Bundle Public Board Meeting 7 June 2024

Agenda
Final Agenda Public_Board_Meeting_7 June_20242905

1 09:00 - Welcome, introductions and apologies:

2 Declarations of interest

3 Questions from members of the public

4 09:10 - Minutes of previous meeting and matters arising

4.a Minutes of the meetings held on: 28 March 2024
Item 4a Draft Public Board minutes 28 March 2024

4.b Action log
Item 4b Public Board Action log June 2024

5 09:15 - Patient's Story: Infant Mental Health Service

6 09:35 - Chief Executive's Report
Item 6 CEO report - June 2024 Final

7 09:45 - System Flow: HomeFirst Programme Update
Item 7 System Flow HomeFirst update - June2024

8 10:00 - Quality Committee Chair's Assurance Report: 28 May 2024 - Verbal Report

9 10:05 - Quality Account (reviewed by Quality Committee May 2024)
Item 9 Quality Account Board Front Sheet June 2024
Item 9iiQuality Account for Board May 24 final draft

10 10:15 - Mortality report: Quarter 4 update 2023/24 (reviewed by Quality Committee May 2024)
Item 10 Mortality Report Q4 23-24_

11 10:30 - Business Committee Chair's Assurance Report: 24 April 2024 (Paper) and 29 May 2024 (Verbal report)
Item 11 Business Committee Chair's Assurance Report April 2024 Final new format

12 10:35 - Financial Plan Update 2024/25
Item 12 Financial Plan Update 2024-25

13 10:45 - Performance Report: Performance Brief April 2024 (reviewed by Quality and Business Comittees May 2024)
Item 13 Performance Brief - April 2024 NEW Board Version

14 10:55 - Audit Committee Chair's Assurance Report: 19 April 2024
Item 14 Audit Committee Chairs assurance report April 2024 final new format

15 11:00 - Audit Committee Annual Report 2023/24
Item 15 Audit Committee annual report 2023 -24

16 11:10 - Guardian of Safe Working Hours

16.a Quarter 4 update
Item 16a GoSWH Quaterly report June 24

16.b Annual report 2023-24
Item 16b GoSWH Annual report June 24

17 11:20 - Workforce Strategy update- reviewed by Business Committee April 2024
Item 17 Workforce Strategy Update and Headlines April 2024 Board Version V2.0
Item 17i Appendix 1 Workforce Strategy Measures Dashboard
Item 17ii Appendix 2 detailed progress on Workforce Strategy measures April 2024

18 11:30 - Significant Risks and Board Assurance Framework (BAF)

18.a Significant Risks Report
Item 18a Significant risks report 070624

18.b Board Assurance Framework – Quarterly update
Item 18bi BAF report 7 June 2024
Item 18bii 2024_25_BAF_May2024 Final

19 11:40 - Committees' terms of reference review (to approve changes)
Item 19 Committees review of terms of reference for approval June 2024

20 11:45 - Corporate Governance

20.a Declarations of Interest Made by Directors for 2023/24
Item 20a Directors declarations of interest

20.b Compliance with Provider Licence 2023-24 (for ratification)
Item 20b Compliance with NHS provider licence 2023-24 final

20.c Service Visits Report
Item 20c Service visits report April_May 2024

21 11:55 - Any Other Business. Questions on Blue Box Items and Close

22 Blue Box Item: Quality Strategy update– reviewed by Quality Committee May 2024
Item 22 Quality Strategy Update May 24

23 Blue Box Item: Sustainability Report 2023-24 - reviewed by Business Committee May 2024
Item 23 Sustainability Annual Report 2023-24 Public Board

Leeds Community Healthcare NHS Trust

Agenda Trust Board Meeting Held In Public
Venue: Boardroom White Rose Park
Millshaw Park Lane
Leeds LS11 0DL

Date 7 June 2024
Time 9:00am – 12.00 (noon)
Chair Brodie Clark CBE, Trust Chair

AGENDA			Paper
2024-25 1	9.00	**Welcome, introductions and apologies** *(Trust Chair)*	**N**
STANDING ITEMS			
2024-25 2		**Declarations of interest** *(Trust Chair)*	**N**
2024-25 3		**Questions from members of the public**	**N**
2024-25 4	9.10	**Minutes of previous meeting and matters arising** *(Trust Chair)* *For approval*	
4a		Minutes of the meetings held on: 28 March 2024	**Y**
4b		Action log: 7 June 2024	**Y**
2024-25 5	9.15	**Patient story – Infant Mental Health Service** *(Steph Lawrence)*	**N**
STRATEGY AND PARTNERSHPS			
2024-25 6	9.35	**Chief Executive's report** *(Selina Douglas)*	**Y**
2024-25 7	9.45	**System Flow: HomeFirst Programme Update** *(Sam Prince)*	**Y**
QUALITY AND SAFETY			
2024-25 8	10.00	**Quality Committee Chair's Assurance Report:** 28 May 2024 (Verbal report) *(Helen Thomson)*	**N**
2024-25 9	10.05	**Quality Account** (reviewed by Quality Committee May 2024) *(Steph Lawrence) – for approval*	**Y**
2024-25 10	10.15	**Mortality report:** Quarter 4 update 2023/24 *(reviewed by Quality Committee May 2024)*	**Y**
BREAK			
FINANCE, PERFORMANCE AND SUSTAINABILITY			
2024-25 11	10.30	**Business Committee Chair's Assurance Report:** 24 April 2024 (Paper) and 29 May 2024 (Verbal report) *(Rachel Booth)*	**Y**
2024-25 12	10.35	**Financial Plan Update 2024/25** *(Andrea Osborne)*	**Y**
2024-25 13	10.45	**Performance report:** Performance Brief April 2024 (reviewed by Quality and Business Comittees May 2024) *(Andrea Osborne)*	**Y** Y
2024-25	10.55	**Audit Committee Chair's Assurance Report:** 19 April 2024	**Y**

14		*(Khalil Rehman)*	
2024-25 15	11.00	**Audit Committee Annual Report 2023/24** *(Helen Robinson)*	**Y**
WORKFORCE			
2024-25 16	11.10	**Guardian of Safe Working Hours** a) Quarter 4 update b) Annual report 2023/24 (Dr Nagashree Nallapetta)	**Y**
2024-25 17	11.20	**Workforce Strategy update-** reviewed by Business Committee April 2024	**Y**
GOVERNANCE AND WELL LED			
2024-25 18	11.30	**Significant Risks and Board Assurance Framework (BAF)** *(Selina Douglas)* a) Significant Risks Report b) Board Assurance Framework Report	**Y** **Y**
2024-25 19	11.40	**Committees' terms of reference review (to approve changes)** *(Helen Robinson)*	**Y**
2024-25 20	11.50	**Corporate Governance** a) Declarations of interest made by directors for 2023/24 *(Helen Robinson)* b) Compliance with Provider Licence 2023/24 (for ratification) *(Helen Robinson)* *c)* Service Visits Report *(Selina Douglas)*	**Y** **Y** **Y**
CLOSING BUSINESS			
2024-25 21	11.55	**Any other business. Questions on Blue Box Items and Close** (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 21.

***Blue Box**		
2024-25 22	**Quality Strategy update year 3 –** reviewed by Quality Committee May 2024	**Y**
2024-25 23	**Sustainability Annual Report 2023/24** - *reviewed by Business Committee May 2024*	**Y**

/

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 7 June 2024

Agenda item number: 2024-25 (4a)

Title: Draft Trust Board meeting minutes 28 March 2024

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
	Helen Thomson Deputy Lieutenant (DL) (HT)	Non-Executive Director
	Professor Ian Lewis (IL)	Non-Executive Director
	Khalil Rehman (KR)	Non-Executive Director
	Richard Gladman (RG)	Non-Executive Director
	Alison Lowe OBE (AL)	Non-Executive Director
	Steph Lawrence MBE	Executive Director of Nursing and Allied Health Professionals (AHPs)
	Dr Ruth Burnett	Executive Medical Director
	Andrea North	Interim Executive Director of Operations
	Andrea Osborne	Interim Executive Director of Finance and Resources
Apologies:	Laura Smith	Director of Workforce, Organisational Development and System Development (LS)
	Dr Nagashree Nallapeta	Guardian of Safe Working Hours, Leeds Community Healthcare NHS Trust
In attendance:	Rachel Booth (RB)	Associate Non-Executive Director
	Helen Robinson	Company Secretary
	Jenny Allen	Director of Workforce, Organisational Development and System Development (JA)
	Helen Heer	Specialist Speech & Language Therapist Speech & Swallowing Team/ Speech & Swallowing: Discharge Team, Leeds Community Healthcare NHS Trust (For Item 122)
	Nicola Worrall	Speech and Language Therapist, Leeds Community Healthcare NHS Trust (For Item 122)
Minutes:	Liz Thornton	Board Administrator
Observers:	Penny McSorley	Deputy Director of Nursing and Quality, West Yorkshire Integrated Care Board (Shadowing Sam Prince, Interim Chief Executive Officer)
Members of the public:	None present	

Item 2023-24 (118)

Discussion points:

Welcome introduction, apologies, and preliminary business

The Chair opened the Trust Board meeting and welcomed all those attending to support items on the agenda.

He welcomed one observer to the meeting: Penny McSorley, Deputy Director of Nursing and Quality, West Yorkshire Integrated Care Board (Shadowing Sam Prince, Interim Chief Executive Officer)

Apologies

Apologies for absence were received from Laura Smith (Director of Workforce, Organisational Development and System Development) and Dr Nagashree Nallapeta, Guardian of Safe Working Hours, Leeds Community Healthcare NHS Trust.

Trust Chair's introductory remarks

Attending meetings recently the Chair had been struck by the positive and dynamic balance between managing the Trust's day by day business with the attention on delivering the best care to the people of Leeds; on safety; on the principles and best practices around care and on working in ways that brings the best out in colleagues.

He had also observed:

- The outstanding 'partnership' journey which would be discussed in more detail in the private session of the Board.
- Modernising ways of working by a presentation on digital allocation at a recent meeting of the Business Committee.
- Progress on drafting a robust business development plan
- Satisfaction on the staff survey result, but a desire to identify the problem areas and do something more.
- Overseas recruits, for whom the Trust's ambition is not just for them to be here – rather to develop, to influence and to make a difference.

All of this stressed the Trust's continued and strong ambition.

There was a great deal to manage, and the Quality and Value Programme was a central and pivotal part of that progress and reflected:

- A time of challenge
- A time of change
- A time of great opportunity
- A time for maintaining care and caring – at every level across to organisation.
- A time of best value for money.

Item 2023-24 (119)

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** declarations were made above those on record or in respect of any business covered by the agenda.

Item 2023-24 (120)

Discussion points:

Questions from members of the public.

No questions were raised.

Item 2023-24 (121)

Discussion points:

Minutes of the last meeting

a) Minutes of the last meeting: 2 February 2024

b) The minutes were reviewed and agreed as an accurate record of the meeting.

c) Actions' log 28 March 2024

2 February 2024 meeting
2023-24 (98): Patient Story: Community Neurology Service (CNRS): a progress report on developments in the CNRS should be brought to the Board in six months' time. Due in October 2024. **Ongoing.**
2023-24 Blue box item 116: Research and Development Strategy: a specific update on the research work would be brought back to the Board on 2 August 2024 following consideration by the Quality Committee. **Ongoing.**

4 August 2023 meeting
2023-24 (41): Health Equity Strategy – production of an e-book: work with patients identified the e-book was not an accessible format. Outcomes of the communication event are now included with patient rights on the Trust's person-centred webpage **Action closed.**
2023-24 (41): Health Equity Strategy: future reports would be more outcome focussed on the redress of inequalities across the service. **Action closed.**

Item 2023-24 (122)

Patient story: Speech and Language Service – video story
Jen was referred to the Speech and Swallowing; Discharge Team on the 26 May 2023 for assessment of her swallowing. Following surgery Jen had been left with significant swallowing difficulties which meant she could not eat and drink orally. Her speech was impacted and she used strategies to make herself understood. All her nutrition and hydration was taken via a feeding tube she was not taking any water orally due to the distress of coughing so a regime of swallowing exercises was introduced.

Jen explained that her difficulties impacted her mood and meant she did not want to engage with wider family social activities.

Jen's Speech and Language Therapist suggested using a new product to the market that could allow people with swallowing difficulties to have a taste and flavour, Biozoon – flavoured foam. The product allows some patients an option to experience a taste via a foam substance, without the need to swallow a fluid and without adding risks of deteriorating health such as chest infections.

The LCH Team were able to buy a Biozoon starter kit at £43.00 to be able to trial it with suitable patients. Following a conversation with Jen and her husband about risks and benefits. Jen was keen to use this item and bought her own device and trialled herbal teas and juice.

The Trust Chair asked how the Team had become aware of the Biozoon product.

Helen Heer explained that she had attended an open lecture by the Royal Hospital for Neuro Disability who provided evidence of their pilot study and she had invited a representative from the company to a team meeting to demonstrate the item and share more evidence of its use.

The Board acknowledged that Biozoon would not be suitable for every patient with speech and swallowing difficulties but agreed that more research should be done to understand where it could benefit patients in the community through the Trust's research networks and other external organisations.

It was also suggested that consideration could be given to funding more Biozoon products using the Trust's Chartable Funds.

The Trust Chair asked that the Board's thanks be extended to Jill for allowing her story to be shared and members of staff for attending to support the presentation of such an interesting and helpful story to the Board.

Item 2023-24 (99)

Discussion points:
Chief Executive's report
The Interim Chief Executive presented her report and highlighted the following items:

- Carer Confident Employer
- National Preceptorship for Nursing Interim Quality Mark
- Tier 3 Weight Management Service

- Collaborating in Partnership

Non-Executive Director (RG) referred to the update on the Tier 3 Weight Management Service and asked when the programme might be restarted.

The Chief Executive explained that due to an unmanageable increase in referrals, the service had been paused to new referrals from the 15 July 2023 following agreement with Leeds system partners and the Scrutiny Committee. Since the pausing of referrals there has been a 19.7% reduction in the caseload. All referrals were triaged and patients communicated with concerning waiting times, but it has been agreed that it is not yet possible to re-open to referrals. Discussions continue with the ICB on how to manage the situation and developments were expected over Summer.

Action: It was agreed that a further update would be provided to the Quality Committee and to the Board in early Autumn.

Responsible Officer: Executive Director of Operations.

Outcome: the Board

- received and noted the Interim Chief Executive's report.

Item 2023-24 Item (124)

Discussion points:
System Flow Update
The Interim Executive Director of Operations introduced the report which provided an update on the Trust's involvement in initiatives to support system flow for the Leeds health and social care system.

All organisations in the system were experiencing significant pressures. Challenges with patient flow were impacting on patient safety within all organisations, with unallocated visits in the Trust and corridors in use in Leeds Teaching Hospitals NHS Trust (LTHT) and a high out of area position for Leeds and York Partnership NHS Foundation Trust (LYPFT).

The actions being taken across the system had mitigated the pressures but significant challenges remained.

The Board noted that overall, the City remained in a better position than in 2022/23 despite the current challenges.

Non-Executive Director (IL) noted that the Trust had reached the Home Wards target to create 115 Virtual Ward beds. He asked what plans the Trust had to expand on the target.

The Interim Chief Executive said that further expansion was dependent on funding. The Trust would welcome the opportunity to expand the current offer but no further growth was forecast at the moment.

The Board discussed the challenges of moving money around the local healthcare system particularly when all organisations were required to make efficiency savings and were facing significant financial challenges.

The Interim Chief Executive observed that a Board-to-Board session with LTHT could potentially enable the Board to understand the wider picture and provide an opportunity to make the case that care in the community provided better value for money. There was an acceptance of the proposal to invite a suitable Board to Board session with LTHT.

Action: Options for a Board-to-Board session with LTHT to be explored.

Responsible Officer: Trust Chair.

Outcome: the Board

- Noted the paper and the work being undertaken across the system to maintain system flow at times of extreme pressure
- Follow up on the Board-to-Board proposal.

Item 2023-24 (101)

Discussion points:
Assurance reports from sub-committees

a) Quality Committee – 26 February 2024 and 25 March 2024 (verbal report)
The reports were presented by the Chair of the Committee, Non-Executive Director (HT), the key issues discussed were highlighted - noting that several issues discussed were covered by the agenda for this Board meeting:
26 February 2024 – primarily a workshop. Two substantive items of business had been discussed and were covered in the written report.
25 March 2024: verbal update

- **Cancelled and rescheduled visits:** the Committee had received a report on the audit completed in February 2024 which showed a slightly improved picture.
- **Quality Account:** the Committee received the final draft of the 2023/24 Quality Account. The Committee felt that this was an excellent declaration of quality.
- **Children, young people and families strategy:** the Committee received a comprehensive update on the strategy. The update was shared with the Board as Blue Box Item 140 on the agenda for this meeting.
- **Infection Prevention Control BAF:** the report provided excellent assurance that patients who use the Trust's services receive safe and effective care. The report was shared with the Board as Blue Box Item 139 on the agenda for this Board meeting.
- **Quality and Value programme:** a session to understand the links to patient care.

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

b) Business Committee – 28 February 2024 and 27 March 2024 (verbal report)
The reports were presented by the Chair of the Committee, Associate Non-Executive Director (RB), and the key issues discussed were highlighted - noting that several issues discussed were covered by the agenda for this Board meeting:
28 February 2024

- **Draft Trust Priorities:** the Committee reviewed the draft following feedback from the Trust Leadership Team (TLT) and Quality Committee.
- **Draft Financial Plan 2024/25:** the Committee reviewed the headline plan ahead of final sign off by the Trust Board.
- **Quality and Value Programme:** the Committee reviewed and commented on the costed plan, risks, mitigations, service redesign methodology and programme governance including questions about Board assurance and decision making.
- **Workshop-BAME Talent Development Programme:** the Committee heard that there was good take up for the first cohort.

27 March 2024

- **Business Development Strategy:** the Committee received the quarterly update on the strategy. Some concerns were raised around the capacity to manage the number of upcoming tenders.
- **Procurement Strategy:** the Committee received an operational update. Work on the strategic direction of the procurement function was continuing.
- **Quality and Value Programme Board**: it was agreed that Khalil Rehman, Non-Executive Director would join the Board to provide independent oversight of the programme.
- **Proposed High Level KPIs**: the final high-level indicators paper for the Performance Brief for 2024/25 was received by the Committee before signing off by the Trust Board.

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

d) Audit Committee: 8 March 2024
The report was presented by Non-Executive Director (KR), Chair of the Committee, the key issues discussed were highlighted:

- **Internal audit:** the Committee remained concerned about the number of overdue recommendations but acknowledged that considerable work was being undertaken to address the backlog. The Committee heard that the number of overdue recommendations

could have a negative impact on the Head of Internal Audit Opinion for 2023/24 so a robust approach was being applied to this prior to the year end.

- **External Audit:** the Committee was informed that value for money audit work had commenced and no areas of risk or significant weakness had been identified to date. There was minimal risk of delay to completing the work on time.
- **Annual Report and Accounts:** the Committee received assurance that the Trust was sighted on the requirements for the 2023/24 annual report and accounts process and that there were sufficient relevantly qualified and experienced staffing resources in place to deliver the workload by the final submission date of 28 June 2024.

The Board noted that BAF risk 7 (Failure to maintain business continuity (including response to cyber security) was being managed had been assigned a **Reasonable** level of assurance.

d) Charitable Funds Committee 12 March 2024
The report was presented by Non-Executive Director (AL), Chair of the Committee, the key issues discussed were highlighted:

- **Charitable development updates:** the Committee received an update from the Charities Fundraiser about the work recently undertaken.
- **Finance Report:** the Committee received an update report.
- **'A Slice of Saturday Night':** the Committee heard about a show being led by the Interim Chief Executive on 19 and 20 July 2024 to raise funds for the Trust's Charity.
- **Pennies from Heaven:** a scheme to donate the pennies from payslips to the Trust's Charity would be introduced in the Trust in April 2024.

e) Nominations and Remuneration Committee 15 December 2023
The report was presented by the Trust Chair, the key issues discussed were highlighted:

- **Critical Incentive Scheme Evaluation:** the Committee received and discussed an update paper relating to the Critical Incentives Scheme. An Internal Audit was currently underway to review the governance and controls associated with the scheme.
- **Clinical Excellence Awards Scheme:** the Committee approved the eligible Consultant list and agreed the proposal that the pot of money for 2023/24 financial year be split equitably between eligible Consultants.

Outcome: the Board

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

Item 2023-24 (126)

Discussion points:
Performance Brief: February 2024
The Interim Executive Director of Finance and Resources introduced 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 in March 2024.

Safe
The Executive Director of Nursing and AHPs drew attention to the information about the Central Alert System particularly an outstanding alert relating to bed rails and bed sticks. As a community trust Leeds Community Healthcare (LCH) had a significant number of patients who used both types of equipment. Work was ongoing with the Integrated Care Board (ICB) to assess and mitigate the risk as quickly as possible.

There were no questions raised in relation to the caring domain and the effective domain was not reported in this brief.

Responsive
On the issues highlighted under the responsiveness domain, the Board discussed waiting lists. The outcome of waiting lists deep dive would be discussed under Item 132 on the agenda.

It was agreed that a more focussed session on waiting list management and the impact on the Board Assurance Framework should be arranged.

In advance of the session the Interim Chief Executive agreed to explore if there was any learning from other community providers on waiting list management which could be shared. She would feed back to the Board as appropriate.

Well-led
The Director of Workforce, Organisation Development and System Development (JA) highlighted that the appraisal compliance rate was 74.5% against a target of greater than 90%. Long term sickness remained slightly above target but had improved since December and January. The narrative included action being taken to address areas of concern.

Finance
In the national and West Yorkshire financial context there continued to be significant work ongoing across England to improve the positions of ICBs and provider organisations. Assurance was provided to the Board that the Trust was on track to deliver a £250k surplus in 2023/24.

In relation to capital expenditure the Trust was forecasting to spend £16.3million by the end of March 2024. This was an underspend of 0.7million and reflected the position nationally. The Board heard that the Trust would need to strengthen its capital planning processes in future years to ensure that funds were fully utilised.

There were no further questions related to the performance pack.

Outcome: the Board:

- Noted the levels of performance in February 2024.

Item 2023-24 (127)

Discussion points:

Significant risks and Board Assurance Framework (BAF) summary report

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

The Board reviewed the Board Assurrance Framework (BAF) summary which provided the current assurance level for each strategic risk and received assurance that everything was being done to mitigate the risks.

The Board noted changes to the risk register as follows:

- There were four risks scoring 15 (extreme) or above as of 4 March 2024:
  - Reduced quality of patient care in neighbourhood teams due to an imbalance of capacity and demand
  - Mind Mate Single Point of Access (SPA) increasing backlog of referrals (system-wide risk)
  - Patient safety concerns relating to capacity in Yeadon Neighbourhood Team
  - Impact/Management of Neurodevelopmental Assessment Waiting List (New)

The Board reviewed the levels of assurance provided by the committees on the risks on the BAF. The discussion focussed on Risk 2: Failure to manage demand for services which the Quality Committee had judged as reasonable.

The Board felt that considering the findings from the waiting list deep dive exercise, the level of assurance should be Limited.

In addition, more narrative should be added to the additional information column on the BAF for Risk 2 about mitigations/next steps to manage the process following the findings from the waiting list deep dive exercise.

Outcome: the Board

- Noted the risks scoring 12 and above, which have been scrutinised by Business and Quality Committee.

- Noted the assurance levels previously agreed for strategic risks assigned to the Board's committees and felt that Risk 2: failure to manage demand for services should be assigned a **Limited** assurance level based on the information shared and discussions held during the meeting.

Item 2023-24 (128)

Quarter 3 Report 23-24 Guardian of Safe Working Hours (GSWH)

The Guardian was not present at the meeting. The Executive Medical Director presented the report which sought to provide the Board with assurance that trainee doctors and dentists working within the Trust were working safely and, in a manner, consistent with the Junior Doctors Contract 2016 Terms and Conditions of Service.

The Board considered the update on the CAMHS historic rota compliance issue and discussed the summary of the current position.

Non-Executive Director (IL) asked about the risks to the Trust if the rotas were found to be non-compliant. The Executive Medical Director said that the most significant risk was that a fine could be levied, the level of which was unknown. A formal grievance could also be lodged against the Trust.

The Director of Workforce, Organisation Development and System Development (JA) informed the Board that a significant amount of work had been undertaken to progress this to a conclusion that was acceptable to both sides. Checks made with key individuals in post at the time had not evidenced that any issues had been raised and no exception reports had been filed or complaints raised by junior doctors.

Outcome: the Board

- Supported the GSWH with the work to improve medical staffing and HR support for junior doctors in the Trust.
- Noted the Progress made with the CAMHS historic on-call rota.
- Noted that there was a risk of a potential formal grievance that could be raised by Junior Doctors affected by the CAMHS historic rota issues.

Item 2023-24 (129)

Discussion points:

Patient Safety Strategy Implementation Update Report

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

The Trust had completed a soft launch of the Patient Safety Incident Response Framework in January 2024 with full transition planned for April 2024. Significant work was required to achieve successful implementation, and this was being driven by the Trust implementation group and would transfer to the Clinical Governance Team in conjunction with the clinical Business Units from April 2024.

The Chair asked what changes the new Incident Response Framework had introduced in terms of reporting.

The Executive Director of Nursing and AHPs said that the aim was to change the culture of patient safety reporting and investigation to ensure the key focus of investigation was learning and improvement that made a difference and was sustained. She expected there to be no reduction in the reporting of patient safety incidents but a lower number of major harm incidents. She expected to see this by the end of Quarter 2/ beginning of Quarter 3.

Non-Execuitve Director (AL) stressed the importance of reporting data through an equity lens and making this more visible in future reports.

The Board sought assurance that reporting on lessons learnt from incidents and themes would continue to be produced and recorded. The Executive Director of Nursing and AHPs provided assurance that this would be the case.

Outcome: the Board

- Received and noted the update report.

Item 2023-24 (130)

Discussion points:

Staff Survey 2023

The Director of Workforce, Organisation Development and System Development (JA) presented the report which set out the key staff survey results and narrative for 2023 for the organisation. The report included a comparison against the 2022 data and information about how the Trust benchmarked against the Community Trust comparator group and national average scores. The report also outlined the approach to the dissemination of the information to key stakeholders and local business units and teams to strengthen the approach to staff engagement and provide further focussed areas for continuing improvement.

The Board was pleased to see that the Trust's results were improving.

Associate Non-Executitve Director (RB) observed that the responsibility for improving staff health and wellbeing and reducing 'burn out' rested with managers. She felt that there needed to be a greater focus on understanding what was required to support staff and upskill leaders and managers to deliver and be accountable.

Non-Executive Director (AL) agreed that there was a lot to celebrate in the survey results. She asked if the Trust had an agreed policy on physical violence and verbal abuse from patients or their families on staff and if staff were encouraged to report any incidents to the police.

The Interim Chief Executive said that the Trust had a zero-tolerance approach to abuse and aggression towards staff and patients. The aim of the No-Bystanders initiative was to contribute towards a reduction in people experiencing abuse, harassment, or discrimination in relation to their work with the Trust. Its objective was to identify actions to make sure that when people do experience these behaviours, they feel confident and supported to take action and access support around it.

The Executive Director of Nursing and AHPs provided assurance that managers and senior leaders visited patients and families who exhibited violent or aggressive behaviour and the Trust would exercise the right to refuse treatment and take further action against anyone who threatened the safety of its staff in certain circumstances.

Non-Executive Director (RG) observed that data on hate crimes was reported to the Business Committee via reports from the Health and Safety Group.

Non-Executive Director (KR) noted that the infographic included in paper should include an illustration of the results from the Workforce Disability Equality Standard Data and the Workforce Race Equality Standard Data.

He also suggested that updates on progress should be shared with the Business and Quality Committees on the four areas to improve following the initial analysis.

Outcome: The Board:

- Noted the release of the 2023 Staff Survey results and the findings to date and endorsed the proposed approach to the dissemination of information.

Item 2023-24 (131)

Discussion points:

Engagement Principles

The Executive Director of Nursing and AHPs presented the update on Trust's Engagement Principles and the work which had been completed to embed them across the organisation.

She asked the Board to review and approve the updated aims for development and implementation of the principles which were set out in the paper.

Outcome: the Board

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

Item 2023-24 (132)

Discussion points:

Waiting List Deep Dive Findings Report

The Interim Executive Director of Operations presented the report. She provided background and context to the purpose of undertaking a 'deep dive' to establish whether the organisation could have reasonable confidence and assurance in the data being presented to the Business Committee and Board.

As a result of a series of internal workshops, four key themes had been identified.

- Waiting list validation processes require strengthening.
- There is a misalignment between clinical systems and clinical pathways, resulting in a lack of transparency.
- There are a small number of pathways that should be excluded from the Trust waiting list position.
- There is a requirement for a more standardised process across business units to ensure robust scrutiny of waiting lists and provide assurance to Business Committee and Board.

The paper outlined the findings in detail, the actions to be taken to address the issues identified and provide assurance to Business Committee and Board.

The Trust Chair asked how the next steps and actions identified in the report would restore confidence in the waiting list management processes in the Trust. The Interim Executive Director of Operations explained that the actions outlined in response to the findings would address the inconsistency of approach, ensure appropriate reporting, and offer assurance to Business Committee and Board that the data they received was accurate.

As services participated in the Quality and Value Programme, assurance would be in place that they would start from a validated baseline in terms of patient access and waiting times.

Non-Executive Director (KR) observed that the next set of data on waiting lists must be reported through an equity lens.

The Interim Executive Director of Operations said that it was important to have confidence that the data was accurate first which would enable service leaders to analyse and understand the demand, the demographic of people using the services and to target resources to address health inequalities.

Non-Executive Director (AL) referred to the data on complaints and investigations and noted that there was the potential for many more complaints to be raised.

The Interim Director of Operations acknowledged that there would always be a number of patients who would never complain. The Trust was looking at improving the way it kept in touch with patients on the waiting list including directing them to appropriate support whilst they were waiting.

Non-Execuitve Director (RG) was concerned about capacity in the Trust to manage a waiting list process that was administratively intensive.

The Interim Director of Finance and Resources informed the Committee that one area of focus for Trust's new Digital Strategy would be to improve the focus on use of data and information flow.

Outcome: the Board

- Noted the findings from the Waiting List Deep Dive.
- Noted that the Business Committee and Board would need to monitor the changes to the 'responsiveness' section of the Performance Report and provide feedback regarding the level of assurance received in relation to waiting times to enable ongoing improvement as required.

Item 2023-24 (133)

Annual plan 2024

a) Operational Plan Priorities 2024/25

The Interim Executive Director of Finance and Resources presented the 2024/25 operational plan which outlined the strategic framework for 2024-25. This included the Trust vision, strategic goals, and proposed priorities for 2024-25 the achievement of which were underpinned by the 2024/25

business unit business plans and the Trust's Quality and Value Programme. The plan had been considered by the Quality and Business Committees and Trust Leadership Team (TLT) in March 2024.
The 2024/25 NHS Priorities and Operational and Planning Guidance had been published on 27 March 2024. The Interim Execuitve Director of Finance and Resources said that the priorities and operational plan would be reviewed in light of the guidance.

Outcome: the Board

- Approved the priorities and operational plan for 2024/25 subject to consideration of the implications of the publication of the 2024/25 NHS Priorities and Planning Guidance.

b) 2024/25 Financial Plan

The Interim Executive Director of Finance and Resources presented the Financial Plan for 2024-25 as a slide presentation which had been previously considered by the Board in private session on 14 March 2024.

In accordance with the timetable the slides presented the full revenue and capital plan for 2024/25 which had been submitted to NHS England on 21 March 2024.

