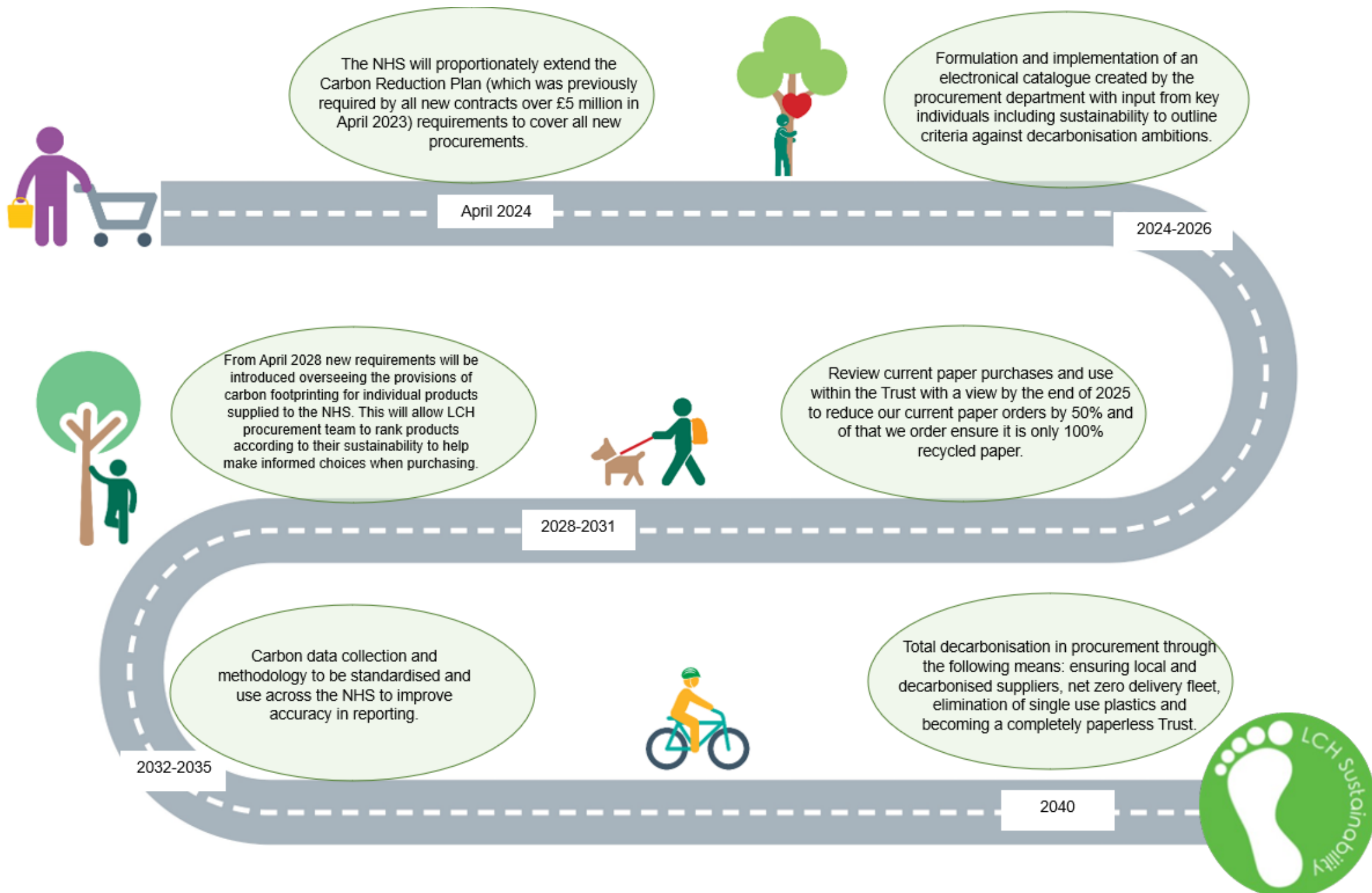
3.6 NHS Net Zero Procurement Proposed Project List

Short Term 2023-2028 Review and improve local practices	Medium Term Up to 2035 Implement wider NHS sustainability commitments.	Long Term 2035 and beyond Total decarbonisation of procurement
<ul style="list-style-type: none"> Paper reduction: align the Trust with the Greener NHS commitment of a target of 50% paper reduction and only purchase 100% recycled paper by 2025. April 2024: ensure procurement department and all individuals involved with tendering of services and purchasing of goods are aware of the net zero commitment requirements for the procurement of NHS goods, services and works. Introduce an electronic catalogue of goods. This catalogue will be formulated primarily by the procurement department with input from relevant teams to collect a range of goods which align with our criteria. Sustainability will be part of this criteria when selecting products. Review and implement new ways of centralising stock ordering by front of house rather than current practice of in-house team ordering and implementation of electronic shelving to implement automatic stock replenishment 	<ul style="list-style-type: none"> Ensure a large proportion of services and goods we purchase / contract are from local suppliers. Work with LYPFT to ensure all transport of good is through electric vehicles such as vans / lorries. Carbon data collection and methodology to be reviewed and implemented across the Trust to create a more accurate representation of our true carbon emissions from procurement. 	<ul style="list-style-type: none"> Follow example and guidance from the Greener NHS to have a completely sustainable and ethical NHS supplies and assured list of services fulfil all the sustainable requirements and criteria as standard.

Table 2 – short-, medium- and long-term procurement net zero plans

3.7 Procurement Roadmap of Events to Net Zero and Recommendations

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3.8 Recommendations

The area of procurement has many facets and considerations to take on the journey to decarbonisation. Currently it is the carbon emission category that is most reliant on national changes from NHS England and Greener NHS teams to drive meaningful change, mainly through the NHS supply chain. It is therefore important to recognise that when we approach tackling procurement there are two parallel work streams; firstly, the national agenda and how that will impact our in-house practices and secondly the changes we can begin to implement within LCH to improve the procurement practices in preparation to our Net Zero deadline. These in-house projects include continuing with our collaborative working group with LYPFT to produce and implement an electronic catalogue, establishing an electronic stock control systems and increasing our percentage of locally produced / sourced products. The sustainability team would recommend an immediate focus and preparation for the new regulation for all NHS suppliers which come into force April 2024, from that point focus on in-house projects such as our work with LYPFT to produce an electronic catalogue and progress projects such as overall reduction of paper. These projects would put the Trust in a positive position to implement wider national agendas.

4. Estates

4.1 A Net Zero Estate

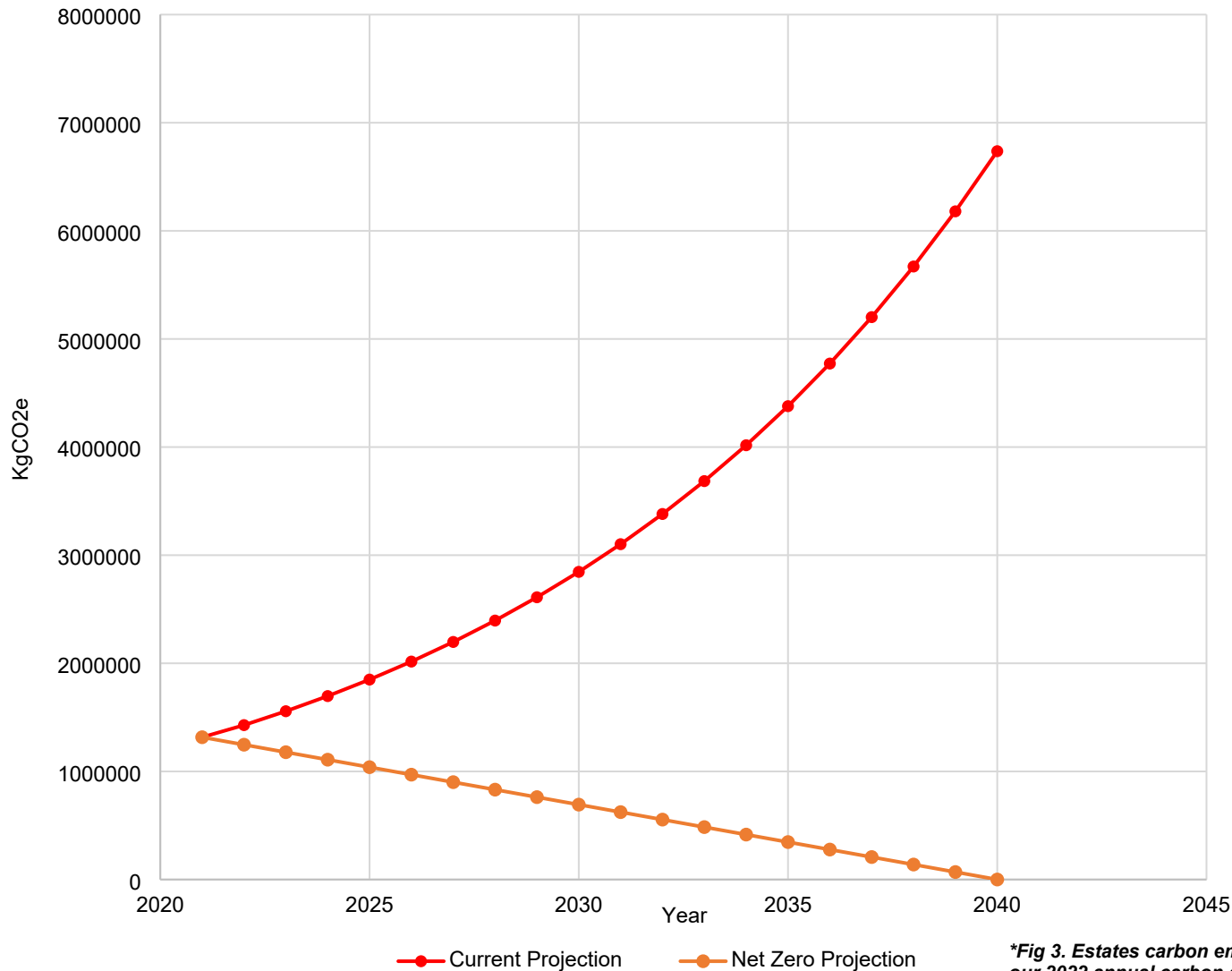
The below diagram depicts what a net zero estate would encompass and resemble:



4.2 Current Trajectory, Barriers, and Opportunities

Current and Net Zero Trajectories

Graph to show the carbon reduction require to achieve net zero by 2040 alongside the current estate carbon emissions trajectory.



Current Trajectory Line

Over the past 3 years of data collection our estate annual emissions have increased on average by 9%. This is how we were able to calculate our current projection as seen on the graph.

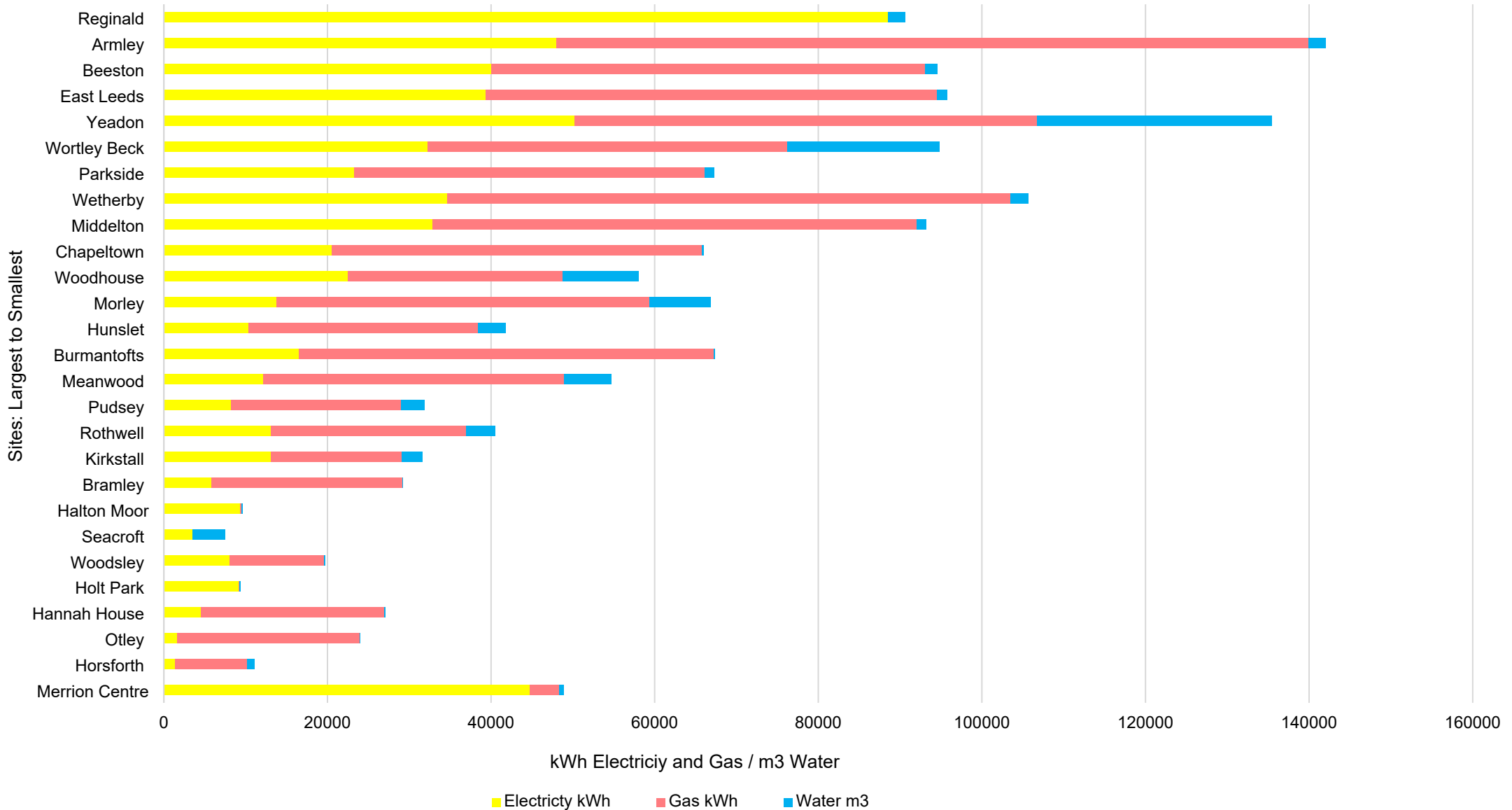
Net Zero Trajectory Line

From our 2022 total estate carbon emissions of 1428.13 tCO2e we were able to calculate the Trust would need to reduce emissions by 69 tonnes annually to reach Net Zero by 2040.

***Fig 3. Estates carbon emissions data. Data Source: the initial starting point data was taken from our 2022 annual carbon emissions data collection. The carbon emission total is derived from the gas, electricity, and water data from each of our retained and LIFT rented sites throughout Quarters 1-4 of that year.**

4.3 Energy Use Comparisons between Buildings: Retained and LIFT

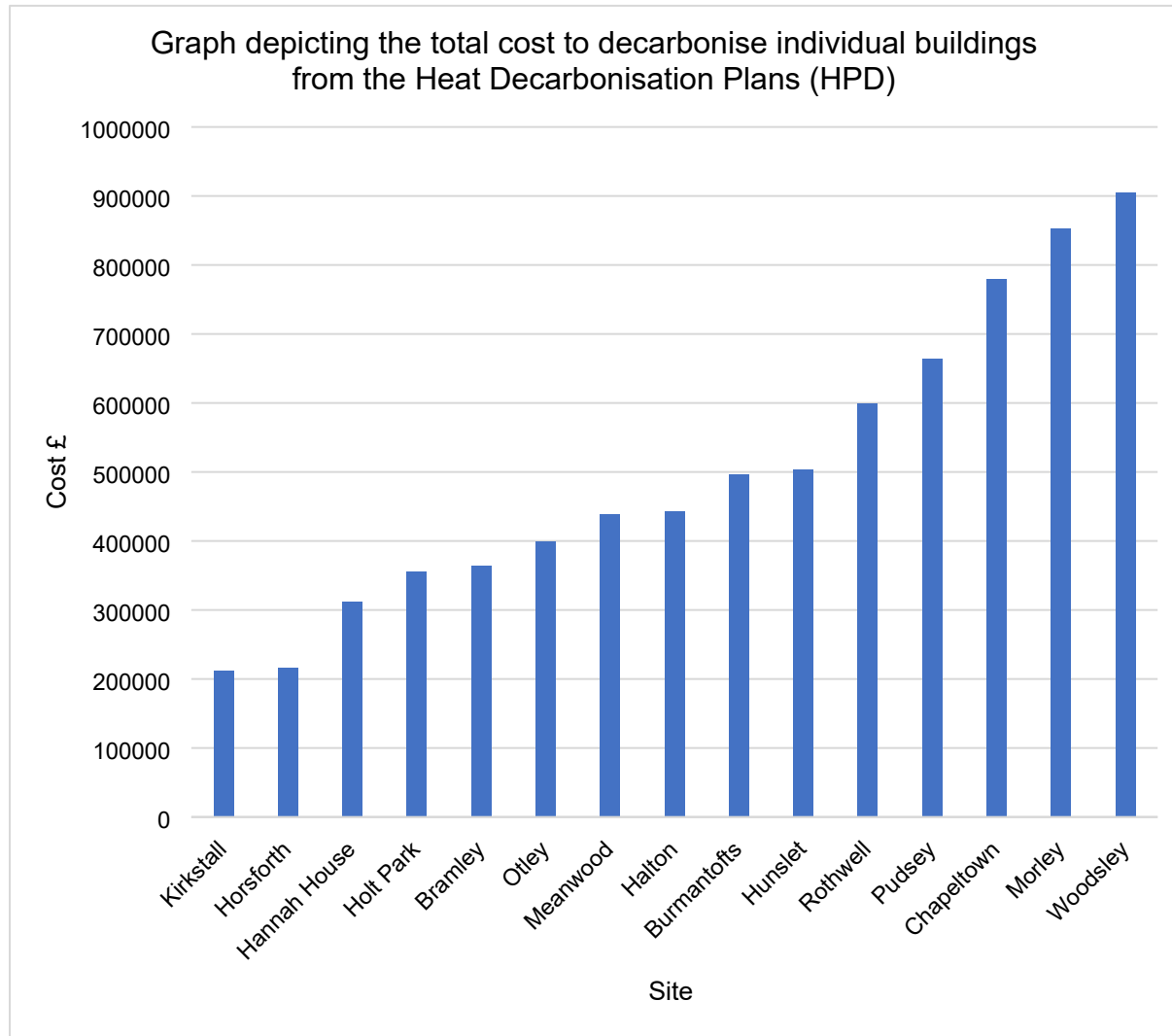
Graph to show comparisons of electric, gas and water use between sites; listed from largest to smallest sites



Notes: The Trust can obtain precise square footage for retained sites which can provide accurate data regarding the size and energy use comparisons from which we can draw conclusions against. Unfortunately, with regards to the LIFT (or rented) spaces we occupy at the time of this report we were not able to obtain the exact square footage that LCH occupy and therefore only have the whole size of the building. Furthermore, we were unable to obtain data for Merrion Centre, and therefore it was placed at the bottom of our chart, even though it is not necessarily the smallest space we occupy. Although the absence of accurate square footage data for the LIFT buildings is limiting it does give us reassurance that on average the smaller the building the lower the energy, gas and water demands.

4.4 Cost Association with Building Renovation and Upgrade

Below the graph shows the total financial cost of completely decarbonising the Trust's estate, sourced from the Heat Decarbonisation Plans (HDP)



The figures used in this graph are from the HDPs that were completed in 2022. They outline all the fabric and central heating upgrades / transition that were required to enable that building to become decarbonised. This includes installation of heat pumps, upgrades of roofs, wall insulation and system controls.

We can see from the graph that over 40% of our estate would require over £500,000 to fully decarbonise. With the total cost to decarbonise the entire estate calculated at: **£7,540,892.25**.

This is important data as it gives us tangible information that the Trust Leadership Team can use to compare refurbishment / renovation costs versus complete rebuild of our sites, or disposal of the estate.

Fig 5 Site decarbonisation costs. *Data Source: Each building's HDP outlined the sum and cost of all the recommendations to decarbonise the building in question. It is worth noting that these costs may well have increased as cost of materials and inflation have increased over the past 9-12 months.

4.5 Barriers and Opportunities



Barriers

- Cost association of fabric and energy improvements along with potential whole building transition and reform. There are significant costs associated with upgrading our buildings and transitioning heating systems from gas to electric through the installation of air or ground sourced heat pumps. These costs can be significant with some recommendations from the heat decarbonisation plans costing over £500,000 for energy and fabric renovation.
- Lack of short-term financial return for major structural investment
- Managing culture change away from our current working practices: operationally, administrative and clinically.
- Currently, none of the Trust's owned estate qualifies for any national grants as the energy saving benefits are not considered to be high enough.

However, with each barrier comes opportunity to think laterally and create innovative solutions that not only demonstrate carbon and financial savings but will also have far reaching benefits to both our staff and patients.

Opportunities

- Review how efficient our overall estate structure is and how / if it serves our staff and patients in the optimum manner.
- Opportunity to review how we deliver care in the future and how our estate can complement this care rather than fitting care around our current estate structure.
- Chance to streamline and potentially decrease our estate which would have significant cost saving benefits.
- By improving the fabric of the buildings, we deem appropriate there will be long term savings as buildings will waste less energy and improve in efficiency.

The opportunities for delivering a decarbonised estate are in abundance, not only do decisions we make now decrease carbon they also have long term financial benefits. This paper highlights that not all the decisions within estates need to be costly, on the contrary releasing buildings to streamline our estate would both save carbon and have significant financial savings.

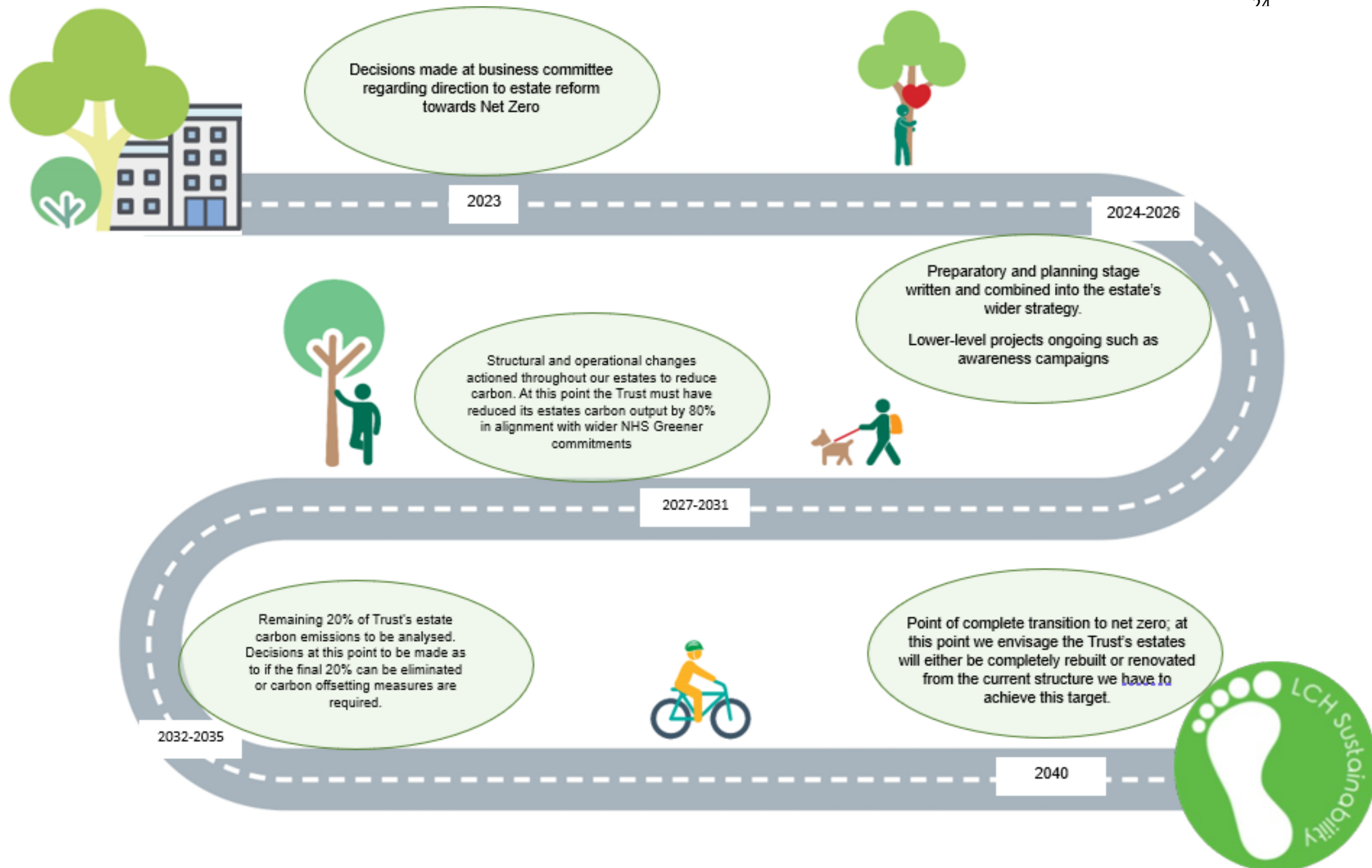
4.6 NHS Net Zero Estate Proposed Project List

<p>Short Term 2023-2028 Utilisation of Analysis of Data</p>	<p>Medium Term Up to 2035 Redevelop of estate</p>	<p>Long Term 2035 and beyond Build new estate / Redeveloping of old one</p>
<p>Rolling out of Matrix booking systems: Building on the work previously carried out by the estates department on mapping out our estate usage: we would expand the use of the Matrix booking systems across the entire estate. Over an outlined period of time this would allow us to evaluate how the available space is utilised throughout our locations.</p> <p>Analysis of data: This data will be reviewed to help shape how the Trust's overall estate will look in the mid to long term across the city. Evaluating if buildings can be released and overall estate streamlined / reduced.</p> <p>Staff awareness campaigns: As outlined previously in the Green Plan we will continue with staff awareness through the 'Every Watt Counts' and 'Switch Me Off' campaigns. The use of a carbon platform on PIP will also include a carbon 'hotspot' so staff can see live data of the buildings with the most energy usage.</p> <p>Estate Review: It is worth noting that there are discussions regarding potential future usage of estate which include Horsforth and Otley. The release of these buildings will have a positive impact on our carbon emissions, in line with an overall plan to maximise the best estate.</p>	<p>Action and implementation to redevelop estate: At this point we would move to execute the plan that was formulated and concluded following the data collection and analysis stage. Decisions must be made to establish which course of action the Trust wishes to pursue:</p> <ol style="list-style-type: none"> 1. Reduce overall estate. 2. Remove all retained estate and look to outsource. 3. Keep retained estate and invest into all the recommendations to decarbonise. 4. Recruit a hybrid model of retained (with a view to invest within) and rented estate. 5. Implement changes to how we work and how we best utilise our estate for this model. 	<p>Long term strategy to completely reform estate: Evaluation of the Trust's future estate to be established towards complete decarbonisation. At this point the conversation would centre around three core concepts:</p> <ol style="list-style-type: none"> 1. The Trust would completely redevelop its old estate to enable carbon neutrality and adequate climate adaptation. 2. The Trust would completely rebuild its estate with outlined net zero regulations to ensure the buildings adhere to the wider NHS net zero goals. 3. Completely outsource our estate with strict stipulation to the landlords of what is to be expected with NHS net zero commitments

Table 3 – Short-, medium- and long-term plans to decarbonise estates.

4.7 Estate Roadmap of Events to Net Zero and Recommendations

24



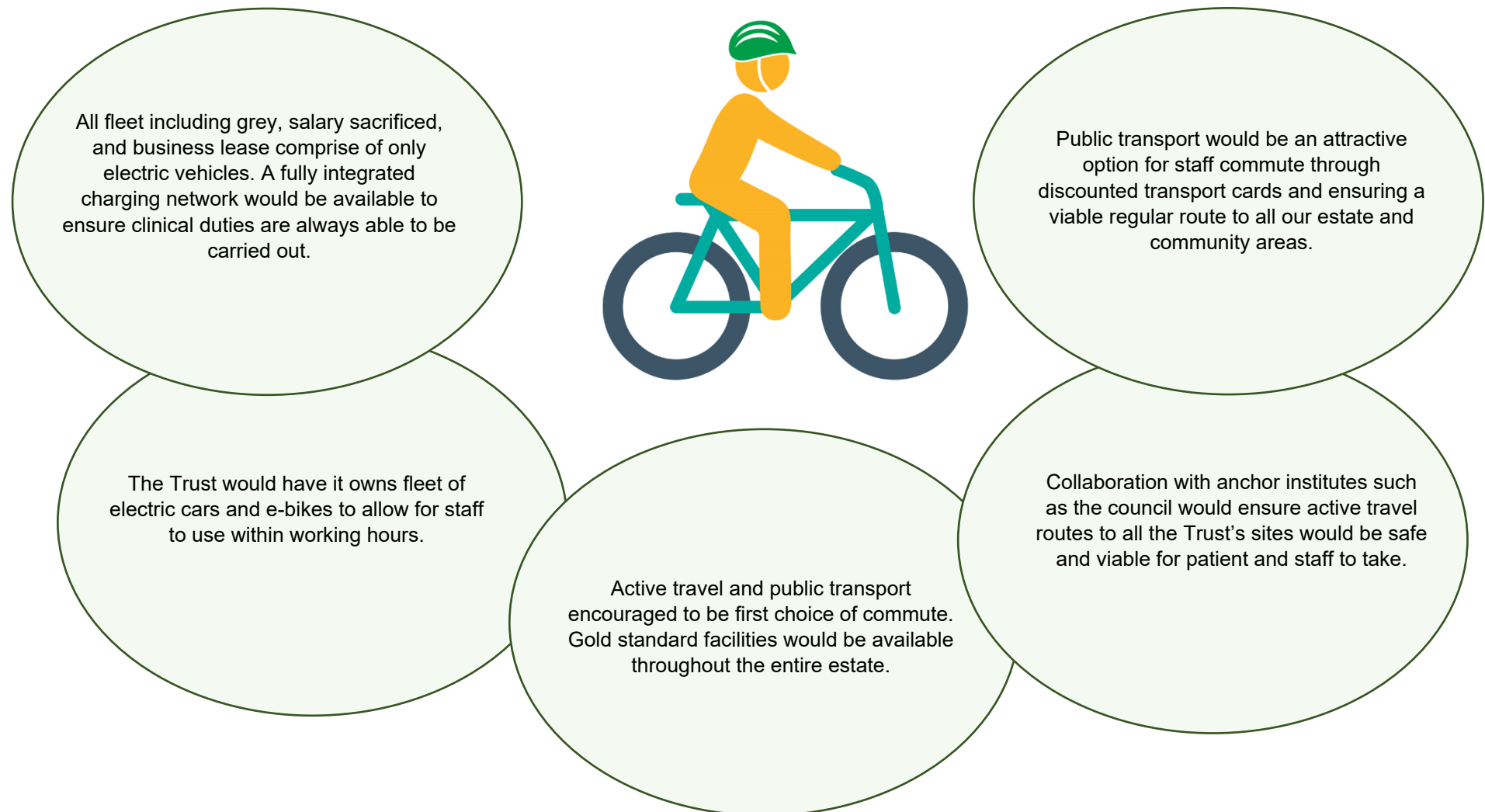
4.8 Recommendations

Nationally NHS Greener has stated that the NHS as an organisation will have made an 80% reduction in its direct carbon footprint by 2028-2032. This means the Trust's carbon emissions from estates will need to reduce by 285.63 Tc02e by 2028-2032 to avoid becoming an outlier. The Trust must use this report to decipher how it wants to move forward with these ambitious targets set not only by the NHS England but also the Trust Leadership Team in 2021. There are most certainly financial benefits to estate reform with sustainability driving force, **however it is worth noting that although there are grants available for the decarbonisation of estate the Trust does not currently qualify for these as our boilers and central heating systems are not approaching end of life. The sustainability department will continue to monitor opportunity for funding, but at present this is not a financial option the Trust can use.**

5. Travel and Transport

5.1 Net Zero Travel and Transport for Community Trusts

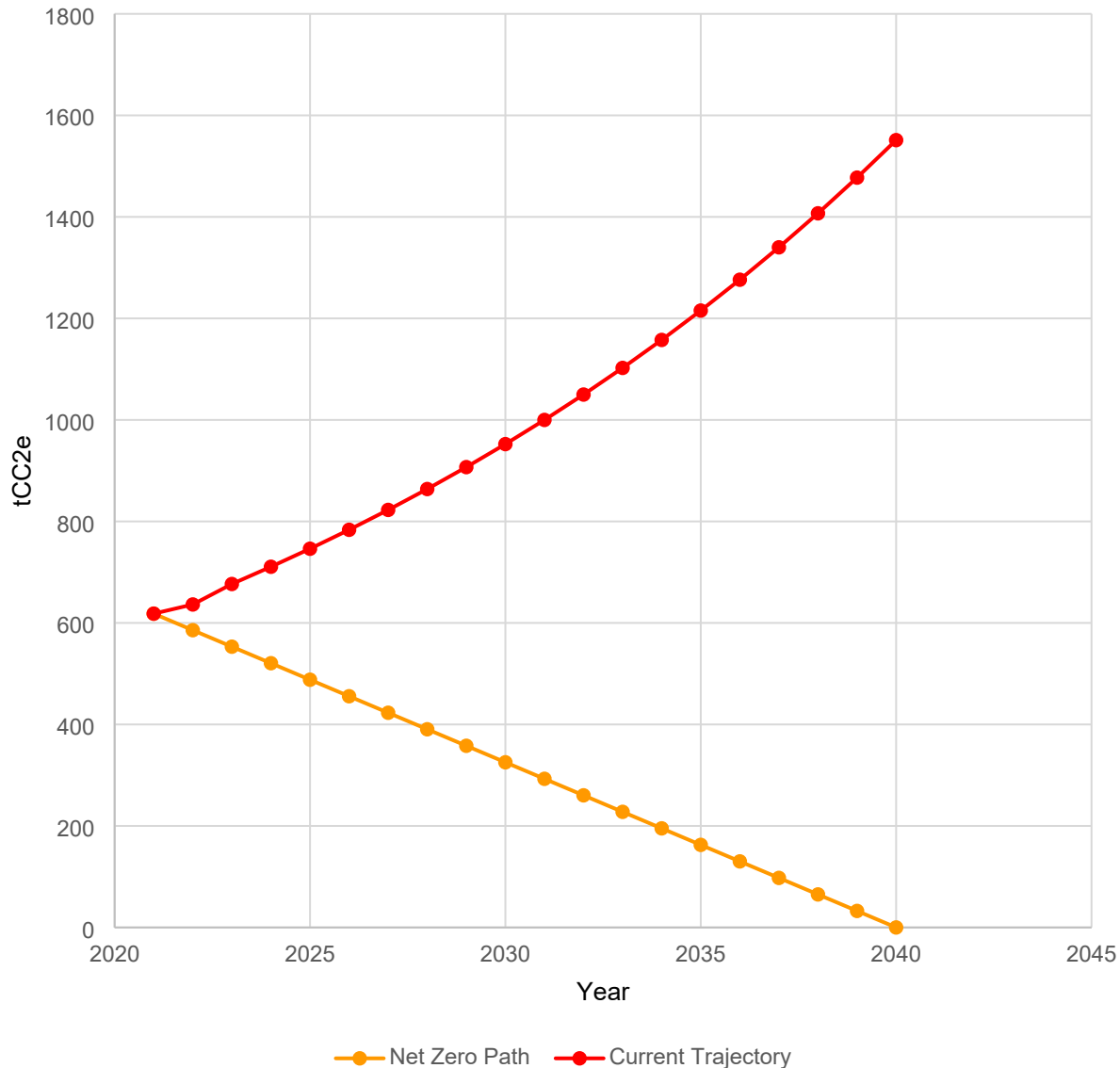
The below diagram depicts what an NHS Community Trust net zero travel and transport network would encompass and resemble:



5.2 Current Trajectory, Barriers, and Opportunities

Current and Net Zero Trajectories

Graph to show the carbon reduction required to achieve net zero by 2040 alongside current travel carbon emission trajectory



The red line shows the Trust's current trajectory if we take no action. Over the past 3 years our emissions rose annually by 5% which is how we were able to calculate our current trajectory. As the above line demonstrates if we continue along this path will we not only miss our net zero goal, but we will also be emitting almost double the carbon we currently produce.