Outcome: the Board

- Approved the Financial Plan for 2024/25 subject to consideration of the implications of the publication of the 2024/25 NHS Priorities and Planning Guidance.

c) Revised High Level Performance Indictors 2024/25

The Interim Executive Director of Finance and Resources presented the report which set out the proposed high-level indicators that would be measured in the 2024/25 Performance Brief to be monitored by the Board and its Committees. The review of the indicators had taken account of the changes in contracts, NHS Standard Operating Framework, and other relevant requirements. The indicators had been reviewed by the Quality and Business Committees and TLT in January and March 2024.

Outcome: the Board

- Approved the proposed changes to the indicators and considered that they would provide the assurance from the Performance Brief through 2024/25.

d) Learning and Development Strategy (Blue Box Item 138)

The Board agreed to consider approval of the Learning and Development Strategy 2024-2029 and operational plan under this agenda item.

The Executive Director of Nursing and AHPs informed the Board that the strategy and operational plan had been considered by the Quality Committee and TLT in March 2024 and recommended for approval.

Outcome: the Board

- Approved the Learning and Development Strategy 2024-2029 and the associated operational plan.

Item 2023-24 (134)

Discussion points:

Corporate Governance

a) Going Concern Statement

The Interim Executive Director of Finance and Resources presented the Going Concern Consideration. She explained that the paper had been considered by the Audit Committee at its meeting on 8 March 2024 and was recommended for approval.

Outcome: the Board**:**

- Approved the preparation of the annual accounts for 2023/24 on a going concern basis.

b) New Code of Governance Compliance Paper

The Company Secretary presented the paper which set out the requirements of the new Code of Governance which came into force on 1 April 2023.

The Board reviewed the Trust's compliance against the standards.

Outcome: the Board

- Noted the new requirements of the Code of Governance for provider trusts, and the assurance that will be provided in due course by External Audit against the publication within the Annual Report.
- Approved the self-assessment of the comply or explain against the statements of the Code as an accurate reflection of the Board and practices at LCH.
- Noted the recommendation for an external Well-led review to be undertaken during 2024/25.
- Approved the inclusion of a declaration within the Annual Report as below:
  The Board recognises the importance of the Code of Governance and has undertaken a review of compliance. There have not been any contraventions of the Code but there is one area where further work is indicated to declare full compliance going forwards.

c) Declarations of interest and compliance with the fit and proper person requirements made by the directors for 2023/24

The Company Secretary presented the report which contained the director's declarations of interest schedule of disclosures for 2023/24, confirmation that the Trust was compliant with the Fit and Proper Person Test and other additional annual background checks.

Outcome: the Board

- Noted the declarations of interest made by directors for 2023/24.
- Noted that the Trust is fully compliant with the Fit and Proper Person Test and Framework as at the date of this report.
- Noted the statement regarding the independence of Non-Executive Directors

d) Risk Appetite Statement Annual Review

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

The TLT had discussed the risk levels set out in the risk appetite statement and agreed the changes set out in the Executive Summary as follows:

In light of the current environment (financial constraints, etc) and the Quality and Value Programme the TLT proposed that the appetite for delivery of care and for financial duties are expanded from minimal to cautious. This recognises that uncontrolled risks will not be taken, and patient care will not be put at risk but provides greater scope for opportunities to be taken without compromising care. The paper includes the definition of minimal and cautious.

In addition, a risk appetite for the fifth strategic goal (equity) has been added, this reflected the existing risk appetites in relation to innovation and delivering outcomes but through an equity lens.
There were no other proposed changes to the risk appetite statement.

Associate Non-Executive Director (RB) suggested that more narrative should be added about informatics/ data security. The exact wording would be agreed following the meeting.

Outcome: the Board

- Reviewed and approved the risk appetite statement.

Item 2023-24 (135)

Discussion points:

Register of Sealings December 2023 -March 2024

The Interim Chief Executive presented the report.
The corporate seal had been used twice in February 2024.

Outcome: the Board

- Ratified the use of the corporate seal in relation to the renewal of the leases on two wards at Wharfedale Hospital.

Item 2023-24 (136)

Discussion points:

Anne Cherry Retirement

Anne Cherry joined the meeting for the Board to officially mark her retirement after 40 years working in the NHS and her work in recent years as Staff Side Secretary at the Trust.

Item 2023-24 (137)

Discussion points:

Any other business, Blue Box Items and Close

No matters were raised.

The Trust Chair closed the meeting at 12.00noon

Date and time of next meeting
Friday 7 June 2024 9.00am-12.00 noon

Additional items (Blue Box)	
2023-24 138	**Learning and Development Strategy *Update*** *-reviewed by Quality Committee March 2024*
2023-24 139	**Infection Prevention Control Board Assurance Framework** *– reviewed by Quality Committee March 2024*
2023-24 140	**Children, Young People and Families Strategy 2022-25** Update **report –** *reviewed by Quality Committee March 2024*
2023-24 141	**Estate Strategy –** *reviewed by Business Committee March 2024*
2023-24 142	**Scrutiny Board - Supporting Healthy Weight and Active Lifestyles**
2023-24 143	**Bi-Annual Patient Safety and Serious Incident combined Report- September 2023-February 2024** *reviewed by Quality Committee March 2024*

AGENDA ITEM 2024-25 (4b)

Leeds Community Healthcare NHS Trust
Trust Board meeting (held in public) action log: 7 June 2024

Agenda Item Number	Action Agreed	Lead	Timescale	Status
28 March 2024				
2023-24 (99)	**Chief Executives Report:** • Tier 3 Weight Management service waiting times update to Quality Committee and Board in Autumn 2024.	Executive Director of Operations	October 2024	Trust Board 6 December 2024
2023-24 (124)	**System Flow Update:** • Options for a Board-to-Board session with Leeds Teaching Hospitals NHS Trust to be explored.	Trust Chair	To be confirmed	Update on 7 June 2024
2 February 2024				
2023-24 (98)	**Patient Story: Community Neurology Service (CNRS):** • progress report on developments in the CNRS should be brought to the Board in six months' time.	Executive Director of Nursing and AHPs	Board meeting 4 October 2024	Trust Board meeting 4 October 2024
2023-24 (113)	**Blue Box Item 116 : Research and Development Strategy:** • a specific update on the research work would be brought back to the Board following further consideration by the Quality Committee.	Executive Medical Director	Strategy update to be presented to Quality Committee in July and Board on 3 September 2024	Trust Board meeting 3 September 2024

Actions on log completed since last Board meeting on 28 March 2024	
Actions not due for completion before 7 June 2024: progressing to timescale	
Actions not due for completion before 7 June 2024: agreed timescales and/or requirements are at risk or have been delayed	
Actions outstanding at 7 June 2024: not having met agreed timescales and/or requirements	

Trust Board Meeting Held In Public: 7 June 2024

Agenda item number: 2024-25 (6)

Title: Chief Executive's report

Category of paper: for information

History: Not applicable

Responsible director: Chief Executive

Report author: 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:

- Update on Executive Team Recruitment
- Quality & Value Programme
- NHS Oversight Framework Segmentation Review Q4, 2023/24
- Innovation event – May 2024
- Specialist Business Unit Celebration Event
- Collaborating in Partnership
- Planning round 24/25

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 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:

- Working with communities to deliver personalised care
- Enabling our workforce to thrive and deliver the best possible care
- Collaborating with partners to enable people to live better lives
- Embedding equity in all that we do
- Using our resources wisely and efficiently both in the short and longer term.

2. Executive Team Recruitment

A selection process for the permanent Director of Finance & Resources post took place in March 2023 but unfortunately no appointment resulted from this process. Following re-advertisement, a further selection process is taking place during June 2024.

Recruitment for a new Director of Nursing and Allied Health Professions has been taking place due to the retirement in the summer of the incumbent postholder, Steph Lawrence. A preferred candidate has been identified via the selection process and pre-employment checks, including the Fit and Proper Persons Test, are now underway.

3. Quality & Value Programme

The Quality and Value Programme formally launched in April 2024, following extensive engagement with the Board and Committees on how it should be structured and managed. During May the Business and Quality Committees received the second of monthly progress and assurance updates from the Quality and Value Board on each workstream. Some of the headlines can be found below:

Service redesigns - Service redesigns continue to ramp up across the business units, with Podiatry, Neighbourhood Teams, CYPHMS, and Adult SLT all now live, and MSK ready to start in June. Workshops are going well with good engagement and ideas generation, and services reporting that this feels bottom-up and not done to.
Corporate review and business processes - Over the past month the corporate review has prioritised the development of a self-assessment tool, which is now being tested by some corporate teams. The Quality and Value panel continues to meet to maintain a tight grip on expenditure.
Business development - Pre-bid work is still on-track for the Community Care Beds, Wetherby YOI, and Liaison and Diversion retenders, which are all expected this summer.
Digital enablers - Robust reviewed governance arrangements for all digital projects continue to be embedded, overseen by the new Associate Director of Digital Transformation. Digital innovations, that will act as enablers to service redesigns,

such as the procurement of a Patient Information Hub and electronic letters, are on track.
Estates rationalisation - All project areas continue to progress as planned. The project team is now fully in place which is enabling better rigour in this workstream and managing mitigations to the risks.

The first areas to go through the service redesigns have started across the business units, with Podiatry, Neighbourhood Teams, CYPHMS, and Adult SLT all now live, and MSK ready to start in June. This is being tracked through the Quality and Value Board and will report into the Business Committee. Other measures are already in place such as the vacancy control panel and are being run concurrently with service redesigns. Month 1 financial numbers are in line with predictions for 24/25 however it is worthwhile noting that it is very early in the financial year.

A live 'Ask Selina' was held on the 16 May and the focus was on Quality and Value. In addition to this director drop-ins are being held on a regular basis. A review of the support for staff and in particular managers is being undertaken.

4. Specialist Business Unit Celebration Event

The Specialist Business Unit held their annual event on the 25 April. Teams presented a real desire to innovate and support residents in a very different way. Presentations included early identification of long term conditions, support for homeless people whilst they were in hospital, and it was an inspirational event. It is important that innovation is identified and spread across the organisation.

5. NHS Oversight Framework Segmentation Review Q4 2023/24

Each quarter, NHS England (NHSE) undertakes a review of the 'segmentation' status of each NHS Trust and NHS Foundation Trust within the NHS Oversight Framework (NOF). The purposes of placing an organisation in one of four segments are: to provide an overview of the level and nature of support required; to inform oversight arrangements; and to target support capacity as effectively as possible.

The NHSE regional team have advised us that following a recent internal review for Q4, 2023/24 the segmentation status for Leeds Community Healthcare NHS Trust will remain unchanged at Segment 2. Segment 2 is the 'default' segment to which all Trusts will be allocated unless the criteria for moving into another segment are met. It signals that the Trust has plans that have the support of system partners to address areas of challenge and that targeted support may be required to address specific identified issues.

6. Innovation Event May 2024

The Trust held its very first Innovation Event on 23 May 2024 and was attended by over 150 staff representing a broad range of our services. The event was organised on our behalf by Health Innovation Yorkshire and Humber as part of the process to develop our new Digital, Data and Technology Strategy, to enable staff to contribute to the content of the strategy and help steer our digital future.

The event showcased a variety of different digital technologies that are appropriate to community services. There were a selection of presentations from other community organisations, detailing how they had implemented particular solutions and the difference it had made to the services they were delivering. Staff appreciated hearing the perspective from other community service organisations. A number of internal departments also held market place stands as an opportunity to engage with staff – IT Support Service, the Trust Charity, Library Service, Trust Strategy Team.

We were fortunate to be joined by the Leeds City Council 100% Digital Leeds Team, who offer support to communities to engage with people who are digitally excluded. People were able to understand more about the resources and support available that our services can publicise when they identify a member of the public who is digitally excluded. This resource will be vital in supporting our patients as we move to a more digital-first approach. There will be a full evaluation undertaken of the event over the coming weeks. We will use these insights to further develop the Strategy and implementation plan.

7. Collaborating in partnership

West Yorkshire Mental Health Collaborative Committee in Common

The collaborative is working together to mitigate pressures within the system however it is worthwhile noting that demand in the system in children's and adult's services remains high with particular pressure on 111 press 2 services.

The first Peer Review has taken place at LYPFT Older Peoples inpatient unit which has been reported as being supportive. The actions have been reviewed by the inpatient team and senior leaders to act upon. There will be future Peer Reviews taking place across the system.

Leeds System Meetings

Leeds Community Healthcare are part of several local system meetings including the Local Health and Care Partnership, Strategic Finance Group and the Health and Wellbeing board. The primary focus for the last few months has been the planning round and the impact on the system of financial planning.

The Leeds Health Care Partnership held on the 22 May focused on cancer services and a relaunch of chest x-ray. Health equity was a key theme across all the agenda items with a need to make sure any service changes have an Equality Quality and Impact Assessment.

West Yorkshire Community Health Services Provider Collaborative

The collaborative has an agreed workplan with five key workstreams. The areas chosen for joint work across the collaborative are:

- Urgent Care: optimising use of community-based urgent care
- Proactive Care: More personalised approaches mean individuals receive the right care, in the right place at the right time for more positive outcomes and experiences of the health and care system.

- Intermediate Care: Improve awareness of the scope and definition of pathway 1 and linkages to wider intermediate care pathways. Supporting community health and care providers to provide a consistent messaging and evidence base around the importance of homefirst and reablement pathways for future resilience of system and patient flow.
- Community Dental Services: Create a Community Dental Service (CDS) model by 31/03/2025 that enables equitable access and outcomes across West Yorkshire. A consistent CDS delivery model, owned by each provider that enables collaboration and reduces variation. The overall ambition is to become the best CDS Collaboration in the country.
- Data and KPIs: Improve the visibility of community key performance indicators and support targeted investment linked to proactive care, avoidable conveyance and admissions, intermediate care and early supported discharge and community dental provision. Use improved community data to benchmark and continuously improve our services.

Collaborative work across West Yorkshire is an important area of focus for LCH alongside local system work.

8. Planning round 24/25

As the planning round comes to a conclusion , NHS England have issued an update to the finance business rules arrangements for 24/25. In summary , all systems will be set a Revenue Financial Plan Limit (the 'limit') to make sure that plans are affordable within the available national resource taking account of existing principles and recognising that financial recovery in all systems is not possible in a single year. Limits will be set based on an assessment by NHS England of the ability of systems to achieve as close to a breakeven position as possible. The limit will be zero for those systems assessed as being capable of delivering breakeven for the year.

Those systems set a deficit limit will then receive a non-recurrent deficit support revenue allocation in 2024/25 equal to the value of their deficit limit which will have to be repaid consistent with already published business rules. Systems must live within the total allocation and absorb all pressures.

Revenue and capital funding flows will be adjusted in this year and in future years so that fair allocations are received and systems are appropriately recognised for effective financial management.

All available funding has been allocated to systems and the plans proposed and agreed by systems and providers must be delivered. Any system that fails to deliver on its financial plans will necessarily be subject to immediate nationally imposed spending restrictions.

Selina Douglas
Chief Executive
May 2024

Trust Board Meeting Held In Public: 7 June 2024

Agenda item number: 2024-25 (7)

Title: System Flow: HomeFirst Programme Update

Category of paper: for assurance/for information
History: none

Responsible director: Executive Director of Operations/Deputy Chief Executive

Report authors: HomeFirst Programme Director, Leeds Health & Care Partnership
HomeFirst Programme Director and Programme Lead, Newton Europe

---

Executive summary

This report provides a progress update on the Leeds Health and Care Partnership HomeFirst Programme one year since the Programme's commencement. LCH is a core partner in the HomeFirst Programme which is improving the Leeds intermediate care offer.

Recommendations

The Board is asked to receive the paper and take assurance that LCH is playing a full role in improving system flow through the HomeFirst Programme. It should be noted that savings detailed in the paper relate to the whole system and partially relate to a potential reduction in future spend rather than realisable savings

HomeFirst Programme Update

1 Introduction

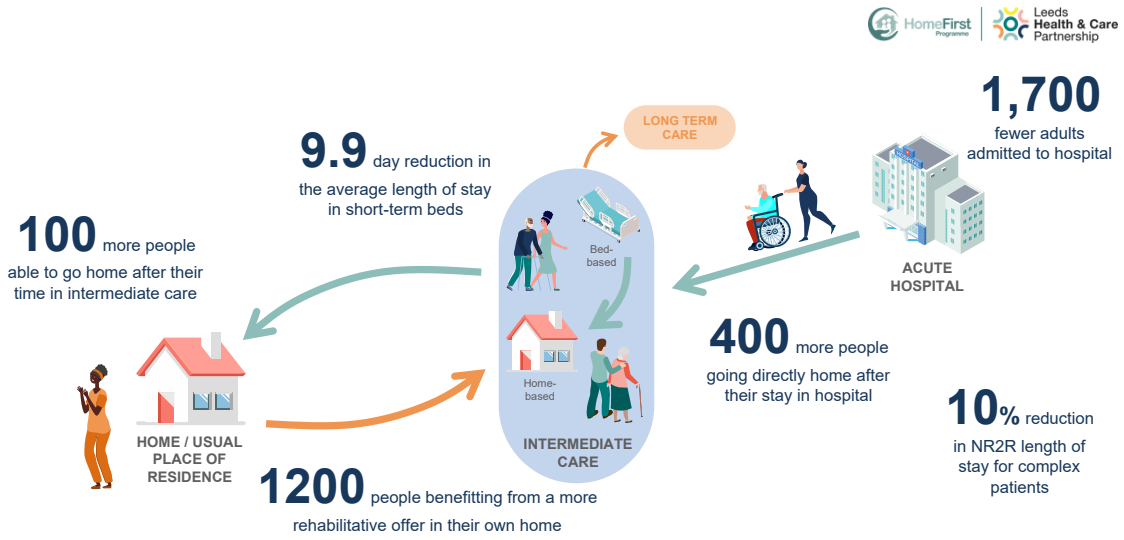
In March 2023, Leeds Health and Care partners agreed to contract Newton Europe to support delivery of the programme for an 18-month period (until March 2025), with funding distributed between Leeds City Council, Leeds Community Healthcare Trust and Leeds Teaching Hospitals NHS Trust. This work follows on from the intermediate care diagnostic carried out in Autumn 2022 by Newton Europe, with the Programme aiming to address the opportunities identified. The HomeFirst Programme aligns several existing transformation initiatives (including Active Recovery, the System Flow Programme, and Enhanced Care at Home).

2 Background

The HomeFirst Programme continues to develop and implement a new model of intermediate care services to achieve more independent and safe outcomes, helping more people to stay at home, whilst improving the experience for people, carers, and staff. The vision is to achieve **a sustainable, person-centred, HomeFirst model of intermediate care across Leeds that is joined up and promotes independence**.

The HomeFirst Programme commenced in August 2022 to transform the model of intermediate care for the city and in doing so significantly improve the efficiency and effectiveness of services. It is being delivered by a joint team of staff from across the Health and Care provider organisations in the city, the West Yorkshire Integrated Care Board and is supported by our transformation partner Newton Europe.
The Leeds Health and Care Partnership has also been a frontrunner site supporting the development of the national Framework for Intermediate Care published in September 2023.

The HomeFirst Programme has been set out to achieve the following outcomes for the Leeds Intermediate Care System by the end of the Programme, with KPIs anticipated to be delivered by mid-2024.



Progress is measured through agreed Programme Key Performance Indicators:

Project	KPI	Definition	Units
Active Recovery at Home	Reablement Throughput	Total number of starts per week across the reablement service.	Starts per Week
	Reablement Effectiveness	Average reduction in ongoing homecare need achieved through the reablement intervention.	Hours per Week
Rehab & Recovery Beds	Length of Stay	Length of stay at discharge for all patients leaving short-term beds.	Days
	Outcomes	Proportion of successful discharges (excluding readmissions) that are discharged home instead of a long-term bedded setting.	-
Transfers of Care	Hospital NR2R Length of Stay	Average no-reason-to-reside length of stay at discharge for complex discharges ("for "in scope" wards only).	Days
	Discharge Outcomes – P3	Proportion of 65+ discharges, discharged down Pathway 3.	-
	Discharge Outcomes – P2	Proportion of 65+ discharges, discharged down Pathway 2.	-
	Discharge Outcomes – P1	Proportion of 65+ discharges, discharged down Pathway 1.	-
	Discharge Outcomes – P0	Proportion of 65+ discharges, discharged down Pathway 0.	-
Enhanced Care at Home	Admission Avoidance	Admissions avoided through additional referrals to preventive services from the acute front door.	Admissions per Week

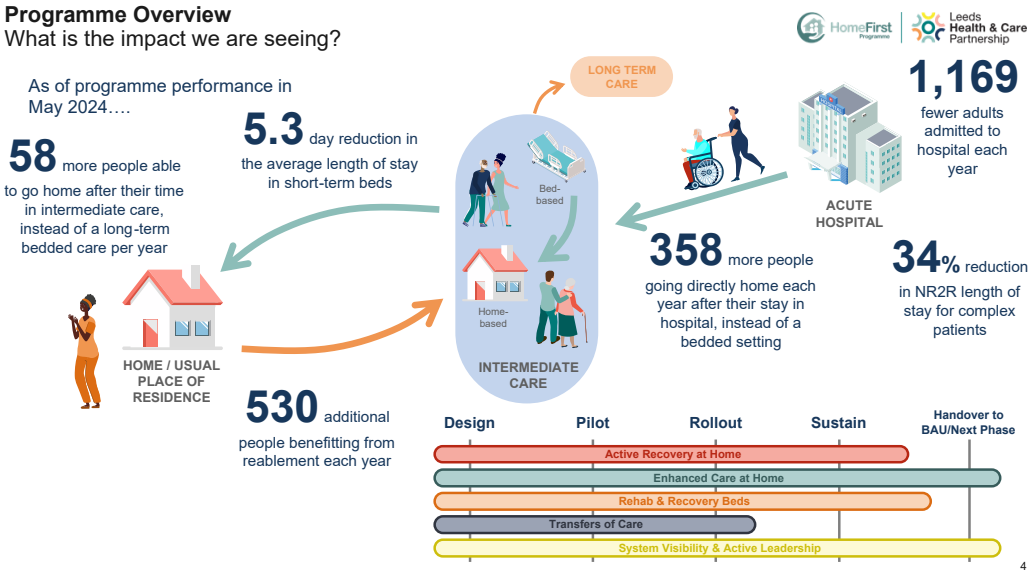
This culminates in an ambition to improve outcomes for over 3000 Leeds residents each year, resulting in an annualised equivalent financial saving between £17.3M to £23.1M for the Leeds system. Current performance is attached as appendix I.

3 Current position

Across the programme, we have developed ways of working, processes, workforce, and culture that have been carefully designed with experts from across services and organisations. The changes have then been tested, piloted, and iterated based on the measurable impact they have on the programme KPIs, as well as feedback from staff and patients/service users. Following this, we have now shifted focus to scaling up the new models of care and support across the system and services. In some projects, these changes have been fully rolled out and the project teams are focussing ensuring the

improvements seen are sustained as Business as Usual. In other projects, there is still significant work left to do to rollout the new ways of working.

As of May 2024, this is how the system is performing against these targets as shown below. The financial run rate for programme is currently the equivalent of £24.64m. The target range is £17-23m. This is the annualised value to the system if we remain in steady state (i.e., if the performance of each KPI is sustained at its current value on an ongoing basis). It should be noted that some of the savings relate to a potential reduction in future spend rather than realisable savings



At May, delivery against overall Programme targets is tracking above the low case target, with improvements in hospital no reason to reside length of stay particularly significant. Some areas of the Programme are behind trajectory for delivering sustainable improvements in performance. There are several reasons for this, for example requirement for additional support from the Programme Team for local leadership teams to ensure sustainability of culture change in reducing rehab and recovery bed length of stay, and requirements to ensure collaborative agreement to deliver joint transfer of care model. Action plans are in place to bring performance back on track with additional assurance requested by the HomeFirst Programme Board to increase confidence in pace and robustness of delivery.

Project areas

The HomeFirst Programme is delivered through five interdependent projects:

Project 1 Active Recovery at Home
This project is developing a health and social care short term community rehabilitation and reablement service for Leeds and, in doing so, will increase the number of people able to be supported at home both before and after their stay in hospital as well as improve their long-term outcomes. The project is being delivered by LCH and LCC working as part of the LCC LCH Alliance, which is developing partnership approaches between the two organisations. The project has implemented a series of improvements initially developed in one part of the city and then rolled out citywide from January 2024. The team has also designed and tested a joint delivery offer bringing together a multidisciplinary approach, with the new model ready for citywide rollout later in the year.

LCH staff from Neighbourhood Teams and Therapy Supported Discharge are at the heart of Active Recovery and are testing and shaping the new model. The citywide rollout brings key challenges with realigning workforce from LCH and LCC to enable delivery in the context of

other delivery requirements in Neighbourhood Teams and implementing a single care record for staff in LCH and LCC using Systm One. Colleagues are working through these challenges to develop a proposal including consideration of risks and mitigation.

Project 2 Rehab & Recovery Beds

The system needs the right bed-based care in the community for those who are not safe to be at home, and to support their recovery and journey back home. The project is reducing the length of time people spend in community bed settings and increasing the number of people able to be supported home. LCH is a key partner in this work, which impacts on services at the Recovery Hubs (Northwest, South and East and Wharfedale).

The new ways of working are now live and having an impact across the six intermediate bed bases. Length of stay has reduced by over a week, and we have also hit the low-case target for percentage of people being discharged home. Following a successful trial, Adult Social Care (ASC) have agreed to formally move to the dedicated social worker model with ASC delays reducing significantly and this will help ensure we continue to hit the programme KPIs now and in the future.

We are now moving into the sustainability phase, offering light-touch support to each bed base as we transition to the ownership and monitoring of the KPIs to the local management team at each site. The Programme Team is influencing the draft specification to support commissioning of short-term intermediate care beds, with the new model in place from April 2025. The invitation to tender for the new model is expected in early June and the LCC LCH Alliance is considering its response.

Project 3 Transfers of Care

This project is reviewing, improving, and redesigning transfers of care so that it is timely, safe, reduces delays and maximises independence for people. This work is initially focussed on involving the teams and services that coordinate people's journey out of hospital, ensuring full patient and carer involvement.

These new ways of working have been piloted in several wards in the Gledhow Wing and rolled out across the Beckett Wing. The results seen to date in this pilot have been hugely positive, with great feedback from the frontline staff involved. Across December and January, two summit events were held to bring together senior leaders across the system to finalise this future model and agree the role of each organisation required to deliver. An interim leadership Team, consisting of colleagues from Leeds Teaching Hospitals Trust, LCH and Leeds City Council (LCC), has now been identified to take forward the implementation of this model. The team is now focussed on the cost and implications of scaling up across all wards in the Speciality and Integrated Medicine Clinical Services Unit (CSU) by the end of May and wider rollout across St James' and LGI sites.

Project 4 Enhanced Care at Home

This project has continued work to develop fast and effective care outside a hospital setting to safely reduce unnecessary admissions and is also helping people to return home more quickly after receiving care in hospital. The project is increasing the number of people accessing alternatives to acute attendance and admission by improving referral pathways from key intervention points.

The number of people accessing the Home Ward (frailty) service continues to increase and this service has moved into Business as Usual from April 2024. New ways of working and visibility have been introduced to the LCH Community Discharge Assessment Team (CDAT) at St James's Hospital with the aim of increasing the number of people who can benefit from CDAT support, ultimately reducing the number of people who are admitted to hospital. The team is also working closely with the LTHT Same Day Emergency Care (SDEC) team in context of recent changes to this model to understand how service elements fit together to best impact on people's outcomes.

There are further opportunities to develop our joint approach to enhanced care at home and admission and attendance avoidance which will be considered in the next phase of work by system partners.

Project 5 System Visibility & Active System Leadership
System Visibility is both an enabler to the HomeFirst programme as well as a key product towards landing a sustained cultural change across Leeds. The system will move to using a single source of truth when it comes to reviewing the performance of services. This project has developed both the reporting suites and the governance structures to enable reviews and continuous improvement from system leadership to daily patient reviews.

The first iteration of the system level dashboard is now complete and in the process of being handed over to Leeds colleagues for Business-as-Usual ownership. The Integrated Care Board's Leeds Office of Data Analytics will host the dashboard with data flows from partner organisations, including LCH.

The Programme has worked collaboratively with LCH Business Intelligence and Operational Leaders to support the development of a new Neighbourhood Team dashboard to provide improved visibility of performance at neighbourhood, service and system levels.

4 Blueprint for Intermediate Care

From its inception, the HomeFirst Programme has sought to design, test and deploy a sustainable model of intermediate care for Leeds that delivers against the following ambition: *A sustainable, person-centred, home-first model of intermediate care across Leeds that is joined up and promotes independence.* It was recognised that delivering this ambition would be achieved over several years, with the initial phase of work focus on achieving improvements in outcomes, experience, and flow in the short term.

The requirement and desire to transform intermediate care in the city was understood against a backdrop of rising demand, constrained capacity and backlogs being experienced by people in our system over the preceding 3-5 years. In addition, demographic changes likely to play out over the course of the next decade will significantly increase these demand pressures.

Work is being led by the HomeFirst programme with representatives from each provider and the Integrated Commissioning Board to produce the Blueprint that could be the roadmap for how the system can respond to the challenges it will face to deliver its ambition for intermediate care services over the next 5-10 years.

Key levers identified are to build and increase the impact of proactive and preventative care to reduce demand for intermediate care services, to increase efficiency of services through further integration and to increase efficiency of services through digital improvements. The first draft of the Blueprint will be shared with the Programme Board in June 2024.

5 Next steps

Leeds Community Healthcare is a core partner in the Leeds HomeFirst Programme, which is delivering improvements in intermediate care services for people in Leeds and enabling better utilisation of the Leeds pound. As the current phase of the Programme comes to a close, LCH is shaping the future ambitions for care alongside health and care partners through the work on the Blueprint. This includes opportunities to develop our community-based offer with an increased focus on prevention, integration, and digital efficiencies.

6 Recommendations

The Board is asked to receive the paper and take assurance that LCH is playing a full role in improving system flow through the HomeFirst Programme. It should be noted that savings detailed in the paper relate to the whole system and partially relate to a potential reduction in future spend rather than realisable savings

APPENDIX 1

Programme Operational KPIs

Baseline Values: these are the KPI values prior to impact of the programme (as a default this is the average performance for the year prior to the programme start).
Target Values: these are the low, mid and high case targets for the end of this phase of the programme.
Current Values: these values (are the average performance from the last six, eight or twelve weeks, as specified on the individual KPI update slides.

HomeFirst Programme | Leeds Health & Care Partnership

The following table summarises the current programme performance against each KPI:

Project	KPI	Definition	Units	Baseline	Target Values			Current Value	Current Period
					Low Case	Mid Case	High Case		
Active Recovery at Home	Reablement Throughput	Total number of starts per week across the reablement service.	Starts per Week	26.5	30.0	34.1	39.5	36.7 ↑	6 Weeks
	Reablement Effectiveness	Average reduction in ongoing homecare need achieved through the reablement intervention.	Hours per Week	6.96	7.20	8.04	8.34	7.68 -	8 Weeks
Rehab & Recovery Beds	Length of Stay	Length of stay at discharge for all patients leaving short-term beds.	Days	44.8	39.3	34.9	31.8	39.5 -	6 Weeks
	Outcomes	Proportion of successful discharges (excluding readmissions) that are discharged home instead of a long-term bedded setting.	-	73.7%	76.2%	77.1%	78.0%	76.8% ↓	12 Weeks
Transfers of Care	Hospital NR2R Length of Stay	Average no-reason-to-reside length of stay at discharge for complex discharges ("for "in scope" wards only).	Days	8.40	8.00	7.64	7.30	5.56 ↓	6 Weeks
	Discharge Outcomes – P3	Proportion of 65+ discharges, discharged down Pathway 3.	-	2.80%	2.68%	2.60%	2.39%	2.82% ↑	12 Weeks
	Discharge Outcomes – P2	Proportion of 65+ discharges, discharged down Pathway 2.	-	6.50%	6.50%	5.50%	5.25%	5.31% ↓	
	Discharge Outcomes – P1	Proportion of 65+ discharges, discharged down Pathway 1.	-	13.20%	13.20%	14.20%	15.20%	15.72% ↑	
	Discharge Outcomes – P0	Proportion of 65+ discharges, discharged down Pathway 0.	-	77.50%	77.50%	77.70%	78.5%	76.07% ↓	
Enhanced Care at Home	Avoided Admissions – HW(F)	Average increase in admission avoidance starts in Home Ward Frailty (step up, excluding transfer to hospital after admission).	Admissions Avoided per Week	29.1	37.4	42.8	48.1	47.5 ↑	6 Weeks
	Avoided Admissions - CDAT	Average admissions avoided by CDAT team (borderline admissions who are discharged).		15.0	18.0	23.0	28.0	19.0 ↓	

7

Trust Board Meeting Held In Public : 7 June 2024

Agenda item number: 2024-25 9 (9)

Title: Quality Account 2023/2024

Category of paper: For assurance

History: Quality Committee

Responsible director: Executive Director of Nursing and Allied Health Professionals

---

Report author: Head of Clinical Governance

Executive summary

The Quality Account is an annually produced document which is the Trust's declaration of Quality. This paper provides a final draft of the 2023/24 Quality Account.