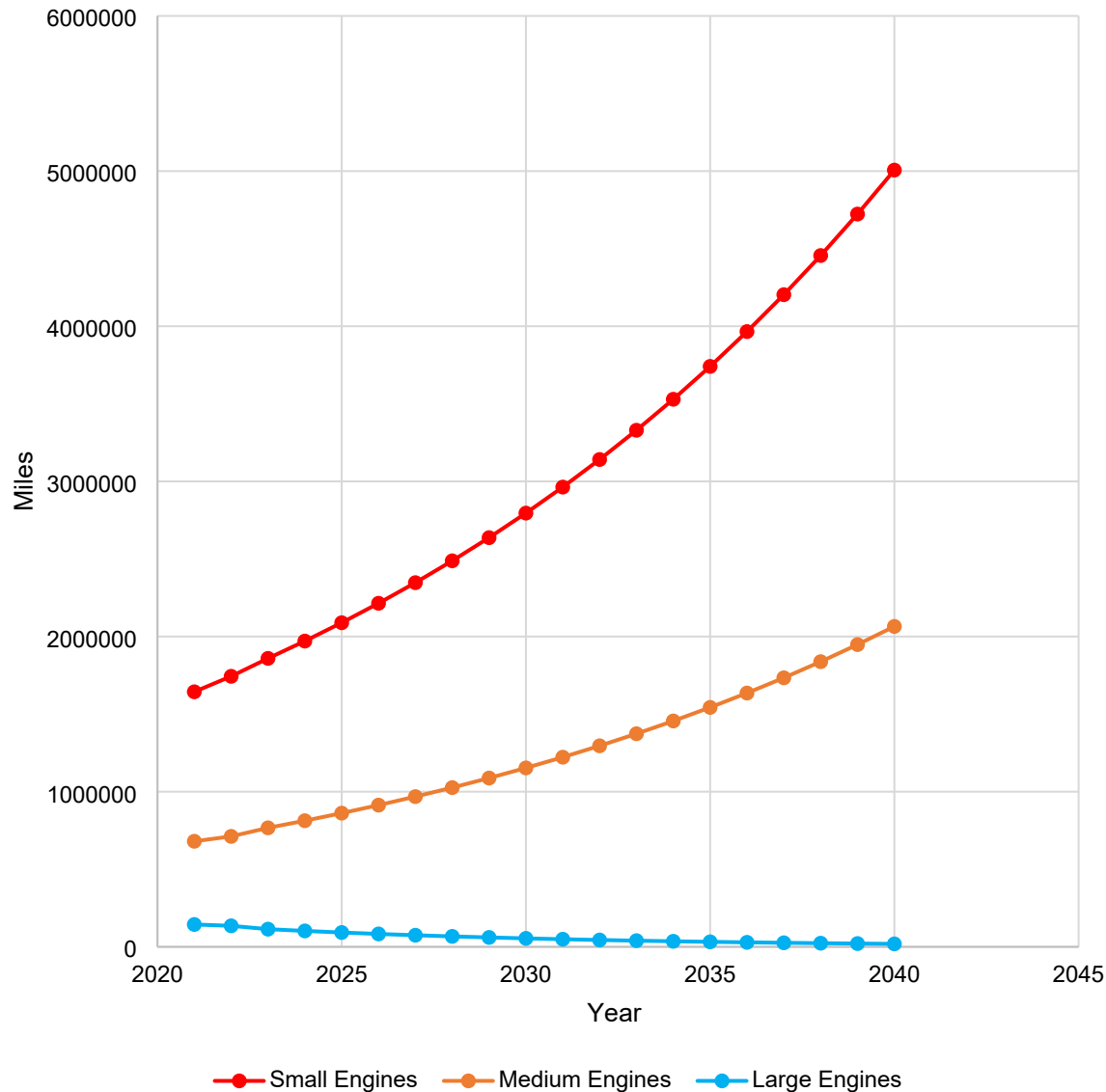
the orange line demonstrates our path to net zero, which stipulates that on average the Trust would need to reduce its carbon emissions from travel by **32.54 tonnes** annually to achieve net zero emissions by 2040.

Fig 6 Travel net zero trajectory. *Data Source: This data was derived from the Trusts annual carbon emissions data 2022 collection. Mileage over quarter 1-4 of the year are calculated and multiplied by their associated carbon emission value.

5.3 Mileage Travel Projections

The below graph depicts how we predict our mileage will progress over the next 17 years until we reach 2040.

Graph to show projections of annual milage associated with small, medium and large engies



Over the past 3-year carbon collection/ mileage data demonstrates the Trust's mileage has developed in the following way:

- Small engines mileage has an average **annual increase of 6%**
- Medium engines mileage has an average **annual increase of 6%**
- Large engine mileage has an average **annual decrease of 10%**

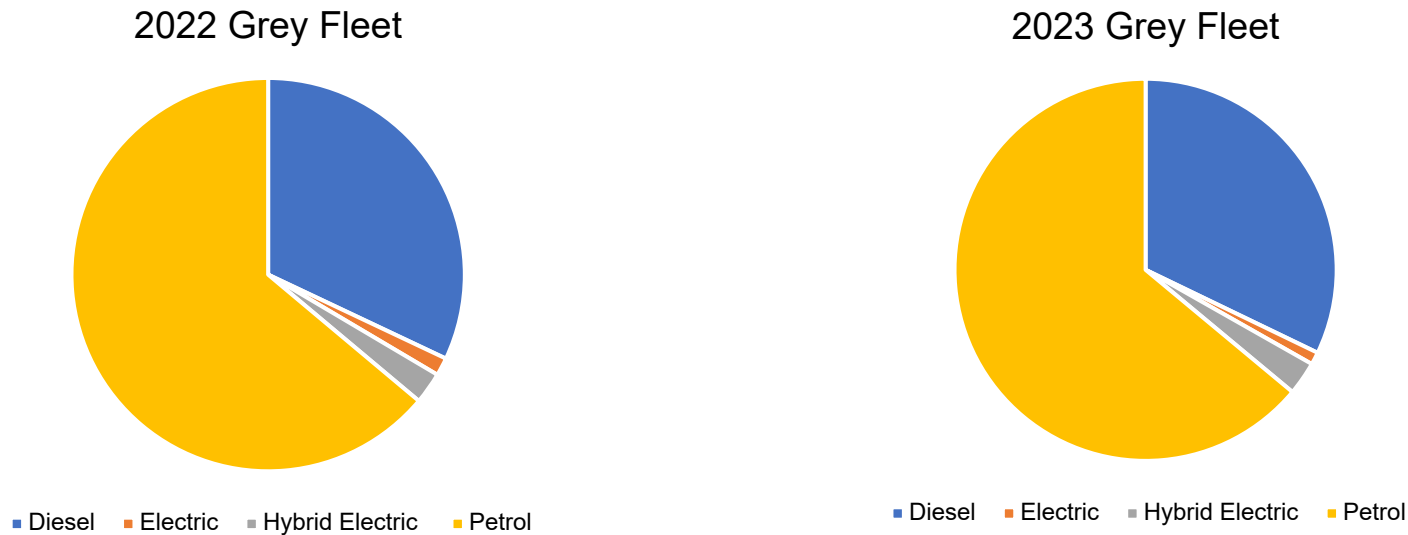
The data presented to the left has both negative and positive positions as we move forward. We can see that the mileage from large combustion engines is on a steady decline, however this positive is overshadowed by the significant increase in mileage by both small and medium engines.

**Fig 7 Staff mileage claimed. Trajectory. Data Source: This data was derived from the Trusts annual carbon emissions data 2022 collection. From submitted expenses mileage the number of miles from each engine size over 3-year period could be calculated for the presented trajectory.*

5.4 Leeds Community Trust Grey Fleet Composition

To underpin the above engine size data, we went onto further analyse the proportion of different vehicles on our fleet. Engine type has a big impact on carbon emissions. Increases in mileage for electric or ultra-low emitting engines do not make a big impact on carbon emissions.

The current make-up of our grey fleet and found the following results:



Vehicle Type	2022	2023
Diesel	1060	1190
Petrol	2115	2367
Hybrid Electric	86	105
Electric	49	39
Total Vehicles	3310	3701

**Table 4 LCH Grey fleet breakdown of type of car. Data Source: This data was produced through our expenses system where grey fleet vehicles are logged*

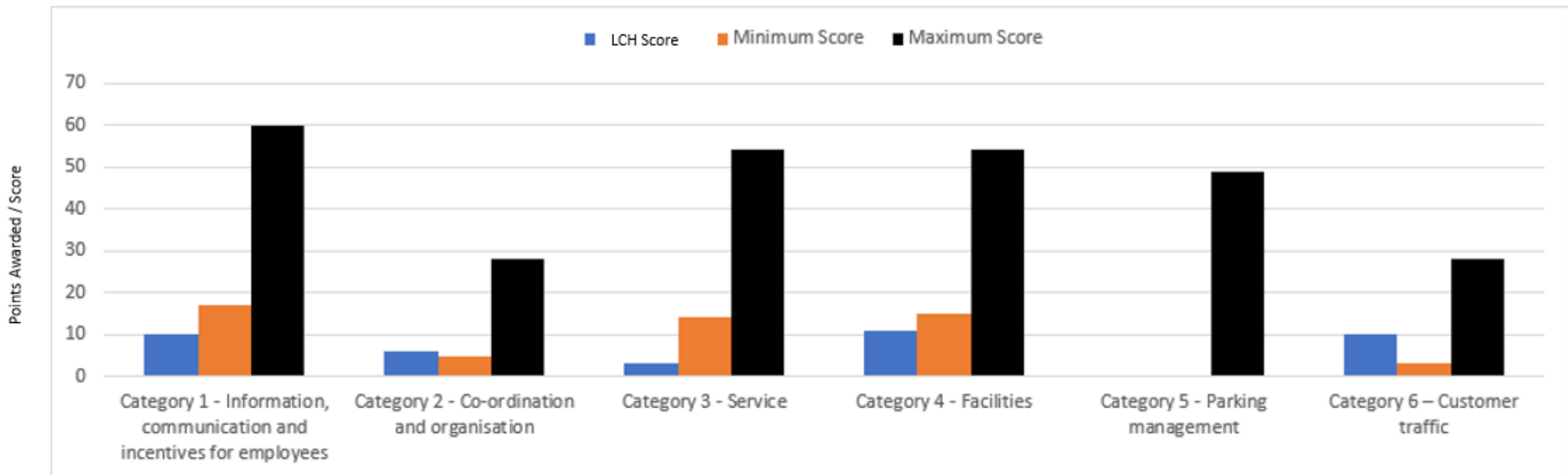
Although the general make-up has not changed in 2023 comparative to 2022 there are some important details and trends to consider; firstly, the Trust fleet has increased overall by 391 vehicles; we have seen a drop in electric vehicles and quite a steep rise in both petrol (an increase of 252 vehicles) and diesel (an increase of 130 vehicles).

Collection and analysis of all these data sets outlines to the Trust that a multi-pronged approach is required to reduce our carbon: by reducing mileage and influencing the vehicle type. The Trust is not performing sufficiently in these areas at the moment and therefore we are underdelivering and on track to fail our target of cutting emissions around travel. To enable us to start getting back on track we must tackle both our increasing mileage and vehicle composition of the grey fleet.

Active Travel: Current Cycling UK Accreditation Score

In October 2023 the sustainability department submitted a self-assessment to the Cycling UK Accreditation to review the Trust's status against the criteria to achieve at least bronze status. As it stands the Trust at present does not reach threshold to achieve accreditation, however a small investment will allow the Trust to reach the minimum scoring. The areas which we will need to make improve in include improving incentives for cycling, providing information and support through the Trust's cycling group, improving minimum services for cyclists which includes secure lockers across our estate and finally improving traffic and route maps for staff to easily utilise. From liaison with the Cycling UK Accreditation, it is achievable for the Trust to reach our goal of bronze standard by the end of 2024.

Graph to show where Leeds Community Healthcare Trust current performs against the Cycling UK Accreditation for Bike Friendly Organisations



5.5 Barriers and Opportunities



Barriers:

- Culture and behavioural change away from single use car occupancy
- Current cost and expense for electric vehicles.
- Lack of charging infrastructure at health centre sites and across the wider city (however this is significantly improving).
- Funding available for implementation of active travel facilities across the Trust's estate.
- Risk assessments that forbid electric bikes/ scooters to be brought on to Trust premises due to fire risks.

Cultural and behavioural change will be significant in ensuring the success in the transition to net zero in travel and transport. As a Trust we must ensure as we promote active travel, we facilitate all the necessary infrastructure and facilities to ensure safe and secure transition to active travel. This is imperative to allow staff to have both confidence on the roads but also to feel their belongings are secure once at work.

Opportunity:

- The Trust would be setting an example to wider society to promote active travel and improved physical activity.
- Improved health and wellbeing of staff; reduced sickness, increased productivity, and overall satisfaction with journey commute.
- Contribute towards improved air quality of the city.
- Financially a move towards active travel would significantly decrease the costs through our mileage expense expenditure.

As highlighted the opportunities within this sector are significant and far reaching; both for staff wellbeing and the financial saving opportunities with regards to decreased overall travel expenditure. However, it is the wider benefits that would be the most significant; for example, improved air quality which positively affects the most vulnerable in our society, which would also align with our health equality agendas.

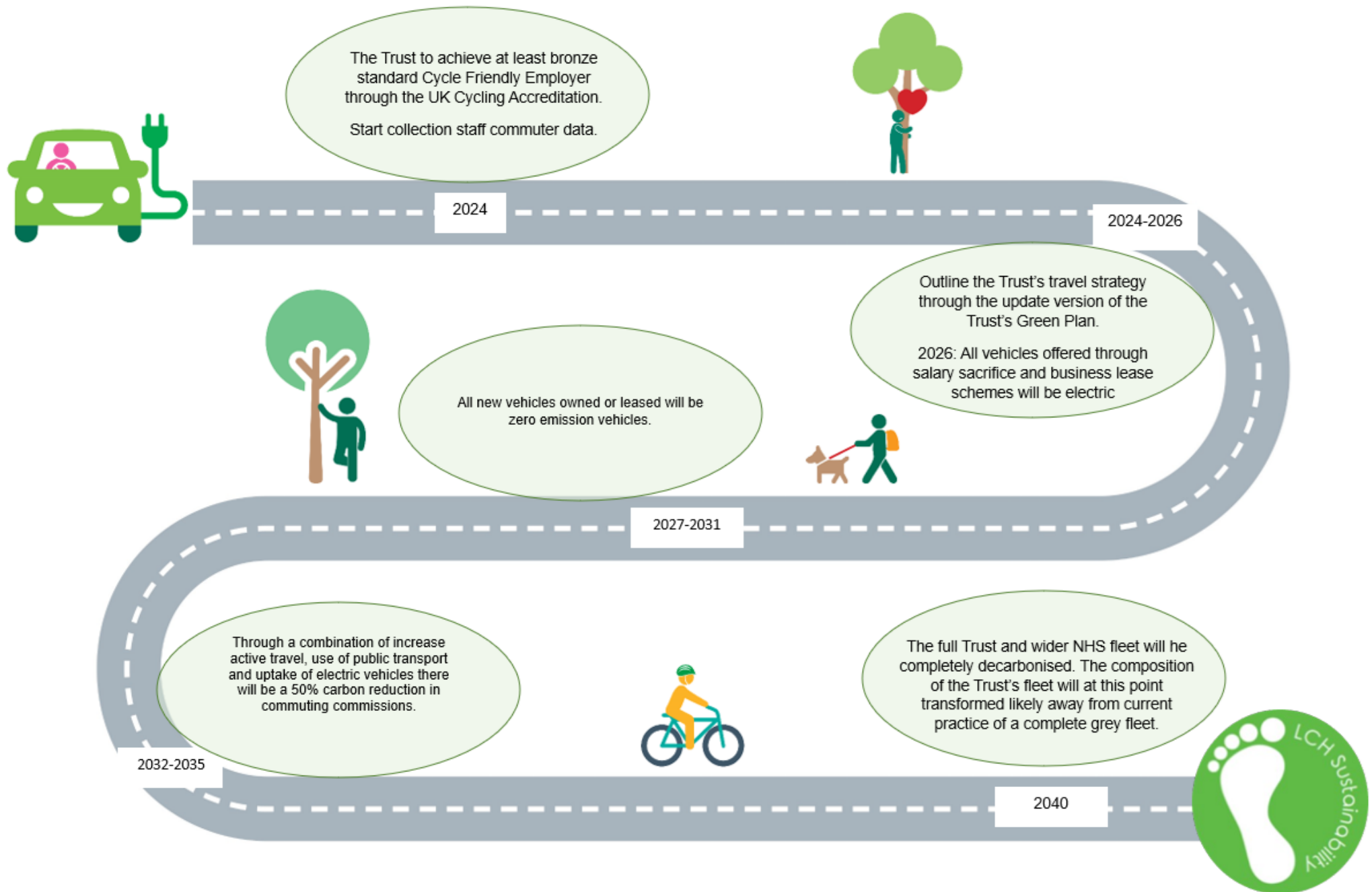
5.6 NHS Net Zero Travel and Transport Proposed Project List

<p>Short Term 2023-2027</p> <p>Development of sustainable travel strategies</p>	<p>Medium Term Up to 2035</p> <p>Transition of fleet and 50% reduction on commuting emissions</p>	<p>Long Term 2035-2040</p> <p>Full decarbonisation of fleet</p>
<ul style="list-style-type: none"> • 2024-2025: Specific strategies to be outlined in the Trust's upcoming revised Green Plan. This would include carrying out a full analysis of journeys carried out throughout the Trust to identify mileage "hot spots" and opportunities to reduce travel. • Use of smart technologies to route journeys to reduce unnecessary mileage for staff. • Evaluate and implement a salary sacrifice and business lease hybrid scheme to increase both affordability and eligibility for electric vehicles. • By the end of 2024 the Trust to have achieved at least bronze standard Cycle Friendly Employer through the UK Cycling Accreditation. • Ensure there are safe and secure facilities for e-bikes including both charging and storage. This would include a full risk assessment to be completed by the fire and security departments. • Explore option of a fleet of e-bikes using companies such as Beryl Bikes learning from pilots carried out by Leeds City Council with potential to collaborate. 	<ul style="list-style-type: none"> • 2027 all new vehicles owned or leased from the Trust must be electric; this must be adhered to if the option of pool cars is to be explored. • Through a combination of increase active travel, use of public transport and uptake of electric vehicles there will be a 50% carbon reduction in commuting commissions. • By 2035 all vehicles owned or leased by the NHS will be zero emissions • Review of parking facilities across the Trust to move a culture away from car use, this could include the following implementations: <ol style="list-style-type: none"> 1) Reduce overall parking space availability. 2) Introduce payment for parking space. 3) Introduce free or priority parking for electric vehicles. 4) Introduce incentives for not using a car during working hours. 5) Car sharing benefits. 	<p>The Trust's fleet (including grey fleet) will be fully decarbonised. If the Trust is to continue its model of staff using their personal car for work purposes, then the Trust will have to stipulate an electric vehicle will need to be used. There are a variety of suggestions for this transition:</p> <ol style="list-style-type: none"> 1) The Trust to stipulate that to work for the Trust you must recruit an electric vehicle. 2) The Trust purchases an electric fleet for staff to use during working hours. 3) Collaboration with the council and travel network teams to create a fully functional public transport option for staff to provide clinical care. 4) A combination of all the above.

<ul style="list-style-type: none"> • 2026: All vehicles offered through NHS vehicle salary sacrifice and business lease schemes to be only electric. • Establish a way of collecting data to calculate carbon created from staff member commute. 		
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Table 5 Short-, medium- and long-term plan to decarbonise travel

5.7 NHS Net Zero Estate Proposed Project List



5.8 Recommendations

Following the analysis of the data the Trust will need to take decisions which will affect both the Trust's overall mileage and the type of vehicles that make up our grey fleet. There are a variety of 'quick win' projects such as carrying out a detailed analysis of Leeds Community healthcare journeys, continuing to collaborate with the Trust's digital strategy and promotion of public transport. However, the Trust needs to be more ambitious in changing staff behaviour around travel. Some projects will take time and consideration to implement and may in some ways be controversial but they will have the most meaningful and substantial effect on our carbon emissions. For example, a review of our current parking structure along with e-bike pilots and review of cycling facilities and infrastructure. That is why the sustainability department suggest the setting up of a formal Net Zero transport group to create the Trust's Travel Green Plan by the end of 2024, which would align how we tackle our non-compliance with the Greener NHS quarterly data collection.

The recent circulation of the NHS Net Zero Travel and Transport Strategy outlines a variety of ambitious targets which we have incorporated into this report. By implementing gradual yet significant step changes to our travel network and structure it is realistic we can reach net zero within the area of travel; however, it is imperative that action and vision on how we achieve this is decided in the immediate future to avoid cliff edge change and implementation which we know would have detrimental impact across the Trust.

6. Waste

6.1 Net Zero Waste for Community Trusts

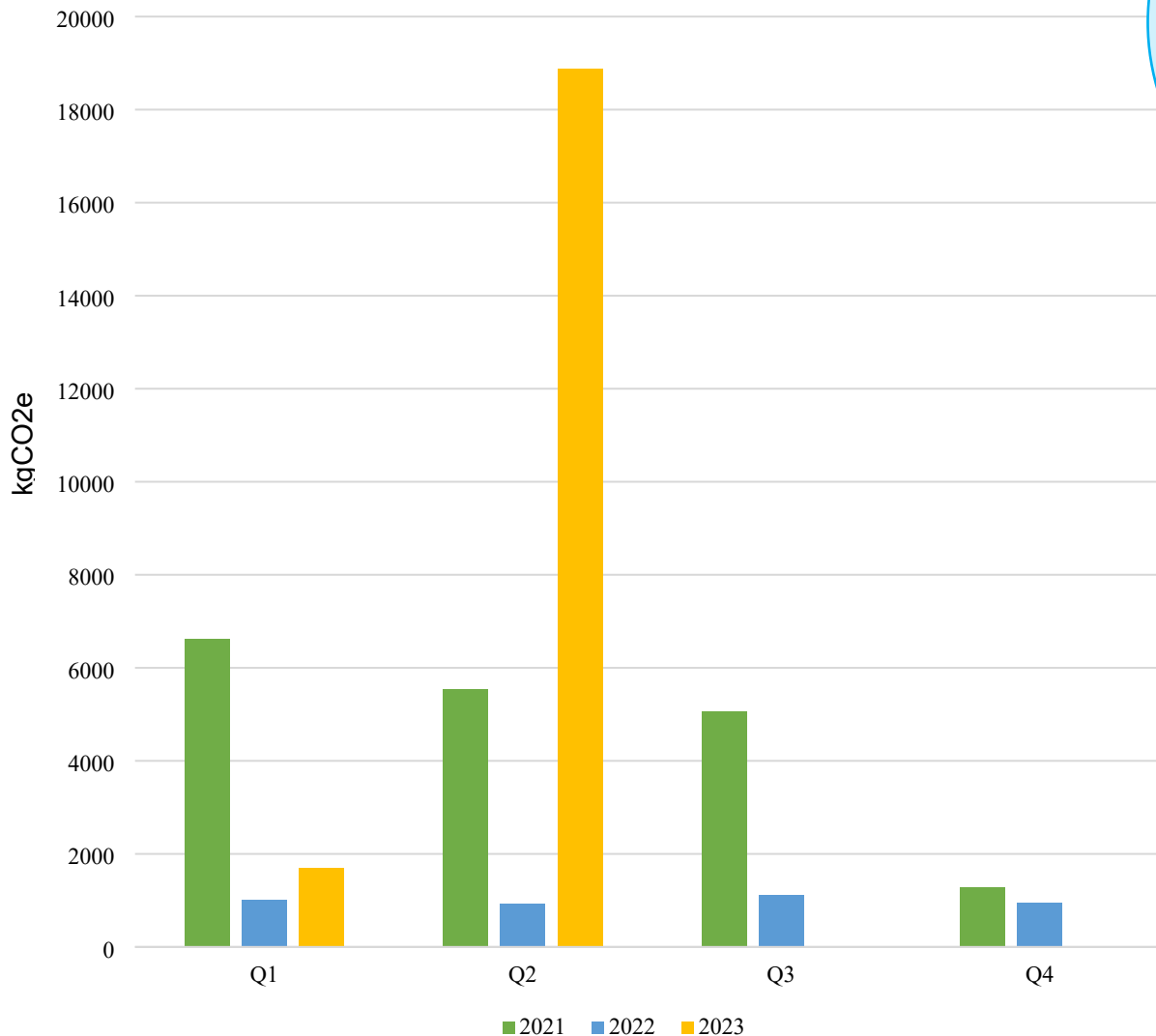
The below diagram depicts what an NHS Community Trust net zero waste services and streams would resemble:



6.2 Current Trajectory, Barriers, and Opportunities

Analysis of carbon data from the waste

Graph to show comparisons of waste weight annual in each yearly quarter



Our waste practices and streams have improved since 2021 with none of our waste currently going to landfill sites. This has a positive effect on our carbon output as landfill waste carries the highest carbon emission factor. This is reflected in our dramatic reduction in our generated carbon since 2021.

There is an anomaly shown in the graph in Q2 of 2023; represented through the yellow column. We believe the narrative behind this significant hike could have been domestic GP bags placed into LCH waste stream accidentally or a one-off event which caused significant clinical waste. After discussions with our waste management department, it was concluded this was a one-off event with plausible explanation and we pre-empt this is unlikely to occur in the future and our trend will continue to decrease and plateau at the level established throughout 2022 and Q1 of 2023/2024.

Fig 8 Waste data 2021 to 2023. *Data Source: This data was derived from the Trusts annual carbon emissions data 2022 collection. The data is provided by our 3 current waste providers: Biffa, Mittie and PHS.

6.3 Barriers and Opportunities



Barriers

- Reduction of single use plastics: Support from the Trust Leadership Team is imperative for the success of this specific ambition. This was particularly highlighted last year when to tackle single use plastic within our hospitality the sustainability and front of house team planned the removal of milk jiggers. Unfortunately, this move was overruled, and we could not progress due to one single opposition. **The sustainability team will always offer alternatives when a product is removed or system changed;** for example, providing milk kitty systems at our sites or provision of long-life milk in cartons rather than jiggers. It is through support of the leadership teams and the ability to tell the story behind these changes that enables and promotes meaningful change.
- Single use disposable PPE: Leeds Community must take example from other Trusts who have taken the initiative to trial reusable PPE which has resulted in safe protective practices with the benefit of significant waste reduction. Without this initiative we run the risk of being overly cautious leading to unnecessary habitual behaviours where staff could routinely use excessive single use PPE post pandemic. An example of this is the overuse of single use gloves. A close relationship with the Trust's IPC team and learning from other examples within the NHS will be important to start making progression within this area.

Opportunities

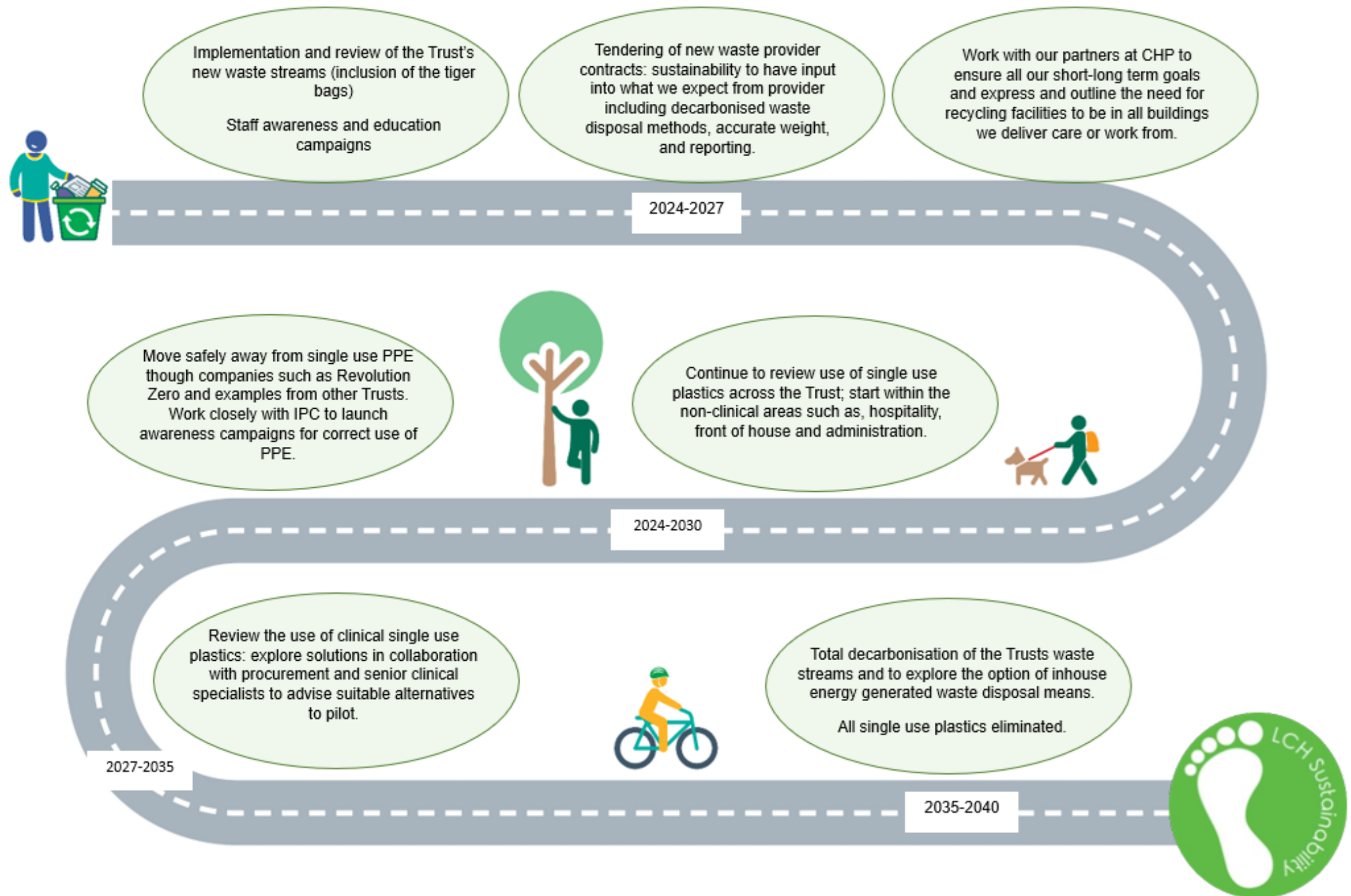
- There are several benefits that come with implementing sustainable practices throughout our waste streams. The Trust's waste department is currently in the process of implementing the new non-hazardous tiger bag waste streams, which previously have not been utilised. This new waste stream will enable our waste to be more accurately segregated and appropriately treated which historically had been automatically placed into infectious orange bag waste. This brings two benefits; reduction in carbon due to the way this waste is treated and disposed, and financially as orange bag hazardous waste is extremely costly to dispose.
- With regards to staff awareness, we have opportunity to educate our staff how to correctly use our waste streams, staff feel passionate about waste, and it is a tangible area that individuals can make and see a difference in.
- Finally with single use PPE and general single use plastic purchasing; by reducing purchasing single use items and opting for reusable alternatives we will decrease the weight of our waste and impact our carbon and cost of disposal. Overtime it has been proven far more cost effective to invest in one time purchase reusable alternatives which can be utilised for many years comparative to repeatedly purchasing single use. Better hand hygiene awareness has been proven to be more effective within IPC for both staff and patient rather than routinely using single use gloves. The cost saving element to reusable garment and hand hygiene comparative to bulk ordering single use items would have a significant reduction on our waste weight – having both carbon saving and financial benefits.

6.4 NHS Net Zero Waste Proposed Project List

Short Term 2023-2027 Implementation of new waste stream policy	Medium Term Up to 2035 Total review of products; reduce, reuse, and recycle.	Long Term 2035-2040 Total decarbonisation of waste throughout the Trust
<ul style="list-style-type: none"> Following the implementation of the new clinical waste streams and introduction to the tiger bags the sustainability team will work closely with the waste department to formulate a staff training package to ensure appropriate use of the waste streams in place. Work with our partners at CHP to liaise with landlords to ensure recycling facilities across all sites we deliver care from. Review all single use plastic products within hospitality, operationally and administratively and put in place strategy to phase out plastic and introduce alternatives. Staff recycling and waste awareness campaigns. Arrive at a point where single use PPE is used appropriately in accordance with IPC. The Trust to work with companies such as Revolution Zero who provide trailed and tested safe reuseable PPE and other products which are currently being used throughout other Trusts across the UK. 	<ul style="list-style-type: none"> All products the Trust purchases must be either reuseable or if that cannot be achieved then must at least be recyclable. Majority of PPE to all be reuseable and of the PPE that must be single use to have appropriate recyclable waste stream such as the use of Sterimelt or other emerging technologies. Review all clinical single use plastics and implement strategy to phase out plastics and source alternatives through collaboration with procurement and clinical leadership. 	<ul style="list-style-type: none"> To explore option of in-house waste disposal stream to help generate energy. Total decarbonisation of waste stream through a combination of: <ol style="list-style-type: none"> 1) Contract waste providers who uphold sustainability practices. Evidence they produce either low or no carbon means of waste disposal. 2) Total elimination of single use plastics in all areas of the Trust. Where single use plastics cannot be eliminated, they are disposed of through a carbon neutral manner. 3) Work closely with procurement to ensure all products we purchase can be disposed in a sustainable way.

Table 6 Short-, medium- and long-term plan to decarbonise waste

6.5 Roadmap of Waste to Net Zero and Recommendations



6.6 Recommendations

Through the appointment of the Trust's new waste manager there has been positive progress relating to the Trust's waste streams and collaboration between the sustainability and waste teams has now embedded sustainable practices throughout our Trust and has ensured that contractors are aware of our sustainability requirements/ commitments. Where we need further commitment from the Trust Leadership Team is on the potential controversial decisions which may not be popular such as gradual elimination of single use plastics and to be trailblazers in exploration and use of reusable PPE, which has been proven to be both cost effective, provide a significant carbon saving and well received from staff who have voiced their concern with the growing waste streams generated from single use PPE following the pandemic.