Main issues for consideration

The Account is complete and includes Healthwatch and ICB feedback and the final CQUIN and Key Performance Indicator data.

Once finally approved the Account will be translated into a publishable document and published on the LCH external website and will be shared with NHSE for publication In June 2024.

Recommendations

The Board of Directors are recommended to:

- Receive and note the contents of this paper.

Speech bubbles, and pictures will be added when formatted for publication.

Leeds Community Healthcare NHS Trust

Leeds Community Healthcare NHS Trust

Quality Account 2023/2024

About Annual Quality Accounts

Quality Accounts, which are produced by providers of NHS funded healthcare, focus on the quality of the services they provide.

They look at:

- Where an organisation is performing well and where they need to make improvement
- Progress against quality priorities set previously and new priorities for the following year
- How the public, patients, carers and staff were involved in decisions on these priorities.

If you would like this information in another language or format such as large print, please contact Leeds Community Healthcare NHS Trust

Contents (to add page numbers to the final PDF)

- Safety Summit
- Learning from Deaths
- Learning from lives and deaths - People with a learning disability and autistic people – LeDeR
- Infection Prevention and Control
- NICE Guidance
- Medicines Optimisation and Management
- Safeguarding
- Clinical Education

Health Equity Inclusion and Wellbeing

- Improving Health Equity
- Learning Disabilities
- Staff Health and Wellbeing
- Workplace Disability Equality Standard
- Workplace Race Equality Standard
- Freedom to Speak Up

Celebrating Success

- Awards
- External Awards

Board Assurance

- Statement of Assurance from the Board
- Review of Services

Part One Introduction

Introduction from the Interim Chief Executive and Chair of Leeds Community Healthcare NHS Trust

‘Welcome to the Leeds Community Healthcare NHS Trust Annual Quality Account for 2023/24. The Account demonstrates how we strive to continuously to improve the quality of care and people’s experience throughout this organisation for the absolute benefit of the communities we serve. Providing great care for our communities is at the heart of everything we do, and I am proud to present this year’s Quality Account

We work hard to deliver high quality care that is compassionate and responsive to the needs of our populations. Our achievements in the last twelve months have been significant. Good experiences of healthcare are often dependent on partnership working and we are especially proud of the partnership work we have and continue to develop across the place of Leeds and wider. Working together we can enable a system wide approach to high quality care delivery.

This year we have started the pilot for a health and social care model for short term community rehabilitation and reablement service for Leeds with our Adult Social Care partners, initiated transformation of two of our key services into partnership models for Leeds Sexual Health and Leeds Mental Health and Wellbeing Service and we are working with our colleagues in Locala Health and Wellbeing (a neighbouring NHS provider) to deliver childhood immunisations.

We have also launched our Patient Safety Incident Response Plan which means as a Trust we can focus our resources on Trust and system wide improvements to make care safer for patients in line with NHS England’s Patient Safety Strategy. We are also preparing for the full introduction of the CQC’s Single Assessment Framework. Each of these Trust wide changes will enhance how we deliver and evidence high quality care.

As always, we would like to recognise and thank our staff publicly for their continued hard work and dedication. It is through their commitment to safe, effective, responsive, care, that we have been able to continue to deliver the high-quality care that is demonstrated throughout this Quality Account’.

Photo of CEO and Brodie to add.

About Leeds Community Healthcare NHS Trust

Leeds Community Healthcare NHS Trust (LCH) is proud to provide great care to our communities. We provide a wide variety of services from pre-conception to end of life. We provide care from many different specialities and professional disciplines. This includes services to promote and maintain health, and to provide care and treatment to manage existing conditions or ill health. We primarily serve the population of Leeds, although we also provide some services across the region.

The most recent Care Quality Commission Inspection in 2019 rated LCH as 'Good' overall with Community Sexual Health Services rated as 'Outstanding', an improvement from the last inspection. Our aim is to build on our overall rating of good and share learning and excellence in practice across each of our services as we strive to become an outstanding organisation.

Team LCH

Join Team LCH Nursing - Introduced by our Director of Nursing and Allied Health Professionals - Steph Lawrence

Leeds Community Healthcare NHS Trust children, young people and family services

Vision and Values

Our vision, values and behaviours guide and influence how we work. They exemplify the way we deliver our services and who we are as an organisation. 'Our Eleven' of our vision is that '**we provide the best possible care to every community'** and is underpinned by our values and implemented through our behaviours. (Figure 1.)

Our How We Work Video:

How We Work at LCH

Patient Stories

Patient stories and case studies are shared with our Board from our patient's and services. These have been shared within the Account and highlight how our Vision, Values and Behaviours were exemplified in the care delivered by LCH, some examples include:

Community Diabetes Team - Sue's Story

Sue has been living with Type 2 diabetes since 2014. Medication doses, including insulin, have been increased over the years to try to control her blood glucose levels. Sue was referred to Community Diabetes Team in 2019, and, during the following 18 months, was regularly reviewed by Diabetes Nurse Specialists and was also assessed by the Diabetes Specialist Dietitian.

Sue was referred again to the Community Diabetes Service in October 2022 due to worsening blood glucose levels that were resulting in her experiencing symptoms. She was assessed by the Consultant Pharmacist in the team in March 2023 and subsequently had a Continuous Glucose Monitoring Sensor fitted by the Diabetes Facilitator who also suggested Sue attend the LEEDS Programme (Learning, Empowering, Enabling, Diabetes Self-Management). This is a quality assured Structured Education Programme for people living with Type 2 Diabetes that has been developed by Diabetes Specialist Dietitians in Leeds Community Healthcare Trust and is delivered by Diabetes Facilitators in the team. People can choose to attend face to face sessions that are delivered at a choice of venues across the city (either as a whole day session or 3 x weekly sessions), or alternatively, a virtual course is offered (delivered via MS Teams Live Events).

Sue attended the three sessions of the LEEDS Programme. The programme was designed to be very flexible and is delivered across the city during the day or evening to ensure people can attend.

Sue's care with the Community Diabetes service is ongoing. ***Sue said that since joining the programme she had seen a significant improvement in her condition and overall health and wellbeing. Sue said that she felt more educated about her condition and more confident in controlling her condition with medication. She had learnt more about a healthy lifestyle, diet and alcohol consumption and the programme helped her set individual goals.***

Community Neurological Rehabilitation Service – Gillian's Story

Gillian was referred to Community Neurological Rehabilitation Service (CNRS) following a stroke in 2014 aged 49. An occupational therapy initial assessment was completed.

Gillian experienced cognitive multi-tasking issues, some word finding difficulties at times and reported that her processing was much slower. Gillian felt that she was finding herself being irritable, with" a lot going on" and struggling to multi-task and was uncertain how CNRS could help her.

Gillian had not returned to work following her stroke due to being unable to meet work role requirements because of the cognitive multi-tasking required. Gillian used to enjoy running and walking, however, had not participated in these meaningful pastimes since having the stroke. Gillian did have some positive strategies in place including a whiteboard for timetables for the family; however, was very rigid with plans and found being flexible challenging.

Gillian's goal for intervention was to explore health, well-being and have a more active lifestyle as this had diminished since having the stroke. She was becoming increasingly frustrated with the limited long-term support available for stroke patients. Gillian's GP referred her back to the CNRS in 2022 and an Occupational Therapy initial assessment was completed.

Gillian's goal for intervention was to explore health, well-being and have a more active lifestyle as this had diminished since having the stroke. She described her experience of the Kawa Model, a therapeutic method developed in Japan. The model emphasised the harmony between the person and environmental factors and believed that the harmony would enhance well-being. Occupational Therapists can use the Kawa model to understand the context of the patients, help to prioritise the problems, and provide relative intervention. ***Gillian explained that using the model had helped to improve her processing of information, coping strategies and have a more balanced routine and structure***. The Board reflected the model ay not be suitable for everyone, but it was good to hear the service had responded to Gillian's needs with an individualised approach.

ICAN – Laura's Story (a Healthwatch story)

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 unable to speak 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.

Laura 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.

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.

The Interim Chief Executive acknowledged 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 project to enable better integration between education and healthcare providers and link professionals more closely through the introduction of effective digital platforms.

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 (Special Educational Needs and Disabilities) Partnership Board.

Speech and Language – Kully's Story

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

Kully said that she was a strong person with a determination to do all that she could to recover her physical and mental health and wellbeing, but she acknowledged that everyone would not have the same tenacity.

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

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

Part Two Review of Quality

Our Review of Quality starts with the work we have completed with our partners to keep patients at the centre of joined up approaches to care to better meet their health needs. This section supports and leads into our achievement against our Trust Priorities 2023/24.

Integrated Approaches - our integrated and partnership working across the NHS system

LCH continues to be an integral partner in the delivery of services across Leeds and beyond. We have established and sustained our considerable contribution to the development of system wide integrated ways of working to benefit our communities. As we continue our journey to achieve the vision of the NHS Long Term Plan through a fully integrated approach to care delivery we will continue to learn and evolve our services to meet the needs of those communities.

We have made significant contributions to ensuring patients flow through the healthcare system by mobilising and delivering out of hospital care that reduces admissions into hospital, whilst effectively supporting our workforce to deliver high quality care in the community to support hospital discharge at the earliest opportunity.

The Integrated Care Steering Group has continued and is Co-Chaired by the Executive Director of Nursing and Allied Health Professional's for LCH and the GP Confederation Steph Lawrence and Kim Adams Programme Director Local Care Partnerships Development Programme. The group met regularly to oversee the work below as well as considering new integrated working initiatives.

In addition, LCH are working closely with our Primary Care Networks (PCN) in Leeds to build on existing services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care for people close to home. There are currently 18 PCN's in Leeds.

Our Response to the COVID-19 Pandemic

The Leeds COVID-19 Vaccination Programme – A Complete Multi Agency "Team Leeds Approach" to a Pandemic

The Leeds COVID-19 Vaccination Programme has continued throughout 2023 albeit with some changes to its delivery. Working with partners across the city, Leeds Community Healthcare's Interim Chief Executive, Sam Prince, has continued to lead the response as the appointed Senior Responsible Officer and has responded to the challenges faced by the mutations of the virus and

most recently a request to accelerate the Autumn ‘23 campaign in response to a new variant of concern. The programme continues to deliver seasonal campaign-based vaccinations from over 80 GP, Hospital Hub and Community Pharmacy Sites in the city.

The figures for Leeds are as follows*:

- Over 612,000 people have had a 1st vaccination (70.3% of eligible GP registered 5+)
- Over 582,000 people have had a 2nd vaccination (66.9% of GP registered 5+)
- Over 420,000 people have had a 3rd / booster vaccination (72% of eligible)
- Over 50,000 people have had the Spring ‘22 Booster vaccination (80.6% of eligible)
- Over 211,000 people have had an Autumn ‘22 booster (65% of eligible)
- Over 49,000 people have had a Spring ’23 booster (70.1% of eligible)
- Over 111,000 people have had an Autumn ’23 booster (52.9% of eligible
- Resulting in the total number of 1st, 2nd and booster vaccinations given to Leeds GP registered citizens to reaching over 2 million to date and counting.

*Data provided 21/02/24

LCH took over the role of Lead Employer for the Leeds COVID-19 Vaccination Programme in September ‘22 from LTHT, helping the programme to move towards a more business as usual outreach community model. LCH continues to drive the delivery model forward in line with national direction and whilst we no longer have a core team, LCH still coordinates the programme logistics for the city, working closely with PCN and Community Pharmacy providers. LCH works in partnership with Public Health to support the ‘no-one left behind’ pathway to promote vaccine equity via an innovative and flexible programme that has been developed for vaccine delivery from both static and pop-up sites. The LCH IPC team has coordinated the staff flu and COVID-19 campaign this Autumn 2023, continuing the excellent collaborative relationships built between themselves, LTHT and LYPFT to ensure consistency in best practice and to share knowledge and learning.

Where there have been gaps in provision, LCH has worked to ensure provision via alternative routes, in some cases outsourcing to providers outside of Leeds to enable all eligible cohorts receive an offer of vaccination.

Plans are beginning to take shape for the Spring 2024 model with the campaign start date being confirmed as 15 April 2024 for eligible Care Homes and 22 April 2024 for the remaining eligible cohorts, finishing on 30 June 2024.

Long-COVID Rehabilitation Pathway

In March 2023, the final Office of National Statistics (ONS) report estimated that 1.9 million people living in private households (2.9% of the UK population) were experiencing self-reported Long COVID, defined as symptoms persisting for more than four weeks after the first suspected COVID-19 infection that were not explained by something else. This equates to **25,053** people in Leeds based on GP recorded resident data, January 2023 (863,901). There are an estimated **17,100** people in Leeds who have had Long COVID for over 1 year (March 2023)

There is emerging evidence that Long COVID is now for many a long-term condition (LTC). A recently released national evaluation of outcomes from 14 NHS Long COVID services found from a sample of 3438 patients that the impact on health-related quality of life in Long COVID was worse than that reported in the literature for conditions such as Chronic Obstructive Pulmonary Disease, Heart Failure, and Multiple Sclerosis.

Longitudinal analysis in this evaluation showed no improvement at follow up and concluded that Long COVID had become a long-term condition (LTC) for some people, causing disability and significant deterioration of their overall health status even after 18 months or longer.

The service is currently providing treatment to 733 patients, and this is in addition to 2138 patients we have already treated and discharged.

We continue to offer the ten-week virtual therapy course, which is continuously evaluated and adapted as needed. In addition to this, new groups have been developed such as a Managing Emotional Challenges group and a Weight Management group.

Initial assessment is now offered via Video Group Assessment (VGA) where appropriate, or 1:1 telephone appointment. This has enabled us to significantly reduce our waiting times and now are meeting the NHSE target for referral to initial assessment within 6 weeks.

The heavy impact of Long Covid on employment is demonstrated in our local data. Routine initial assessment using the C19-YRS (a disease-specific measure) includes an item on how Long Covid has affected work status.

When we looked at 1000 new patient assessments, **in over 75% of patients there had been a negative change in employment status due to Long COVID:**

Impact of Long Covid on work status at first assessment	**Number**	**%**
No change	233	23.3
Changes made to role/ working arrangements (such as working from home or lighter duties)	258	25.8
Had to retire/ change job	72	7.2
Lost job	42	4.2
On reduced working hours	148	14.8
On sickness leave	247	24.7

It has however, been recognised in national research by the trade union congress, that one in seven people (14 per cent) had lost their job because of reasons connected to Long Covid [1]. This is a much higher figure compared to Leeds data (4.2%) is likely to reflect the lengthy employment law process, meaning that people may still have a job when referred into the service when this data is collected, but as time progresses may lose their job. A big focus of the team has been to evaluate and improve our vocational rehab offer to support patients back into work as able.

A service review has been completed this year. Final Health Needs Assessment and Options Appraisal papers have been presented to the Long-Term Conditions board and Option 2 has been taken forward (due to the current financial climate) as the recommendation for 24/25. Option 2 is the service model continues but working within the NHSE financial envelope. LCH provided

an uplift to the NHSE funding over the past 3 years which is now not available for 24/25, so an approximate 30% reduction in staffing, and downscaling of the service will now be required.

Long COVID Research Team

The research team have been extremely busy and productive supporting the service and the Long COVID community and have now published sixteen journal articles.

Ongoing research studies currently are:

1. PACE-LOC, which explores pacing and active rest to prevent post exertional symptom exacerbation.

2. Exploring needs and clinical outcomes of patients post discharge.

The Leeds PCPI (Patient, Carer and Public Involvement) group continue to support the ongoing work we are doing in this new and evolving area of clinical practice, keeping the service at the cutting edge. This group have also been actively involved in supporting the service review.

We continue our Inequities work and are currently piloting a referral form to support direct referrals from the third sector. We also continue to partnership work with third sector organisations.

Patient Feedback

“Hi, just wanted to let you know that I achieved an A in my maths. Very happy and once again proving that I overthink a bit too much. Thanks for all the support, I believe it would have been virtually impossible without the help of the long covid team”.

Every single person I have met from the team shared invaluable information that changed my life and given me my quality of life back. The virtual course was completely life changing.

My experience has been 100% fantastic and the long covid team is a credit to the Trust.

All staff members knowledgeable and helpful. I particularly found the course excellent, offering practical advice during a difficult time. I had input from psychologist and dietician too. I liked that every staff member was focused on holistic care that was personalised to me and my needs, unlike other NHS services I have experienced where I felt like I was on a factory line.

It's always so helpful to have the part at the end to chat and listen to others who are in similar situations. Makes me feel less isolated. Thank you!

I felt really looked after in the Video Group Assessment, taken seriously. It was a real relief, a really important experience for me.

I realised I was not alone – other people having similar issues. Definitely benefitted from being assessed by an experienced team.

The fact that others spoke up on the course or put in the chat how they managed their condition was extremely helpful and knowing it wasn't just me with the symptoms, I am not alone.

Staff were supportive and knowledgeable. Lots of input from a range of specialists

Wharfedale Recovery Hubs

Heather and Bilberry Recovery Hubs at Wharfedale hospital transferred to LCH in November 2022. As part of our Intermediate Care Strategy, our aim remains to make sure people receive high-quality care during their stay and that they are supported to return home safely as soon as possible. We have also continued to support our colleagues and ensure a smooth transition for staff. It is expected the full transfer of staff contracts will be completed by 1 April 2024.

We have been working closely with the Home First Programme to optimise a patient's length of stay and the rehabilitation offer in the Hubs. We are now able to track length of stay and no reason to reside on the system visibility dashboard (see below). We have recently introduced weekly improvement in order to interrogate the data and understand what factors influence length of stay and introduce improvements when required. This work has started to establish the units Key Performance Indicators. An example of a recent improvement is the Recovery Hub now has a dedicated social work resource.

The migration to a new LCH owned SystmOne unit has been another key project that has been running over the last year requiring collaborative working with partners, in particular Co-Formation, the general practice who are commissioned to provide medical cover to the Recovery Hub. The migration to the new unit will result on all patient records being electronic. We will then review our clinical record templates, which will improve patient care, safety and reporting.

Patient Flow

To support and respond to the city-wide demand and pressures in patient flow through the system an additional four beds were opened on the unit in February 2024 supported by the ICB. This is a short-term measure increasing the bed base to 34.

We constantly review and embed a proactive rehabilitation approach and continue with an approach that includes patient led goals and rehabilitation diaries. Patients are actively encouraged to wear their own clothes and the activities co-ordinator's role have become established and supports patients maintain an independent focus.

Feedback

Staff feedback has focused on an appreciation of the support and training that is being provided and that communication has continued to improve due to the established fortnightly team meetings for both day staff and separately at night for the night staff. Staff have also fed back that they have felt listened to and supported. Patient feedback is in general positive regarding the care received and we are committed to learning through complaints and incidents to improve experience, safety, and quality by embedding a learning culture into the unit.

HomeFirst Programme

LCH is an active partner of the Leeds Health and Care Partnership and part of the delivery team for HomeFirst Programme. HomeFirst brings services including LCH together to improve people's experience of care. It aims to support them to receive care in the most appropriate place at the right time for them, and from the best service to meet their needs and live as independently as possible. Our Neighbourhood Teams support people to stay well at home, our Rehabilitation and Recovery Beds support people to recover and rehabilitate after a hospital stay to be as independent as possible when they return home, and our Virtual Home Ward provides multi-disciplinary care at home when people become unwell but can remain at home.

Active Recovery

The aim of Active Recovery is to create a health and social care short term community rehabilitation and reablement service for Leeds. This involves combining the resources of Leeds City Council Skills for Independent Living Reablement Service and LCH Neighbourhood Teams to create a multi-disciplinary service delivery model.

Active Recovery will provide responsive home-based, person-centred, co-ordinated care and treatment to enable people to maximise their independence and/or recover from illness or injury and improve people's outcomes so they can live at home, safe

and well in their communities for longer. The initiative will also reduce dependency on long term services, delay the potential need for term care and reduce hospital admissions and A&E attendance.

The single point of access was implemented in October 2022 and following this a single route for referrals was established in July 2023. As a result, all referrals for Neighbourhood Teams and Reablement now go via SystmOne to the relevant Triage Hub. This facilitates the opportunity to truly work together to consider how best to support individuals with better coordination and sharing of information.

A model of care for Active Recovery has been designed and a pilot started in August 2023. The area for the pilot is covered by Seacroft Neighbourhood Team and East B Reablement.

The pilot has demonstrated the benefit, for the individuals receiving care, of bringing Neighbourhood Teams and Reablement together. There has been a 27% increase, in the pilot area, of the number of individuals who are independent following their episode of care. There has also been a reduction in the time required to achieve independence. This has increased capacity to accept more people onto the caseload. Feedback from individuals receiving care and staff is positive.

The model is evolving in the pilot area with developments required to include a shared care record and delegation of duties both of which would create a more effective and efficient way of working. Both are part of the next phase of work.

The focus for the next phase of work in 2024/25 is to continue to evolve the model in the pilot area and to agree the actions required to ensure a successful roll out across the city.

Integrated Wound Clinics

The Integrated Wound Clinics shifted to a permanent service and alignment with the Neighbourhood Teams has allowed the continued development of the service over the last year. ***The service has expanded from 28 clinic days per week in 16 clinic locations to 41 clinic days per week in 24 clinic locations.*** The service is now consistently providing a wider range of care, including Peripherally Inserted Central Catheter lines and catheter care. This progression over the last year has assured that in the ***6-month period from April-September ’23, 1549 patients were seen, with 10,607 appointments provided***. The cancellation rate and did not attend rate is also improving, the clinics are becoming an efficient and effective approach to relieve Neighbourhood Team pressures and increase capacity to treat patients in their own homes. GP practises will have also benefited as ***60% of clinic patients are referred from GP’s creating more capacity in their practise nurse clinics.***

A model of providing the clinics in a social setting to address social isolation whilst providing care has been developed with our Third Sector Partners, the first clinic opened in January 2023. Now that Self-management is organisationally aligned with the integrated clinics, there is the aim to pilot a collaboration that would focus on increasing patient attendance to clinic, reducing social isolation and promoting independence. Working in partnership with Enhance and 3rd sector parties we aim to create a more holistic approach to some clinics.

Over the last three months there has been a major change in leadership resulting in structural change for staffing within the clinics. Staffing was a challenge prior to this change, taking a large demand on leadership time. As each clinic is aligned to its local Neighbourhood Team, sickness and clinic cover has been a notable challenge. The reactive cover has led to inconsistency in care and staff development. Moving forward the Leadership team is aiming to create a staff environment that is focussed on development, support, and retention, as we recognise the positive effect this has on patient care.

Review of Quality Performance 2023/24 and Priorities for Quality Improvement 2024/25

This section reviews the priorities we set for 2023/24 and describes what we have achieved during the year in addition to highlighting areas where we have experienced challenges to achieving our aims. There is further evidence of achievement of the priorities across the wider Quality Account. We will continue to work towards these Priorities in 2024/25. Progress against the Priorities and any escalation of concerns are reported to the Trust Leadership Team and Board three times a year.

Strategic Goal - To deliver outstanding care

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

What we said we would do:	Status	What we achieved and how we will continue to work towards the priorities:
Key Focus One: How we engage with our patients, carers, families and communities, is fundamental to the achievement of this and other priorities: our Engagement principles will be	Met	**The Engagement Principles** have been developed and ratified by Board. **CBU Involvement Group (was Parent Forum) has been** redesigned to be more inclusive. **Youth Board** have supported various projects and services this year including a **Patient - Led Assessment of the Care Environment (PLACE) at Hannah House.**

developed and ratified this year by LCH Board.		
Key focus Two: We will 'make stuff better' by embedding learning from incidents, complaints and general feedback from the communities we serve, and drawing on best practice/clinical evidence through our development of the LCH Patient Safety Incident Response Plan, over the next 12 – 18 months. The LCH 2023/24 Change Programme projects will drive continuous improvement. For example, the review of planned and unplanned care in the Neighbourhood Teams, the Community Gynaecology Service Review and the CAMHS EPR transition.	Met	The LCH **Patient Safety Incident Response Plan** was finalised and launched on 2 January 2024. Quarter Four was protected for transition from the previous processes. A joint Quality Committee and Quality Assurance and Improvement Group (QAIG) workshop was held in 2023/24 and an action plan developed to better identify, share and embed learning. **Planned and Unplanned Care** The initial testing phase of the unplanned care project commenced on 4th March with a 'go live' in the North Neighbourhood Teams. A **'perfect week'** was held in Yeadon Neighbourhood Team in March 2024, following the quality walk and feedback from staff. The **National Quick Response Standard** continues to be met. The **Community Gynaecological** project to move secondary care interventions into the community has been indefinitely paused in agreement with commissioners. **Leeds Sexual Health** Specialist Business Unit were successful in retaining the Leeds Sexual Health service.
Key focus Three: We will work with system partners to increase capacity and improve patient flow to enable us to maximise the number of referrals into urgent community response and strive to consistently meet or exceed the 70% 2 hour urgent community response standard.	Met	**Quick Response (UCR):** a "pull model" with Yorkshire Ambulance Service and Local Care Direct has been piloted in the Neighbourhood Teams, supported by the ICB. We can demonstrate that this is 76% for the period November 2023 to January 2024 which benchmarks in line with other providers across West Yorkshire. The **unplanned care project** has progressed at pace. A pilot separating out nursing planned and unplanned care in the North Neighbourhood Teams aims to improve the allocation of work and have a positive impact on patient care and staff satisfaction.

Strategic Goal - Use our resources wisely and efficiently.

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

What we said we would do:	Status	What we achieved and how we will continue to work towards the priorities:
Key focus One: Work with services, patients, and partners to identify changes to service provision and/or pathways (both within LCH, across Leeds and across the ICB) to more effectively manage patients and therefore help to reduce waits. This will be achieved through the LCH Change Programme, Third Sector Partnerships and Primary Care Integration.	Met	**Wharfedale Recovery Hub** successfully moved to a new LCH owned SystmOne unit on 6th March 2024. The **digital allocation project**, aiming to introduce allocation software into the Neighbourhood Teams, has entered a testing phase following successful integration between SystmOne and e-Community software. **Leeds Long Covid Rehab Service** Following an options appraisal and EQIA process with the ICB, the Long-Term Conditions Board supported the recommendation of Option 2 (reduction of 30% budget) which brings the service in line with ICB funding and removes the £340k cost pressure met by LCH in previous years. Demobilisation of the **North Yorks Police Custody service is complete;** PHL took over the service on 25 March 2024.LCH ceased to run the service following careful consideration of the financial envelope which was felt to be insufficient to deliver a safe and effective service. **Liaison and Diversion and WYOI and Adel Beck** Pre-tender work has started with the service supported by BCDS ahead of tender process in 2024-25. **Children's Community Eye Service** The service review has now concluded and options will be presented to TLT and Business Committee regarding a revised service model. **CYPMHS SystmOne** S1 EPR has been deployed to a very large and complex service in short time frame and significant steps have been undertaken on the road to recovery after the CareNotes outage.
Key focus Two: We will adopt a standardised approach to waiting list management through the Improving	Met	**IPFP** has closed as a Programme and each Business Unit is working alongside Business Intelligence to provide updates on performance.

Patient Flow and Prioritisation Programme		
Key focus Three: Establish and deliver an efficiency programme that contributes to Trust, place and system financial sustainability whilst maintaining safe and effective care and, through Equality Impact Assessments, ensures no detriment to health inequalities.	Met	The Trust has delivered the 2023/24 efficiency programme and a strategic **Quality and Value** programme has been developed. Our **finance team** have been working with services to review budgets and to maximise the delivery of efficiency savings. The Director of Finance has maintained a strong approach to **partnership working** and system financial sustainability. During 2023/24 the Trust agreed the non-recurrent return of growth monies (£1.4m) and slippage against community capacity funding (£1m) in support of system financial sustainability. **The HomeFirst programme** continues to see progress across the system against its aims of improving access to intermediate care and the outcomes for Leeds residents using these services. The Finance & Benefits Realisation Group (FBRG) has developed a methodology to value the financial benefit to the system as a result of the programme. This is now reported to the HomeFirst Programme Board on a monthly basis. **Equity and Quality Impact Assessments (EQIA)** are in use to ensure there was no detriment to health inequalities through the efficiency programme. The focus on EQIA will be further strengthened in 2024/25.

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

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

What we said we would do:	**Status**	**What we achieved and how we will continue to work towards the priorities:**
Key focus One: We will focus on the retention of our existing talent.	Met	**Staff Trained and Ready**: STaR increased the number of volunteers by widening the scope, whilst working closely with Workforce to identify where the best place for STaR would be to sit post March 2024.

Key focus Two: We will carry out locally targeted recruitment and reduce barriers to entry to widen our talent pool and diversify our workforce.	Met	A significant **Talent Development** programme for LCH BME staff is being launched Mid-January which includes leadership training programme and an accredited Coaching and Mentoring course. 5 x Neurodiversity and Wellbeing awareness sessions are being run "virtually" by an external provider – over 400 staff have joined the first 2 sessions, with positive feedback. BME Diverse recruitment panels – over 20 staff have come forward to be part of a pool of people who would like to be actively involved in the full recruitment and selection process for all posts at Band 7+. Hyper local recruitment continues to be an area of focus and success for the Trust, and we are up to almost 200 recruits from our hyper local approach in the 18 months of this initiative running. **Business unit examples:** **Uniform Store**: the ABU resourcing project continues to demonstrate significant progress and success including further development of the central uniform store. An ABU **welcome booklet** now being sent to new starters, and the development of the final year pathway with 6 students so far interviewed and successful. T **Driving lessons** for international nurses have also commenced in ABU. **Nursing career pathways**: a new process has been put in place to uplift Trainee Community Matrons (TCM) to Community Matrons. **Scope of practice work** continues for Therapy Assistant Practitioners (TAP). **Apprenticeships** CBU have supported and encouraged several colleagues including those from our Black and Minority Ethnic (BME) workforce to participate on the BME mentoring programme. We have recruited to two **trainee Advanced Clinical Practitioners (ACP's).**
Key focus Three: We will induct our second cohort of international community nurses.	Met	
Key focus Four: We will continue to use our workforce data and planning methodology to both understand our longer-term workforce gaps and develop interventions to address our future needs.	Met	

		Fair Day's Work Phase 2: all services in the CBU are working on a "A Fair Day's Work -Phase 2", which will support services as we undertake the Quality & Value Programme. **Recruitment:** Trust wide we have experienced enormous success in recruitment. Our International Nurse recruitment is highlighted within the wider Account.

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

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

What we said we would do:	**Status**	**What we achieved and how we will continue to work towards the priorities:**
Key focus One: Continue to work with communities and partners to create equitable care and pathways in line with LCH's Health Equity Strategy, identifying and addressing inequity in access, experience and outcomes.	Met	LCH are proceeding with plans to utilise the National Frontline Digitisation funding for 2023/24 to support projects identified in the LCH Digital Strategy 2023/24 to 2025/26. This will support the path to digital transformation enabling staff and patients to take advantage of new digital products and service to deliver care in more productive, effective and safer ways. One of these projects is implementation of the HEARTT algorithm. This is a patient prioritisation tool based on health equity to enable active waiting list management It allows a broader range of factors to be taken into consideration when deciding how to prioritise long waiting lists based on needs. Development on the **Community Falls Pathway** including partnership working with the LYPFT falls lead to coordinate and streamline the citywide falls pathway across mental health services. The **Community Cancer Support Service** is in the final stages of demobilisation following its decommissioning from April 2024. The **Colorectal and Urinary Continence Service** have worked with LTHT on improvements to the catheter pathway, driven by historically poor referrals.

		A further year of **Enhance** funding for 2024/25 was approved in December, with agreement to develop a business case for longer term funding focused on evidencing cost benefit. **Collaborative LCH and Primary Care roles**: a more consistent and coordinated approach has been developed to manage these roles. New ways of working tested in the **Active Recovery** pilot team (East B SkILs Reablement team and Seacroft NT) have now been rolled out to the entire city. **The Active Recovery and Proactive Care** programmes are driving work to develop a Recovery Plan on LTHT's PPM system for people post discharge from hospital which will enable info sharing initially across LCH and LTHT. The **Home Ward (frailty)** continues with positive feedback from patients and families. The system wide work on **rehabilitation and recovery beds** and **transfers of care** has shown positive impact - 24 fewer people are starting long-term bedded placements each month. **Co-producing Leeds Sexual Health service:** we engaged with 18+ third sector organisations both ahead of and following release of the specification to explore opportunities to develop links and how best to work together. Work is progressing on development of a **Recovery Plan on LTHT's PPM** system for people post discharge from hospital which will enable information sharing initially across LCH and LTHT. LCH's first **Third Sector Networking Event** took place in November at John Charles Centre. **CIVAS:** a community led children's CIVAS service has been successfully mobilised. The **School Aged Immunisation Service** is now delivered as a West Yorkshire Vaccinations and Immunisations Collaborative (WYVIC). **Infant Mental Health** IMH has produced a video to help reduce families' anxieties when referred into the service.

Key focus Two: Continue to engage with and support the intermediate care redesign.	Met	**Home Ward:** is the collective name for our Home Ward (Frailty) and Home Ward (Respiratory). Both provide support and care to people who become suddenly unwell but can be safely cared for in their own home. The Home Wards have consistently performed above national expectations over 2023/24. **Home Ward (Respiratory):** the ward has increased capacity since April 2023 from 10 to 12 "bed places" and consistently achieves 80% utilisation working efficiently to admit and discharge patients in a timely manner. **Home Ward (Frailty):** The number of people supported on the Home Ward (frailty) has increased markedly over the last 12 months with focussed effort to promote the offer and enable access. A **Point of Care Testing Development Group** has been working together since January 2023 to implement a more effective and efficient Home Ward (frailty) pathology process through a pilot of Point of Care blood testing devices. The **Home Ward (Frailty)** has implemented roll out of ICE (clinical system to request pathology and radiology results) to the North and West Neighbourhood Areas with plans to go live in the South area in later April. **Remote Health Monitoring** uses digital equipment to remotely check a patient's vital signs from the comfort of their own home and alert them and healthcare professionals when needed. It can support those who would benefit from having their health monitored but who do not need to be in hospital.
Key focus Three: Continue to work with partners to drive integration. A key focus here being CAMHS and working with primary care and schools in line with the ambitions set out in the NHS Long term plan.	Met	**CDS Time to Shine Project**: BCDS have provided project management support to the West Yorkshire Community Dental Service Collaborative to drive forward how we work together across West Yorkshire to enhance community dental services. **MindMate Support Team** - Eight trainees were approved to primarily work with the South Leeds schools. **Leeds Sexual Health** are working with partners for an integrated service from their recent tender.

Supporting Quality Improvements

Quality improvements have continued across our services throughout 2023/24. We have continued our journey to build our service back better as we recover from the impact COVID-19 and the impact the COVID-19 response had on services.

Adult Business Unit

Falls Prevention Improvement Work

Community Falls Service: Partnership working with Primary Care Network colleagues has supported the establishment of a new falls pathway across Primary and Community care. This pathway, developed in conjunction with the World Falls Guidelines (2022), has enabled a more standardised approach to identifying older people at risk of falling, and defining an intervention pathway to support evidence-based falls prevention in the community, providing care closer to home.

The integrated falls service is a collaborative partnership between the Community Falls Service and LTHT Falls Clinic Geriatricians, providing twice monthly virtual MDT meetings and reducing the need for complex high risk falls patients to attend a face to face hospital out-patient clinic. The recent introduction of a permanent Pharmacy role within the Community Falls Service has enabled continuity of Pharmacy input to the virtual falls MDT meetings, and also the provision of a new Pharmacy role to provide and support more timely structured medication reviews to Community Falls Service patients in their own homes to reduce their falls risk.

Falls Prevention Improvement Work: Partnership working with Primary Care Network colleagues has supported the establishment of a new falls pathway across Primary and Community care. This pathway, developed in conjunction with the World Falls Guidelines (2022), has enabled a more standardised approach to identifying older people at risk of falling, and defining an intervention pathway to support evidence-based falls prevention in the community, providing care closer to home.

The Leeds Integrated Falls Service, incorporating the virtual falls multidisciplinary Team (MDT) meetings running twice a month, has continued to develop and support more complex high risk falls patients in the community setting to reduce the need for patients to attend a hospital outpatient clinic. Following successful evaluation and evidence of positive impact of the Advanced Clinical Practitioner (ACP) role, the ACP role has been made permanent, continuing to support the assessment and management of complex falls patients in the community, with support from the Falls Clinic Geriatricians. There continues to be only a few patients discussed at the meetings who have been identified as requiring referral to the hospital Falls Clinic for a face-to-face assessment by the Geriatrician. This has further reduced since the introduction of a permanent Pharmacy role into the Community Falls Service, as high risk falls patients have been able to receive timely structured medication reviews and medication changes, contributing to

improved patient outcomes, a reduction in avoidable falls and reducing pressure on GP time. This approach has also supported reducing the waiting times for patients to be assessed by the Community Falls Service, as given the diversity of roles within the service now, the patient is seen by the right person in the right place at the right time.

As part of the vision for, and development of a Leeds Integrated Falls Service, the virtual falls Multi-Disciplinary Team (MDT) meetings have been running twice a month throughout 2022. The Falls MDTs are supported by a Falls Clinic Geriatrician, senior clinicians from the Community Falls Service, and pharmacy who support the complex falls patients in the community to reduce the need for patients to attend a hospital outpatient clinic. Very few of the patients discussed at the meetings were identified as requiring referral to the hospital Falls Clinic for a face-to-face assessment by the Geriatrician.

The establishment of dedicated pharmacy support into the MDT meetings has enabled timely medication reviews and medication changes for high-risk falls patients. This has improved patient outcomes, contributes to a reduction in avoidable falls and reduces pressure on GP time.

The ongoing pilot and evaluation of a new Community Falls Service model, with the Advanced Clinical Practitioner (ACP) role, provides evidence of its positive impact by supporting the assessment and management of complex falls patients in the community, with support from the Falls Clinic Geriatricians. This approach is also reducing the waiting times for patients to be assessed by the Community Falls Service. The Falls ACP has secured a honorary contract with LTHT to enable access to patient case record information.

The Falls ACP is also representing LCH at the NICE Falls Guideline scoping workshops, raising the profile of the Trust and ensuring the most up to date clinical information is applied locally. In addition, referral pathways are being explored with Yorkshire Ambulance Service (YAS) and the LGI Emergency Department directly to the Community Falls Service.

Education sessions have been jointly provided with YAS to care homes across Leeds on falls prevention and management, with the aim of reducing the risk of falls and reducing inappropriate YAS call outs. Further work is also taking place working with the Integrated Care System and YAS to promote the iStumble algorithm. This has been piloted in certain care homes in Leeds who have been highlighted as high callers to YAS and Community Falls Service due to falls. The Community Falls Team are working with West Leeds PCN to standardise the assessment and management of falls risk within the Falls Pathway for Older Adults.

Self-Management

Self-management as an ethos has continued to be a key area of work and development in 2024. This year the Self-Management Team has grown as a team to 41 staff which has allowed LCH to have a greater impact on patient flow and capacity. On average the team discharge around 130 individuals a month which equates to around 3000 plus visits a month saved for wider service and have expanded the clinical tasks we can now support with.

Hospital rotation: We now have permanent staff in the transfer of care hub working closely with medically fit individuals helping with patient flow and impacting quality of care by keeping the individual involved in their discharge planning process.

Primary care: We are in close talks with the South PCN to set up a new Health Hub that will include primary care staff to promote collaborative working for the community, taking into consideration health inequalities.

Community Health Hubs: Continue to grow and our partnership working with 3rd sectors are growing from strength to strength – we are looking at ways to bring the Health Hub model into the acute setting to impact the sustainable approach to health.

Development: Self-Management will be exploring how we can support our specialist business units over the next year.

Trainee Community Matrons

Staff will be assessed on the four pillars of advanced practice which are clinical practice, leadership and management, education and research) before being eligible for a Community Matron position. There will be a formal panel to assess and Trainees who do not meet the criteria will have a supported improvement plan for further development. This will help assure that our most senior staff have a more consistent skill level across the city.

Neighbourhood Response Team

A dedicated resource has been implemented to manage the nursing element of unplanned care, work that is urgent and unplanned on the day of work, and for assessments which need to be completed within 24 hours. This is in the testing phase with a planned pilot site and is due to commence in February 2024. Staff engagement has been positive for the proposal.

Patients will remain under the Neighbourhood Response Team for approximately three visits to assess the most suitable plan/place for care and to ensure a robust assessment process is completed. Further work is ongoing to explore the operational process, the allocation of visits, and for how to support from citywide services and palliative care patients will be included in this offer.

New Colorectal and Urinary Continence referral pathway.

A separate catheter pathway and trial without catheter pathway have been developed alongside our Urology colleagues in Leeds Teaching Hospital Trust. This includes a new joint catheter passport that has been created which will follow the patient in and out of hospital to ensure there is a continuity of care and improve patient outcomes and experience of having a catheter insitu.

Children's Business Unit

0-19 Staff Nurses

The Service extended the Staff Nurse role to embed the 0-19 one team approach; enhance the staff nurse role; support capacity within 0-19 PHINS; ensure that families across our city receive a consistent service. This included completing various contacts within the Healthy Child Programme. All of these children continued to have their care overseen by a Specialist Community Public Health Nurse (formerly Health Visitor or School Nurse) who was also available to support the staff nurses when needed. SCPHNs continue to complete the mandated contacts of the Healthy Child Programme and work with the most vulnerable children and their families. The change in practice means more of our families will receive support from the Service as a whole.

Infant Mental Health Service - 2+ Pilot Evaluation

The Infant Mental Health Service (IMHS) received additional investment into the service to expand the offer for children from conception to school age. This included their caregivers when relational difficulties affect the child's mental health. The IMHS undertook a pilot of the proposed offer of direct work with children and their families and an options appraisal for the future overall plus 2 offer.

In addition to extending the training and consultation to support health and social care professionals to offer mental health they developed a core offer of direct work to families named "Understanding Your Toddler" to help parents and caregivers understand the emotional world of their toddler.

During the pilot 16 families were referred and accepted, eight families were offered direct clinical work, and eight families were offered a consultation to support the professional network around the child to offer support. From the children offered direct work, six children were between the ages of two and three, with two children aged between three and five years of age.

The effectiveness of the offer was measured using Goal Based Outcomes. Data indicated approximately 50% of goals revolved around enhancing caregiver confidence. Analysing the data indicated significant positive progress. Increased confidence in the parenting relationship was also observed.

The Mother's Object Relation Scale (MORS) was also used. Scores showed that 100% of primary caregivers reported either maintained or increased feelings of warmth towards their infants following the Understanding Your Toddler offer. Scores also indicated that 100% of primary caregivers reported decreased feelings of invasion.

At discharge, a family service evaluation captured families' high levels of satisfaction with the input they received, with one family reporting it had 'changed my life'. In addition, three families were interviewed to explore in greater depth the impact of the offer, alongside IMH practitioner reflections on the delivering the offer.

Every Sleep a Safe sleep

Every Sleep a Safe Sleep is a regional initiative to improve the safe sleeping environments of all children, specifically those under 12 months of age. The regional approach was to standardise the assessment and delivery of all messages and suggestions to parents to help improve the safe sleeping environments of all children. This is in response to a gradual increase in Sudden Unexpected deaths in Childhood across the Northern region and it was identified that varying practice was being implemented specifically by 0-19 SPHNs in the community across the region. Public health messages to parents were not understood or delivered in a personalised context that encouraged adoption of advice or a change in their behaviour. The biggest change for staff is viewing the sleeping space for baby to encourage personalised discussion. The outcome is that parents have personalised information in a way that encourages change where required and this in turn supports the reduction of SUDIs.

The initiative ensures that standardised information is shared with a focus on every sleep, not just nighttime, viewing the sleeping space for the baby allows for personalised discussion and supports parents / carers in the choices that they make.

Breeze events

Breeze is a young person focused brand for 0 to 19 year olds in Leeds. It offers opportunities, information and discounted access to a broad range of cultural and sporting activities, events and services in an inclusive, safe, fun, creative, and inspiring way. Delivering programmes and events since 2004, Breeze has built a quality assured service, recognised as a safe and reliable provider, and is a staple of Leeds's young people's offering.

Our PHINS colleagues joined seven events in July and August 2023, with attendance of 3256 children and young people. The team had conversations about sleep, nutrition, behaviour, oral health, puberty, chat health and many more topics with families.

Speech and Language

Respiratory care burden in children with aspiration | European Respiratory Society (ersjournals.com)

Liz Franklin from the Community Feeding Team has been involved in a research project that has resulted in an article ***Respiratory Care Burden in Children with Aspiration*** being published in the European Respiratory Journal. Videofluroscopy data was used from one of Liz's patients. The findings were presented at a Medics Conference in Madrid.

Click here for a summary Respiratory care burden in children with aspiration | European Respiratory Society (ersjournals.com)

Leeds Communication Offer

A showcase event was held in November 2023 and brought together education practitioners, healthcare professionals, and individuals passionate about supporting children's speech, language, and communication. It was a unique opportunity to connect and discover the wealth of services available in Leeds that can make a positive difference in children's lives. At this event we took

the opportunity to spotlight good practice at the Focused Support (targeted) level of support. As The Communication Offer becomes embedded, we continue to work and progress improvements that have been highlighted for greater focus.

There were 67 people who attended three events, Communication Offer: Better Together had good partnership representation including our 3rd sector colleagues from Family Action and omens Health Matters. The event covered topics such as Family Support and signposting,

Children's Community Intravenous Antibiotic Service (CIVAS)

We officially commenced our CIVAS Service this year and are awaiting our first referral. Following a year of work, collaborating with Leeds Children's Hospital, we are finally launching. This will provide a number of benefits to patients and families including:

- Targeted Sepsis treatment
- Home IV antibiotic therapy allows patients to receive treatment in the comfort of their own homes, eliminating the need for extended hospital stays.
- Reduced Risk of Hospital-Acquired Infections, home care can lower the risk of acquiring infections associated with healthcare settings.
- Improved Quality of Life, home-based IV antibiotic therapy allows patients to maintain a more normal routine, stay close to family and friends, and engage in familiar activities. This can contribute to an improved overall quality of life during the treatment period.
- Decreased Healthcare Burden, home-based care can help alleviate the burden on healthcare facilities, freeing up hospital beds.
- Personalised Care, home care allows for a more personalised and individualised approach to treatment, taking into account the patient's specific needs and preferences. This can contribute to a more positive treatment experience.

Hannah House Playground and Minibus – pending narrative

CBU Involvement

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 and video can also be found on You Tube.

The Youth Board have been involved in various initiatives and events this year.

Members of the Youth Board took part in planning the CBU Celebration Event and attended on the day. Here we have Amarah and Saleem facilitating an activity.

Caitlin and Maddison from the Youth Board delivered audio players and audio story books to Hannah House.

The Youth Board raised money by organising a raffle at the children`s business unit celebration event raising an amazing £227. Caitlin and Maddison commented that Hannah House is amazing and later in the year the year members of the Youth Board took part in a PLACE assessment at Hannah House.

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

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.

Members of the Youth Board have been involved in developing a job shadowing scheme where Youth Board members can shadow staff in various roles. This gives an insight into these roles helping young people with their career choices. We piloted this in August and September 2023 and hope to extend this opportunity across our services.

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

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

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.

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.

Involvement Charter

Members of the Youth Board developed an involvement charter that demonstrates our commitment to involving children, young people and their parents and carers in shaping our children`s healthcare services.

Involvement Charter

The Involvement Charter, which is integral to our children`s strategy is our commitment to how we involve children, young people, parent`s and carers in developing our children`s community healthcare services.

We will:

• Listen to children, young people, parent`s and carers and ensure that they can have their say in developing the services that they access.

• Use the information and feedback provided to support the development of our children and young people`s healthcare services.

• Always ensure that when children, young people, parent`s and carer`s who are involved in consultation about our services are updated about changes made following the consultation or feedback.

• Link in with 3rd sector groups and voluntary organisations throughout Leeds.

• Ensure that our Youth Board and Involvement group continue to be embedded within our Trust providing opportunities for those who access our services to get involved.

If you would like to get involved contact Chris Lake – Involvement Lead (Children`s)

Email: **chrislake@nhs.net** Telephone: **07985 267740**

Specialist Business Unit

Leeds Mental Health Wellbeing Service

Health Inclusion: the team the developed a Health Equality Action Plan that includes leadership and accountability, service delivery, population health, and workforce. They are currently focussing on how to outreach to specific groups and translation of service communication and are commissioning training to address client experiences of racism in therapy formulations and ongoing treatment. This has included resuming a specific group intervention tailored to our Muslim clients and exploring ways to increase the diversity in our workforce.

Helpful Conversations: helpful conversations started as a pilot to address the issue of people being referred for Talking Therapy and added to a waiting list when elements of their problem could be addressed through helpful conversations prior to waiting list allocation. This has resulted in fewer inappropriate referrals to therapy and more people getting the help they need at an earlier stage. The approach is now being rolled out into screening reviews.

Podiatry

The Leeds Health Pathway directs people with diabetes related foot wounds to the hospital Diabetes Limb Salvage Service or community podiatry (Foot Protection Service) teams as the first contact within 24 hours of finding the wound.

Despite the launch of this pathway in 2018, GPs and nurses continue to refer patients with foot wounds to the Neighbourhood Team as the first line. Since the launch, the Neighbourhood Team accepted all referrals and allocated treatments before considering onward referral and this was leading to delays in care.

To optimise care, the electronic referral process was changed to allow NT administrators to forward all referrals to Leeds Diabetic Limb Salvage Service (Diabetic Foot Team) and Podiatry immediately. In addition, a wound template alert was added to support clinicians, this alert occurred when a foot ulcer code was submitted and there was no open referral to Podiatry.

Audit data showed that incidents relating to delays in care and referral pathway have reduced, the long waiting times to referral have reduce and there was minimal impact on referral numbers to the service.

Children's Secure Estate

Collaboration with Acute Trusts: within HMP Wetherby Young Offenders Institute we have had multiple hospital attendances due to incidents of self-harm requiring further medical assessment. The children often present with a wide range of complexities and require bespoke tailored care to avoid escalation in risk to themselves and others.

This has been a complex piece of work where we have collaborated with Harrogate District Hospital and Leeds Teaching Hospitals to ensure that the appropriate sharing of information in a timely way. This has included a template under development which will go with the child to and from hospital, and will allow the healthcare team within HMYOI Wetherby to document the rational behind admission to hospital, any current risks / needs and vulnerabilities, and clearly evidence treatment that has been administered at HMYOI Wetherby. This then allows the discharging clinician at the hospital to complete the reverse side with any relevant information on treatment administered in hospital and this is then returned to the healthcare team at HMYOI Wetherby with the child.

This is to avoid miscommunication as there are often delays in receiving the official discharge letters from hospital. Further work has been undertaken where HDH and LTHT have visited HMYOI Wetherby to gain a better understanding of the environment and the complexities, both visits have received positive feedback and relationships have been developed.

Furthermore, we have been asked to deliver training on an 'Introduction to HMYOI Wetherby' for both LTHT and HDH which is being arranged. We are also developing a leaflet with HDH to provide the children on what the environment in A&E looks like to help relieve anxieties when attending hospital. Finally, we are developing a non-acute gynaecology pathway to avoid children attending A&E for non-acute presentations.

Custodial Manager – Health & Wellbeing: we successfully recruited into a shared post across LCH and HM Prison and Probation Service of a Health and Wellbeing Custodial Manager. This role is invaluable to the service in supporting with appointments and successful liaison with the healthcare officer to ensure that children can access planned appointments. It also supports the continued development of positive working relationships between NHS and HMPPS.

Innovative work has already started around children's weight management, including ***a particular success with a child whose BMI was >30, who has lost 31kg to date and is now able to access the gym equipment.***

The reward systems in place across HMYOI Wetherby has been reviewed to ensure that this is not just based on food and that healthy alternatives are available. The practitioner did this with support from the children through the Youth Council.

A recent campaign for podcasts onto the children's laptop including substance misuse podcasts and medication myth busting has been completed. There are plans for further digital communication around immunisations / vaccinations and mindfulness.

The practitioner is also supporting with the implementation of a Patient Engagement Forum to ensure that the voices of the children are at the heart of their health services and that we can develop the role of Health Champions across the children and units within the establishment.

Finally, he has been pivotal in the healthcare team participating and supporting in charity events to raise money for Martin House Hospice, as selected by the children here at HMYOI Wetherby, members of the healthcare team will be competing in the Dragon Boat Race in June 2024 with an update in next year's Quality Account.

Liaison and Diversion

Reconnect: reconnect is proving to be a very successful addition to the existing Liaison and Diversion Service and supports people leaving prison to resettle in community. Both the Liaison and Diversion and RECONNECT services seek to minimise or end a person's involvement with the criminal justice system. The work we undertake in Humberside is underpinned by a holistic and person-centred assessment which is undertaken in partnership with our service users.

We work with people throughout their journey from prison to the community, to aid their resettlement and help them to integrate with the community services required for each individual. Continuity of care is paramount for this provision and in turn helps to reduce the risk element associated with offending behaviour and the criminal justice system. To date we have had 91 referrals into the service, with a wide variety of needs ranging from help with GP registration to acute mental health support.

Children and Young People: we identified a challenge within the service regarding the low number of children and young people accessing the support available. Discussion and pathway reviews were completed with partner agencies and subsequent improvements in children and young people accessing the srvice, We did this using a variety of methods such as increasing attendance at the youth diversion panels, pathway amendments to include the carer/person with parental responsibility and engagement style with the young person.

Police Custody Health

Over the last 18 months, we have had vacancies within the police custody service with significant impact in the West Yorkshire area. The routine normal avenues used to recruit were not meeting the recruitment challenges and we embarked on a workforce project in conjunction with recruitment to try different ways to attract staff to the service.

In Summer 2022 our vacancies were approximately a third of our workforce. This resulted in increased chargeable gaps in embedded shifts, reduced resilience and most importantly an increased risk to the quality and safety of the service we were providing.

In August 2022 we received an improvement notice from the commissioner to improve the staffing position.

We explored reasons why we could not attract staff and identified areas of improvement. An open day was held at Elland Road Police Station, completed a social media campaign and use of shortened applications and word of mouth from existing staff to promote the roles. This resulted in 23 applicants and a reduction in vacancies. We now have approximately 2 vacancies.

The 2024/25 Trust Priorities

The Quality Account looks forward to 2024/25 as well as looking back on 2023/24.

How we agreed the priorities

The Key Priorities have continued to be aligned to our four Strategic Goals with the intention that achievement of the priorities evidence organisational progress towards our goals and ambitions. An additional Strategic Goal has been included this year to evidence our commitment to health equity '**To embed equity in all that we do**'. As our Strategic Goals are aligned to our Board Assurance Framework, progress against the Key Priorities will continue to evidence how we are mitigating our organisational risks.

The Priorities for quality improvement were considered within the national, regional, and local context and are also informed by our commissioning and regulatory requirements. The priorities build on our key initiatives aligned to the NHS Long Term Plan and NHS Constitution.

Development of our Priorities included review of our feedback from complaints, incidents, in addition to feedback from our stakeholders. We strengthened our focus on engagement in the development of our Trust Priorities in 2023/24 for 2024/25 and

made changes and amended wording in response to feedback this year. We will continue to strengthen this element for next year's Trust Priority development.

Our 2024/25 priorities are:

Strategic Goal - Work with communities to deliver personalised care

Trust Priority: We will provide proactive and timely care that is person centred by ensuring the right service delivers the right care at the right time by the right practitioner.

- We will ensure our care pathways are robust to ensure our patients receive the most appropriate intervention to meet their needs.
- We will utilise a digital technology to ensure we optimise our service provision for those patients able to engage with digital interventions and work to improve digital inclusion.
- We will work in partnership with patients, families, patient representatives and our diverse communities and our professional partners to maximise our service delivery.

Strategic Goal - Enable our workforce to thrive and deliver the best possible care

Trust Priority: To have a well led, supported, inclusive and valued workforce

- Enhance leadership capacity and capability ensuring leaders of teams understand their roles and responsibilities in relation to people management, with a particular focus on staff health and wellbeing and supporting attendance.
- Support our staff to be as efficient and productive as possible through better use of digital and technology
- Increase staff retention through targeted response to staff survey/workforce data, continuing to pursue our EDI agenda and promoting our staff health and wellbeing offer

Strategic Goal – Collaborating with partners to enable people to live better lives

Please note TLT reworded the Strategic Goal from 'Working together to enable people to live better lives' to the above to emphasise the partnership element of this goal.

Trust Priority: We will develop a Leeds Community Collaborative in partnership to amplify the community voice and facilitate care closer to home.

- Explore opportunities for care closer to home (the full spectrum from acute care to self-management) as part of the Quality and Value Programme
- Aim for the collaborative* (Alliance* plus third sector and primary care partners) to become the single provider of a range of intermediate care services.
- Engage with the universities and business community to utilise their capacity and capability in innovation.

Strategic Goal - To embed equity in all that we do

Please note TLT reworded the Strategic Goal from 'To ensure equity is a core consideration in all that we do' to the above to emphasise our aim of ensuring equity is core to all we do.

Trust Priority –To ensure that the Quality and Value Programme has the least negative impact on those with the most need and positively impacts where possible.

- To improve access to, and use of data to understand and promote equity in access, experience and outcomes.
- Collaborate with people and diverse communities to ensure their experiences influences equitable approaches to change, such as for the Quality and Value Programme.
- Demonstrably utilise the Equity and Quality Impact Assessment (EQIA) process and outputs to ensure all changes are inclusive of an equity focus.

Strategic Goal - Use our resources wisely and efficiently both in the short and longer term

Trust Priority: To achieve the 2024/25 Trust's financial efficiency target through delivery of an effective Quality and Value Programme

- Make the best use of all Trust resources by maximising productivity and efficiency through service offers and pathway redesigns
- Maximise our opportunities for IT, digital and estates transformation
- Explore commercial income generation and review corporate running costs

Feedback from Engagement

The Patient Engagement Officer has supported engagement from staff, patients and our Third Sector colleagues for feedback on the proposed Trust Priorities for 2024/25.

The request for feedback on our proposed Trust Priorities was shared with 74 individuals, including third sector organisations, staff, and patients. Patients who had shared patient stories and those recorded as 'Friends of LCH' were contacted but did not respond. The ICB led Trackivity stakeholder engagement system is being assessed for the potential to provide patient feedback in future.

Third Sector Feedback

"My only comment would be to be more explicit about engaging/working in partnership with children and young people – there is mention of families but when supporting an adult often people see working in partnership with families as considering the needs of the other adults and this is where 'young carers' get lost/missed?"

"Is there something about co-production/more of an emphasis on the patients/families' voice to shape services – just thinking it mentions in regards to staff retention getting feedback from surveys but is there something about how that works for patients/families who use your services? I know in my service and charity service user involvement is huge and something we need to demonstrate all the time". Family Action.

Staff Feedback

"I think it all looks fabulous".

"Just now getting people to honour it and stick to it. But it all reads correctly, and I think pretty easy to follow".

"My only feedback is that I think we should have something in there about sustainability and being more green focussed".

There were also comments from staff and the Committee members around the need to focus on reducing waiting times. The Committees acknowledged this will be a challenge in the light of the financial position going into 2024/25. The Trust is currently developing a revised waiting times report to evidence performance against the responsiveness domain to the Committees and Trust Board. ICB colleagues are working with us to ensure we have a collective understanding and focus our efforts on reducing the longest waits and thereby improve access for patients.

Patient Experience

Patient and Service User Satisfaction

(The data was extracted from a live system on 5 April 2024)

We continually seek feedback from people who use our services via the Friends and Family Test (FFT) which can be accessed via an online link, a QR (Quick Response) Code, paper postcards and SMS message. The FFT is available in a standard easy-read format and is translated into the most commonly spoken five languages in Leeds. We also have child friendly Friends and Family Surveys that have been coproduced with children and young people. Our aim is to continually make giving feedback more accessible to people whose first language is not English, or who have additional communication or accessibility needs. . Between 1st April 2023- 1st April 2024, 10,194 Friends and Family Test (FFT) responses were shared. Of those, 7386 (73%) used the online survey, showing that this is becoming an increasingly popular option. Despite this, we still received a significant number of responses in writing (2760, 27%), which demonstrates the importance of enabling people to give feedback in different ways. Survey results showed that 9628 (95%) of people using our services felt they were good or very good, 244 (2%) as poor or very poor. 272 (3%) respondents felt the service was neither good nor poor.

Feedback included:

Adult Business Unit

“A big thank you to all staff in Bilberry unit. As a family we would like to thank you all for the care and consideration you gave to our mother during her stay on your ward. It was comforting to know that our mother was receiving the highs level of care in the last her days and hours. Thank you all from our hearts” **Bilberry Ward – Wharfdale**

Childrens Business Unit

“The reception team are always friendly and helpful every time I have needed to call. The nurses and healthcare assistants are lovely and always make my baby smile. The doctors are fantastic - they are professional, knowledgeable, and genuinely care for their patients. I could not have asked for better care for my son. Thank you!” **ICAN – Reginald Centre**

Specialist Business Unit

“I really would like to say thank you for the help. Being listened to and understood helped me into medication that’s really and truly helped me with my everyday life and awkward household arrangements. I’ve found the medication not only helped me, but helps my autistic child as his mum is calm and in a good and positive mood daily, so thank you so much x” **Leeds Mental Wellbeing Service - Primary Care**

The Trust and its services regularly review the Friends and Family Test to improve access and response rates. For example, The Musculoskeletal (MSK) Service have appointed two Patient Engagement, Experience and Participation Officers who have worked to share the Friends and Family Test via System One text message to patients accessing the MSK service. This has proved very successful with a response rate increase of 497% following implementation in April 2023 which has enabled the service to identify themes from the feedback and identify learning.

Satisfaction Within Groups

The Patient Experience Team continues to be a member of the Communities of Interest Network which helps to tackle inequalities and inequities across the city and works with local community groups to build relationships. The Team have worked with learning disability project manager Beth Wilson to create an easy read complaints from which will be added to our external web pages and proactively shared with relevant groups and services with the aim of making the complaints process more accessible. The team continue to monitor and update the internal staff intranet pages ‘Making information accessible’ pages to ensure there is good quality and up to date information and advice for staff to help them provide information to patients in accessible formats dependant on their communication needs.