7. Conclusion and Recommendations

Following the review and discussion of this report the sustainability department hopes the Trust Leadership Team and Board Members are provided with a clear vision of the scale of actions that are required to enable the Trust to remain on course to become Net Zero by 2045. The Trusts' leaders now have the privilege of steering the Trust in the right direction and to make bold decisions which will make meaningful change to our carbon emissions profile. The above report has highlighted steps required to start significantly reducing our carbon emissions and ensure we get back on a track that enables us to reach as close to net zero as possible in a gradual and manageable way, these projects and decisions are summarised in the table below:

Carbon Area	Proposed Projects	Input and Requests from Board Members
Procurement	<p>Continue to collaborate working within the sustainability LCH and LYPFT working group to create electric catalogue and electronic stock control.</p> <p>Increase percentage of locally produced goods and services.</p> <p>Ensure all suppliers conform to the regulations outlined by Greener NHS.</p> <p>Continue reduction of single use plastics</p>	<p>Support the engagement of the LCH and LYPFT procurement working group; including its aim and goals that come to fruition.</p> <p>Support with reviewing reduction of single use plastics, even if some of these decisions could be potentially unpopular.</p>
Estates	<p>Alongside the Estates Strategy Implementation Board (ESIB) review the utilisation of our current retained and leased estate, though use of Matrix and clinical mapping.</p> <p>Review size of our estate to explore reducing sites that are not fully utilised and for those that remain how they will go onto become decarbonised.</p> <p>Review of our facilities linking in with our travel ambitions.</p>	<p>Input from the Board to review how they feel regarding the proposed strategy and future of the estate structure and vision.</p> <p>Support with preparatory work alongside the ESIB and the utilisation of software such as MATRIX.</p> <p>Confidence to explore options of overall reducing the Trust's estate.</p>

Travel and Transport	<p>Through the formulation of a sustainable travel and transport working group the following is to be started: phase of diesel / petrol cars through the Trust's lease schemes by 2026. A full analysis of mileage / expenses across the Trust and begin to formulate a method for staff commuter data collection.</p> <p>Work with estates department to ensure safe and secure facilities for active travel. Start to explore option of e-bike fleet pilots.</p>	<p>Support from the Board and Trust's Leadership Team for the formulation of the Travel and Transport working group, primarily to embark on a full analysis of the Trust's expenses and the transition to the 2026 electric options through the Trust's lease schemes.</p> <p>Be open to a variety of pilots such as e-bike schemes through the Council successful Beryl Bike Scheme.</p>
Waste	<p>Creation of a waste and facilities sustainability group to provide a sustainable input for upcoming changes such as the new clinical waste stream and introduction of wider recycling facilities.</p> <p>Work closely with the procurement to drive forward reduction in single use plastics and purchasing of long-life / reuseable products.</p>	<p>The sustainability team would request the Board and Trust Leadership Team would support the sustainable input when implementing single use plastic reductions and have a presence when tendering a new waste provider to ensure sustainable practises are upheld.</p>

Table 7 Recommendations for Business Committee/ Board to approve for immediate implementation.

There is still time to start significantly decreasing the Trust's carbon, however we need to start implementing widespread change urgently. It is important to remember that by transitioning to Net Zero we will not only be adhering to the wider NHS commitments both nationally and regionally, but ultimately these changes will have positive impact on the population we serve. It is widely recognised at this point that both the climate crisis and public health are intrinsically linked and therefore we have a duty to the population we care for to do all in our power to minimise our contribution to the damaging effects that come with climate change.

Trust Board meeting held in public: 8 December 2023
Agenda item number: 2023-24 (85i)

Title: Workforce Headlines & Strategy Update

Category of paper: Information

History: Business Committee 30 November 2023

Responsible Director: Director of Workforce

Report author: Director of Workforce / Workforce Project Manager

Executive Summary

Purpose

This paper provides the Board with information about key headlines linked to the LCH Workforce portfolio. It is produced for the Committee three times a year.

The paper also provides an updated version of the Workforce Strategy Delivery Plan for 2023/24, which shows the progress made during Q2, as well as a dashboard showing progress achieved against the Strategy's outcome measures to date.

Main points for consideration

Key headlines in this month's report include:

1. Stability and improvement in some **core workforce indicators**
2. Update on **Executive Team Recruitment**
3. Newly approved **Equality, Diversity & Inclusion** initiatives
4. Employee relations updates covering **Industrial Action** and **TU Leadership Succession**
5. Steady progress in each of the **LCH Workforce Strategy** themes

Recommendations:

It is recommended that the Board:

- Notes the Workforce Headlines presented in this report
- Notes the progress achieved and planned in the 2023/24 Delivery Plan for the LCH Workforce Strategy.

Workforce Strategy Update & Headlines

1. Introduction

This paper provides the Board with information about key headlines linked to the LCH Workforce portfolio. It also provides an updated version of the Workforce Strategy Delivery Plan for 2023/24.

2. Workforce Headlines, August – October 2023

2.1 Core workforce indicators

Over the course of 2023/24 to date, LCH has continued to see improvements in overall workforce stability.

Turnover has continued to fall steadily to just over 10%, a very healthy level balancing the value of new talent with the benefits of organisational experience and consistency.

The organisation has grown overall by 100 people since the beginning of the current financial year. The Hyper Local Recruitment approach, shortlisted for 3 different national awards this year, has been a substantial contributor to this growth, having now attracted over 200 new LCH employees from the local communities we serve.

Sickness absence is lower overall than in 2022/23. Business Committee members will be aware from the October “deep dive” into Long term sickness absence of the work ongoing particularly to support teams and employees experiencing higher levels of long term sickness absence.

New indicators focusing on Reasons for Leaving and Turnover by Ethnicity introduced at the end of Q2 support LCH’s focus on retaining talented employees.

Work continues to support leaders across LCH in the effective rostering and management of their teams, in order that each team’s available workforce can be supported and deployed to best effect.

The overall picture of relative workforce stability and increased capacity in 2023/24 puts LCH in a relatively strong position as it moves towards 2024/25.

2.2 Executive Team recruitment:

Following a thorough recruitment process through the Autumn, the selection process for the Trust’s new permanent Chief Executive takes place on the 28 and 29 November. A strong field has been shortlisted. Led by the LCH Chair, the selection process includes a range of psychometric, stakeholder panel and interview assessments to determine the best candidate.

Once the permanent Chief Executive is confirmed, recruitment to the permanent Director of Finance & Resources position is expected to commence. It is anticipated that the selection process for this role will take place in the early months of 2024.

In the absence of the Interim Director of Finance & Resources, LCH has secured immediate short term support from its former Director of Finance on a temporary, part time basis; and is also exploring options for medium term interim cover across the North East and Yorkshire region.

2.3 Equality, Diversity & Inclusion

Since the previous reporting period and conversations at the October Business Committee, we have been delighted to secure funding for a dedicated Talent Development Programme for a cohort of LCH employees from a BME background. Work is now underway to finalise procurement and arrangements for the application process, prior to communicating the details of the final scheme across the organisation. The estimated commencement date of the programme is March 2024.

The No Bystanders project is ready to launch its materials throughout LCH, following stakeholder engagement and testing with the ED&I Forum members this autumn. The materials enable teams to undertake structured conversations about unacceptable and discriminatory behaviours; and how to take action to address and report them; including how to support those adversely affected by them. The formal launch is due to take place at the next Leaders Network Live.

2.4 Industrial Action

Industrial Action taken by doctors over several days in September and October 2023, with both consultants and junior doctors taking action including consecutive and simultaneous action.

In late October 2023 the Government agreed to resume talks with the BMA. No further industrial action has subsequently been announced; however Consultants; Specialist & Associate Specialist (SAS) doctors; and dentists are all being balloted during November and early December for their view on further strike action; with results expected in the coming weeks.

Junior doctors have an existing mandate to strike until February 2024 following ballots undertaken during Summer 2023.

LCH has continued to maintain positive and constructive relationships with Trade Union partners throughout this period; and to pragmatically manage services throughout periods of strike action to minimise or mitigate the disruption experienced.

2.5 Succession Planning for Trade Union Leadership

In anticipation of the retirement of the current LCH Staff Side chair in Spring 2024, we are supporting colleagues with succession planning. There has been interest from accredited Trade Union representative colleagues in both the chair role and the already-vacant vice chair role. Appointments are subject to election and will be reported once confirmed.

3. Workforce Strategy Delivery Plan – November 2023

The Workforce Strategy Delivery Plan aims to provide the Business Committee with a regular overview and trajectory of progress towards the Strategy's aims. It includes the following:

- Updates on progress achieved during Q2 against each of the 7 themes of the LCH Workforce Strategy 2021-25 (**Appendix 1**)
- Headline actions planned for the remainder of 2023/24 to make further progress (**Appendix 1**)
- A dashboard showing progress and trajectory against the Strategy's data-based outcome measures (**Appendix 2**)

Workforce Strategy objectives that have already been achieved are indicated with grey shading in the Delivery Plan.

Overall, work on the Workforce Strategy overall is progressing in line with the stated plans, with each theme's qualitative outcome measures making positive progress. A small number of items remain below target trajectory, in particular and as the Committee and Board are aware, the LCH Inclusion target of achieving a workforce that includes 18% BAME employees by March 2025. The work described in the ED&I section of this paper is a key element of the work to improve this trajectory.

Q2 highlights include the continued improvements in turnover and organisational growth described earlier in this paper, together with ongoing developments in the system infrastructure for recruitment and rostering that will further support LCH's resourcing and organisational design needs.

The 2023 Staff Survey is currently live at LCH. Its results will enable updates of important Workforce Strategy impact measures. Results are expected before the end of this calendar year and are likely to be embargoed until Spring 2024.

4. Conclusion

This paper seeks to show, in a condensed format, the planned work towards achievement of the Strategy's objectives this year; the progress already achieved; and ensure that the Business Committee is sighted on important Workforce headlines outwith the Workforce Strategy itself.

The latest period has seen further progress in terms of the Workforce Strategy. There have also been significant Workforce headlines, in particular related to the national industrial relations climate; LCH's Inclusion journey, and the impending internal leadership changes that will be pivotal to the future success of the organisation.

5. Recommendations:

It is recommended that the Board:

- Notes the Workforce Headlines presented in this report
- Notes the progress achieved and planned in the 2023/24 Delivery Plan for the LCH Workforce Strategy.

Appendix 3: Workforce Strategy Delivery Plan 2023/24

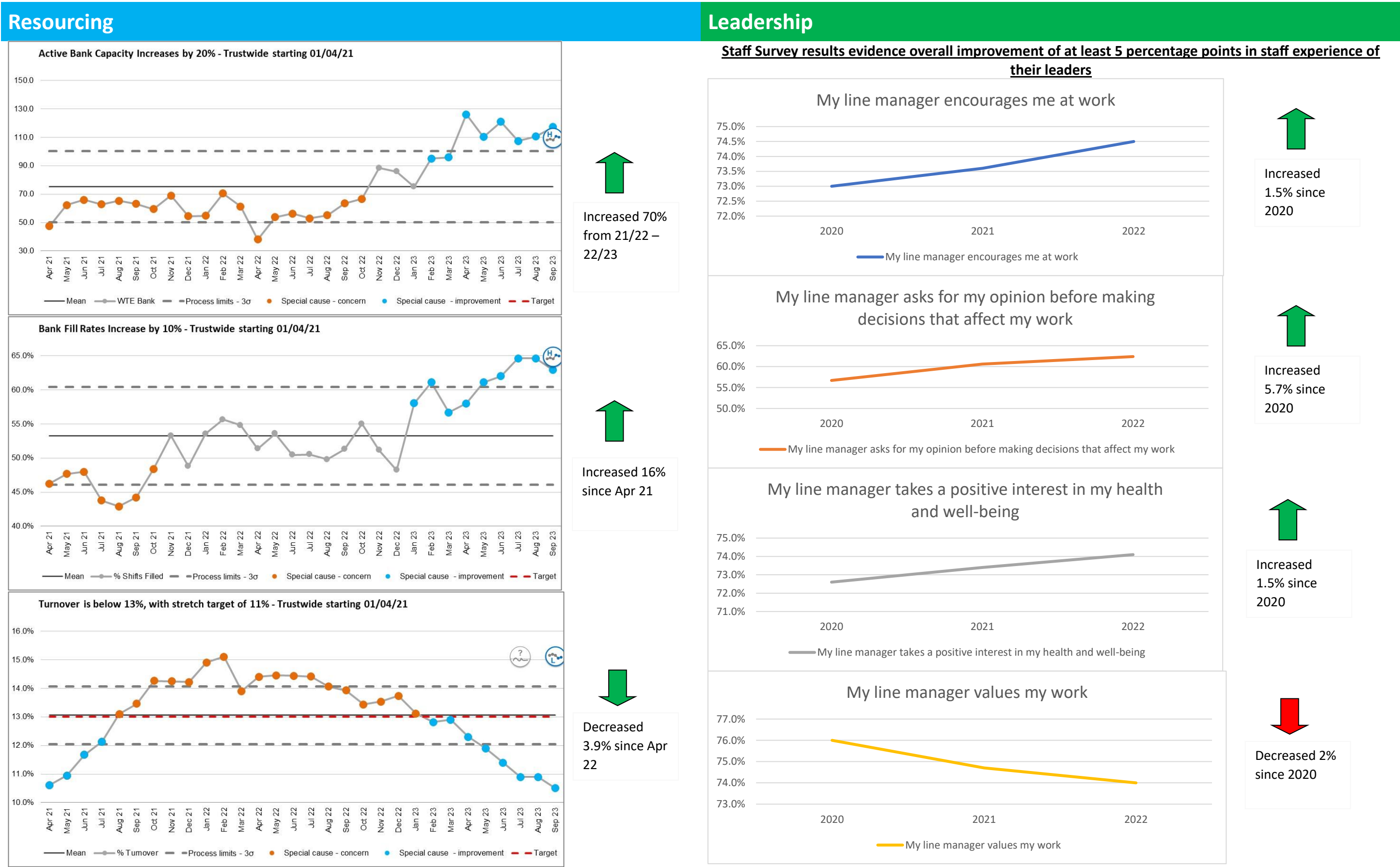
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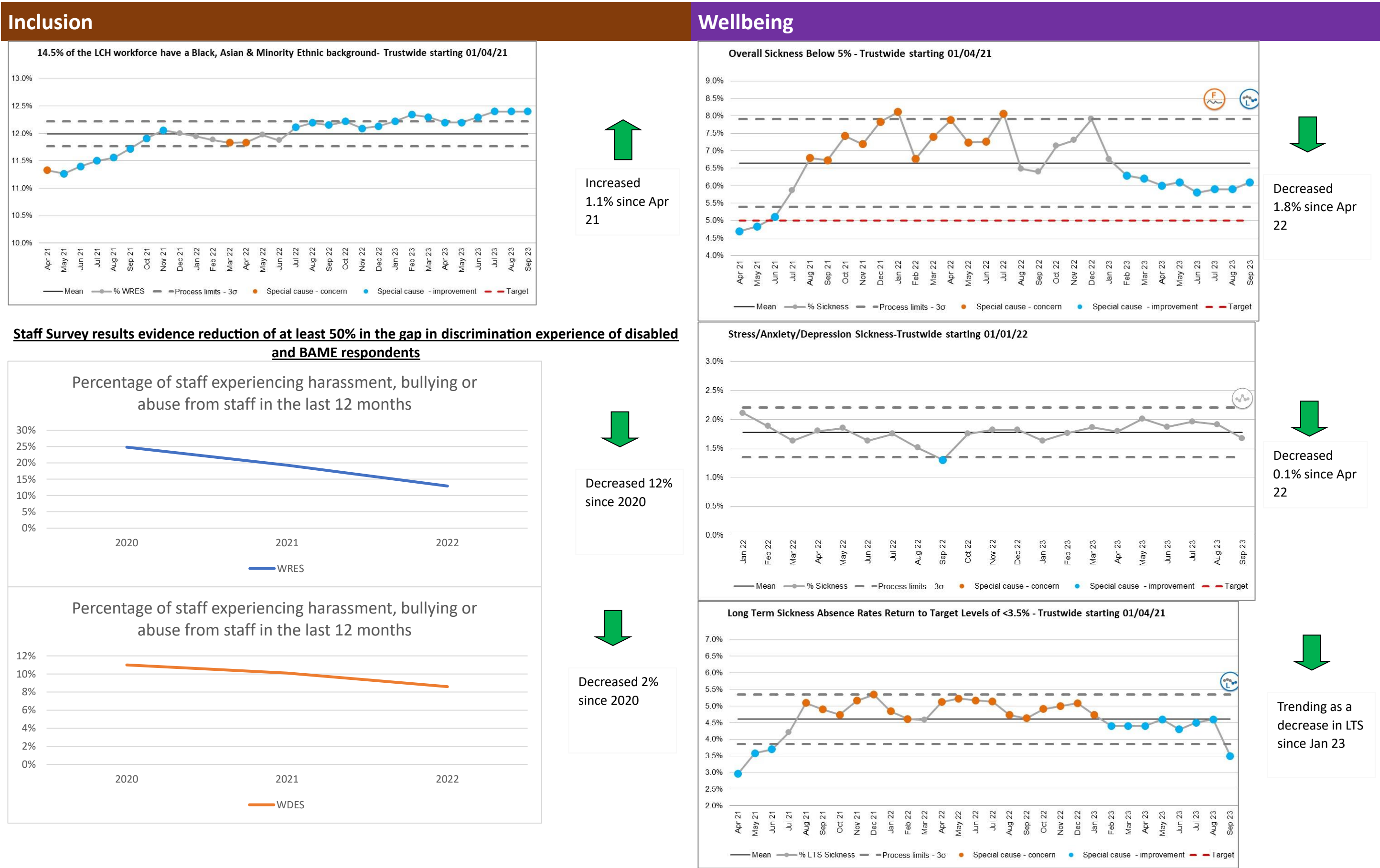
Theme	Objectives	Planned Actions 2023/24			
		Q1	Q2	Q3	Q4
Resourcing	<ol style="list-style-type: none"> 1. Widen and diversify our prospective applicant pool 2. Improve flexibility and resilience in staffing capacity 3. Enhance our internal Bank capacity and increase fill rates 4. Adapt our approach to internal “mutual aid” 5. Attract and retain more staff 6. Improve the new starter experience 	<ul style="list-style-type: none"> • Hyper-local recruitment timetable discussed with RSG and planned to progress this further. • Team nominated for Talent Acquisition Strategy of the Year for their work with the hyper-local recruitment success. • Partnership development with 3rd sector partners continues. Two new starters through work with Forward Leeds. • Critical Shift Incentives in place for Police Custody and Neighbourhood Teams. Nomination and Remuneration committee have approved the ongoing extension of this incentive. • Onboarding improvements introduced, including new induction pack. New welcome meeting introduced. 	<ul style="list-style-type: none"> • Social media partner procurement exercise undertaken with finance to understand options available suppliers • Onboarding/induction evaluation of new forms completed 	<ul style="list-style-type: none"> • Alta Dicta confirmed as social media partner and planning underway for the first targeted Social media campaigns • 3rd year nursing student event planning • Nursing recruitment events • Project kick-off for the application tracking system • Team nominated for Workforce Initiative of the Year award by HSI 	<ul style="list-style-type: none"> • Targeted Social media campaigns • 3rd year nursing student events. • Time to Hire evaluation • Hyper local evaluation
Organisational Design	<ol style="list-style-type: none"> 1. Clearly understand our required and future organisational workforce needs. 2. Provide employees with clear view of where they can go in their career, encourage motivation to learn, develop, and perform. 3. Using workforce technology to improved organisational productivity and release more time to care. 4. Enable a more flexible and agile approach to work. 5. Enable healthcare staff to work across organisational boundaries. 	<ul style="list-style-type: none"> • Defined roles and responsibilities for workforce planning process. • Defined approach for systems and processes to enable workforce planning cycles. • Gathered requirements for workforce MI data from stakeholders. • Roster reviews took place in pilot areas identifying unused clinical hours and finding efficiencies in rostering practices. • Newly released mobile rostering app (Loop) not launched due to information governance delays. 	<ul style="list-style-type: none"> • Built workforce planning systems and processes. • Began build and pilot of workforce MI datasets. • Promotion of Health Roster to support flexible working patterns and self-rostering, via newly set-up training workshops focused on working patterns • Defined scope of rostering data as a means of supporting Operational efficiencies 	<ul style="list-style-type: none"> • Continuing the build and pilot workforce MI datasets. • Pilot workforce planning systems and processes. • Implementing roster improvement workstream resulting in improved DQ and user experience. • Development of approach to refresh roster demand templates. 	<ul style="list-style-type: none"> • Promote newly released mobile rostering app (Loop) that allows staff to view rosters, request shifts/days off, and request leave via phone app.
Leadership	<ol style="list-style-type: none"> 1. Develop a leadership provision that adapts and responds to organisational needs 2. Monitor uptake of leadership courses 3. Work with services identified as having particular need of leadership support 4. Undertake 360 degree assessment of LCH's most senior leaders 5. Develop a talent management approach, including a focus on underrepresented groups 6. Commission and implement programmes in system partnership where appropriate 	<ul style="list-style-type: none"> • Assessed current leadership programme and worked with Leeds Health and Care Academy to collaborate on a system wide leadership programme. • Identified what elements are internal and which can be outsourced. • Specific leadership competencies included in new appraisal paperwork. 	<ul style="list-style-type: none"> • Worked with operational colleagues to develop a competency framework for all operational leaders. • Leadership development approach approved by TLT • Worked with the leadership academy to understand what programmes are available and appropriate for our leaders and 	<ul style="list-style-type: none"> • QPD led Learning and Development strategy to go to board in December. • Leadership Strategy approved with SMT in October with clear plan for implementation. • Promote leadership development offers in areas of identified need to build skill and competency • Provision of talent management 	<ul style="list-style-type: none"> • Clear defined approach to how we develop leaders and managers in the organisation with internal and external offers, coaching and mentorship available to all with specific offers for underrepresented groups • A relevant, responsive and targeted offer to teams