Complaints, Concerns and Compliments

(The data is taken from a live system and was retrieved on 1 April 2023)

In LCH we embrace all forms of feedback and consider feedback as an opportunity to improve services. We appreciate it can be difficult to speak up when things go wrong but this is crucial feedback for us to learn from and develop our services, or to share good practice and celebrate when things go well.

In 2023/24 the Trust received 1419 compliments, concerns, and complaints. This was a 15% decrease (from 1654 in 2022/23) in feedback from the previous year overall. This equates to a minimal difference in the number of complaints, a 46% decrease in concerns and a 3% decrease in compliments between 2022/23 and 2023/24.

Year	2020/21	2021/22	2022/23	2023/24
Compliment	982	929	965	933
Concern	366	594	544	342
Complaint	103	101	145	144
Total	1451	1624	1654	1419

Complaints

A complaint is an expression of dissatisfaction made to LCH either verbally or in writing that requires an investigation and whether found to be justified or not, must be responded to in writing.

There were 144 complaints received in 2023/24. Of the 144, 129 related to LCH services only, 15 related to LCH and other organisations (multi-sector complaints). Ten were withdrawn and five were rejected due to being a test or a duplicate and nine were found to not be for LCH.

LCH is a provider of NHS funded services and we comply with the NHS regulations. If people are not happy with the outcome of their complaint, they can ask the Health Service Ombudsman for a further review. In 2023/24 the Ombudsman received one complaint for Leeds Community Healthcare NHS Trust. The complaints escalated to the Ombudsman in 2022/23 are now closed.

Complaints received within the year by Team/Service:

The teams with the highest complaints have been included. The remaining complaints were received across 56 teams with 50 teams receiving less than five complaints and 29 teams received one complaint.

Service	**Complaints**
Leeds Sexual Health	11

Musculoskeletal and Rehabilitation Service	9
MindMate SPA	8
CAMHS West	7
Wharfedale Recovery Hub	6

Numbers of higher incidence of complaints this year are similar to those of last year. The team with the most number of complaints was Leeds Sexual Health, with a total of 11 complaints made; this is an increase from 2023/24 where a total of nine complaints were made.

At Trust level

Our Trust Priorities for 2023/24 and continuing into 2024/2025 have had a strong focus on increasing access to services and reducing waiting lists. The lists were closely monitored throughout 2023/24 by services and monitored through Quality and Performance Panels held monthly by Business Units with escalations to meetings chaired by our Executive Director of Operations and our Executive Director of Nursing and Allied Health Professionals.

At Service Level

Services follow a continuous improvement ethos and complaints and concerns are opportunities to inform continuous improvements, some examples of how services have made improvements from complaints:

Themes from Leeds Sexual Health

Key themes from the complaints from Leeds Sexual Health were ‘Attitude, conduct, cultural and dignity issues’, ‘Clinical judgement/treatment’ and ‘Access and Availability’. Within those the main themes were difficulty accessing the service to make appointments and being unhappy with the attitude and conduct of reception staff.

Improvements around Access and Availability: Leeds Sexual Health have three walk-in clinics, along with young person’s walk in clinics. Patients can access service via phone lines which has seen an improvement due to further Wi-Fi installation. Patients can get advice via health chat advise online. In the event of phone lines being down, they open the health chat which is available online

(webchat). LSH keep patients informed of any downtime due to network issues and advise around alternatives how to access the service. The administration team have worked to improve cover for phone lines and health chat to help patients access the service, this has also improved staff moral.

Improvements around attitude, conduct, cultural and dignity issues: the service continues to support staff to deliver good customer service and there is a full day training as part of the care navigator role which will include customer services and difficult conversations.

Improvements around waiting times: demand for the service is high, in response the service introduced an additional walk in clinic on Fridays. A new transformation project is underway following a successful tender process, the new service will mobilise the in partnership with the GP Confederation where some services will be delivered from GP surgeries. A planned digital hub will also reduce demand on routine appointments as it will allow patients to self-manage, signpost to other suitable services and order prescriptions online. This will help to reduce the waiting times.

Themes from Musculoskeletal and Rehabilitation Service

Key themes from the complaints for MSK were 'Attitude, conduct, cultural and dignity issues' and 'Clinical judgement/treatment'. Out of the five complaints, one was found to not be for LCH and was passed on.

Improvements around attitude, conduct, cultural and dignity issues and clinical judgement/treatment: where clinicians are involved in these types of complaints, a reflective approach is supported in addition to an offer of the Personalised Care Institute eLearning modules. Appropriate learning is also shared with the wider team. The service is using resources for both patients and clinicians from the Best MSK Collaborative to try and improve understanding and communication to help manage expectations and prevent miscommunication. The service is completing further work on patient information resources to support understanding of the service offer, which it is hoped will support patients understanding and manage expectations in advance of their appointments.

Complaints received within the year by Subject:

This is a similar picture to last year as the highest areas of complaint subject.

Subject	
Clinical Judgement/Treatment	44

Attitude, conduct, cultural, dignity	27
Appointment	22
Communication	8

With the exception of Leeds Sexual Health, MSK, MindMate SPA and Podiatry, the 44 complaints relating to 'Clinical Judgement/Treatment' were evenly spread across the remaining 29 teams.

Learning from Complaints

Leeds Community Healthcare NHS Trust is committed to learning from complaints to continually improve services. Examples of learning are detailed below:

You Shared	**We Did**
Leeds Sexual Health (LSH) A complainant shared concerns with a lack of training on disorders for practitioners in service.	Service have asked all clinical staff working in LSH to attend a bespoke training programme in Autism Spectrum Disorder (ASD) such as the Oliver McGowan training programme. The Clinical Head of Service will liaise regarding mandatory training in ASD for all clinical staff in LSH.
Holt Park Neighbourhood Team Complainant had concerns regarding care of their Aunt prior to death. They queried the approach to her care and plan for End of Life care and queried the responsiveness of the District Nurse when asking for help.	The service have reflected and communicated the importance of how we communicate with our patients and their families when approaching end of life care. An investigation has taken place to establish the learning from this incident to ensure prioritisation of future patients and appropriate response times are maintained in the future.

CAMHS East A complainant queried why they have not been receiving letters about their sons appointment with appropriate notice and why do they get text reminders as a first notice the day before the appointment even after they had raised concerns.	The service have captured the complainants' needs and ensured they will receive details of future appointments by post and via secure email. They will also send an SMS confirmation and reminders to the complainant. To ensure clear communication the service have added a notification to the front page of the complainants' sons records to highlight their communication preferences. This learning will have wider consideration for application.
Patient Experience Team A complainant queried why their letter was not sent by a secure mail option, such as tracked or signed for and why following the first letter going missing, why was the response not emailed to them in a secure way.	An action from the investigation was to make sure that all processes within the Patient Experience Team reflect the Trust wide Information Handling Procedure and that all secure mail is sent via tracked or signed delivery going forward. All team members have been asked to read the Information handling procedure and the expectation set that this is always followed.

We continue to share learning from complaints and develop learning posters for learning that applies to the wider organisation.

Concerns

A concern is a request for the resolution of a problem or difficulty with an LCH service, facility or staff that requires minimal investigation and can be resolved verbally. When a concern cannot be resolved to an individual's satisfaction, a further plan is agreed to reach a resolution.

There were 342 new concerns received in 2023/24.

All concerns are shared with the service. Concerns are responded to directly wherever possible, and services utilise the feedback to create service improvements where possible.

Concerns received within the year by Service:

Service	**Concerns**
Leeds Sexual Health	38
MSK	33
Podiatry	26
LMWS - Therapies	17
MindMate SPA	15
MindMate MHST	11
LMWS - PCMH	9
ICAN SPA	7

Concerns received in year by Subject:

Subject	
Appointments	103
Clinical Judgement/Treatment	61
Communication Issues	26

Access and Availability	35
Attitude, Conduct, Cultural and Dignity Issues	32

Difficulty booking an appointment within LSH. Work is ongoing in MSK to support staff fatigue and the impact on staff of increased waiting lists and the complexity of patients accessing the service since the pandemic. Staff wellbeing in an ongoing focus for MSK and across the Trust.

Compliments

There were 933 compliments received during 2023/24. Compliments are received in various forms including in writing and verbally.

Compliments by Service:

Service	
Health Case Management (South)	84
CUCS	66
Community Falls Service	48
Adult Dietetics	49
Yeadon NT	37
Transfer of Care Team	23
Cardiac Team	23
CAMHS Crisis Service	23
Inclusion Nursing Service	21

Compliments included: those teams with above 20 have been included for the interim report.

Adult Services

‘I want to say a huge thank you to you. I know there are a lot of people involved in my Dad’s care but you are always reassuring and I know that you are always there’. – **Health Case Management Team (South), August 2023.**

‘On a separate note, I sincerely wanted to say how impressed I am with Scarlett. If you hadn't have told me that she was a student, I would have thought that she would have been doing the job for years! She was so professional and warm, and I really felt comfortable talking to her. I felt that she had researched my case beforehand and knew what she was talking about, but still had a lot of empathy and listened extremely well to what I was telling her. She was very professional and patient and I think she will have a fantastic career ahead of her, whatever she does. We need more people in social care like her! It was an absolute pleasure to meet her and please tell her all of this’ – **Health Case Management Team (South), May 2023.**

‘Patient has thanked me for the ongoing support and onward referrals.

Has said, thank you for everything you have done and for listening.

States 'It has been amazing to learn about how the body works and how to manage'. **– Community Urology and Colorectal Service, October 2023.**

‘Thank you for all the visits you made, it was a pleasure to invite you into our home and you always tried to answer any questions we had. A special thanks must be made to *** who coordinated a lot of his consumable orders. He died peacefully surrounded by his family in a complex care nursing home where all the staff really cared for him.’ **– Yeadon NT, April 2023.**

Children’s Services

‘(Name of nurse) are “hands on and go above and beyond”. It is a different (“better”) experience from other SILC sites. “I am totally satisfied! “I know that if there is a problem I can talk to them and they will sort” “They/she is interested in me and my family and not just (name of child)” “They are thinking ahead” (transition to adult services).They work together’ - **Inclusion Nursing Service, September 2023.**

‘To my favourite nurses, Thank you so, so much for all your support this afternoon. You were so lovely and kind and always so professional; you make everyone feel safe around you.’ **– Inclusion Nursing Service, June 2023.**

Specialist Services

‘You're the first person I've spoken to that really cares. I can feel how much you care, thank you.’ **- Adult Dietetics, August 2023.**

Thank you for sending me the above which I have found really useful and will be staring with the gluten free diet on Monday for two weeks as suggested by yourself. I also found the session with yourself really helpful and infomative so thank you for that.’ **- Adult Dietetics, August 2023.**

Part Three Quality Improvement

Other Quality Improvements

Patient Engagement

We involve our patients, service users, communities, and staff in helping us shape and improve our services through ongoing feedback and engagement. This year our Patient Experience Team supported services to develop engagement activities with patients and carers to gather feedback from patients in the communities we serve. We have updated our internal processes to improve how we support services to track engagement work being completed across the trust which will help us highlight changes made to services following patient feedback.

Leeds Community Healthcare Carer Steering Group

The Carers Leeds, Family Action, Leeds Community Healthcare Steering group continues to meet quarterly. The purpose of this group is to improve how we hear the voice and experience of carers and improve awareness of issues faced by carers across the Trust. At each meeting, the group listens to a carers’ experience of health services and considers how LCH can adapt and support accessibility for carers. At our most recent steering group we heard from a working carer who shared their experience of their caring role and support they’d received from LCH. Following this we are planning to co-produce with carers a ‘Carers hub’ page on our internal staff intranet pages which will include information and resources for working carers, staff supporting carers and that staff can share with carers they come into contact with via their services. In partnership with Carers Leeds and Family Action, we offer quarterly Carer Awareness (adult and young carers) training to all LCH staff to build confidence in identifying, supporting, and signposting carers and young carers within their services.

We have continued to hold bi-monthly Carers Internal working group meetings, for staff to develop actions identified within the steering group, for example, ensuring Yellow Carers cards are available in clinics. We have noted a low representation within this meeting and as a result are looking to merge the working and steering groups and relaunch as ‘Carers Champions’ which we hope will encourage more staff across the business units to get involved and, drive our work to support carers in the communities we serve.

Our Engagement Officer worked in partnership with LCH staff/Carers Leeds/NHS England and LCC to develop a carers roadshow event which took place Friday 8th December at Leeds Kirkgate Market. The aim the event was to highlight the fantastic partnership work Leeds has to support carers and to provide information and advice to unpaid carers about support that is available. Stall holders included student nurses providing health checks, Healthwatch Leeds, Family Action, Carers Leeds, LTHT Johns Campaign Ambassadors, Care and Repair and many more.

Engagement Champions

We continue to work with our Engagement Champions to ensure patient engagement is a priority within services. Many services have two engagement champions to ensure cross cover for champion meetings which has proved useful when providing updates as a group. We continue to have our Engagement Champion Group meeting bi-monthly, which have covered themes such as Carers, accessibility, and person-centred engagement, and linking with our engagement principles. These meetings provide our engagement champions with information and tools to support patient engagement within the service they work in. This year we have focused on ensuring staff are aware of our internal web pages for support with engagement, making information accessible and translation support/guides. Examples of work completed by services include the Children's Speech and Language Therapy Service, the service have asked parents of patients for their views regarding support plans and reports created following appointments with patients. The service collated key themes and will be making changes to support plans that are used based on feedback received to ensure processes are streamlined.

Surveys

Leeds Children and Young Peoples Eating Disorder Service wanted to include the children, young people and families who use their services in the creation of a social media platform to enable them to earn what people want and need from a platform. Once approved, the social media platform will have the power to improve engagement with service and staff increase education around eating disorders, promote wellbeing for patients, families, and the wider community and provide evidence-based practice around everyday nutrition, wellbeing, and body confidence. The aim is to make the platform appropriate and user friendly for all people

from all ethnicities, religions, and backgrounds. Support was provided by the engagement officer to create a survey and share a summary report of feedback.

Long Covid Groups Managing the Emotional Challenge

Leeds Long Covid Community Rehabilitation Service have developed two groups to help patients living with the psychological challenges of Long Covid. We worked with them to develop a survey is to inform future development of the groups by looking at what has worked well for patients and what hasn't. . Following feedback received and a review the service decided to merge several of its themed groups into one group called Long Covid Group: Managing the Emotional Challenges that runs once per week for seven weeks. A new survey has been created to capture further feedback from the newly formed group.

Tier Three Weight Management Service - Saxena Survey

This service is running an education group for the Weight loss medication Saxenda and have developed a survey for attendees of the group to provide feedback around information being shared, length of the meeting and if they felt any improvements were required. The service reported back that unfortunately the patient group didn't utilise the feedback link, leading to no changes made. The group has now ended as a new medication is due to replace Saxena.

Engagement – Accessible Appointments Letter

We have carried out engagement around a newly developed accessible communication letter for appointments. This has involved discussion with Karl Proud from BID Leeds a 3rd sector organisation that supports people who have hearing and sight loss who was also able to give feedback from his own perspective of being blind/visually impaired. Further engagement included attending Being Well Task Group, a group that focuses on health and wellbeing outcomes for people with learning disabilities in the city. Positive feedback from the group indicated that the new appointment letter was a big improvement on previous appointment letters and would give people the essential information they needed in plain English to help make it easier and therefore more likely to access appointments.

Engagement Principles

Following consultation at a stakeholder engagement event in May 2022, we have developed a set of six engagement principles that aim to create good conditions for a culture of patient engagement within LCH. The engagement principles clearly describe what we expect to see in each service, and each interaction with patients, carers, communities, and citizens and reflect the City's aspirations

around patient experience in relation to good co-ordination, communication, and compassion. It is intended that the Engagement principles will provide a responsive and useful approach to patient engagement going forward. We will be attending community groups across the city to share the principles and gain feedback to create I statements.

Citywide partnerships

The Patient Experience Team (PET) continue to participate in Healthwatch Leeds People's Voices Partnership (PVP) activity that focus on working together to improve people's experiences and make services accessible for all, especially communities at greatest risk of health inequalities. Leeds Community Healthcare senior leaders have recently participated in one of PVP's projects, the Big Leeds Chat 2023. This has involved going out to community groups to feed back to people actions that were taken across

the health and care system following the previous Big Leeds Chat in 2021, as well as taking the opportunity to check in with communities about current issues they are facing around health and care. The PET team also continues to be part of the citywide Communities of Interest Network which aims to highlight and address the needs and challenges face by communities that experience the greatest inequalities, with a focus on health and wellbeing. Leeds Community Healthcare NHS Trust continues to be an active partner in Healthwatch Leeds' How does it feel for me? project, that focusses on improving people's experiences of care as they move across the health and care system. It takes a four-strand approach of hearing from patients via real-time video stories, review of multi-sector complaints and compliments, case note audits and a citywide survey. The real-time video stories have recently featured experiences of people using Leeds Community Healthcare services and have been shared with services and at board level for learning and action.

Patient Safety Incident Reporting

(The data is taken from a live system and was retrieved on 8 April 2024)

There were 8540 incidents within the Trust during 2023/24. This is a 5% increase on 2022/2023 where we had seen a 6.9% increase from 2021/22 (7632) from a reduction of 19.2% in reported incidents from 9440 in 2020/21. This may be indicative of a sustained return to pre-COVID reporting and a positive indicator of incident reporting. Of the 8540 for 2023/24, 5825 (compared with 5422 in 2022/23) were reported as an incident relating to receiving care from the Trust, a 7.4% increase.

In 2022/23 it was identified that not all LCH incidents were correctly identified as patient safety incidents, work has been completed since to support reporters to correctly identify the type of incident being reported. Harm data is being provided for both all LCH incidents and separately for LCH patient safety incidents. This does not impact the way incidents are investigated, identified for further review or externally reported.

Of the total LCH incidents reported 5128 were no or low harm, 347 were moderate harm and 66 major harm. The remaining 284 relate to deaths and follow the mortality process. There were 4319 patient safety incidents recorded from 3182 in 2022/23, a 35.7% increase. Of those, 320 (229 in 2022/23) incidents were reported as moderate harm and there were 64 (39 in 2022/23) major harm incidents reported, a 39.7% and 64.1% increase on the previous year respectively. Of the moderate and major harm incidents reported, 20 moderate and five major harm incidents were identified as having lapses in care contributing to the harm. The increase in percentage results from the work completed to ensure accurate reporting.

This year the Adult Business Unit has restructured the role of the Clinical Incident Management Practitioner which was developed to bring a dedicated approach and consistency to the management of incidents that require a Rapid Review. Four Care Quality

Managers have now been recruited to provide this resource across the Adult Business Unit, working closely with the Clinical Team Managers to share and embed learning. The Patient Safety Team have developed strong links with the Care Quality Managers to align to PSIRF whilst working towards the implementation of the Trusts Patient Safety Incident Response Plan.

We continue to focus on learning and how we embed learning from previous incidents to reduce recurrence, this includes how we support our frail, elderly patients, and those experiencing falls and skin damage that continue to be our most frequent areas of harm to patients. The following improvements demonstrate our commitment to learning and quality improvement:

Insulin medication errors

During a deep dive into an increase in insulin administration errors it was identified that there was inconsistency with how care plans for insulin administration were being applied on SystmOne. The use of a single care plan with multiple timed visits was found to be contributing to visits being allocated to more than one staff member leading to incorrect administration on some occasions. An urgent review of all care plans was initiated to amend to single care plans for each visit to remove this risk. A review of SystmOne is being completed to see if the option to put multiple timed visits into one care plan can be removed. There is a working group to review further actions to reduce incidents for this high-risk activity.

Falls

As an area of more frequent harm, falls are a significant focus for improvement. The Community Falls Service ACP/Pathway Lead chairs the LCH falls improvement group and co-chairs the citywide falls steering group, supporting the strategic focus and direction of falls prevention work within LCH and across the system, and leading or supporting several developments to improve patient safety in relation to falls. This has included:

- Development of new LCH and primary care falls pathways
- Identifying themes from LCH patient falls incidents and embedding learning, providing education and training sessions to clinical staff
- Falls education sessions to PCN staff to support awareness of the primary care falls pathway
- Partnership working with LTHT Geriatrician colleagues to develop a falls pathway between the Older Person's Same Day Emergency Care at St James University Hospital and the Community Falls Service to ensure that patients attending due to a fall are triaged using the appropriate and relevant falls risk assessment, and that interventions are provided to reduce the risk of hospital admission and reattendance.
- Development of falls pathway in progress for LTHT ED and MIU

- Task and finish groups completed to review falls data, identify population health needs and gaps in service provision
- Ongoing review of to identify where further Active Leeds group falls prevention exercise programmes are required
- Partnership working with Active Leeds to establish reasons for reduced uptake and engagement in more deprived areas and with more diverse groups, to identify what support is required to support reducing health inequalities
- Focus group, engaging with care homes across Leeds, to identify any themes related to falls in care homes and current falls risk assessment processes.
- Falls pathway resource page as part of primary care tab on Leeds Health Pathways in development, to support primary care clinicians and appropriate referrals
- Development of falls resource page on Leeds Directory to raise awareness of services to support the citywide falls pathway
- Partnership working with LCC, WYFRS and Enhance to develop falls pathway from WYFRS safe and well checks
- Engagement session with Neighbourhood Network schemes and Enhance delivery partners to develop and establish a falls pathway for use by Third sector organisations
- Partnership working with colleagues as part of Yorkshire and Humber falls network for a regional approach to define the core elements of a multifactorial falls risk assessment (previous regional audit based on NICE community quality standards for falls)

Pressure Ulcers

Pressure ulcers are another of our more frequent areas of patient harm and we have a dedicated Pressure Ulcer Improvement Plan which sits in our Pressure Ulcer Improvement Group, led by our Assistant Director of Nursing and Clinical Governance and more recently by our Practice Development Lead for Tissue Viability Service and Tissue Viability Nurse Specialist.

Throughout this year we have:

- We are responding to the NICE Guidance and no longer use Automated Ankle Brachial Pressure Index machines, now completing the assessments with manual equipment.
- LCH led a collaborative approach to training. This year a pressure prevention training module on e-learning for health was agreed and is accessible to all health and social care staff. Over 1300 people in the city have completed this to date.
- Work is underway with Leeds City Council colleagues to improve communications between health and social care agencies.
- There were delays in the completion of assessments for those making unwise decisions. The Self-Management Facilitators have extended an offer to work with patients who are making unwise decisions.

- There is a piece of work currently being led by the Clinical Head of Service for the Neighbourhood Teams to review case management including for patients with pressure ulcers. There is an emphasis on promoting District Nurses and Senior Nurses allocating their own patient visits to ensure timely review by a senior clinician.
- A review is planned between our Patient Safety Manager and Leeds Community Equipment Service (LCES) clarify the types of mattresses available and their use according to manufacturer's instruction to ensure current conflicting information is resolved.
- We have made our wound assessment training face to face and extended it from a half day to a full day.
- We have a dedicated person in the team looking into the new national pressure ulcer guidelines and working with the Trust to make changes to frameworks, guidelines, policy, and reporting. Any changes to categorisation will be updated in out pressure ulcer booklets and formulary.
- Some colleagues attended the recent European pressure ulcer advisory panel (EUPAP) conference.
- We have launched our new wound infection framework which will help treat pressure ulcers.
- We have been gathering data from pressure ulcer panels to find pattens in learning needs around the city, which is ongoing.

National Patient Safety Strategy

Specific guidance supporting the implementation of the national Patient Safety Strategy was released in September 2022. The ethos of the overarching Strategy is to investigate incidents in a more meaningful way to gain the most learning. The guidance provided an implementation guide and timeline during 2023/24. LCH launched their dedicated and individualised Patient Safety Incident Response Plan (PSIRP) in January 2024. Our Plan provides insight into the Trusts incident profile and provides a working document to improve patient safety. The PSIRP is based on the Patient Safety Incident Response Framework (PSIRF) that replaced the 2015 Serious Incident Framework.

We have identified our key areas of patient harm and developed Trist wide improvement groups and improvement plans for the areas of falls and pressure ulcers. We are also completing a thematic analysis to inform an improvement plan for earlier identification of deteriorating patients. We have invested in nine Patient Safety Specialists, six of whom are completing an in depth national patient safety syllabus being delivered by Loughborough University. The Specialists will support the Trust to focus on systems thinking and human factors when considering how incidents occur and considering improvement actions.

These methodologies are proven to provide the most significant learning in how we mitigate the risk of harm to patients and are well established in the safety science field.

Patient Safety Summit

The LCH Patient Safety Summit continued in 2023/24 and has been extended to an invite to all staff in LCH. The Patient Safety Summit is an open forum to share and discuss learning, and best practice across the organisation with an aim of improving patient safety and patient experience.

At the summit two or three cases or situations are identified to discuss where there is potential for learning and then all cases are captured and shared across the organisation in the Safety Snapshot Newsletter. This year the following cases have been shared:

Scenario 1: This scenario focused on two incidents for patients known to the Podiatry Service and the Neighbourhood Team who had developed pressure damage to the heel and toes. Learning discussions included: ❖ When and how to refer to podiatry ❖ Timely and appropriate prescribing of antibiotics for wound infection ❖ Working together for positive patient outcomes ❖ Consideration of self-referral to adult social care for safeguarding concerns were identified.	**Scenario 2: This scenario focused on an incident for a patient in the Neighbourhood Team who developed extensive pressure damage.** Learning discussions included: ❖ Importance of holistic assessment. ❖ Identification of changes to a patient condition should prompt reassessment as could be an indication of deterioration. ❖ Understanding why a patient may decline treatment or advice, escalation if a patient with capacity is deemed to be at risk of harm and consideration of refusal of care that could result in harm as potential self-neglect.
Scenario 3: Supporting patients with sliding scale insulin. We heard learning from Adult Business Unit (ABU) about supporting patients in the community with sliding scale insulin (i.e. insulin where a dose is determined by the blood glucose reading).	**Scenario 4: Accidental opiate overdose in patient receiving palliative care. We heard learning from ABU that related to a patient receiving palliative care, who was administered pain relief (opiate analgesia) via two routes at the same time (subcutaneous and transdermal route), resulting in an accidental opiate overdose.**

Learning discussions included: ❖ Services in LCH and LTHT available to support staff when caring for patients with diabetes. ❖ Delegation of patient visits and as a clinician knowing your responsibility	Learning discussions included: ❖ The use of SystmOne reminders ❖ MHRA Yellow card reporting
Scenario 5: Pressure damage in children that impacts their quality of life. Children's Business Unit (CBU) shared learning following two incidents where children had developed category 4 pressure damage which had a significant impact on their quality of life for an extended period of time. Learning discussions included: ❖ Pressure ulcers can affect a person of any age including children who have health needs and need support with moving / repositioning. Whilst an incident may occur in one team, service or business unit, learning can be much wider reaching across business units / organisation / healthcare system. Consideration given to how to share learning.	

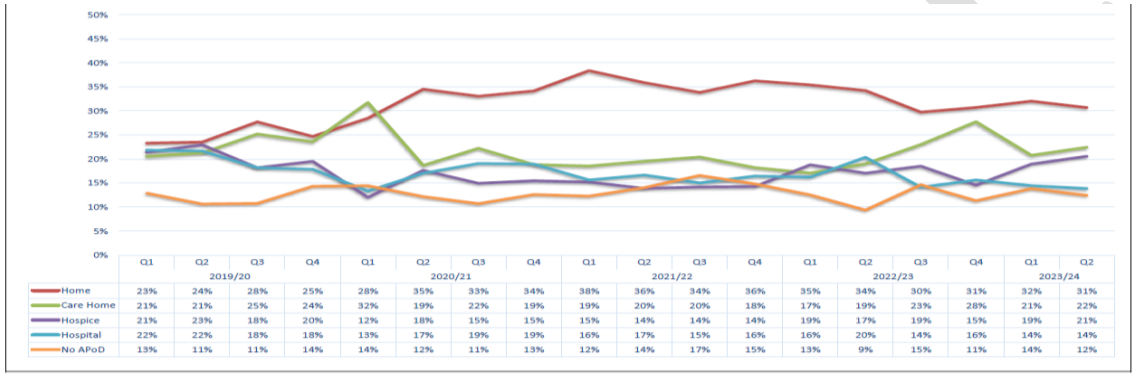
Learning from Deaths

Adults

The Trust has clear processes to ensure learning is shared across the organisation and between the Trusts to better facilitate shared learning. Whilst the Medical Examiner role continues to be developed across the city, LCH is an active partner of the Leeds Palliative Care Network contributing to its programme of improvements and representing community on the Executive Board. Working in partnership the ReSPECT process has been further embedded in practice The Practice Development Lead for Palliative and End of Life Care continues to sit on the national Resus Council ReSPECT Sub Committee to represent community health providers in England, contributing to development of its ReSPECT Strategy.

As a Trust we have supported 77.9% of our patients at end of life to die in their first choice preferred place of death, with 82.5% being supported to die in either their first or second choice of preferred place. Of patients on LCH Neighbourhood Team caseloads with a place of death recorded only 17% died in hospital. In 2023/24 around 38%% were supported by our Neighbourhood Services to die at home, which equates to an average of 83 patients each month. This continues a trend of patients on our caseload choosing to die out of hospital and in particular at home. Deaths at home have significantly increased since 2020/21 when COVID restrictions were in place in hospitals and other in-patient type settings as can be seen in the citywide End of Life Report graph below. The rate of increase remains increased however reduced in 2023-24 compared to 2021-22 and 2022-23. The LCH preferred place of death data has 85.3% of correctly coded records, with both place of death and preferred place of death recorded.

Actual place of death



	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
	2019/20				2020/21				2021/22				2022/23				2023/24	
Home	23%	24%	28%	25%	28%	35%	33%	34%	38%	36%	34%	36%	35%	34%	30%	31%	32%	31%
Care Home	21%	21%	25%	24%	32%	19%	22%	19%	19%	20%	20%	18%	17%	19%	23%	28%	21%	22%
Hospice	21%	23%	18%	20%	12%	18%	15%	15%	15%	14%	14%	14%	19%	17%	19%	15%	19%	21%
Hospital	22%	22%	18%	18%	13%	17%	19%	19%	16%	17%	15%	16%	16%	20%	14%	16%	14%	14%
No APoD	13%	11%	11%	14%	14%	12%	11%	13%	12%	14%	17%	15%	13%	9%	15%	11%	14%	12%

At the end of Q2 2023/24, 48% (1365 of 2855) of patients in Leeds who died were identified on a palliative care register with an EPaCCS (Electronic Palliative Care Co-ordination System) record, within their electronic patient record, holding information about their end of life care wishes and preferences. This suggests a slight increase compared to last year, back to 2021-22 levels. Of these, increasing numbers up to 80% had a ReSPECT plan (Recommended Summary Plan for Emergency Care and Treatment) in place to further support advanced care planning. Of those who passed away without being included on a palliative care register / EPaCCS, 23% had a ReSPECT plan in place which means that they received advanced care planning which would support end of life care. A collaborative audit with Leeds University is planned to establish more about the qualitative aspects of the ReSPECT process, including patients' experience.

LCH registered nurses are able to verify the death of a patient who is expected to pass away. In 2023/24, 65% of deaths at home or in care homes were verified by LCH staff, and 74% for those who died expectedly at home. This supports the recommendation to

verify a death within four hours of the death in a community setting to improve the quality of care for families and carers and minimises distressing delays after a person dies. It also relieves pressures on Primary Care colleagues who would otherwise be required to verify death.

Review of data for hospital admissions at end of life has led to a focus and partnership working on the needs of respiratory patients. If living with a long term respiratory condition it is recognised this group may have a higher attendance rate due to their symptoms of breathlessness and associated anxiety. However work is in progress to develop guidance for prescribing palliative oxygen therapy out of hospital, to improve symptom management without requiring hospital admission.