	7. Implement a mentoring scheme	<ul style="list-style-type: none"> Developed piece of work on how we ensure new leaders are competent and trained for their role at LCH. Options scoped for Talent Management approach with a focus on underrepresented groups. Supported managers in holding good development conversations as part of the appraisal refresh. 	exploring options around apprenticeships.	for under represented groups agreed and signed off at SMT	<p>where there are issues related to leadership and management.</p> <ul style="list-style-type: none"> Assurance that new leaders are supported to develop leadership competencies from the outset Introduced accessible bitesize sessions for leaders and managers on topics relevant to them/the current context Build a network of leaders and managers who have attended LCH courses to support and learn from each other via Action Learning Sets
Inclusion	<ol style="list-style-type: none"> Reduce barriers to working at LCH for Leeds communities most under-represented in our workforce, particularly in leadership roles Enable individuals to call out and report racist or discriminatory behaviours Develop targeted action plans to reduce disparities in experience Incorporate lived experience and diverse employee needs into our organisational approaches and policies Enable employees to feel that #@LCHICanBeMe. Seek sustainable funding streams for the ED&I Programme 	<ul style="list-style-type: none"> There has been improvement in all but one of the WRES Indicators “relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts.” This formed part of discussion at Trust Board Development Workshop Propose improvements to recruitment and selection processes to improve representation Trust Board Development Workshop held Work progressing from No Bystanders event late 2022; awareness incorporated into CEO slot of Corporate Induction, debriefing model in place with c12 trained facilitators and publicity material will be launched at September’s leaders’ network live Rainbow Badge (Phase 2) – received Bronze award accreditation Extensive stakeholder engagement on latest WDES and WRES results. This included a Trust Board Development Workshop Equality, Diversity, and Inclusion (EDI) Forum - First face to face meeting held, reflected on the contribution made in 	<ul style="list-style-type: none"> Delivered face to face unconscious bias training Promoted wider understanding of Neurodiversity Rollout of No Bystanders Events 	<ul style="list-style-type: none"> Rollout of No Bystanders Events Provision of talent management for under represented groups agreed and signed off at SMT 	<ul style="list-style-type: none"> Launch Cohort 6 of Reverse Mentoring Launch Cohort 6 of Allyship Programme Launch of BAME development programme and coaching offer

		progressing inclusion in LCH, as well as a forward 12 months view on what individuals' personal commitment to what they would bring to the EDI Forum			
Wellbeing	<ol style="list-style-type: none"> Employee wellbeing is an organisational priority, spearheaded by a Wellbeing Guardian Expand HWB offer to include Financial Wellbeing Support Embed Psychological Support offer Fewer employees not working when not well enough to do so. Confident Leaders that engage in "wellbeing conversations" Employees with disabilities and long term conditions coproduce HWB initiatives 	<ul style="list-style-type: none"> Reviewed staff survey results to identify areas for development There has been improvement in several WDES metrics resulting in reducing the disparity of opportunity/experience between disabled and non-disabled staff. Engagement taking place with key stakeholders to develop action plan for 2023/24. Embedded LCH Disability & LTC Staff Network Now re-named Disability, Neurodiversity and Long-term conditions staff network group. Both Chair and Vice chair roles filled by clinicians with lived experience The new Wellbeing at Work policy (formerly managing attendance policy) has been ratified and launched. Drop-in awareness sessions have already taken place, and face to face training for Managers will take place in the Autumn, delivered by members of HR, staffside and EDI. LCH has been shortlisted for a Healthcare People Management Association (HPMA) award; Delivering A Truly Inclusive Approach to Disability Implemented CRISP training for team leaders and managers to support them to have the knowledge and awareness to support themselves and their team when there are incidents at work which could have a traumatic impact 	<ul style="list-style-type: none"> Training on the Wellbeing at Work Policy Achieve Working Carers accreditation Utilise data to help inform HWB Agenda Develop and create a HWB Evaluation Framework Participate in Anchor Organisations financial wellbeing week Bi-monthly meetings with Health and Wellbeing champions and mental health first aiders. 	<ul style="list-style-type: none"> Health and Wellbeing Champion training made available more widely Create a plan to educate all members of staff with the knowledge, skills and structures to protect their own emotional wellbeing at work, look after selves, know where and when to access support Ensuring there is a procedure in for supporting employees with mental health issues. Policy related to sickness and absence, investigations/grievances and death in service. Developing and supporting leaders and managers with the knowledge and understanding of mental health Ongoing support for critical incident debrief for teams and individuals. 	<ul style="list-style-type: none"> Ensuring peer practitioners (e.g. MHFA, HWBC) have knowledge to have trauma informed conversations and to be able to signpost effectively to ongoing support.
System Partner	<ol style="list-style-type: none"> Develop and share a #TeamLeeds talent pipeline with health & social care city partners Lead on protocols to enable working across organisational boundaries Deliver Leeds One Workforce objectives, including System Leadership and Talent Management 	<ul style="list-style-type: none"> Supported the Leeds Health & Care Academy to embed and coordinate the Workforce Sharing Agreement for Leeds Develop Flexible Working toolkit, training materials and case studies as SRO for Leeds H&SC Flexible Working project 	<ul style="list-style-type: none"> Delivered Flexible Working seminars for H&SC partners across Leeds Developed employ / deploy model actions Re-established GP Confederation Terms & Conditions sub group 	<ul style="list-style-type: none"> Seek approval for implementation of 2023 Real Living Wage rates Revise employ / deploy Service Level Agreement for client practices and PCNs Finalise GP Confederation Pay Framework 	<ul style="list-style-type: none"> Design Workforce Strategy for GP Confederation

	<ol style="list-style-type: none"> Partner with other Anchor Institutions in Leeds, to positively influence social, economic and wellbeing prospects for Leeds Enable the GP Confederation to become a mature employer Develop the LCH ARRS offer to Primary Care 	<ul style="list-style-type: none"> Lead ARRS Workforce discussion & development for Leeds GPs Receive and review ARRS employ / deploy audit outcomes 			
Foundations	<ol style="list-style-type: none"> Workforce services are benchmarked, consistent, stable, professionally led and with core KPIs visible to customers. “We Move Together”: Workforce teams integrate and prioritise work together Our resourcing service is technologically enabled HR Business Partners are embedded in Business Units The analytics function is strengthened The People Before Process approach and Speaking Up principles are embedded A training & development offer is designed and delivered in partnership with QPD Directorate 	<ul style="list-style-type: none"> Workforce Service definition scope developed. Detailed plan in the resolve long standing service related issues developed. Scoped the development of an analytics function enabling an increased use of data to drive evidence-based decision making. Reviewed Workforce directorate ways of working to support more proactive service and more effective use of resources aligned to priorities has been taken place and a regular meeting across the directorate is now established. 	<ul style="list-style-type: none"> Applicant Tracking System (ATS) supplier selected (Tribepad) and business case ratified at SMT. Resolved long standing service issues highlighted in the detailed plan. 	<ul style="list-style-type: none"> ATS implementation begins with Tribepad 	<ul style="list-style-type: none"> ATS implementation/evaluation Service Reviews - customer feedback informs our planning and priorities. HR Business Partners aligned to service offer. Service KPIs defined. Workforce Services defined and published (inc analytics function)





Trust Board Meeting held in public: 8 December 2023

Agenda item number: 2023-24 (86)

Title: Draft Annual General Meeting minutes 19 September 2023

Category of paper: for approval
History:

Responsible director: Interim Chief Executive
Report author: Board Administrator

Attendance

Present:	Brodie Clark CBE	Trust Chair
	Sam Prince	Interim Chief Executive
	Helen Thomson DL	Non-Executive Director
	Khalil Rehman	Non-Executive Director
	Dr Ruth Burnett	Executive Medical Director
	Yasmin Ahmed	Interim Executive Director of Finance and Resources
	Laura Smith	Director of Workforce, Organisational Development (OD) and System Development (LS)
In Attendance	Helen Robinson	Company Secretary

Apologies:	Ian Lewis	Non-Executive Director
	Richard Gladman	Non-Executive Director
	Alison Lowe OBE	Non-Executive Director
	Rachel Booth	Associate Non-Executive Director
	Steph Lawrence MBE	Executive Director of Nursing and Allied Health Professionals
	Jenny Allen	Director of Workforce, Organisational Development (OD) and System Development (JA)

Minutes:	Liz Thornton	Board Administrator
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Observers:

Members of the Staff and public:	53 members of staff and members of public attended the meeting
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Item 2023-24 (1)

Discussion points:

Welcome and introduction

The Trust Chair welcomed everyone and opened the meeting by reflecting on the Trust and its journey over 2022/23. He said that the Trust was one of only a relatively small number of dedicated Community Trusts across the country. Its work was totally focussed on the community and it progressed that with a commitment and a core belief that health care should start and finish at home. The Trust was increasingly becoming an integral part of those communities, forging stronger links with other organisations which supported people at and in their homes, working closely with general practices, and maintaining a relevant and essential partnership with hospitals with a shared mantra of *community first*.

That focus and commitment had been strengthened over the past year albeit in a context of Covid-19 and waiting lists; with an often-overwhelming set of demands on a depleted but highly committed workforce, within a significant redesign and reordering of the broader NHS. He said that despite this the Trust had progressed a culture of innovation and working in agile ways to improve the services it offered:

- The Trust had led the development work across West Yorkshire in shaping and defining ‘the best of community delivery’. It had developed and led the Collaborative of community providers - in respect of *identifying and driving Best Practice*, in respect of *learning from each other* and in respect of *new ways of delivering this close to home agenda*. That community collaborative group had now found its feet and was on a journey of improvement and mutual support – for the absolute benefit of all five key Places across West Yorkshire.
- The Trust had shown for Leeds - innovation and ingenuity – in terms of new ways of working and new and important partner relationships.
- It had triggered a ‘self-management’ programme – where patient groups with the ability and wish, could take on the responsibility for administering their medication – a sense of empowerment that was welcomed by most.
- In response to staffing shortfalls, the Trust had introduced a hyper-local recruitment offer, with outstanding results in attracting those with skills and abilities to join under flexible working arrangements. Added to that, the Trust had recruited qualified staff from overseas who were proud to serve this community.
- The Trust had refurbished and reopened a completely refreshed Seacroft Clinic and successfully completed the highly complex move of the Headquarters from Stockdale House to The White Rose complex on the outskirts of the city. Having now seen the new arrangements – it had been worth it – providing accommodation fit for this ‘time’ and to a standard that our excellent staff deserved.

The Trust Chair said that staff had been outstanding over the last 12 months. He visited services on a regular basis and could personally evidence the commitment, care, the ‘extra mile’ attitude and the ability he had observed. They had worked through these complex times and he was proud of the contribution that they continued to make to the city. The Trust was well led by a top team of executives and senior managers who knew and understood the problems and worked in partnership with staff to achieve solutions.

He referred to the recent departure of the Chief Executive, Thea Stein. He said that she had meant much to the Trust and to the city, but there would always be new people in developing roles and that must be part of the lifeblood of any organisation as time moved on. He placed on record enormous thanks to Thea for the extent of her time, commitment, and passion for the Trust. Its unique cultural identity owed much to her. He also thanked non-executives for their focus and work towards the success of this organisation over the last year. He said that their knowledge, experience, scrutiny, and commitment remained an important feature of the progress that this organisation had made.

In conclusion he said that over the next year the challenges would remain. The partnership journey would grow and develop. The Trust needed to champion the value and benefits of community healthcare and help others to understand what this looked like.

Item: 2023-24 (2)**Discussion points****Interim Chief Executive's presentation: reviewing 2022/23**

The Interim Chief Executive said that this was her first opportunity to talk about Leeds Community Healthcare at an Annual General Meeting and she felt very privileged to be able to do so. She acknowledged the roles that Thea Stein, former Chief Executive and Bryan Machin, former Executive Director of Finance and Resources had played during 2022/23 and took the opportunity to publicly thank them both for their leadership and commitment to the organisation.

Her presentation covered 2022/23 at 'a glance' and clearly illustrated how the Trust was working with partners, patients, and the public to seize the opportunities that the current environment brought to provide the very best services in every community it served. There had never been a time when the focus had been so much on providing services to people in their homes, or as close to their homes as possible or such a focus on the role of community services written into policy and national measures.

She highlighted:

- New investment in several key services including the Home Ward which last year prevented over 1400 admissions into hospital; the Neighbourhood night service – a very special and valuable service that enabled people to stay at home whilst being looked after by the Home Ward, or at the end of their life, enabling them to die at home if that was their wish.
- In partnership with Leeds City Council and Leeds Teaching Hospitals Trust, the Trust had been awarded Unicef Baby Friendly Initiative Gold Status.
- The launch of integrated clinics with primary care to ensure people using the Trust's services had the best experience.
- Enhanced the ground-breaking initiative with the Third Sector.
- Welcomed the first cohort of internationally educated nurses to the Trust, bringing a wealth of experience and working in Neighbourhood Teams and Recovery Hubs.
- Success with the hyper-local recruitment, particularly in campaigns in the Otley area to recruit to the recovery hub at Wharfedale.
- The Transfer of Care hub at St James', was developing Active Recovery and exploring the potential for a Community Wellbeing Service which would integrate home care with NHS and social care services.
- Ensuring LCH was a great place to work:
 - including a No Bystanders Summit; its purpose to take action to reduce staff experiencing abuse, harassment, or discrimination in the course of their work.
- Prime Minister, Rishi Sunak and the Minister for Care, Helen Whately visited the Meanwood Neighbourhood Team and the Musculoskeletal Team. This provided an opportunity to showcase the amazing intermediate care work that goes on in community services every day, helping to keep people out of hospital and expediting early discharge.

In conclusion she said that 2023-24 held lots of opportunity for the Trust and it would continue to find ways of keeping people at home or in their own community, enabling young people to thrive and providing the very best possible care, to continue to work in partnership with colleagues across Leeds and the wider system; and make the Trust a great place to work.

Item: 2023-24 (3)**Discussion points****Annual report and accounts 2022/23: explaining the finances**

The Interim Executive Director of Finance and Resources presented an overview of the Trust's accounts and financial performance for 2022/23.

The Trust had 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 was firmly embedded in system working. The Interim Executive Director of Finance and Resources explained the importance of this for the Trust's financial performance as it had a responsibility not only to manage its financial resources efficiently and effectively but also to play a part in helping the Leeds health and care system and the West Yorkshire Integrated Care System to manage within the resources allocated.

For the 12th consecutive year Leeds Community Healthcare had met its financial targets with an adjusted financial performance surplus of £1.0m. The Interim Director of Finance and Resources said that the challenge to achieve that did not get any easier and, whilst the expectation was that the Trust would meet its financial duties in 2023/24, the Board had approved a deliverable revenue and capital budget, it would be more difficult than in many of the 12 previous years.

The Trust had spent its full capital allocation for the year of £3,778,000. The significant expenditure during the year had been the comprehensive refurbishment of Seacroft Clinic. The balance of capital resource was spent on the continued reduction in backlog maintenance of buildings, ensuring that they were safe environments for staff and patients, and investment in new and replacement clinical equipment and information technology.

In summary, she said that she hoped that the presentation reflected the critical importance of all Trust staff and managers in working to deliver the best possible care each year whilst meeting financial targets and she thanked them for doing so.

In conclusion the Interim Executive Director of Finance and Resources said that the Trust was better placed than many to manage the current NHS financial challenges but must continually seek to improve efficiency levels whilst improving and developing services.

Item: 2022-23 (3)

Discussion points

Question and answer session

The Trust Chair opened this section of the meeting by inviting questions and comments. No questions had been submitted prior to the meeting.

John Beal, Chair of Leeds Healthwatch commended the Trust's role in the Home First Programme which aimed to achieve more independent and safe outcomes and help more people to stay at home and improve the experience for people, carers, with rehabilitation, reablement, and recovery in their home. He asked what steps the Trust could take to access increased funding to achieve this more effectively and how it could better support unpaid carers who played such a vital role in enabling people to stay at home.

The Interim Chief Executive said that there were ongoing conversations with partners across the city to ensure that the vision to achieve a sustainable, person-centred, home-first model of intermediate care across Leeds that was joined up and promoted independence, was achieved successfully with resources allocated appropriately.

In terms of supporting unpaid carers the Trust was working proactively with Leeds City Council and 3rd Sector partners to ensure that a more 'joined up' approach was implemented but this was a 'work in progress'. She provided assurance that the Trust always worked with families to ensure that they were fully involved in care plans

A representative from Forum Central thanked Board Members for their presentations. She said that she welcomed and celebrated the strong sense of partnership working across the City which was benefitting patients and communities and putting health equity at the forefront of the agenda. She asked what steps the Trust was taking to continue to improve the health of the broader community.

The Interim Chief Executive said that the Trust was wholly committed to working with 3rd Sector organisations across the city to work in a better way to provide the best health care possible for all the citizens of Leeds. She said that the Trust took every opportunity to learn from other organisations.

Item: 2022-23 (4)

Close of the 2022/24 Annual General Meeting

The Trust Chair thanked everyone for joining and closed the formal part of the meeting.

He asked the invited attendees to remain and listen to presentations on:
The Enhance Programme – partnership working with the 3rd sector, enhancing NHS capacity and people's lives.

**Date, time, and venue of the Leeds Community Healthcare NHS Trust
2023/24 Annual General Meeting:
To be confirmed**

Trust Board meeting held in public: 8 December 2023

Agenda item number: 2023-24 (87)

Title: Register of sealings July 2023 to November 2023

Category of paper: for information
History: N/A

Responsible director: Chief Executive
Report author: Company Secretary

Executive summary (Purpose and main points)

In line with the Trust's standing orders, the Chief Executive is required to maintain a register recording the use of the Trust's corporate seal.

The corporate seal had been used once in August 2023 and a copy of a section of the register is presented to the Board.

Outcome: the Board:

- noted the use of the corporate seal.

Register of affixing of corporate seal and signatories to legal documents

OCCASION	PARTIES INVOLVED	DOCUMENT APPROVED & SEAL ATTESTED BY	DATE
Agreement to Surrender First, Second, Third and Fourth Floor Leases at Stockdale House, Headingley Park, Leeds	Bonsai Holdings LLP and Leeds Community Healthcare	Executive Director of Operations and Executive Director of Nursing and AHPs	16.08.2023

Trust Board Meeting held in public: 8 December 2023

Agenda item number: 2023-24 (91)

Title: Quality Strategy Six Monthly Update Report – Year Three

Category of paper: For information and assurance
History: Quality Committee 27 November 2023

**Responsible director: Executive Director of Nursing and Allied Health
Professionals**
Report author: Head of Clinical Governance

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 two and a half years of the Strategy.

Main points

Progress continues in the implementation the Quality Strategy Priorities.

The Year One objectives for Priority One, **Learning**, Priorities Two, Three and Four, the **Patient Safety Strategy, Focus on equity in quality and safety** and **Working at PLACE across Leeds**, are complete.

The Year Two objectives are partially completed. Priority One (Learning) and Three (Equity) have work ongoing for completion. Priority Two (Patient Safety Strategy) does not have a Year Two objective and Priority Four (Collaborative Governance) is assessed as completed.

The Year Three objectives are in progress or have been started.

There is a risk of non-completion of the full Equity priority due to the ambition of the priority to not only produce equity datasets and include an equity lens in quality, but to also act on the information to make a tangible difference to patients within the timescale of the Strategy.

Recommendations

Note the content of this report and the progress towards implementation of the Quality Strategy.

Provide any assessed feedback 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, any continued work on the previous year's priorities will also be included. This report relates to the first half of year three.

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

The detailed update is included in Appendix A, some of the evidence includes examples of how the Priorities are being translated in practice, and planned work is also included with an aim for the planned work to be completed by the end of the Strategy.

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 Two Priority Objectives** relate only to Priority One, Three and Four (Priority Two does not have a dedicated Year Two action). Significant work is ongoing for the Learning Priority (One), the Equity Priority (Three) of using data to review incidents and patient experience to understand any inequalities affecting communities is complete for patient safety incidents but not for patient experience. Priority Four (Collaborative Governance) is assessed complete.

The **Year Three Priority Objectives** are in progress or have been started and good overall progress is being made towards completion within the timeline of the Strategy.

Significant work is ongoing around how learning is identified and shared across the Trust; it is anticipated this will result in completion of the Learning priority. There is an assessed risk that the Equity priority may not be fully completed during the life of the Strategy as there is a requirement to act on the equity data being provided which may not be achieved by May 2024.

4.0 Conclusion

Work continues against the full Strategy. The Year One priorities are complete, Year Two are partially completed and Year Three are in progress or have been initiated. There is a potential risk that the Equity priority may not be completed in totality by the end of the Strategy term.

5.0 Recommendations

The Board is recommended to:

Note the content of this report and the progress towards implementation of the Quality Strategy.

Provide any assessed feedback the progress and assessment of progress to date.

Appendix A - Our Quality Priorities for 2021 to 2024


1. Learning: 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		
Year	Priority Objective	Progress July 2021 to November 2023
Year One	We will develop a repository of learning to secure the organisational memory.	<p>Year One January 2022: 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>Year One May 2022: Work continued with the Communications Team, the Library and the Clinical Governance Team and the intranet page is now live. Completed.</p> <p>Year Two November 2022: 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>Year Two May 2023: 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>Year One January 2022: 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> <p>Year One May 2022: A catalogue of learning posters, newsletters and other learning materials have been secured and uploaded to the LCHLearns intranet page.</p> <p>Year Two November 2022: 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>

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Year	Priority Objective	Progress July 2021 to November 2023
		<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>Year Two May 2023: 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 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"> 1. The Service have developed a partnership with the University of Leeds for a senior lecturer to

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Year	Priority Objective	Progress July 2021 to November 2023
		<p>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.</p> <p>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.</p> <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 SystmOne 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</p>

1. Learning: 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		
Year	Priority Objective	Progress July 2021 to November 2023
		<p>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> <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> <p>Year Three November 2023: The nationally required changeover from the Strategic Executive Information System (StEIS) and the National Reporting and Learning Service (NRLS) to the mandated Learning From Patient Safety Events (LFPSE) platform will be completed by the end of 2023 when NRLS will close.</p> <p>The new platform is designed to capture more learning nationally and to allow local analysis once it is fully operational. Please see links to the LFPSE and the associated video:</p> <p>NHS England » Learn from patient safety events (LFPSE) service</p> <p>https://youtu.be/mlRu-B-XbGM</p> <p>There is a plan to add a field into Datix to allow incident reports the ability to include their reflections of the incident and learning they have identified. This is in recognition that colleagues delivering care often have greater insight into what systems and processes are in use during an episode of care and where those processes can be strengthened.</p> <p>In addition, we are continuing to identify contacts in other Trusts to share learning with and have established links with Leeds Teaching Hospital Trust, Leeds and York Partnership Foundation Trust, Mid Yorkshire Hospital Trusts, Harrogate and District Foundation Trust, Local Care Direct, and Yorkshire Ambulance Trust. We have contacts established for Bradford Teaching Hospitals and Locala Health and Wellbeing and are seeking contacts with Calderdale and Huddersfield Foundation Trust and Airedale General Hospital. We are assessing our police custody localities for further contacts with an initial focus on the Coroners in those areas.</p>

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		<p>Year Three November 2023: A learning workshop was completed by Quality Committee and Quality Assurance and Improvement Group in July 2023 to understand how to best share learning across the Trust. An action plan is pending approval which includes merging the Making Stuff Better Share and Learn and Patient Safety Summit meetings into one monthly meeting, the Patient Safety Summit is currently quarterly. Incident learning is actively shared by the Clinical Quality Managers (formerly Clinical Incident Management Practitioners) for their respective portfolios in Neighbourhood Teams. The Adult Clinical Forum has been re established as a central point to share and discuss learning and there are quality meetings across all Business Units where learning is shared.</p>
Year Three	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>Year One January 2022: 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>Year One May 2022: 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>Year Two November 2022: 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>Year Two May 2023: 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> <p>A discussion has been initiated with the Performance Team in relation to electronic Quality and</p>

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		<p>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>  <p>Year Three November 2023: In addition to the work ongoing to develop cross city and cross region relationships with other providers as detailed above, we are also concentrating on how to best sharing learning internally. There are examples of this throughout the report including the completion of joint workshops, internal Business Unit meetings, escalation via Clinical Governance quality and performance reporting and centralised adaption to make sharing of learning easier and more effective.</p> <p>An example of a central planned adaption are updates to Datix that LCH is aware are functional in other Trusts and will introduce in LCH. These include direct automated feedback via the communication function of the learning from an incident to the reporter, and inclusion of a feedback section for reporters to complete with their initial feedback on what could have prevented the</p>

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		<p>incident.</p> <p>The Clinical Audit Programme also provides a source of learning from incidents: this year the Community Intravenous Antibiotic Service completed an audit to understand any collective learning from Upper Limb Venous Thromboembolisms and found no correlation between the incidents examined and good overall practice. The Health case Management Team completed an audit to assess actions from a Serious Incident around involvement of patients and representatives at discharge, this audit also found the initial learning had been embedded in the team.</p>
Years One to Three	We will develop and support methods to embed learning in practice and provide assurance that learning has been implemented and embedded where appropriate.	<p>Year One: 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 3-6 months. The audit cycle will then support further evidence or address areas to strengthen where required.</p> <p>Year Two: 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>Year Two May 2023: 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</p>

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		<p>Quality Challenge Plus programme, the collation of evidence CQC or via an audit or staff survey route.</p> <p>A review has been initiated of whether an electronic quality and learning board could be established.</p> <p>Year Three November 2023: The Patient Safety Team now oversee the addition of the clinical audit associated with a Serious Incident action plan to the audit programme. This will be further developed to pre set the audit questions from the action plan to support a consistent methodology. A joint workshop with Quality Committee and Quality Assurance and Improvement Group was held in July to assess how the Trust shares and embeds learning, a Trust wide resulting action plan is being reviewed by the Executive Director for Nursing and Allied Health Professionals.</p> <p>Further development of the Trusts Clinical Audit Programme is planned as capacity pressures within the Clinical Governance Team have improved within the Clinical Effectiveness Team. A programme of events is planned to include attendance at January 2024's Leaders Live to refocus the Trusts audit programme. An audit roadshow will be completed in June 2024 to coincide with the national HQIP (Healthcare Quality Improvement Partnership) Clinical Audit Awareness Week, where we plan to showcase the learning from the completed 2023/24 audit programme.</p>

2. Patient Safety Strategy: 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:		
Year	Priority Objective	Progress July 2021 to November 2023
Year One	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>January 2022: 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>

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		<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"> - 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. - 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. <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>May 2022: 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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		<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. Completed.</p> <p>Year Two November 2022: 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 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</p>

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		<p>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>Year Two May 2023: 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 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> <p>Year Three November 2023: We have continued to use the principles of the Patient Safety Incident Response Framework (PSIRF) whilst we have developed our LCH Patient Safety Incident Response Plan.</p> <p>The insight gained from taking a blended approach in the previous 6-12 months between the PSIRF and the 2015 Serious Incident Framework has meant some of the barriers and potential pitfalls to fully introducing the new approach are known. We have developed strategies to overcome some of these early issues. For</p>

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		<p>example, reporting CQC Regulation 20 Duty of Candour had been directly linked to reporting a Serious Incident, by taking a moderated approach to reporting Serious Incidents we realised the Duty of Candour processes must be independently completed, monitored and reported on as a standalone process.</p> <p>Having some of the background processes in place prior to transition will hopefully ensure a smoother transition period and promote confidence in the new approach for our clinical service colleagues.</p>
Year One – Three	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>Year One January 2022: 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 working with partners to understand how we ensure involvement is truly representative of our communities.</p> <p>Year One May 2022: 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>Year Two November 2022: 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>

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		<p>Year Two May 2023: 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 liaison for Patient Safety incidents where Duty of Candour applies to ensure involvement is standardised.</p> <p>Year Three November 2023: We have recruited two Patient Safety Partners in line with the national requirement from the Patient Safety Strategy. They join us from varied backgrounds and bring an objective view to how we can better engage with patients. This work has started with recent reviews of our Duty of Candour letters that are now being re reviewed to simplify them.</p> <p>The Partners join our fortnightly Engagement and Involvement Task and Finish Group for the implementation of the Patient Safety Strategy and have helped guide our stakeholder engagement of our Patient Safety Incident Response Plan, they are also supporting our continued engagement plan.</p> <p>At the request of a patient relative we have invited them to join our Medical Device Group following an incident where an extra-long, extra wide bed could not be provided by Leeds Equipment Service for the patients end of life phase.</p>
Year One - Three	We will involve colleagues in our investigations to ensure their experience of care delivery is understood and fully informs the	<p>Year One: 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>

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	<p>investigation, learning and improvements and ensure all colleagues are offered support.</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>Year Two November 2022: 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.</p> <p>Communication with teams is completed via the Quality Leads and via organisational communications.</p> <p>Year Two May 2023: 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 Sexual 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>

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		<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>Year Three November 2023: The Patient Safety Team have developed various guide and and tools to support staff within patient safety processes. This includes a guide to coroner requests and inquests which has received positive feedback from staff. Learning and/or outcomes from inquests is being shared with colleagues after an inquest concludes has also received positive feedback.</p> <p>Staff and students are attending Rapid Reviews to shadow the meetings and understand the process and principles of the meetings with an aim to demystify the purpose and ensure they feel confident to attend if required in future. A 'What To Expect' document has been completed and shared with staff when attending Rapid Reviews to further support staff, this has also received positive feedback.</p> <p>The attached link is shared on all invitations to Rapd Review to ensure the focus of the review is known in advance:</p> <p>'Please See the link below due to our move towards PSRIF: https://www.england.nhs.uk/patient-safety/incident-response-framework/' </p>

	3. Focus on equity in quality and safety: 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.	
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Year	Priority Objective	Progress July 2021 to November 2023
Year One	We will embed equity in proactive approaches to quality, including research, evidence-based guidance and outcomes	Year One January 2022: 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.

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		<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 SystmOne. 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. 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>Year One May 2022: 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>

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		<p>Year Two November 2022: 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 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>

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		<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 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. Completed.</p> <p>Year Two May 2023: Please see the Priority Four Year Three update for continued work on embedding equity in quality.</p> <p>Year Three November 2023: We continue to either include an equity lens on our work in quality or work towards being able to include an equity lens as demonstrated across the report.</p>
Year Two	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>Year One January 2022: 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 SystmOne data and reports accurately by ethnicity, age, and locality.</p> <p>Year Two November 2022: 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>

3. Focus on equity in quality and safety: 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.		
Year	Priority Objective	Progress July 2021 to November 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 Pressure Ulcers, Falls and Access (to services). BI will provide the data monthly for review, it includes:</p> <ul style="list-style-type: none"> Indices of Multiple Deprivation (IMD) Ethnicity Interpreter Requirements Age Learning Disability and Autism. <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 SystmOne.</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>Year Two May 2023: 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 SystmOne 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.</p>

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Year	Priority Objective	Progress July 2021 to November 2023
		<p>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 atht will be difficult to draw meaningful trends from. This work is ongoing as NHS numbers are known at Service level.</p> <p>Year Three November 2023: An equity lends is in place for the review of our highest reporting patient safety incidents of pressure damage, falls, access to services and medications. Deeper dives over the last two quarters of the data highlighted that f=greater harm occurs in lower deprivation areas (IMD 1 and 2) for pressure damage and falls in Adult Business Unit data with an equivalent finding in Childrens Business Unit data for Access to services.</p> <p>The findings have been shared with the respective Business Unit and via the quality reporting structure to Quality Assurance and Improvement Group for service led actions to be developed.</p> <p>Equity will be a core focus within the Patient Safety Incident Response Plan led Improvement Plans for LCH, for 2023-2025 these will focus on our priorities of pressure damage, falls and deteriorating patients and has been outlined as a requirement within our Patient Safety Incident Response Plan and Patient Safety Incident Response Policy, both are currently in consultation.</p>
Year Three	We will embed equity as part of our Quality Challenge+ Programme.	<p>Year One: When the health equity patient safety incident and feedback data has been established, this can be included in the Quality Challenge information pack.</p> <p>Consideration will be given to how equity can be considered in a meaningful way in the Quality Challenge Plus process and planning.</p>

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Year	Priority Objective	Progress July 2021 to November 2023
		<p>Year Two November 2022: 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>Year Two May 2023: 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>Year Three November 2023: Inclusion of health equity information in Quality Challenge Plus reports has been limited. The Health Equity Lead is reviewing a sample of Quality Challenge Plus reports and will develop guidance for teams to support greater understanding of the requirement in teams.</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 November 2023

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Year	Priority Objective	Progress July 2021 to November 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>January 2022: 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>May 2022: 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, mental tears and venous thromboembolism. Completed.</p> <p>Year Two November 2022: 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>Year Two May 2023: The citywide working group continues, topics of discussion this reporting period have included how we collectively work together for stakeholder 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</p>