A focus on LCH senior clinician development and continuous programme of collaborative training has continued throughout 2023/24, to support the development of ReSPECT signatories and Fast Track Continuing Healthcare Funding signatories and to increase the confidence of Non-Medical prescribers for end of life prescribing. Increasing capacity and the skills and confidence of staff within each of these areas will lead to a more streamlined, responsive and seamless provision of care for patients, families and carers. End of life care training, supported with time in practice, has also been delivered for Senior Neighbourhood Clinical Assistants to support the delivery of care.

Learning from death reviews have continued to be held with multi disciplinary attendance. The process of learning from deaths has been reviewed and a new process tested that is due to be implemented across teams in 2024/25. This has identified more learning that can be shared at a local level with themes highlighted and select cases for case review at the Trust Mortality Review meeting.

LCH is currently working with partners involved in caring for people with learning disabilities to scope existing patient information that supports advance care planning and end of life care. Existing standard and easy read versions of information and any gaps in have been identified and next steps are to work with partners to create accessible easy read information that can be made available across care settings.

Children

This year has seen the embedding of the new process to allow more scrutiny of each death, cases have time for a presentation and then wider discussion regarding the positive care received and any action required because of learning identified. There is an action plan in place which is discussed at each meeting and is where the biggest changes are happening.

- Training has been delivered by the SUDIC Paediatrician to other medics for the SUDIC (Sudden Unexpected Death in Childhood) Service, there is an ongoing need to secure further training.

- The Standard Operating Procedure for child deaths has been implemented which includes the introduction of a 24-hour review to support learning, and recognition of the staff support needed following a death with a psychological wellbeing offer now available.
- Every Sleep a Safe Sleep(ESASS) has been implemented as part of a regional approach to ensuring all babies have a safe sleeping space, not just at night but for contact naps and out of routine situations like holiday and staying with family. Included in with the roll out of ESASS the 0-19 PHINS service have added the safe sleep environment observation. This is a request that families show the practitioner where the baby will be sleeping. This will highlight any unsafe sleeping areas and the environment around the cot which may include hazards. This includes the use of baby sleeping products like Sleepy Head pods, pillows or cushions. Safer Sleep :: West Yorkshire Health & Care Partnership (wypartnership.co.uk)
- The 0-19 Service have also included nappy sack information to share when talking about the safe sleep space. All Family Health Workers talk about suffocation from any plastic at the 9-12 month and 27-month developmental review but do include safe storage of nappy sacks and baby equipment.
- Following an increase in water deaths, The Royal Life Saving Society UK are now offering Water Smart Schools -Schools can now register to be a part of the Water Smart Schools initiative.
- There has been a new question added into the Paediatric assessment which now includes a discussion in relation to the flu and covid vaccinations.
- Vaccinations are promoted with improved conversations around myths and perceptions around childhood vaccinations including primary vaccinations, flu, school immunisation and covid if eligible.
- Improved liaison with Neonatal unit to ensure any child is communicated with 0-19 PHINS about a child potentially needing neonatal care and additional support with life limiting conditions that are known about in pregnancy.
- The Paediatricians have received additional Mental Capacity Act Training and awareness to support conversation with young people aged 16+

Learning from lives and deaths - People with a learning disability and autistic people – LeDeR

The organisation is represented at both the local and regional meeting where themes are shared by the reviewing team. This year people who are Autistic were also reported to LeDeR, LCH have ensured we can flag and identify this population group so that a report to LeDeR can be made. The themes are shared via online learning events, mortality meetings and presentations at Business Units.

Learning Disabilities Mortality Review Programme (LeDeR)

The organisation takes part in the Learning Disability Improvement Standards review. This is a national data collection, and run by the NHS Benchmarking Network (NHSBN). The data collection has been designed to fully understand the extent of Trust compliance with the Learning Disability Improvement Standards and identify improvement opportunities. Within LCH, we take part in this data collection and our Learning Disability Lead continues to develop an action plan to assist the organisation to meet these standards which will improve care for those people with a Learning Disability. Some of the action plans the trust is working towards are:

- Consistent flags in electronic patient record for patients who have Learning Disability as a diagnosis.
- Strategies to highlight the learning from Serious Investigation and Mortality, specific to the patients with Leading disability.
- Explore strategies to extract waiting list data for this population.

In addition, this year we have developed a detailed project plan which dissects each workstream of the improvement standards with and clear timescales.

We successfully launched a Trust intranet page for the workforce to access which provides useful and key information regarding Learning Disability, signposts to other websites and highlights what good care is for people with a learning disability. We have also launched the e-learning element of the Oliver McGowan Mandatory training in learning disability and or Autism, and as of 05.12 the compliance figure is at 68.54% for the organisation.

Another success is ensuring our incident system highlights if someone has a learning disability and or Autism. An area for improvement this year will be to ensure we follow the principles of ASK, LISTEN, DO and ask if someone has a learning disability and or Autism when complaints are made, ensuring easy read information is available.

Part of completing the benchmarking involves a staff survey and a survey that is sent to people with a learning disability. Below are some facts from the staff survey and survey sent to those with an LD:

- The staff survey highlights approximately 50% of staff can identify reasonable adjustments, therefore the same percentage applies that 50% staff are confident that people receive these.
- 71% of our staff surveyed stated that people with LD and Autism received the same quality of care as those without.
- 84% of staff agree or strongly agree that their trust encourages them to speak out if they have concerns about the wellbeing of children, young people and adults with a learning disability, and autistic people in their services

- 57% of staff agree or strongly agree that they have the necessary resources to meet the needs of children, young people and adults with a learning disability or autistic people.
- 73% of staff agree or strongly agree that they are always able to deliver safe care to a child, young person, or adult with a learning disability or autistic people.
- 100 percent of those surveyed with an LD felt staff treated them with respect.

Infection Prevention and Control

The Infection Prevention and Control Team at LCH works not only throughout LCH but the wider healthcare economy in partnership with Leeds City Council public health team. We work closely with partners throughout the system to ensure that safe, effective care is provided to the people of Leeds and the preventative measures are in place to reduce the transmission of preventable healthcare associated infections. The content below details some of the key successes of the team during 2023/24.

Measles: 2023 saw an increase nationally in cases of measles. As a key health protection partner, the team collaborated with colleagues in Leeds City Council and other partners in refreshing the citywide roles and responsibilities plans in preparedness for an increase in cases locally and management of outbreaks. More recently we have been training awareness through staff communications as cases again rise in other regions. The team is prepared to support any local response needed.

CPE: in October 2023, the Community IPC team was informed of the reopening of the Carbapenemase-Producing Enterobacterales (CPE) outbreak within LTHT, which had initially declared closed in February 2023. The IPC team continued to work collaboratively with the LTHT IPC team as well as the wider health economy in Leeds to facilitate the discharge process to CCB of the patients that had been identified positive with CPE (colonisation/infection) during their hospitalisation. The CPE training that was developed and provided to care home staff during the first outbreak, was resent along with further communication to inform them of the re-opening of the outbreak. The IPC team assisted the care home managers with the decision making on the appropriate placement of these patients following risk assessment in order to identify appropriate IPC measures required to be put in place to mitigate the risk of transmission within the setting.

Awareness days: we have led activities to promote a number of awareness days in the Trust and across the wider community. These included:

Infection control week

Hand Hygiene awareness day

World Antimicrobial Awareness Week

World Sepsis Day was supported with other system partners by creating an awareness stand in Leeds Kirkgate market. The team also organised a sepsis conference for LCH staff and partners at the Bridge Community Church which was well attended and received positive feedback from delegates.

Winter Vaccination Programme: each year the team coordinates and delivers a staff flu vaccination programme. 2023 was the first year that the team also delivered the covid vaccine, and thus the programme became the ‘winter vaccination programme’. Despite the challenges of managing the covid vaccine, increasing the number of appointments available and the additional training required to deliver the programme, LCH has achieved the highest vaccination % of frontline staff in the West Yorkshire region. In addition to this we have continued to offer the vaccine to all LCH staff and have delivered an occupational health programme to Local Authority staff and to staff working in care homes as part of a local service level agreement to protect the health of vulnerable individuals and the workforce.

Our work is supported by newsletters to communicate key messages and updates to the teams.

QUARTER 2 23/24

NHS
Leeds Community Healthcare
NHS Trust

ABU IPC NEWSLETTER

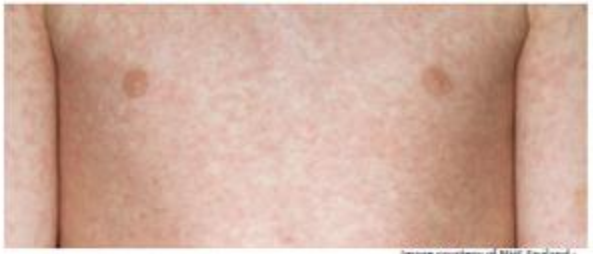


Image courtesy of NHS England - https://www.nhs.uk/conditions/measles/

Q2 IPC Newsletter

Hello to everyone....

So its time for the Q2 ABU IPC newsletter.
It has been a busy couple of months with a few bugs popping up to cause trouble... ill come onto that later (clue with the image above).

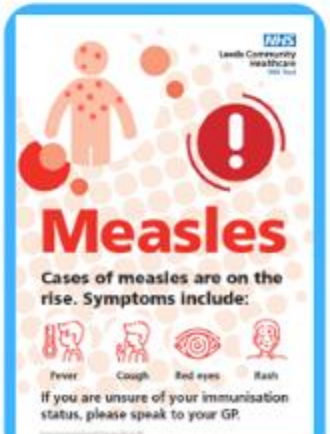
Alongside our general IPC duties, myself, Laura and Louise have been spending time providing hand hygiene training for our ABU teams. It has been lovely getting across the city to meet different teams within ABU, we will hopefully be seeing you soon if we haven't already. Since we last spoke you may have noticed in your health centers and office spaces the new GOJO hand hygiene dispensers. Teams visiting patients in their own homes will also now be able to order GOJO hand hygiene community packs, these contain items you require for effective hand hygiene such as soap, alcohol gel and moisturiser.
Hopefully the new products work well for everyone!

Despite us still being in summer months the winter vaccine campaign is already in full swing, we are currently looking at how we can make this years campaign as accessible as possible to staff. Alongside the planned sessions IPC are hoping to visit ABU services across the city to offer drop in vaccine sessions. I will contact teams to let them know confirmed dates over the new few weeks. Please can I ask staff that if they have any queries regarding the campaign to come and speak to the team, we are always happy to discuss any concerns colleague's in LCH have.

Last but by no means least... we have a new deputy Infection Control Lead - Michelle Higgins! Michelle joined the team at the beginning of July and brings with her a vast amount of IPC knowledge. Welcome Michelle to LCH and IPC!

Bug of the Quarter - Measles

I mentioned bugs that have started to make an appearance and felt it was important to raise awareness of Measles. Measles is often assumed to be a mild childhood illness similar to chickenpox however the reality can unfortunately be very different. Data has shown that in January - April 2023 there were 49 reported cases of Measles compared to 54 for the whole of 2022. This is concerning as Measles can lead to the development of serious conditions such as meningitis. So what do we need to look for...



Symptoms of Measles?
Symptoms become evident approximately 10-12 days after an individual has been infected with the virus. Initial signs of infection include a high fever, cough, conjunctivitis and cyosa. A maculopapular rash tends to develop 3-4 days after the initial symptoms. Please see the picture on the first page for how the rash can present.

Hand Hygiene Packs: in 2023, the IPC team was offered 480 individual Soaper Heroes boxes. Each box was decorated in a child friendly way and contained a small hand soap, hand gel and hand wipes. The IPC team worked collaboratively with Leeds City Council Healthy schools' team to identify schools in high prescribing and deprived areas who would benefit the most from this offer. The hand hygiene packs were donated to pupils in 11 schools across Leeds to prompt discussions on the importance of effective hand hygiene in preventing infection transmission.

Scabies: throughout 2023/24 there was an increase in reports of scabies cases and a higher than usual number of outbreaks across care home settings. The Infection Prevention Control Team collaborated with partners in the West Yorkshire region to ensure that access to treatment was available for care home residents and staff. We also supported the development of training for the local workforce to raise awareness of Scabies and how to direct people to treatment and support.

NICE Guidance

As a Trust we have a robust approach to ensuring we are concordant with NICE Guidance and evidence-based practice. In 2023/24 we assessed 209 pieces of guidance for relevance. Of those 53 were assessed as being relevant to LCH (18 for information only and 35 for assessment), There are 39 (26 from 2023/24) currently being assessed or with actions plans in place to achieve concordance, dated between June 2021 and April 2024.

Medicines Optimisation and Management

The Medicines Optimisation Team have supported improvements across the organisation in 2023/24. There has been a successful roll out of e-Prescribing across the organisation: the Children and Young People's Mental Health Service (CYPMHS), Senior District Nurses and Community Gynaecology all went live in 2023/24. E-Prescribing improves timely access to medicines for patients, enhances clinical roles and contributes to better service efficiencies.

In April 2023 the Medicines Optimisation Team welcomed the small team of Clinical Pharmacists and Pharmacy Technicians who support the Home Ward (Frailty) who transferred from the Integrated Care Board. The clinical pharmacy team have expanded during 2023/24 to include clinical advice to the Community Falls Service and the Home Ward (Respiratory) Team. Positive feedback continues to be received recognising the impact of interventions by the Pharmacy Team to support patients to take their medication safely.

The Medicines Management Team played a key role in supporting the School Age Immunisation Service (SAIS) develop and deliver the new school 'flu vaccination programme, introducing a new system for ordering vaccines and enhanced 24 hour remote monitoring of the cold chain to ensure the proper storage of vaccines so that they maintain their potency.

The team shared their work on the approach to antimicrobial stewardship in Leeds Sexual Health Service and auditing of prescribing in acne management at HMYOI Wetherby with the national NHS England Community Health/Mental Health/Health and Justice Network. National antimicrobial audit standards are being introduced for Health and Justice sites from 2024/25.

Safeguarding

The Trust is committed to safeguarding our population through effective multiagency working and public engagement in line with our organisation's vision and values while recognising Leeds City Council's Social Work service as the lead agency. A key and ongoing priority for LCH is to raise awareness and empower staff to recognise the signs and symptoms of abuse and action accordingly.

Safeguarding cases continued to rise in 2023 across all areas of the whole health economy. We continue to have a focus on adult self-neglect and are working with partners to look at different ways we can help our staff to support our patients. Training across all aspects of safeguarding is under constant review to reflect the ever-changing horizon of safeguarding. We have been very responsive to new areas of concern such as predatory marriage and non-fatal strangulation, providing 60-minute updates on the subjects and inclusion in safeguarding training. The team have together worked on a safeguarding newsletter which is published quarterly, providing updates on 'hot and new topics,' such as those above.

We have experienced some positive changes within the safeguarding team throughout 2023. We welcomed 2 new members of staff who both have a social work background which is very different but is enabling us to have different perspectives to the way we work.

Clinical Education

The Clinical Education Team have had a very busy 2023/24 with some new colleagues joining the team and through expanding their offer of support out to our new international nursing colleagues. We have also worked incredibly hard to ensure that our offer to LCH staff is the best it can be. Below is a taste of some of the amazing things we have achieved this last year.

- This year we were joined by Chris Garside, a new Practice Learning Facilitator colleague, specifically for Allied Health professionals, Noor Ul Haq Pastoral Support Officer for our Internationally Educated Nursing Colleagues and Jessica Morley our administration assistant. It has been great to see the team expand.

- In April 2023 Leeds Community Healthcare NHS trust welcomed 20 new Internationally Educated Nurses from across the globe. They quickly settled into their new roles with the support of Becky Wilman, Clinical Education Facilitator and our very own Internationally Educated Nurse colleague, Noor Ul Haq. This cohort were then joined by a further five colleagues in October 2023. All staff were supported through a bespoke induction to Community Nursing via a tailored Preceptorship programme and were provided with support for their Objective Structured Clinical Examination preparation. Colleagues from the Clinical Education Team worked closely with these groups of nurses to ensure they felt confident and competent in their new community nursing roles, and they also provided encouragement to expand their horizons with one nurse travelling to London to present at a nursing conference.

- 2023 saw the launch of the Love To Learn page on MyLCH. Mike Brennan, our inhouse tech whizz worked with colleagues in the Clinical Education Team to pull together learning and education information into one handy helpful place on the intranet. The page is updated regularly and promoted in the mid-day brief.

- In June, Hayley Ingleson was nominated in the LCH Thank You event 2023. Hayley was nominated for Project of the year for her work on developing a new placement opportunity in Primary Care. And she won! Hayley was very surprised and sneaking around to get her to Morley was worth it.

- In July, the team working with the International Nurses were awarded the Pastoral Care Quality Award. This was awarded in recognition of the work to recruit and support our international colleagues the commitment to providing high-quality pastoral care.

- In November 2023, Noor was one of 400 nurses from across the UK to be invited to Buckingham Palace to meet the King as part of his 75th Birthday celebrations, the event recognised the contribution of our Internationally Educated Nursing Colleagues and the amazing contribution they make to life and work her in the UK.

- In December 2023, a number of the team attended a ceremony in London, hosted by the Queens Nursing Institute. Noor Ul Haq was nominated for and won International Nurse of the year 2023. He was nominated by Operational Manager, Jude Mckaig, in recognition of his hard work, commitment to providing high quality nursing care and his determination to ensure all our internationally educated nursing colleagues were supported fully in settling into the UK. Noor was joined in London by four other Clinical Education Team colleagues who were all receiving accolades from the Queens Nursing Institute. Debbie Myers and Hayley Ingleson received certificates for the completion of their Community Nursing Innovation Programme, Jude Mckaig received a certificate for completion of the Aspiring Leaders Programme and Mike Brennan, Hayley and Jude all received their Queens Nursing award.

- In November 2023, Hayley Ingleson travelled to London as a finalist in the Nursing Times Workforce award ceremony. She was shortlisted for her amazing work in promoting Primary Care nursing, though an innovative new placement model. It offered Nursing students the opportunity to lead on health consultations and work collaboratively with patients and colleagues in primary care, LCH and NHS digital. This award came on the back of being shortlisted for a Student Nursing Times award in March 2023 and winning Project of the year in the LCH Thank you event 2023.

- In February 2024, the LCH Preceptorship programme was recognised by NHS England and awarded the National Preceptorship Quality Mark. Over the last 2 years, the Clinical education team have reviewed and enhanced the preceptorship offer and worked hard to ensure that it meets the requirements of the national Preceptorship framework. Our Preceptorship Programme now provides a structured process of support and guidance to all clinical staff, registered and unregistered, AHP's and those moving from hospital to community. Also, colleagues who have changed roles significantly including those returning to practice after 5 years. Further information about Preceptorship can also be found on our Clinical Education Team page and on our Love to learn page. Both of which are accessible through LCH Intranet

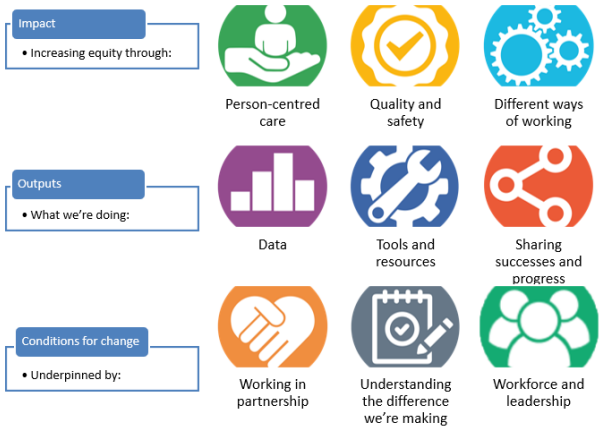
Health Equity, Inclusion and Wellbeing

In LCH we are committed to improving health equity and inclusion both for our communities and the people we serve but also for our staff and colleagues. It is crucial that our staff feel supported and included to ensure they have a voice, to support good morale and ensure we are living our Values. As an organisation we are working hard to secure equitable health for our communities and colleagues.

In May 2021 LCH formally committed, through approval of our first Health Equity strategy, to 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.

Our strategy supports us to move from intent to action, identifying and addressing inequities within our own provision of care as well as contributing to cross-system action to address wider determinants.

We deliver our strategy through 9 areas of work:



Highlights of this year include identifying and addressing inequity through:

Person-centred care: increasing recording of communication needs; based on learning from this, revising the template for recording communication needs; development of easy read and Plain English patient information; delivery of Health Literacy awareness sessions.

Quality and Safety: embedding the use of equity data in quality reports in order to identify whether the risk of harm from healthcare is experienced unequally across different groups of patients, the mechanisms that drive these differences in risk and possible solutions; introducing feedback from patients and carers 'did bias or equitable care issues play a part in this' as part of the Duty of Candour process.

Availability and use of data: improvements in inclusion of equity data achieved through clear expectations that Committee and Board reports must all consider data through an equity lens and improved availability of equity data through the development of a suite of self-service equity reports and equity data embedded within newly developed dashboards.

Workforce and leadership: delivery of phase 1 of rollout of our Cultural Conversations programme, with 8 services/departments across all 3 Business Units and corporate teams, including training for service leads on cultural competence and facilitating conversations with teams about working with different cultures and identities.

This wider work complements delivery of our statutory duties:

The **Public Sector Equality Duty** requires us to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities. Our Equity and Quality Impact Assessment goes beyond the removal or minimisation of disadvantages suffered by people due to their protected characteristics to include focus on deprivation and health inclusion groups. This year, 25 EQIAs have been brought to panel with risks identified and mitigated.

Accessible Information Standards require us to identify, record, flag, share and meet the communication needs of people with disabilities and sensory impairments. Working with system colleagues to respond to patient and carer feedback, and reporting to the Leeds Health and Wellbeing Board, we have broadened the focus of our communication recording to include community languages as well as reasonable adjustments. Communication needs are recorded and shared through a template in our electronic patient record. Procurement of digital communication tools considers how we increase accessibility of information by systematising how we continue to meet people's communication needs.

Equality Delivery System (EDS22) is the revised national framework for assessing equality in the NHS, with domain 1 focussed on commissioned services. For maximum effect, we worked as a Leeds-wide system to assess and develop improvement plans for equity in delivery by with the ICB and NHS Trusts across 2 pathways - maternity and children and young people's mental health services. Data and feedback from patients, carers and 3rd sector identified strengths, particularly in use of data to understand the totality of patient access journey (referrals, waiting lists, cancelled and missed appointments) demonstrating that we are rating 'achieving' in terms of fairness across communities. This has also identified actions for improvement around understanding how the mental health needs of all protected characteristic and health inclusion groups can be better met, for example through trauma-informed approaches; the collection of demographic information and subsequent analysis in relation to ensuring services users are free from harm and service user experience.

Armed Forces Covenant includes a legal obligation to have due regard to the principles of the covenant for the Armed Forces community, which includes currently serving members of the UK Armed Forces (regular and reserve), veterans, and family members. This means consciously considering the Covenant when developing, delivering and reviewing policies and decisions which may impact the Armed Forces community. In practice this includes consideration of access, experience and outcomes of the Armed Forces community in EQIAs and acting to address disadvantages the Armed Forces community might face compared to the general population, such as mitigating the risk of longer waiting times due to a mobile lifestyle or proactive engagement eg LMWS.

Learning Disabilities

The NHS England learning disability improvement standards

The standards are intended to help organisations measure quality of service and ensure consistency across the NHS in how we approach and treat people with Learning Disabilities, Autism or both. Every year we take part in the National Benchmarking as a community specialist provider. This year we have developed a detailed project plan which dissects each workstream of the improvement standards with and clear timescales.

Part of completing the benchmarking involves a staff survey and a survey that s sent to people with a Learning Disability (LD). Below are some facts from the staff survey and survey sent to those with an LD

The staff survey highlights approximately 50% of staff can identify reasonable adjustments, therefore the same percentage applies that 50% staff are confident that people receive these.

71% of our staff surveyed stated that people with LD and Autism received the same quality of care as those without.

84% of staff agree or strongly agree that their trust encourages them to speak out if they have concerns about the wellbeing of children, young people and adults with a learning disability, and autistic people in their services.

57% of staff agree or strongly agree that they have the necessary resources to meet the needs of children, young people and adults with a learning disability or autistic people.

73% of staff agree or strongly agree that they are always able to deliver safe care to a child, young person, or adult with a learning disability or autistic people.

100 percent of those surveyed with an LD felt staff treated them with respect.

We successfully launched a Trust intranet page for the workforce to access which provides useful and key information regarding Learning Disability, signposts to other websites and highlights what good care is for people with a learning disability. We have also launched the e-learning element of the Oliver McGowan Mandatory training in learning disability and or Autism, and as of 05.12 the

compliance figure is at 68.54% for the organisation. We have updated our incident system to highlight if someone has a Learning Disability and/or Autism.

An area for improvement this year will be to ensure we follow the principles of ASK, LiSTEN, DO and ask if someone has a Learning Disability and or Autism when complaints are made, ensuring easy read information is available.

Staff Health and Wellbeing

The health and wellbeing (HWB) of our staff is a key focus of our work and is represented within our annual Trust Priorities. During the last year we have made progress across a wide range of health and wellbeing topics in a variety of ways;

- A new Wellbeing at Work Policy was launched, with face-to-face training provided for Managers
- Awareness of Neurodiversity conditions – 3 x sessions have been held to date, with over 500 staff accessing these virtual sessions provided by an external company
- Monthly Schwartz Rounds continue to be popular, averaging 60 participants per session, over the last 6 months
- We have a cohort of around 60 Health and Wellbeing Champions and 80 Mental Health First Aiders, who receive monthly supervision. Both groups were brought together recently for a development day, which proved fruitful in terms of engagement, with ideas for how this collective group could work closer together in the future
- The Disability, Neurodiversity and Long-Term Conditions staff network group is continuing to thrive with over 50 members

During the year, a “deep dive” session was held with the Business Committee around long-term absence. Like many other organisations, sickness absence due to stress, anxiety and depression remains one of the main reasons for absence and next steps agreed.

We continue to provide a wide range of support that staff can access around mental wellbeing, which is promoted on the “Feel Good Pledge” intranet pages, such as, Critical Incident Staff Support Pathway (CrISSP) which supports those experiencing Trauma. Approx 50 debrief sessions have been held and over 100 enquiries received signposted onto other more suitable support.

There is however more to do and whilst we currently offer a range of health and wellbeing support, we consider it important to express this commitment by way of a public declaration. I am pleased to advise that we have signed the Mindful Employer Charter and been approved as a Mindful Employer which will be announced shortly.

In recognising the work in achieving the Disability Confident Leaders accreditation, the Healthcare People Management Association (HPMA) selected us as a finalist in the Mills and Reeve award for leading in Equality, Diversity, and Inclusion.

Rainbow

NHS RAINBOW BADGE - BRONZE AWARD FOR LCH

Originally, the Rainbow NHS Badge was led by Evelina London's Children Hospital - it was created to be a way for NHS to demonstrate their awareness of the issues faced by LGBTQ+ people while accessing healthcare. NHS England have since commissioned a collaboration between LGBT Foundation, Stonewall, LGBT Consortium, Switchboard and GLADD, to further develop the NHS Rainbow Badges Accreditation.

This accreditation model allows Trusts to demonstrate their commitment to reducing healthcare barriers for LGBTQ+ people, whilst evidencing the good work already undertaken. Different areas are assessed including policies, workforce inclusion, clinical service provision, leadership, as well as staff and patient survey results.

LCH received a bronze award reflecting our current LGBTQ+ inclusion work and are now able to engage in meaningful steps to expand on this across the LCH workforce, and to tackle the healthcare barriers for our LGBTQ+ patients.

We have also just formalised the LGBTQIA+ LCH Staff Network with appointed key leaders. While it's for staff, data suggests that 'belongingness' in the workplace leads to better job satisfaction, higher productivity, efficient ways of working which all affect improved patient care delivery.

Race Equality Network

REN are a network of colleagues that is open to all permanent and temporary LCH employees who identify as coming from another Ethnic or Racial background other than White British. The Network continues with regular meetings and newsletters. . A core LCH

objective and ambition is to increase diversity and representation throughout its leadership structure, and one way to do this is to encourage talented BME staff to become fully accredited in areas of leadership.

This year the Network has supported development of training in Inspiring Leaders Network: BME Talent Development Leadership Programme, ILM5 Certificate in Coaching and Mentoring and the West Yorkshire Health and Care Partnership System Leadership Programme

Workplace Disability Equality Standard (WDES)

There has been improvement in a number of Workforce Disability Equality Standard (WDES) metrics, resulting in reducing the disparity of opportunity/experience between Disabled and non-disabled staff.

Key headlines include:

Metric 4, percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse, has made significant positive progress.

Metric 8, percentage of staff with a long-lasting health condition or illness, saying that their employer has made adequate adjustment(s) to enable them to carry out their work, has deteriorated and is a cause for concern.

WDES performance data and the WDES action plan for 2023/24, ratified at the Trust Board meeting on the 3 October 2023.

Workplace Race Equality Standard (WRES)

Workforce Race Equality Standard

There has been improvement in all but one of the WRES Indictors 2-8 (Indicator 2) “relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts”. The latest WRES data (as at 31/3/23) was reviewed in more detail as part of a Board level Equality, Diversity, and Inclusion Workshop, held early May 2023, with a group challenge around range of options to maximise our prospects of achieving our longer-term ambition of BME representation target of 18% by 2025.

Key headlines include:

Indicator 5, percentage pf BME staff experiencing harassment, bullying or abuse from patients, relatives, or the public, has reduced significantly to 16.3%, whilst for white staff is 23.9%

Indicator 6, For the first time in reporting, the percentage of BME and White staff experiencing harassment, bullying or abuse from staff, is similar, 12.9% and 12.8% respectively.

Of serious concern, is BME staff experience of discrimination from Manager/Team, which is nearly 3 times more than White staff.

WRES performance data and the WRES action plan for 2023/24, ratified at the Trust Board meeting on the 3 October 2023, can be viewed by clicking here

Freedom to Speak Up

Our F2SU Trust Video

Freedom to Speaking Up work has become an essential part of NHS organisational life. It allows staff to be heard, organisations to understand the voice and concerns of staff and for positive change to happen.

At Leeds Community Healthcare we have focussed on building an effective and caring speaking up culture.

Our approach is called 'Speaking Up is a practice not a position' . This means that at LCH there are a number of portals to enable speaking up. These organisational doorways include managers, HR, Staffside, Ask Thea, easy access to directors and the Freedom to Speak Up Guardian / Champions. This approach seeks to embody speaking up mechanisms across the trust and create a positive speaking up culture.

There is an established and effective process of speaking up. Every staff member who approaches the Guardian and Champions is offered ongoing support and an exploration of what works best for the staff concerned.

The service offers all staff including managers a safe and effective way to have their voice heard. The work has one Freedom To Speak Up Guardian and nine Speaking Up Champions from the Race Equality Network who work to support open and speaking up cultures.

The Freedom To Speak Up Guardian reports to the board at LCH and to the National Guardian Office. Assurances are given to LCH about spread (to ensure we are covering all four business units - adults, corporate, children and families and specialist), role

(to ensure we see colleagues from all occupations in the trust) local comparison (to ensure we are reporting numbers of cases similar to other trusts) and national engagement (to ensure we are fully involved in national and regional work).

The Freedom To Speak Up Guardian works specifically with staff who are CEV (Clinically Extremely Vulnerable) and this year work has started with Preceptorship, our international nurses and clinical students (leading to the creation of a Clinical Student forum at LCH).

Sharing the LCH speaking up work has taken place this year at conferences both virtual and face to face including the national NHS Employers Staff Conference, NHS England North and East Yorkshire Retention Conference and the national 'Achieving a Culture of Candour' conference. The Freedom To Speak Up Guardian also spoke at this year's Patient Safety Congress.