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Year	Priority Objective	Progress July 2021 to November 2023
		<p>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> <p>Year Three November 2023: This work continues and will continue to develop as we improve processes and continue to develop relationships.</p> <p>Recent examples where cross city partnerships have resulted in joined up work relate to a joint review of the unexpected death of a service user released from secure estate who was in transition from children's to adult mental health services. A service user whose care was integrated across citywide services who was involved in a domestic homicide.</p>
Year Two	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>Year One: 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>Year Two November 2022: 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> <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>Year Two May 2023: Initiatives continue across LCH work in an integrated way and includes shared learning.</p>

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Year	Priority Objective	Progress July 2021 to November 2023
		<p>The Making Stuff Better, Share and Learn: 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>Leeds Integrated Falls Service: 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>Learning from deaths: 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> <p>Year Three November 2023: Learning is shared across partners when required. Learning is being shared jointly where integrated responses to patient safety incidents are completed, for example an unexpected death of a patient out of area was completed with five partners and led by LCH. The patient had received recent and contributing care across different Leeds services prior to their death. The learning from the incident was shared by those services as the investigation was managed in a collaborative way to maximise the learning. The findings have since been shared via</p>

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Year	Priority Objective	Progress July 2021 to November 2023
		the mortality meeting in addition. Completed.
Year Three	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>Effectiveness: Quality Challenge Plus. Policy – Equity Impact Assessment now sent out for all reviews and new policies. Audit – to be assessed. 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. CQC – to be assessed within the evidence collated for the new Single Assessment Framework.</p> <p>Patient Safety: 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>Patient Experience: 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>

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Year	Priority Objective	Progress July 2021 to November 2023
		<p>Year Three November 2023: Equity within the core elements of Clinical Governance continues to develop and improve. Equity data is assessed within the higher reported patient safety incident categories and the findings have been shared with the clinical Business Units. This work will continue. A joint Quality Committee and Quality Assurance and Improvement Group Workshop is planned for February 2024 to consider health equity within patient safety incidents following release of a national benchmarking framework.</p> <p>There has been limited progress of assessing equity within patient experience as there is currently no effective way of translating the information provided by complaints into equity data. The method used for patient safety incidents of linking NHS numbers from Datix, via SystmOne and into a performance dataset cannot be replicated because complainants do not currently provide NHS numbers. This is being reviewed for inclusion alongside consideration of other methods such as equity forms for completion by complainants. Capacity within the Patient Experience Team has delayed this work.</p> <p>Health equity is being actively included with clinical effectiveness sub workstreams including Quality Challenge Plus, CQC self-assessment, and policy development.</p>

Trust Board Meeting held in public: 8 December 2023

Agenda item number: 2023-24 (92)

Title: Estates Strategy Delivery Plan: Year One Update

Category of paper: For information

History: Business Committee October 2023

Responsible director: Executive Director of Finance and Resources
Report author: Associate Director of Estates

Executive summary (Purpose and main points)

The ten-year estates plan has set out a three-year delivery work programme. This report provides an update on progress against the key items identified within the Plan for Year One.

It is envisaged that this report will be updated on a quarterly basis so that progress against the delivery plan can be monitored.

The main body of the report provides the latest position in relation to projects within the Year One delivery plan.

Recommendation

The Board is asked to note the content of this report. No decisions are required for this period.

Year One Estates Plan

Update

1. Introduction

The ten-year estates plan has set out a three-year delivery work programme. This report provides an update on progress against the key items identified within the Plan for Year One.

It is envisaged that this report will be updated on a quarterly basis so that progress against the delivery plan can be monitored.

It should be noted that the strategy element of the plan has been developed as an enabler to the clinical work that the Trust is undertaking, however there is no formal clinical strategy in place, and therefore the strategy is mainly estates, rather than service-led, which does not fit with best practice. This Plan will need to be revised and updated once the Trust has a clearer understanding of its clinical services strategy.

2. Progress Update

2.1. Acquisitions

White Rose Office Park – The new staff hub, involving the acquisition and fit out of office accommodation at White Rose Office Park, successfully completed as of 21st August 2023. The design of the new staff hub was developed to support the flexible working arrangements adopted by the Trust by providing modern, adaptable and efficient accommodation. It also allowed the co-location with the West Yorkshire ICB and Leeds GP Confederation

Leases to subtenants are also now in place.

2.2. Disposals

Horsforth and Otley Clinics – these properties havenot been used for clinical purposes since 2020 and are currently considered surplus to Trust requirements. Partner organisations across the NHS and wider public sector have been asked whether they have an ongoing operational use for the property and have indicated they do not. The Trust has not made a decision on the future of the sites; a project team has been set up to prepare a position statement that includes an operational overview, the main estate and financial considerations of a disposal and an associated comments and engagement strategy. This paper will be taken initially to Business Committee and then Board

Park Edge Clinic – this property was declared surplus to LCH operational requirements following the refurbishment of Seacroft Clinic, and its disposal was a key part of the refurbishment business case. Whilst LCH did not have a continuing use for

the premises, the GP practice located within the rest of the building gained the ICB's support to expand into the LCH space. Solicitors have been instructed to act on behalf of LCH to assign the lease to the GP practice.

Stockdale House – The relocation to White Rose Office Park allowed the early surrender of Stockdale House, as of 31st August 2023. This realised a saving of £182,500 in for the Trust alongside reimbursement of service charges paid in advance.

2.3. Feasibility Studies / Options Appraisals

Units 1 and 2 Killingbeck Court – This is a Leeds City Council owned building, currently accommodating the LCH Seacroft Neighbourhood Team, Nights Service, Health Case Management and Supported Discharge Service (support all the NTs across the estate). The building affords 24/7 access to the teams who work there. LCC no longer have an operational use for the premises and have stated that, should LCH wish to remain in occupation, they will be required to take a full repairing and insuring lease at a rental of £130k per annum, which equates to £12.92 per square foot. They are keen that this lease commences as soon as possible. LCH have made attempts to negotiate down the level of rent required by LCC, with little success.

The estates team are undertaking an options appraisal of this site as well as others within the locality and surrounding area, alongside a utilisation study of the services currently based there.

Integrated Sexual Health Service (ISHS)

At the time of writing no outcome to the tender for the ISHS is known. The LSH bid will require changes to the spaces leased for provision of the current service whether LCH wins the tender or not.

Burmantofts Health Centre NHS-only solution – The proposal for a multi-organisational development on the Burmantofts site has been paused. LCC have stated that they are not in a position to continue with the feasibility work due to a lack of funding and resources. As LCC were the second majority occupier behind the NHS. Therefore, the project team has decided to pause any further works and support the NHS in an NHS-only solution.

The feasibility study for an NHS-only solution was tabled with the Trust's Estates Strategy Implementation Board in early October. The options considered were:

- Do nothing – this includes production of a more detailed condition survey
- Infrastructure compliance upgrade – this provides M&E specialist advice to consider upgrading the M&E infrastructure only
- Refurbishment – this produces high level sketch designs and costings to fully refurbish the existing building, ensure better access and to create better use of space by 'infilling' the first floor of the building

- **Demolish and rebuild** – this option has already been assessed as part of the wider Health and Wellbeing Centre project and will be incorporated into the report.

A further option not considered as part of the feasibility report would be for LCH to consider a sale of the asset to primary care providers and lease back the space they require. The majority occupiers are the GP GMS and APMS providers. This option would remove LCH's responsibilities and liabilities as Landlord.

Morley Health Centre – It is proposal that a feasibility study will be undertaken to consider refurbishment of this site for implementation in the next financial year. This work will commence in Q3. Some minor works have been undertaken to some of the rooms vacated by the GP practice to enable their utilisation by LCH services.

Heat Decarbonisation Review - At the beginning of 2023 a Heat Decarbonisation Review was undertaken of all Trust owned properties (with the exception of Seacroft Clinic given its recent refurbishment) and Heat Decarbonisation Plans (HDP) prepared for all sites. Due to limited financial resources and minimal opportunities to access national funding, a Project Team will be assembled in order to develop a programme of works to start in the 24/25 financial year. These works are proposed to be included in the Trust's capital programme, until or unless national funding becomes accessible.

2.4. Capital Programme

3 White Rose Park – The fit out commenced on 22nd May for 12 weeks and completed as planned on the 14th August which enabled furniture to be installed, along with items transferred from Stockdale House, in time for the new facilities to open on 21st August.

This challenging programme enabled the early exit from Stockdale House with financial benefits to the Trust.

An initial Post Implementation Review was completed by the Project Team on 23rd August and generally the project was rates successful with only a small number of lessons learned, mainly in relation to increased scope of the design at FBC.

Remainder of the 2023/24 - A programme of estates capital works is in development, with the small amount of remaining capital available this financial year. The programme will be costed and issued to the Estates Strategy Implementation Board for ratification prior to delivery.

2.5. Other Estates Issues

Thornton Medical Centre – This building is leased by the GP practice from the landlord, with LCH taking a sublease from the GP tenant. The Landlord is keen to secure the occupation of both LCH and the GPs beyond the initial term of the lease (until December 2024) and has offer some tenant improvement works in exchange for a longer lease.

Engagement has commenced with the services to determine their future requirements to facilitate an informed decision as to whether LCH renew their lease agreement and for how long.

St George's Centre – The estates team are working with LCC to restructure the lease arrangements and facilitate LCHs subtenants to take leases directly with LCC. In doing so, this will alleviate LCH of Landlord liabilities and will allow LCH to rationalise and take a lease of a smaller footprint.

Heads of Terms have been received from LCC but further work is being undertaken to identify what space LCH require prior to agreement.

Wharfedale Hospital – The leases for the Bilberry and Heather Units are in place until 31st March 2024 with an option to end for a further 12 months. The contract is still in place and discussions have commenced with LTHT to extend the lease agreements.

Kippax Health Centres – Following an initial meeting with NHS Property Services (the Landlord) it has been agreed that LCH will provide a further updated marked up plan showing the space required by the Trust at the site to enable lease negotiations to progress. LYPFT currently utilise some LCH via an SLA; this space is under-utilised and requires discussion with LYPFT.

CHP Lease – The Under Lease Plus Agreements (ULPAs) for 9 of the 10 LIFT properties have been completed and the full schedule of charges has been agreed. However, the two documents for the Reginald Centre remain outstanding because of a long running dispute with CHP (the Landlords) about the provision and cost of the Soft FM services contract, operated by the Council. It is understood that CHP have a proposed solution with the Council subject to approval of the charges by LCH. Further information and clarification is required prior to LCH entering the uLPA.

Side Letters are being agreed to ensure that the current operating hours of 07:00 to 22:00, 7 days a week, are documented clearly at Armley, Beeston Hill, Yeadon, Wetherby, East Leeds and Middleton.

CNRS Review – The service is currently based at St Mary's Hospital. A dedicated project team involving service leads, estates, FM and finance is being established to take forward an options appraisal for the future of the CNRS service and their base location. Further updates will be provided as the project develops.

Matrix Room Booking System – a desk booking system is operational in the new staff hubs at White Rose Park, Seacroft HC and Rothwell HC. Further work is being undertaken to include all LCH sites to provide some useful data when making service delivery and estates decisions. In due course, third party licence bookings will be transferred onto the system to ensure good management of these agreements.

LIFT Estate Utilisation Review – a proposal for a standalone project is currently in development to undertake a utilisation survey of the LIFT estate that has an upcoming break it. The proposal will be tabled within Q3. Undertaking an utilisation survey will provide data to inform an options appraisal and decision making related to whether to exercise the breaks at these sites.

Reviewing 3rd Party Occupier Agreements - This particularly involves a regularisation of all GP space occupied in the freehold properties to complete or introduce leases, with appropriate service charges at each site that are reconciled formally each financial year. In addition, a review of existing licences is being undertaken to ensure charges reflect those incurred by LCH in providing the space.

3. Recommendations

The Board is asked to note the content of this report. No decisions are required for this period.

Topic	Frequency	Lead officer	4 August 2023	6 October 2023	8 December 2023	2 February 2024	28 March 2024	7 June 2024	19 June 2024-Annual Report and Accounts only	2 August 2024	4 October 2024	6 December 2024
Preliminary business												
Minutes of previous meeting	every meeting	CS	X	X	X	X	X	X		X	X	X
Action log	every meeting	CS	X	X	X	X	X	X		X	X	X
Committee's assurance reports	every meeting	CELS	X	X	X	X	X	X		X	X	X
Patient story	every meeting	EDNNAHPS	X	X	X	X	X	X		X	X	X
Quality and delivery												
Chief Executive's report	every meeting	CE	X	X	X	X	X	X		X	X	X
Performance Brief	every meeting	EDFR	X	X	X	X	X	X		X	X	X
Performance brief:Measures for inclusion in the performance brief	Annual	EDFR					X					
Performance Brief: annual report	Annual	EDFR						X				
Significant risks and risk assurance report	every meeting	CS	X	X	X	X	X	X		X	X	X
Care Quality Commission inspection reports	as required	EMD										
Quality account	annual	EDNNAHPS						X				
Mortality report	4 x Year	EMD	X -Blue box		X main agenda from Dec 23	X		X		X		X
Staff survey	annual	DW					X					
Safe staffing report	2 x year (February and August)	EDNNAHPS	X			X				X		
Seasonal resilience and system flow	Every meeting	EDO	X	X	X	X	X	X	X	X	X	X
Business Continuity Management Policy	As required	EDO										
Serious incidents report and patient safety report combined report from March 2023	2 x year (Mar and October)	EDNNAHPS		X -Blue box			X -Blue box				X -Blue box	
Patient experience: complaints and concerns report	2 x year (Feb and August Annual report)	EDNNAHPS	X Blue box Annual report			X -Blue box				X Blue box Annual report		
Freedom to speak up report	2 x year (Feb and Aug)	CE	X plus Annual report			X				X Annual report		
Guardian of safe working hours report	4 x year	EMD	X		X		X	X Plus Annual report		X		X
Patient Safety Incident Response Framework (Plan)	As required	EDNNAHPS				X						
Strategy and planning												
Organisational (Trust) priorities (for the coming year) for approval	Annual	EDFR				Taken in private session?	X					
Trust priorities update quarterly report	3x year February/June/Oct	EDFR/EDNNAHPS		X		X		X			X	
Third Sector Strategy	2x year (February and August)	EDO	X			X				X		
Estate Strategy	2xyear (August and December)	EDFR	X Blue box item -deferred to October 2023	X Blue box item deferred to December 2023	X -Blue box					X Blue box item		X Blue box item
Digital Strategy	2x year (Mar and Oct)	EDFR		X Blue box item deferred to December 2023	X Blue box item deferred to February 2024	X	X -blue box				X -blue box	
Business Development Strategy	2x year (March and October)	EDO		X -Blue box taken in private			X -Blue box - taken in private				X -Blue box	
Business Intelligence Strategy	2x year First presented Feb 2022 and August	EDFR	Deferred									
Learning and Development Strategy	2x year (March and October)	EDNNAHPS		X Blue box item deferred to December 2023	X Blue box item deferred to February 2024	X Blue box item deferred from October 23	X -Blue box				X -Blue box	
Engagement Strategy	2xyear (March and October)	EDNNAHPS		X			X -Blue box				X -Blue box	X -Blue box
Patient Safety Strategy	2xMarch/October	EDNNAHPS		X							X	
Health Equity Strategy	3 x year (March, August and December)	EMD	X		X		X			X		X
Children, Young People and Families Strategy	2xyear - Feb and August	EDO	X -Deferred to October Blue Box	X -Blue box		X				X -Deferred to October Blue Box	X -Blue box	
Quality Strategy	2xyear May and December	EDNNAHPS			X - Blue box item			X - Blue box item				X - Blue box item
Workforce Report and Strategy update	3x year Aug/Oct and June (from 2024)	DW	X - Blue box item		X - Main agenda item Dec 23			X - Blue box item		X - Blue box item		X - Blue box item
Research and Development Strategy	annual	EMD				X Blue box						
Governance												
Medical Director's annual report	annual	EMD	X							X		
Nurse and ANP revalidation	annual	EDNNAHPS	X							X		
Well-led framework	as required	CS										
Annual report	annual	EDFR							X			
Annual accounts	annual	EDFR							X			
Letter of representation (ISA 200)	annual	EDFR							X			
Audit opinion	annual	EDFR							X			
Audit Committee annual report (part of corporate governance report)	annual	CS										
Standing orders/standing financial instructions review October	annual October	CS		X - deferred to December 2023	X - deferred to February 2024	X		X			X	
Annual governance statement (Presented with Annual Report and Accounts)	annual	CS							X			
Going concern statement (part of corporate governance report March)	annual	EDFR					X					
NHS provider licence compliance - requirements changing in 2024	annual	CS						X				
Committee terms of reference review	annual	CS						X				
Register of sealings	4 xper year	CS	X		X		X			X		X
Risk appetite statement (part of corporate governance report March)	annual	CS					X					
Declarations of interest/fit and proper persons test (part of corporate governance report March)	annual	CS					X					
Board Assurance Framework -process update (July Audit Committee)	annual	CS	X - Blue box item							X - Blue box item		
Information Governance Annual Report	annual	EDFR				X						
Corporate governance report	annual	CS					X					
Reports												
WDES and WRES -annual report and action plan	annual	DW		X							X	
Equality and diversity - annual report combined with WDES and WRES from 2023	annual (Dec)	DW										
Sustainability report (Annual Green Plan)	2xyear (March and October)	EDO		X Deferred to December 2023	X		X				X	
Safeguarding -annual report	annual	EDNNAHPS	X							X		
Health and Safety Annual Plan	Annual	EDFR	X - Blue box item							X - Blue box item		
Infection prevention control assurance framework	2x year (October and March)			X -Blue box			X -Blue box				X -Blue box	
Infection prevention control annual report	annual	EDNNAHPS	X deferred from March 2023				X					

Key
CE Chief Executive
EDFR Executive Director of Finance and Resources
EDN Executive Director of Nursing
EDO Executive Director of Operations
EMD Executive Medical Director
DW Director of Workforce
CELS Committee's Executive Leads
CS Company Secretary

X -rotated
X -deferred to another meeting
X -not required