Externally we have supported other trusts and organisations. In Leeds we have supported Leeds City Council create its first Freedom To Speak Up Guardian. This is we understand the first in the country for a local authority. We are offering mentoring and helping council colleagues develop a working model. This work has been seen as pioneering work in supporting local authorities develop speaking up work

The work supporting Leeds GP Confederation and Leeds GP practices to build speaking up work is ongoing.

The LCH Speaking Up work continues to evolve and grow. It is a sign of our strong commitment to our people, their voice and their needs.

Celebrating Success

Awards

Our colleagues, teams and services in LCH are committed to safe, effective and responsive care and we are proud of the hard work they do daily. Their hard work and commitment is evidenced throughout the organisation and throughout our services.

External Awards

HR Excellence Awards 2023

LCH won 'Best Recruitment and Workforce Planning Strategy' at The 2023 HR Excellence Awards.

Nursing Times Awards

Hayley Ingleson (LCH and Leeds Primary Care Practice Learning Facilitator- Nursing) was up for educator of the year at the Nursing Times Awards 2023.

Royal college of Podiatry Academic Award

Dr Jill Halstead-Rastrick Podiatrist, Clinical Head of Service for Podiatry & Clinical lead for research at LCH was presented at an event held at the House of Lords by the Royal college of Podiatry for an Academic award.

Finance Team of the Year Award

The LCH Finance Team name Finance Team of the Year at the Healthcare Financial Management Association Awards.

William Rathbone X Annual Award

Steph Lawrence MBE, Executive Director of Nursing and Allied Health Professionals was highly commended in the inaugural William Rathbone X Annual Award.

Research Allied Health Professional of the Year award

Christine Comer, Head of Musculoskeletal Service was recognised as Highly commended at the Yorkshire and Humber Clinical Research Network Research Awards in the Research Allied Health Professional of the Year category.

NHS Pastoral Care Quality Award

The Trust was awarded the NHS Pastoral Care Quality Award to recognise our work in international recruitment and our commitment to providing high-quality pastoral care to internationally educated nurses and midwives during recruitment processes and their employment.

Tissue Viability Shortlisted for Journal of Wound Care Award

The Tissue Viability Service were shortlisted for a Journal of Wound Care (JWC) award, Antimicrobial Stewardship for the Leeds Community Healthcare Wound Infection Framework.

Queens Nursing Institute

This year s16 of our nurses achieved the honour of becoming Queen's Nurses through their high level of commitment to learning, leadership and excellence in patient care. They are:

- Laura Stones, Infection Prevention Control Team
- Mike Brennan, Clinical education team
- Jen Lodge, CUCS
- Hayley Ingleson, Clinical education team
- Rebekah Besford, Homeless and health inclusion team
- Shaun Major-Preece, GP confed
- Jude McKaig, Clinical Education Team
- Kirsty Jones, ABU Leadership
- Temba Ndrigiu, ABU leadership
- Gemma Cannon, Clinical lead, Nights
- Rebecca (Bex) Halder, CYPMHS Clinical Lead
- Rachel Hitchenor, 0-19 Specialist Community Public Health Nurse (Health Visitor)
- Hannah Brady-Sawant, DN, clinical research fellow secondment with Long Covid
- Vicky Jackson, Head of service-Clinical, Liaison and Diversion (Humberside)
- Brooke Bonnington, Clinical lead, CAMHS
- Sarah O'Donnell, Strategic Lead for Primary care and Integration

International Nurse of the Year

- Noor Ul Haq

Community Nursing Innovation Programme

- Debbie Myers
- Hayley Ingleson

Aspiring Leaders Programme

- Jude McKaig

Internal Awards

The LCH Thank You Event - click here for an overview of the awards **.**

The thank you event is our annual staff awards scheme where we celebrate our amazing colleagues and their achievements.

Project of the Year – Winner - Student Leadership Placement Project

The Student Leadership Placement is a project developed and facilitated by Hayley Ingleson, a Senior Practice Learning Facilitator. After the pandemic student nurses struggled to return to all placement areas and there was a need to expand the number of clinical

areas available to them. Hayley developed a new innovative placement experience in conjunction with colleagues in primary care, NHS digital and partners in the local university that would double the placement opportunity in primary care student nurses in Leeds and would add value to the practice areas in which the students were placed.

Colleague of the Year - Highly Commended - Ava Hadley, Advanced Administrator (Children and Young People's Eating Disorders service)

With her commitment and positive attitude Ava Hadley has been “nothing but an asset to the Children and Young People's Eating Disorders service”, especially over the past few months and through a period of significant change within the service.

With a post vacant, Ava has been the team’s only administrator and has consistently worked above and beyond her job role when needed. The team is small, but she is the glue that holds them together.

Team of the Year - Highly Commended - Night Service

The 24/7 Night Service provide one to one end of life care to patient across Leeds to enable patients to achieve their preferred place of death, prevent unnecessary hospital admissions overnight by supporting virtual ward frailty patients. They take direct calls from the Emergency department (ED) and enable patients to come home, instead of going into hospital and visit multiple houses overnight to deliver crisis call when families feel alone and have hit crisis point. The team are always looking for ways to improve as a service, innovate and look forwards to improve the service for both staff and patients.

The team demonstrates all the Trust values and recently received ‘Outstanding’ as a service overall following a quality walk.

Leader of the Year – Winner - Kirsty Jones (Clinical Head of Portfolio, Adult Business Unit)

In October 2022 Kirsty Jones moved to lead a LCH team to mobilise the Wharfedale intermediate care wards at a critical time within the Leeds system. Kirsty was able to operationally and clinically direct actions daily to ensure that patients were safe, staff were clear in their objectives and supported in their wellbeing, and actions were completed. Kirsty's clinical experience and leadership skills were evident instantly, as she led a steady ship and generated confidence in others immediately. Throughout the process Kirsty remained a calm presence despite the pressure and pace of work.

She was nominated by Business Manager, Lyndsay Hamilton who explained that Kirsty was always positive, friendly, and supportive, exhibiting our Trust values every day whilst also making clear decisions. Kirsty communicated in an articulate and understandable way and empowered staff to deliver. She consistently communicated a vision for Wharfedale with patients at the heart and never shied away from the accountability and responsibility of delivering this, taking an authentic and open approach.

Colleague of the Year – Winner - Lindsey Cawood, Operational Lead (Citywide Services ABU)

Lindsey Cawood supported the Wharfedale Mobilisation Project at very short notice, immediately got stuck in and continued to be positive, flexible and responsive throughout. Her wealth of experience and knowledge, calm nature under significant pressure and demands on her time have been invaluable throughout the project. She always remained professional and available for questions, updates, and any other information whenever this was required from her.

Lindsey was nominated by Gillian Meakin**, Service Development Lead (Clinical**) who said, “Lindsey absolutely deserves to be named colleague of the year - she is one of a kind and a credit to LCH.”

Project of the Year - Highly Commended - Neurodiversity Information Hub

The Neurodiversity Information Hub is a developing suite of digital resources relating to neurodiversity, which can be openly accessed by young people, families and professionals. The hub has provided a platform for high quality, reliable information relating to aspects of condition management (e.g. sensory processing difficulties, emotional wellbeing) as well as clear information about relevant sources of support in the city.

One of the assets of this project has been a strong service-user involvement and input from across agencies to provide accessible and engaging information and resources that fits into the current digital context to encourage maximum utility. A handful of the many strongly positive comments within feedback have included: “This resource is absolutely critical” (parent); “People desperately need this information! The isolation you get from the challenges is significant, so a website like this with all the information is really vital for support” (West Yorkshire ADHD support group)

The Neurodiversity Information Hub was nominated by Jennifer Perry, Consultant, Clinical Psychologist

Kate Granger Patient Care Award - Highly Commended - Early Communication Groups

The Early Communication Groups is an intervention for children who are waiting for a Complex Communication and Autism assessment ran by a team of Speech and Language Therapists (SLTs) and Speech and Language Therapy Assistants (SLTAs) in three venues across Leeds.

(Speech and Language Therapists: Sarah Whitley, Sian Critchett, Fay Meakin, Anna Constantine, Megan Davidson and Speech and Language Therapy Assistants: Michelle Spendley and Sharon McDermott)

The clinicians ensure that the information the families receive about the group is accessible and understandable. The patients were involved in the development of the groups from the beginning, from the fortnightly frequency for convenience to enable more attendance, to the name of the group ensuring it was meaningful to them.

The team are always advocating for the families and acting on individual needs to accommodate the needs of families. The SLTs and SLTAs work to find a suitable alternative intervention with another part of the SLT service where possible. The sessions can be challenging due to the nature of the needs of the children, but the clinicians are skilful at putting the parents at ease and personalising the care. The continuous communications prior to the group, the written information with the activities provided after and the follow up phone calls demonstrate excellent patient care. **Clinical Lead Nicola Waddington nominated the team**

Kate Granger Patient Care Award – Winner - Lynda Dexter, Podiatrist

Lynda Dexter is a Podiatrist who champions inclusion health locally and nationally. Her work reaches people experiencing homelessness, drug and alcohol dependence, people with a learning disability, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and other socially excluded groups. Lynda has a gift to reach and connect with people who are mistrustful of healthcare services. She understands the diversity of people's lives and how best to adapt to holistically meet a person's needs. She is a clear communicator, shares others' viewpoints, and is goal driven in seeking justice. She adapts with flexibility, collaboration, and compromise, and is not deterred by setbacks.

Recognising that the work she does needs coordinated and integrated approaches, she has built her reputation and established strong relationships with Leeds' NHS and third sector organisations.

To ensure change at a national, system level, Lynda has worked with the Royal College of Podiatry in defining mental health podiatry roles, to ensure this role is recognised and commissioned nationally. She is also part of the Homeless and Inclusion Health Programme, Queen's Nursing Institute advisory board in developing national guidelines for foot health.

Team of the Year – Winner - Liaison and Diversion Team – Humberside

The Liaison and Diversion Team within Humberside have spent the last two and a half years working tirelessly to develop the service into one that the organisation can be proud of. The versatility of each practitioner within the team provides a holistic, encouraging, and supportive service to those who are amongst the most vulnerable in society.

The service goes above and beyond every day to help reduce reoffending, by addressing health and social inequalities, something that is no easy task. Introduction of dignity packs which include basic hygiene products for service users and distraction packs to reduce the risk and improve the mental health of those within the custody suites are examples of ways the team have implemented initiatives to ensure that the service offer is at the heart of everything we do.

Vicky Jackson, Head of Liaison and Diversion Service (Clinical) who nominated the team for the award said, “As a service manager I can truly ask for no more yet find myself continuing to do so daily due to ever changing demands within the service and needs of those on our caseload.

Making Stuff Better - Highly Commended - Clare Firth, Cardiac Services Lead Nurse

Clare’s exceptional knowledge of her specialty, openness to adapt to change and enthusiasm for looking and implementing new and improved ways of working, systems and processes, all to improve the service and enhance patient care make her an absolute

asset to the Cardiac Service and LCH.

Clare has been an integral part of providing outstanding care to patients with heart failure across Leeds, demonstrated by her commitment to developing the community IV Diuretic pathway for the Cardiac Service and the Virtual Frailty Ward. A service development that sees patients receiving excellent care and treatment within their own homes. Clare has spent endless hours providing education to others across the city like the Virtual Frailty Ward Matrons to raise awareness of when this treatment would be appropriate.

Making Stuff Better – Winner - Podiatry Non-Registered Clinical Workforce

The Podiatry Non-Registered Clinical Workforce was developed in order to manage the back log of patients following the pandemic and to address staff and system pressures in a solution focused method.

In conjunction with Leeds One workforce a pilot of number of Healthcare Support Workers were recruited to support the clinicians during clinics and home visits. This included meeting and greeting patients in the clinic room, prepping the clinical site at the beginning and throughout the day, assisting in health promotion with patients as indicated and directed by the podiatrist and stock monitoring, allowing the Podiatrists to focus on clinically related tasks /work.

This new way of working meant Podiatry Assistant Practitioners were able to train and provide treatments which they had not done before e.g., shock wave and low risk post op nail surgery dressings, which helped to reduce waiting times for patients and reduce service and system pressure.

Leader of the Year - Highly Commended - Lynne Chambers, Head of Safeguarding

Lynne Chambers' tenaciousness, professionalism and passion for her role make her an excellent leader. Lynne approaches all challenges including her leadership during the COVID pandemic with curiosity and compassion and always goes above and beyond to apply a solution focussed approach to all tasks.

She is compassionate and supportive towards her staff and makes suggestions for improvement bringing the person's voice to every table as a true advocate for our people and our communities. Lynne's passion extends to ensuring a safe place for everyone, a place free from abuse and harm and where everyone is given the opportunity to be the best they can be. Her integrity, person-centeredness and can-do attitude make Lynne stand out as an exceptional leader and role model.

Laura Smith, Director of Workforce surprised Lynne with a hamper and certificate and thanked her saying, "You are the crème de la crème. It is my pleasure and privilege to present this award to you. Your hard work is seen and appreciated and you truly deserve this."

Board Assurance

This section of the Quality Account contains all the statements that we are required to make. These statements enable our services to be compared directly with other organisations and services submitting a quality account.

Statement of Assurance from the Board

The Board receives assurance for patient safety, clinical effectiveness and patient experience through the Quality Committee which receives and reviews information from the supporting sub-group governance meetings. The Quality Committee is one of five committees established as sub-committees of the Trust's Board and operates under Board approved terms of reference. The committee provides assurance to the Board that high standards of care are provided by the Trust and, that adequate and appropriate quality governance structures, processes and controls are in place throughout the organisation which promotes quality.

These include patient safety and excellence in care, identify, prioritise, and manage quality and clinical risk and assurance. This then assures the Board that risks, and issues are being managed on a controlled and timely manner. The committee also ensures effective evidence based clinical practice and produces annual Trust Priorities which are monitored during the year.

The Trust promotes a culture of open and honest reporting of any situation which may threaten the quality of patient care. LCH also continues to review and update organisational and service priorities on an annual basis to ensure that the Trust can meet the needs of the people and communities we serve. The three business units (Adult, Children's, and Specialist) review and produce their individual 'plans on a page' for the coming year as well as the Trust plan. These plans look at the overall vision and direction of the organisation and the development of services.

Review of Services

During Financial Year 2023/24 Leeds Community Healthcare NHS Trust provided and/or sub-contracted 82 NHS services. The Trust has reviewed all the data available to them on the quality of care in the provision of these NHS services. The income generated by NHS services reviewed in Financial Year 2023/24 represents 100% of the total income generated from the provision of NHS services by Leeds Community Healthcare NHS Trust for Financial Year 2023/24.

Clinical Audit

Clinical Audit

All clinical audits that are planned to be undertaken within LCH **must** be registered on the clinical audit and effectiveness registration database, and a registration form completed for each audit. Services **must** complete quarterly updates and submit to the Clinical Effectiveness Team. The monitoring of each audit includes results, summary report and improvement/action plans.

National Clinical Audits

During 2023/24 four national clinical audits covered the NHS services that the Trust provides. During that period, the Trust participated in 100% of national clinical audits which it was eligible to participate. There were no national audits applicable to our organisation that we did not intend to participate.

The national clinical audits that the Trust participated in, and for which data collection was completed during 2023/24 are listed below:

National Audit	Description	Output
National Audit of Cardiac Rehabilitation	This audit enables the BHF to produce a National repost on the provision of Cardiac Rehab across the country. Audit findings are shared In a national report produced by the British Heart Foundation available online.	Uptake of patients 85% ..\..\..\1 Clinical Audit\1 Audits\1 Clinical Audit 2023-24\03 Specialist Business Unit\Cardiac Service\CA-2324-037 National Audit of Cardiac Rehabilitation\LCH Audit NACR form.docx
Stroke Sentinel National Audit Programme (SSNAP)	The Sentinel Stroke National Audit Programme (SSNAP) is a national healthcare quality improvement programme based in the School of Life Course and Population Sciences at King's College London SSNAP measures the process of care (clinical audit) against evidence-based quality standards referring to the interventions that any patient may be expected to receive.	SSNAP Summary 2023.docx powerpoint SSNAP annual 2023.pptx

	These standards are laid out in the latest clinical guidelines, including the Royal College of Physicians National Clinical Guideline for Stroke (2016) and the NICE Clinical Guideline on Acute Stroke and TIA (NG128, 2019). Included within these standards, is how much therapy is received in someone's home. https://www.hqip.org.uk/resource/ssnap-nov-2023/	
National Diabetes Foot Audit	This audit informs about the timely recognition of foot ulceration and the severity and monitors the progress over the 12 weeks period. There were 44 cases who participated in this national audit. The service have identified that some of the patients were missed when they accessed acute care and are liaising with the hospital to include these cases for holistic data collection. The service is also exploring strategies to upload all cases from the electronic health record to reduce data errors and improve efficiency.	Recent data not accessible therefore difficult to compare with other regions or national. We are attending sessions with the Commissioner to discuss and where we hope to learn more.
NRAP formerly (NACAP) national audit for pulmonary rehabilitation in COPD patients	This is a National audit looking at how Pulmonary Rehab services are delivered across the UK for patients with COPD. It enables us to see how effective we are being as a service. It looks at clinical outcome measures and it includes referral information such as who has referred, when they were referred & when we had their first appointment. The target population is all patients who are attending Pulmonary Rehab with a COPD diagnosis.	Unknown – variable amount but they are the majority of our cohort of patients through this service.

Local Clinical Audit

Three Trust wide audits and 130 local audits have been registered as part of the Annual Clinical Audit Programme for 2023/24:

Number of Trust-Wide Audits 2023-24	
Trust-Wide Audits*	3

TOTAL	**3**

* Infection and Control Suite of Audits
Risk, Health and Safety Environmental Audit for high-risk areas
Record Keeping Audits

Number of Service Specific Clinical Audits Registered 2023-24	
Adult Business Unit	17
Children's Business Unit	38
Specialist Business Unit	70
Corporate including Medicine Management	10
TOTAL	**135**

Local Clinical Audits Completed as at Mid March 2024 (2023/24 annual rolling audit programme) - by Business Unit	
Adult Services	
• Quality Challenge+ • Record Keeping Audit • Environmental Audit • Infection Control Audit • Audit of patient outcomes following virtual falls MDT discussion • Rescheduled and Cancelled Visit	• SI Case Review RT • Driver deliverer/installer Audit (Joint audit with LCES) • Wound Infection Framework Audit • Use of Raizer Chairs in management of Falls • Mortality Review Pilot
Children's Services	
• Quality Challenge+ • Record Keeping Audit • Environmental Audit • Infection Control Audit • Baby Friendly Initiative Gold Award • RCADS assessment tool audit • Student Placement Offer Fair Share	• Audit of CSLT service and comparison to RCSLT guidelines for supporting Bilingual clients • Review of feedback sheets given to social care • Whole Genome Sequencing (WGS) testing in Community Paediatrics- A Scoping Project • 0-19 Audit of the Learning Disability Pathway following implementation in April 2024 • Medicine Management

• Clinic Calibration Audit • 5-7 Years of Age – Allocation of Work • Section 136 • FACE Risk • Outcomes • Risk Assessment Audit • Training and induction processes for CAMHS trainee doctors in Leeds	• The mental health impact of patient systems outage on emotional well-being of staff in East Community CAMHS
Specialist Services	
• Quality Challenge+ • Record Keeping Audit • Environmental Audit • Infection Control Audit • Central venous catheter complications • Fatigue Group Impact Audit • Radiography QA & Activity • Radiology and Imaging Audit • Controlled Drug Record Keeping Audit: Community Dental Service • Care Plan • CSSD Sheets and Blade Removal to Prevent Sharps Incidents	• National Diabetes Foot Audit • Neighbourhood to Podiatry Referral • Hep A Vaccine • Hep B vaccination (MSM & sex workers) • Safeguarding/YP • BASHH National Audit • Audit any appropriate actions 3-6 months from SMART actions identified • Audit of Consistency/Standardisation with Therapist prescriptions • PGD Audit and LocSiPP Compliance within Injection Therapy
Corporate Services	
• Controlled drug record keeping: Community Dental Service • Audit to look at health assessment action plan Implementation and review for Looked After Children placed Out of Area • Antimicrobial Prescribing (Management of Acne Rosacea): HMYOI Wetherby	• Audit of moderate and above harm incidents where learning identified relates to task focused care • Fridge Temperature Monitoring and Actioning of Temperature Excursion

Examples of audits undertaken and action plans to improve the quality of healthcare provided by the Trust is highlighted below:

- An audit was completed in CIVAS to understand central venous catheter complications. The service undertook a deep dive of incidents reported by collecting data which included National Early Warning Score (NEWS), medications used, type of line, batch numbers of the device used, symptoms, type of covid vaccine to identify any correction with DVT. Audit revealed that there was no correlation between batch numbers and UL DVT. The audit revealed there was no reporting of these incidents in Yellow Card – National reporting system for medications and medical devices. It is recommended that further research is conducted in this area to explore the causative factors for Upper limb DVT. It is also essential that more awareness to identify early symptoms of UL DVT amongst all clinical networks across the country.
- An audit was completed in Health Case Management for a SystmOne Case Review RT to ensure fast track (end of life) patients, their reps and/or POAs are involved with holistic assessments, to ensure physical, social and psychological aspects are considered to produce a robust and safe plan of care in the most appropriate environment. The service has risk and red flags much higher up on the agenda since the RT incident. Risk is discussed regularly at supervisions, citywide meetings and in day-to-day support and care planning feedback from managers. This audit has not highlighted any gaps however has been reassuring that messages and learning from the SI have been absorbed by staff.
- An audit was completed in Wetherby YOI and Adel Beck SCH to ensure burns training is facilitated by a specialist nurse and a lead nurse assigned. One Minute Guides are reviewed and updated accordingly and shared with all staff. A review of Emergency Response In Custody (ERIC) Guidelines was undertaken and any changes implemented. Documentation training is now attended by all staff. Rule 49 process to be reviewed and all staff to comply with changes with immediate effect.
- An audit was completed by the Podiatry Service as part of an action plan following incidents in 2020-21 reported from CSSD. The main theme was an increasing incidence of issues where the blades were left on the handle. Unannounced and targeted clinical audits of clinical instruments and environment planned of all the 18 clinical sites. 153 instrument packs checked over 18 clinical sites. All 153 packs were signed. 95% compliant. 0 blades were found during this audit - 100% compliant. 100% of Clinical site has SOP poster displayed. Confirmed all staff are trained in blade removal and protocol. Confirmed current staff have monthly discussions about timely blade removal. Staff also willing to check the CSSD boxes at the end of the clinic to check for blades as well as a third check. Advise staff to use disposable blades and only add a blade to handle if needed. Quarterly Audit of blades alongside hand hygiene: CSSD rooms, staff interview and instruments at multiple sites - aim to improve signing of instruments. Although in this audit we were 100% compliant on all standards, we continue to promote SOP for blade removal with staff via weekly bulletin, discussions at team meetings. Continue to report any incidents via Datix. Share good practice from the audit with all staff.
- An audit was completed by the Sexual Health Service to measure an improvement in GBMSM Hepatitis A Seroprevalence and Vaccination. In July 2018, a case note review highlighted a hepatitis A seroprevalence of 49% in our GBMSM population, falling below the >70% herd immunity target. Following cases in England's GBMSM population in 2022, we wanted to reaudit our service's seroprevalence in this group. This review highlights improvement in our service's hepatitis A immunity from 49% (2018) to 82% (2022) despite the Covid pandemic and contrary to GUMCAD STI surveillance data showing a decline in hepatitis A vaccination nationally since 2020. Vaccination uptake appears better due to staff training

and retention in care for PrEP. Assuming consistent immunity across all GBMSM attending the service, herd immunity and protection from future hepatitis A outbreaks has been achieved. Nevertheless, 21 attendees without documented Hepatitis A immunity were not vaccinated. Testing and vaccination should continue to be offered when immunity is unknown to protect from outbreaks in the future. Some of the linked cases featured in the Dec 2022 UKHSA alert were in vulnerable GBMSM groups with poor or no prior sexual health service access. 5 Making every contact count, our service has highlighted similar at-risk individuals through our MPox vaccination programme and are planning a one-stop offer for PrEP, vaccination, and screening to address this.

Hep A Poster - Final Draft.pdf

Clinical Research

We are dedicated to supporting community clinical research that has benefit and meaning to the people of Leeds and the surrounding services we provide. We are committed to supporting clinical services to engage in research, as it is known to help patients' experiences and retain motivated staff. LCH is committed to ensuring that research is embedded at the heart of patient care across the Leeds system as it adapts and responds to the changing needs of people living in Leeds.

LCH is a contractual partner of the National Institute for Health and Care Research, Clinical Research Network and the integrated care board for research in Yorkshire, and Humber. They commission our core Research and Development function to assess, set up, manage, and deliver the highest quality research studies available in the UK; these are referred to as 'portfolio studies'. We also provide assessment and approval for studies that are non-portfolio to assure that they have received ethical approval where required, and provide ongoing monitoring to ensure that they are delivered to a high standard.

In the last 12 months we have set-up and embedded the new clinically led research clinical leadership model. With a strong focus on providing clinical research support alongside research governance and management to ensure research within the organisation is conducted to a high standard and in line with national regulations.

The new team includes: the Clinical Lead for Research; a Research Coordinator to support research governance; a Research Assistant to provide study support for clinical services. Alongside this we have seconded expertise from within the trust to build the

research culture foundations: a Clinical Academic Fellow (an experienced post doctoral researcher) to aid in the support and delivery of research.

We have also launched the research advisor roles and have three clinical staff seconded to the research team and aligned to each of the business units. This is the first time this role has been tested and we have attracted two physiotherapists and an occupational therapist. We are pleased to have seconded staff at different stages of their career and two of whom been awarded NIHR development research funding and one who has wanted to be involved in research for 6 years.

This newly formed research team has been developing a research pipeline and roadmap for staff who wish to become research interested and research active in order to enable widespread engagement. We have also developed an advanced research pillar framework, which has been synthesised to support current nurse and AHP advanced practice guidelines. This work is being support by CHART - an alliance of research active community NHS Trusts.

In order to explore the LCH research capacity and capability, the research team launched an organisation-wide research mapping exercise in July 2023; triangulating learning and development data, library publication data and using surveys and interviews we plan to map each service in LCH to understand our research culture. This is 55% completed and with the themes generated from the heads of service and senior leadership interviews we plan to publish this work and use this to inform the next research strategy to be launched in 2025. The surveys and interviews will also allow us to benchmark our trust against other organisations and allow future comparisons to see if we meet our objectives.

Throughout 2022/23, we have sought to increase the role of LCH as a strategic partner in research with Leeds Teaching Hospitals NHS Trust, a leading provider of research studies who recruit over 10,000 participants a year. A cross-organisation Research Project Manager post has been created, and the new appointee will start in February 2024 to work across the boundary of hospital and community care, to explore ‘out of hospital’ research opportunities. This joint role will also formalise existing arrangements for the small LCH research Team to access support and resilience from the well-established LTHT service.

Our collaboration and funding with primary care closed in May 2023. We successfully supported ALABAMA (ALlergy AntiBiotics And Microbial resistance), a regional study evaluating whether the penicillin allergy assessment intervention pathway is clinically effective. We hope this exemplar of primary and community collaboration is something we can explore in future with the joint post in 2024.

LCH is continuing its support of the novel long covid research programme, which is led by with the University of Leeds. The LOCOMOTION study (LOng COvid Multidisciplinary consortium Optimising Treatments and services across the NHS), is a £3.4m

research project, to identify the best way to treat and support people in the UK living with long COVID. It remains the biggest recruiting study at LCH to date, supporting over 800 people from Leeds Community. This programme, led by Dr Sivan, has generated >50 journal articles in the last 3 years and has been highly influential in the long covid clinical and research community. The study has completed recruitment and will end in 202. Alongside this LCH has supported further clinical intervention pilot studies with research capacity funds, which has the potential for longer term patient benefit.

LCH has been active in opening and supporting the governance and delivery of several portfolio studies with a theme of providing mutual clinical benefit to patients and services. Including Childrens dental anxiety, social prescribing for children waiting for therapy, nutrition and strength training in frailty and looking at best therapy options when using AI programe, self management in aphasia and deciding the correct therapy for heel pain. We have also supported non-portfolio studies that can support a holistic (qualitative) approach to research such as exploring staff and patient views on many important issues from domestic abuse, gender differences in self harm, prescribing in people with dementia, optimising cancer recognition and finally exploring staff retention for international nurses.

During 2022/23 and continuing to 2024, LCH has also been active in building links with universities to facilitate the research activity of students. These have been medical students and trainee psychologists and trainee psychiatrist (one funded via NIHR). Engagement with students in research during their studies is a key strategic goal, supporting the development of a future workforce that is ready for research.

Equity continues to be a strong theme for our research and development service. We have shown this by submitting a community grant jointly with University of Leeds and by forging new links with forum central (third sector) to ensure the goals of research support the accessibility of research for the community. We are also actively supporting studies that target under-served groups and explore diversity, to ensure research is relatable and meaningful for all our communities (such as the RAmiGo study led by University of Leeds that is investigating peer support interventions for people with osteoarthritis from low socioeconomic populations). In line with regional work, we provide data on all participants in terms of sex, age and ethnicity, this allows us to benchmark regionally so that we can be assured that people are offered research opportunities equally. LCH is dedicated to ensuring that research systems continue to develop alongside NHSE plans for integration and collaboration and will ensure this is included in the next strategy to be written in 2024 for launch in 2025.

Secondary Uses and Hospital Episode Data

The Trust submitted records during 2023/24 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. We provided a valid NHS number and valid General Medical Practice code for patients in more than 99% of cases.

The above confirms data is available for 1 April 2023 to 31 March 2024.

The Trust did not submit any “admitted care” data into SUS during 2023/24 as the Trust did not provide the clinical information system for Wharfedale Recovery Hub until late in the year. The data flow will be established for 2024/25

Data Accuracy

Data security, transparency and legislative compliance are of paramount importance to the Trust. The Trust is fully committed to ensuring that Personal Data is protected, and that confidential data is used appropriately. A review of the Information Assets held by the Trust is being conducted, as many service’s Information Assets have not been fully reviewed for some years due to pandemic pressures. It is envisaged that the Information Asset Register (IAR) review will be a rolling process, rather than a once yearly exercise, and will reinforce GDPR compliance and add value to the Trust by ensuring we know what information we hold and who is responsible for it. The Records Management Policy will be reviewed in conjunction with the IAR review, and the IG Team intends that Asset Register, and Records Management across the Trust as a whole, will comply with ISO14589.

Data Quality is supported by the Business Intelligence Team under the Trusts Data Quality Framework- Data Quality Dashboards are available to all services to allow them to monitor their data quality, and where necessary make changes to working practices to support adherence to required standards.

Data Protection Legislation and Best Practice

The Trust is required to comply with the UK General Data Protection Regulations (UK GDPR) and the complementary Data Protection Act 2018 (DPA18) coupled with the Common Law Duty of Confidentiality (CLDoC). The Trust complies with the relevant data protection and confidentiality legislation and national codes of practice and actively supports the transparency of information. The Trust complies with Articles 37-39 the UK General Data Protection Regulation (UK GDPR) by engaging an appropriately qualified Data Protection Officer (DPO).

The Senior Information Risk Owner (SIRO) ensures that there is effective information governance in place. The SIRO Chairs the Information Governance Group which reports quarterly to the Audit Committee and in turn to the Board. The Caldicott Guardian is

the Deputy Chair of the Information Governance Group, and works closely with the SIRO and the DPO, particularly where there are any potential information risks relating to patient data.

The Trust ensures effective information governance through a number of mechanisms comprising both technical and organisational controls, including; education, policies and procedures; Applying principles of risk management to our use of data; ensuring principles of “Data Protection by Design and Default” incorporated into all new projects and services; effective Records Management polices; IT / information security controls; IT vulnerability testing; Horizon scanning.

Data Security Protection Toolkit

The Trust demonstrates compliance with the ten Data Security Standards (an outcome from the National Data Guardian’s Review of data security, consent and opt outs report) via the mandatory self-assessed Data Security & Protection Toolkit (DSPT). Our DSPT submissions, and the robust evidence required to support them, are subject to internal audit by an independent organisation (Audit Yorkshire).

Compliance with the DSPT is mandatory for all NHS Trusts and organisations which have access to NHS patient data and systems. It is a self-assessment based around the ten security standards developed by the National Data Guardian and consists of thirty four assertion areas and 108 required evidence items. A successful DSPT submission means we are regarded as a “safe pair of hands” for handling NHS data. **The DSPT has been successfully completed for the assessment year 2022-2023**.

Training

Training compliance with Mandatory Data Security Awareness training has increased from 86% to 96% against the required 95%. This has been achieved using weekly reminders and by maintaining a “lockout list” whereby all those staff whose training is more than two weeks out of date have had access to SystmOne suspended until evidence of completed training is supplied.

Information Security

The Information Governance function also includes the effective management of the information we hold, and ensuring that information is used effectively, appropriately and ethically, and managed in accordance with a balance of its varying degrees of risk and value. One of our responsibilities is to ensure the maintenance of the Confidentiality, Integrity and Availability (CIA) triad across all our information assets and data processing activities.

Applying principles of CIA, in conjunction with our wider legislative frameworks ensures that the systems we use to process data (e.g. SystmOne, network drives etc) are assured to be fit for purpose and can ensure those principles of CIA. CIA is ensured by the same types of organisational and technical controls as our compliance with legislative frameworks: education, policies and procedures; applying principles of risk management to our use of data; ensuring principles of "Data Protection by Design and Default" incorporated into all new projects and services; effective Records Management policies; IT / information security controls; IT vulnerability testing; Horizon scanning.

The ever-increasing cyber related threats to the organisation will require careful mitigation and the best defences we can maintain to protect ourselves and improve the organisations preparedness- in conjunction with the work done to support our Cyber Essentials and Cyber Essentials Plus qualifications, the Trust has invested significantly in new resource to improve the effectiveness of our vulnerability scanning, patch management and firewalls .

Data Breaches

If any of the compliance requirements of data protection legislation are interrupted this is known as a "Data breach". All data breaches are evaluated by the IG team and graded by the IG Team against our NHS Digital aligned policy ,and if they meet the appropriate threshold they are reported via DSPT to the ICO and/or DHSC as appropriate. There have been three data breaches that the Trust has evaluated as reaching the threshold to report via the DSPT, of these:

- One did not meet the threshold to be reported to either the ICO or DHSC.
- Two were reportable to the ICO.
- None were reportable to the DHSC.

The ICO has been satisfied with our responses to all these breaches.

CQUIN

A proportion of the Trust income is based on achieving quality improvement and innovation goals agreed between LCH and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

CQUIN1	**80% compliance with Flu vaccinations for frontline healthcare workers**

The Trust vaccination campaign for 2023/24 was delivered between September 2023 and January 2024 and built on learning both within the Trust and benchmarking with local partners to optimise the uptake of the vaccination offer.

Despite the usual creative and responsive vaccination offer this year, the final achievement was 58%, against a target of 80% uptake of flu vaccinations by frontline staff with patient contact. This is consistent with achievement in previous years and reflects the Trust position from the outset, that this target was not expected to be achieved.

As always, the Trust, with creative and responsive campaign leaders, has strived to adopt different strategies based on learning from previous years and benchmarking with partner organisations.

CQUIN12	**85% of acute and community hospital inpatients aged 18+ having a pressure ulcer risk assessment that meets NICE guidance with evidence of actions against all identified risks.**

The indicator applies to Wharfedale Rehabilitation Unit and the Trust achieved a compliance of 78.9% against this target. The Trust has applied this CQUIN indicator as defined in the national guidance.

The audit confirmed that the Wharfedale unit undertake an assessment on admission in all cases, however a small number did not achieve the 6-hour target following admission.

Compliance with the re-assessments every 30 days was consistent and achieved greater compliance. However due to the resource intensive manual audit process some data quality issues were identified. In practice, the unit undertake pressure ulcer risk re-assessments every week. Some re-assessments fell outside of the 30 day re-assessments due to the timing of the update to the audit report in relation to CQUIN submission dates and due to the timing of discharges, with patients for example being discharged on day 31 and therefore missing the re-assessment due that week.

The CQUIN audit has provided reasonable assurance on the standard of care provided in relation to the assessment and re-assessment of an individuals' pressure ulcer risk when under the care of the Wharfedale Unit. The intention is to continue a 6 monthly clinical audit to ensure these standards are maintained.

CQUIN13	**50% of patients with lower leg wounds have wound assessment, ABPI with compression where indicated and vascular referral within 28 days of referral or non-healing wound**
As anticipated, due to the complexity and detail of this CQUIN indicator the Trust achieved 32.6% against the ambitious 50% indicator. Given the significant work and progress made, the Trust is continuing monthly reporting and review meetings to monitor further progress against this standard of care.	
CQUIN14	**90% of community hospital in-patients have Malnutrition screening (MUST) on admission, repeated every 30 days, where at risk have a care plan in place and evidence that care plan actions being acted on**
This indicator applied to Wharfedale and the Trust achieved a compliance of 86% against this target, with achievement of this standard of care (assessment and management) from the outset of the 2023/24 schemes. The CQUIN audit confirmed that the Wharfedale unit undertake an assessment on admission in all cases, however a small number did not achieve the 24-hour target following admission. As with CQUIN 12, compliance with the re-assessments every 30 days was consistent and achieved greater compliance. However due to the resource intensive manual audit process some data quality issues were identified. In practice, the unit undertake MUST re-assessments every week. Some re-assessments fell outside of the 30 day re-assessments due to the timing of the update to the audit report in relation to CQUIN submission dates and due to the timing of discharges, with patients for example being discharged on day 31 and therefore missing the re-assessment due that week. The CQUIN audit has provided reasonable assurance on the standard of care provided in relation to the assessment and re-assessment of an individuals' pressure ulcer risk when under the care of the Wharfedale Unit. The intention is to continue a 6 monthly clinical audit to ensure these standards are maintained.	
CQUIN15b	**Routine outcome monitoring in CYP and community perinatal mental health services. 50% of children and young people and women in the perinatal period accessing mental health services, having their outcomes measure recorded at least twice.**

Data quality work has been continual throughout the year and therefore the data compliance has changed slightly from initial reporting. Reporting for Quarter 4 indicates that the service achieved 20% compliance in the quarter against the 50% CQUIN target. As detailed in Q3, the service has shown improvements in data quality which has inadvertently impacted on the overall compliance with this CQUIN indicator. The service continues to progress against their improvement plan.

Core Indicators

The Trusts performance against our Key Performance Indicators are detailed below:

Indicator	Target	2022/23 (current)	2023/24
Patient Safety Incidents reported as Harmful (per 1K contacts)	1.42 to 2.09	1.83	2.08
Serious Incidents (per 1K contacts)	0 to 0.4	0.02	0
Validated number of Patients with Avoidable Category 3 Pressure Ulcers*	8 per year	2	4
Validated number of Patients with Avoidable Category 4 Pressure Ulcers*	0 per year	6	1
Validated number of Patients with Avoidable Unstageable Pressure Ulcers*	10 per year	6	2
Number of teams who have completed Medicines Code Assurance Check 1st April 2019 versus total number of expected returns	100%	100%	100%
Duty of Candour Breaches	1 per year	0	0
Attributed MRSA Bacteraemia Infections	0 per year	0	4
Clostridium Difficule Infections	3 per year	0	0
Never Event Incidence	0 per year	0	0
CAS Alerts Outstanding	0 per year	0	1
Patient Satisfaction - Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Community Care (FFT)	95%	92%	93%

Total Number of Formal Complaints Received	No Target	136	139
Mixed Sex Accommodation Breaches	No Target	0	0
Number of NICE guidelines with full compliance versus number of guidelines published in 2019/20 applicable to LCH	100%	98%	98%
Number of NICE guidelines with full compliance versus number of guidelines published in 2020/21 applicable to LCH	No Target	100%	100%
Number of Unexpected Deaths in Bed Bases	No Target	7	6
NCAPOP audits completion rate	100%	100%	100%
Priority 2 audit completion rate	100%	39%	72%
Percentage of patients waiting more than 18-weeks for a Consultant service (as of 31 March)	92%	62.7%	43.7%
Number of patients who waited more than 52 Weeks for a Consultant service	0 per year	11	534
Percentage of patients waiting less than 6 weeks for a diagnostic test (as of 31 March)	99%	50.3%	32.6%
Percentage of patients waiting less than 18 weeks for a non-Consultant service (as of 31 March)	95%	87.5%	65.7%
Staff Turnover	14.5%	12.9%	9.0%
Percentage of staff who left the organisation within 12 months	20%	14.3%	14.6%
Short term sickness absence rate (%)	3%	1.8%	1.6%
Long term sickness absence rate (%)	3.50%	4.4%	4.3%
AfC Staff Appraisal Rate	90%	72.1%	74.9%
Statutory and Mandatory Training Compliance	90%	86.1%	87.0%
Percentage of Staff that would recommend LCH as a place of work (Staff FFT)	60%	64.8%	
Percentage of staff who are satisfied with the support they received from their immediate line manager	52%	71.5%	
WRES indicator 1 - Percentage of BME staff in Bands 8-9, VSM	No Target	7.2%	7.9%
Starters / leavers net movement	Above 0	179	144

* The trust transitioned to the Patient Safety Incident Response Framework (PSIRF) in January 2024. This is a big change in the framework that has changed how we report on incidents we therefore did not monitor incidents via these indicators through the latter part of the year, more qualitative monitoring processes were in place. This means that our year end numbers are not comparable to previous years.

CQC Statements

The Trust is required to register with the Care Quality Commission (CQC) and its current registration status is full registration without conditions.

In October 2019, the CQC published the final report on its announced inspection of the Trust which took place in May-June 2019.The CQC visited a selected number of services including Sexual Health, Community Child, Adolescent Mental Health Service (CAMHS), Inpatient CAMHS, community dental and community services for children, young people and families. The CQC also completed a Trust-wide level inspection under the well-led framework.

Overall, the Trust was rated **GOOD** in all five domains (safe, effective, caring, responsive and well-led). The CQC found improvements in services since the last visit and they concluded:

Sexual Health services were rated outstanding overall. The service was rated good for safe and caring, and outstanding for effective, responsive, and well led. This was an improvement on the last inspection.

Children and young people's services were rated good for safe, effective, caring, responsive and well led. This was an improvement on the last inspection.

Community CAMHS was rated good for effective and caring, requires improvement for safe, responsive and well led.

Dental services were rated good for safe, effective, caring, responsive and well led. This remained the same as the last inspection.

The CQC found 23 breaches of legal requirements which relate to actions the Trust must do. There were 14 minor breaches of regulation which are not breaches in the legal requirement but actions the Trust should take.

The Trust developed robust action plans to address the findings and these are monitored through the governance structure.

The Trust is proud of the achievements and improvements made since the last CQC inspection in 2019 and acknowledge the recommendations made by CQC to continue to improve our services for patients, carers and the public.

Part Four - What Other People Think of Our Quality Account

Healthwatch

Thank you for this opportunity to comment on your Quality Account, which we found to be comprehensive, informative and very accessible to understand.

The hard work that has gone into improving and innovating services across the Trust is clearly demonstrated throughout the report as well as the focus on health equity and specific actions to deliver on this important citywide ambition to improve the health of the poorest the fastest.

LCH have been actively involved in the citywide work to listen and act on the feedback from people through the People's Voices Partnership and the How does it feel for me? Project which seeks to ensure that care and involvement is joined up across different health and care organisations. It is really positive to see the 3 x Cs of Communication, Co-ordination and Compassion referenced which align well with the LCH ambition to deliver person centred care.

It is great to see that Key focus one and key focus two recognise the vital importance of engagement with patients, carers, families and communities and actions based on learning from that insight. It will be good to see how the Engagement Principles are used throughout LCH in the coming year, supported by the introduction of the new Patient Safety Incident Response Plan.

LCH deliver key services to the people of Leeds and are a key organisation for health and care in Leeds. Their leadership and vision around joined up, person centred, holistic care will be key as we move forward as a city and we look forward to working with them to ensure that the voice of people is central to those ambitions.

We are keen to continue our positive working relationship with the Trust to be able to share some of the feedback we receive (such as issues around long waiting times to access CAMHS) and for LCH to receive this insight in a positive manner and to act upon it where possible.

Overall, we think this is a good Quality Account and we look forward to continuing working in partnership with Leeds Community Healthcare over the next year.

Integrated Care Board

Once again, we extend our gratitude for the opportunity to provide feedback on the Leeds Community Healthcare NHS Trust's (LCH) Quality Account for 2023/2024. The Integrated Care Board (ICB) acknowledges the efforts invested in not only reflecting on the past year but also outlining the strategic priorities for the forthcoming period. As the report is currently in draft form with further information such as Key Performance Indicators (KPIs), Commissioning for Quality and Innovation (CQUIN) anticipated prior to final publication, we appreciate the opportunity to offer our observations based on the existing content.

The document illustrates a commitment to excellence, innovation, and a patient-centric approach. Despite the ongoing challenges posed by various healthcare dynamics, including the lingering impacts of Covid-19 and other health concerns, it is evident that LCH remains committed in its dedication to providing high-quality care to the community.

The alignment of priorities with strategic goals is positive, particularly the addition of a Strategic Goal focused on health equity. This reaffirms LCH's commitment to addressing disparities in healthcare access and outcomes, a vital step towards building a more inclusive and equitable healthcare system. Furthermore, the

emphasis on equity throughout the priorities, underscores LCH's commitment to ensuring fairness and inclusivity in all aspects of its operations. The incorporation of equity considerations into decision-making processes and quality improvement initiatives reflects a genuine desire to reduce disparities and promote health equity across the community.

The outlined priorities for 2024/25 demonstrate a clear focus on enhancing patient experiences, empowering the workforce, fostering collaboration with partners, and ensuring prudent resource management. Each priority is articulated with precision, reflecting a thorough understanding of the challenges and opportunities within the healthcare landscape. Of note is the emphasis on personalised care delivery and digital inclusion, which underscore LCH's efforts to adapt to evolving patient needs and technological advancements. The commitment to workforce well-being and development is also noteworthy, as it acknowledges the pivotal role of staff in delivering exceptional care.

The initiative to establish a Leeds Community Collaborative represents a significant step towards fostering community engagement and facilitating care closer to home. By leveraging partnerships and engaging diverse stakeholders, LCH demonstrates a proactive approach to addressing community needs and enhancing service delivery.

In conclusion, we praise LCH for its continued dedication to quality improvement and strategic planning. The Quality Account for 2023/2024 serves as a testament to the organisation's unwavering commitment to excellence, innovation, and patient-centred care. We look forward to witnessing the realisation of the outlined priorities and collaborating with LCH in pursuit of our shared goals.

Thank you once again for the opportunity to provide feedback, and we remain committed to supporting LCH in its mission to enhance the health and well-being of the community.

Statement of Directors' responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

The content of the Quality Account meets the requirements set out in the Regulations and supporting guidance.

The content of the Quality Account is not inconsistent with internal and external sources of information including:

- board minutes and papers for the period April 2023 to May 2024
- papers relating to quality reported to the Board over the period April 2023 to May 2024
- feedback from North West Yorkshire Integrated Care Board on xxx and Healthwatch Leeds received on **xxxx.**
- the Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints (England) Regulations 2009
- The external auditors opinion of the Trust's control environment, from the internal audit report dated October 2021.
- CQC inspection report dated 28 October 2019.
- the Quality Account presents a balanced picture of the Trust's performance over the period covered.
- the performance information reported in the Quality Report is reliable and accurate.
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice.
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions is subject to appropriate scrutiny and review.
- the Quality Account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Account.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the

Quality Account.

By order of the Board

Signed……. Date

Signed……Date

Acknowledgements

We would like to sincerely thank everyone who made a contribution to the content and publication of our 2023/24 Quality Account. This includes, but is not limited to, patients, carers and representative groups, many of our staff, the Senior Management Team and the Board of Directors.

This Quality Account provides an insight into how we are working to realise our vision, values and strategic objectives, and our Quality Strategy. Quality is at the heart of everything we do; we hope we have demonstrated within this document how quality is created, embedded, developed and improved within LCH through sharing examples of initiatives underway to help us achieve these aims.

In line with other NHS organisations, we produce an Annual Report and Accounts to outline our financial and other key performance measures. These can be found on our website at **www.leedscommunityhealthcare.nhs.uk**

How to Comment

If you would like to comment on this document contact us:

By email to **lch.pet@nhs.net**

Please ensure you include ‘Quality Account 2023/24 feedback’ as the subject of your email.

In writing to:

The Head of Clinical Governance

Quality Account 2023/24 Feedback

Clinical Governance Team

Leeds Community Healthcare NHS Trust

Building Three

White Rose Office Park

Millshaw Lane

Leeds

LS11 0DL

Glossary

Always Events® – Always Events® are defined as “those aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the health care delivery system.” Always Events® is a co-production quality improvement methodology which seeks to understand what really matters to patients, people who use services, their families and carers and then co-design changes to improve experience of care. Genuine partnerships between patients, service users, care providers, and clinicians are the foundation for co-designing and implementing reliable solutions that transform care experiences with the goal being an ‘Always Experience.’

Audit – a review or examination and verification of accounts and records (including clinical records).

Children and Adolescent Mental Health Services (CAMHS) – a service specifically designed to look at the needs of children with mental health problems.

Change Programme – a programme of quality improvements and services changes.

Care Quality Commission (CQC) – Health and Social Care regulator for England.

Clinical Audit – a review or examination and verification of accounts and records (including clinical records).

Clinical coding – an electronic coded format that describes the condition and treatment given to a patient.

Commissioners – organisations that agree how money should be spent on health within a community. This could be for example Clinical Commissioning Groups (CCGs – Groups of GPs) or NHS England (the central government organisation).

CQUIN (Commissioning for Quality and Innovation) – a financial incentive encouraging Trusts to improve the quality of care provided.

Data Protection legislation - articulates our organisation's responsibilities regarding the data we hold, including compliance with the principles of GPDR, the upholding of Data Subject rights and our obligations regarding data protection by design and default, records of processing activity and information security.

Datix – an electronic risk management system (database) used to record incidents, complaints and risks for example.

Friends and Family Test (FFT) – a measure of satisfaction usually via a survey or text message, which asks if staff / patients would recommend the service they received to their friends or family.

Information governance – the rules and guidance that organisations follow to ensure accurate record keeping and secure information storage.

Innovation and Research Council – this is an independent body which brings together the seven Research Councils, Innovate UK and Research England.

Inquest – a judicial inquiry to ascertain the facts relating to an incident.

Leeds Safeguarding Children's Board (LSCB) – a statutory body (independently chaired) consisting of senior representatives of all the principal agencies and organisations working together to safeguard and promote the welfare of children and young people in the City.

Length of stay (LOS) is a clinical metric that measures the time elapsed between a patient's hospital/recovery hub admittance and discharge

Medicines management – processes and guidelines which ensure that medicines are managed and used appropriately and safely.

Methodology – a system of methods used in a particular area of study or activity.

NHS England (NHSE) – the central organisation that leads the NHS in England and sets the priorities and direction of the NHS.

NHS Digital – is the national information and technology partner to the health and social care system. Looking at how digital technology can transform the NHS and social care.

NCEPOD – reviews clinical practice and identifies potentially remediable factors.

National Institute for Health and Care Excellence (NICE) an organisation that provides national guidance and advice to improve health and social care with the aim of improving outcomes for people using the NHS and other public health and social care services.

National NHS staff survey a survey that gathers the views of staff working in the NHS to give an overall indication of their experience of working for the NHS.

National Reporting and Learning System (NRLS) a central database of patient safety incident reports.

OFSTED is the Office for Standards in Education, Children's Services and Skills, who inspect services providing education and skills for learners of all ages and also inspect and regulate services that care for children and young people.

Outcome Measures – a measure (using various tools) of the impact of the intervention from a clinician's perspective or a measure of progress

related to a specific condition or issue.

Patient Experience Team – a service that provides a listening, enquiry and signposting service to ensure that patients, carers and public have their questions and concerns resolved as quickly as possible.

Patient experience – feedback from patients on 'what happened and how they felt' in the course of receiving their care or treatment.

Patient engagement – methods for patients to take part in service improvement and service reviews.

Patient satisfaction – a measurement of how satisfied a person felt about their care or treatment.

Payment by results – the system applied to some services whereby NHS providers are paid in accordance with the work they complete.

Pressure ulcer – damage caused to the skin and the tissue below when it is placed under enough pressure to stop the blood flowing.

Primary Care Networks - In response to the NHS Long Term Plan and to meet the needs of our populations and communities GP practices are working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in groups of practices known as primary care networks.

Reason to reside - every patient is reviewed against nationally set criteria to determine if they have a 'reason to reside' in hospital. This falls under four pre- determined categories - Physiology, Treatment, Function and Recovery. If the patient does not have a reason to reside a discharge plan should be in place.

Risk Assessment – a process to identify risks and analyse what could happen as a result of them.

Root Cause Analysis (RCA) – a method of investigating and analysing a problem that has occurred to establish the root cause.

Safety Huddle – a mechanism of route discussions held within teams and across multi-professionals to discuss current patients to help reduce harm and risk and improve patient safety.

Serious Incident (SI) – these are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response.

Staffside – the interface between Trade Unions, Professionals Bodies and an organisation.

Strategy – the overall plan an organisation has to achieve its goals over a period of time.

SUDIC – a review of progress of unexpected child death.

Transfer of Care

Third Sector – a term used to refer to organisations working within the health and social care economy that are non-government and often not for profit, such as charities and voluntary groups and associations.

Trust Board – the team of executives and nonexecutives that are responsible for the day to day running of an organisation.

WRES – Workforce Race Equality Standard.

WDES – Workforce Disability Equality Standard.

Trust Board Meeting Held In Public: 7 June 2024

Agenda item number: 2024-25 (10)

Title: Mortality Report Quarter 4 2023-24

Category of paper: **For assurance**

History: **Quality Committee 28 May 2024**

Responsible director: **Executive Medical Director**

Report author: **Executive Medical Director**

Executive summary

Purpose of this report:

To provide the Committee with assurance regarding the Mortality figures and processes within LCH NHS Trust in Quarter 4 23-24.

Main points to note:

- Quality Assurance & Improvement (QAIG) Group have met regularly and are quorate. The last business meeting was on the 9th January 2024.
- Business Unit Learning from Deaths meetings have taken place regularly and have been quorate throughout the quarter.
- As reported in Q3 numbers were artificially low due to early reporting requirements therefore have been updated and included fully as part of the Q4 review.
- Identification of Serious Mental Illness remains lower than anticipated and will be reviewed as part of the mortality policy review and planned internal audit into Learning from Deaths during 24.25.
- Timely review of Child Deaths remains a capacity issue, but immediate learning is noted and child deaths are subject to comprehensive and robust oversight and review processes as part of CDOP.

Due to the volume of narrative included in the flash reports this quarter, the escalations in the QAIG assurance report and the concurrent annual mortality review, additional narrative has not been included with the Quarter 4 report.

Recommendations:

- Trust Board is recommended to receive this assurance regarding Trust mortality processes during Q4 of 23-24

Committee Escalation and Assurance Report

Name of Committee:	Business Committee	**Report to:**	Trust Board 7th June 2024
Date of Meeting:	24th April 2024	**Date of next meeting:**	29th May 2024

Introduction	
Quorate meeting with a full agenda and good debate on key topics – good challenging conversations with constructive feedback provided on papers requiring comment.	
Alert	**Action**
No alerts were raised.	N/A

Advise

- Workforce Strategy Update - Pivoting Workforce priorities in support of the LCH Quality & Value Programme. Continued progress on Equality, Diversity & Inclusion ambitions was noted, along with an update on Trade Union Leadership succession.
- Quality & Value Programme Workstreams – staff were reportedly starting to own the challenge.
  - The monthly progress and assurance update from the Q&V Board and individual workstream dashboards were reviewed.
  - Committee received assurance that tracking on numbers for Month 1 would be included in the dashboard received in May.
  - Recruitment, where approved, would be deferred for 6 weeks unless it was a patient-safety critical role.
  - The impact on primary care had been considered and engagement was ongoing.
  - Discussion around the decision-making process, with proposed service redesign changes checked at Q&V Board, then signed off internally by Business/Quality Committees, then externally by the ICB Contract Management Board.
  - Both 'hard' and 'soft' workforce measures to be included in future updates.
- Quarterly Finance Report – draft Annual Accounts submitted on 23 April, the Trust delivered a surplus of £267k and the WY system achieved financial balance overall. A review of the core offer would help identify the resource required to deliver it.
- Service Focus – Wharfedale Recovery Hub, the next steps of reducing agency spend, improving discharge planning, TUPE of LTH therapy staff, and continued workforce planning were noted. Committee agreed it was a good example of effective change management.
- Internal Audit Strategic Annual Plan – this was agreed noting the timing to mitigate against back-ended audits and the use of a reserve list to maximise use of resources. Discussion held around whether the plan was deliverable, and the run rate on Q2 being important to monitor.
- Management of Non-Healthcare Contracts Internal Audit Report – limited assurance. Progress was being made and the major recommendations had been addressed. The Committee asked for a full progress report as part of the June Procurement Strategy update paper.

Committee Escalation and Assurance Report

Assurance

- Digital Strategy Update – Committee would receive the draft strategy in May 2024. Key themes had been pulled out of the listening events. The Innovation event on 23 May was welcomed, and it was noted that the independent review of IT resilience was about to commence.
- End of Year Trust Priority Report – each priority had been assessed as met but work will continue in 2024/25 as the Priorities will remain key drivers for the Trust's ongoing service delivery.
- Budget Setting and Management Internal Audit Report – significant assurance noted and recommendations being built in to the 24/25 process.

Risks Discussed and New Risks Identified

- Trust and System financial pressures

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

The Committee provides the following levels of assurance to the Board on these strategic risks:	**Risk score (current)**	**Overall level of assurance provided that the strategic risk is being managed (or not)**	**Additional comments**
Risk 2 Failure to manage demand for services: If the Trust fails to manage demand in service recovery and in new services and maintain equity of provision then the impact will be potential harm to patients, additional pressure on staff, financial consequences and reputational damage	12 (high)	Reasonable	This was deemed as reasonable assurance on this occasion as no information on waiting list data was reviewed in the meeting, however the Committee is mindful of the Board's concerns in this specific area.
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)	Reasonable	N/A
Risk 4 Failure to be compliant with legislation and regulatory requirements: If the Trust is not compliant with	9 (high)	Reasonable	N/A

Committee Escalation and Assurance Report

legislation and regulatory requirements then safety may be compromised, the Trust may experience regulatory intervention, litigation and adverse media attention.			
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.	16 (high)	Limited	Due to the Internal Audit 'Limited' assurance report on the Management of Non-Healthcare Contracts.
Risk 6 Failure to have sufficient resource to transformation programmes: If there is insufficient resource across the Trust to deliver the Trust's priorities and targeted major change programmes and their associated projects then it will fail to effectively transform services and the positive impact on quality and financial benefit may not be realised.	9 (high)	Reasonable	The challenge of having sufficient resource to deliver the Quality & Value Programme was noted.
Risk 7 Failure to maintain business continuity (including response to cyber security): If the Trust is unable to maintain business continuity in the event of significant disruption then essential services will not be able to operate, leading to patient harm, reputational damage and financial loss.	12 (high)	Reasonable	N/A
Risk 8 Failure to have suitable and sufficient staff resource (including leadership): If the Trust does not have suitable and sufficient staff capacity, capability and leadership capacity and expertise, then the impact will be a reduction in quality of care and staff wellbeing and a net cost to the Trust through increased agency spend.	12 (high)	Reasonable	N/A

Author:	Helen Robinson/Rachel Booth
Role:	Company Secretary/Committee Chair
Date:	30/4/2024

Trust Board Meeting Held in Public: 7 June 2024

Agenda item number: 2024-25 (12)

Title: 2024/25 Financial Plan Update

Category of paper: For information
History: Extraordinary Trust Board 14th March 2024
Trust Board 28th March 2024
Business Committee 29th May 2024

Responsible director: Interim Executive Director of Finance and Resources
Report author: Deputy Director of Finance and Resources

Executive summary

The Trust Board approved the 24/25 financial plan at its meeting on the 28th March 2024. Subsequently a further plan submission was requested by NHSE following additional funding received by WY ICB for depreciation and also updated national assumptions on inflation.

As a result of changes in the national assumptions on inflation, NHS England updated the planning guidance and reduced the cost uplift factor by 0.2%. The general non pay inflation assumption was amended from 1.7% to 0.8% and drugs inflation from 0.6% to 0.3%.

The Trust received additional depreciation funding of £1m and was requested to report a revised plan and surplus of £1m.

These changes have been factored into a revised financial plan for our Trust moving from a break-even revenue plan to a surplus of £1m, with the efficiency programme remaining at £15.8m. The revised 24/25 revenue plan and balance sheet for the Trust are presented in the tables below.

Income & Expenditure Summary	2024/25 Headline Plan March £k	2024/25 Headline Plan April £k
Income		
Income from Patient Care Activities	(206,349)	(207,279)
Other Operating Income	(12,935)	(12,935)
Total Income	**(219,284)**	**(220,214)**
Expenditure		
Pay	150,646	150,646
Non pay	68,658	68,583
Total Expenditure	**219,304**	**219,229**
Operating (Surplus) / Deficit	**20**	**(985)**
Public Dividend Capital	698	698
Profit/Loss on Asset Disp	0	0
Interest Payable	819	819
Interest Received	(1,522)	(1,522)
(Surplus) / Deficit	**15**	**(990)**
Less: Donated Asset Depreciation	(15)	(15)
Less: Capital Donations and Grants	0	0
Adjusted (Surplus) / Deficit	**0**	**(1,005)**

Statement of Financial Position	2024/25 March Plan £'m	2024/25 April Plan £'m
Property, Plant and Equipment	40.6	40.6
Intangible Assets	0.0	0.0
Right of Use Assets	64.0	64.0
Total Non Current Assets	**104.6**	**104.6**
Current Assets		
Trade and Other Receivables	9.7	9.7
Cash and Cash Equivalents	39.9	40.9
Total Current Assets	**49.6**	**50.7**
Total Assets	**154.2**	**155.3**
Current Liabilities		
Trade and Other Payables	(26.7)	(26.7)
Borrowings	(7.2)	(7.2)
Provisions	(0.6)	(0.6)
Total Current Liabilities	**(34.5)**	**(34.6)**
Net Current Assets/(Liabilities)	**15.1**	**16.1**
Total Assets less Current Liabilities	**119.7**	**120.7**
Non Current Borrowings	(55.5)	(55.5)
Non Current Provisions	(0.4)	(0.4)
Total Non Current Liabilities	**(55.9)**	**(55.9)**
Total Assets less Liabilities	**63.8**	**64.8**
TAXPAYERS EQUITY		
Public Dividend Capital	3.8	3.8
General Fund	44.3	45.3
Revaluation Reserve	15.7	15.7
Total Equity	**63.8**	**64.8**

Recommendations

The Board is asked to note the revised 2024/25 revenue plan submission.

Trust Board Meeting Held In Public: 7 June 2024

Agenda item number: 2024-25 (13)

Title: Performance Brief April 2024

Category of paper: for assurance
History: Quality Committee – 27 May 2024
Business Committee – 29 May 2024

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.

Recommendations

Committees and the Board are recommended to:

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

Performance Brief – April 2024

Leeds Community Healthcare NHS Trust

Main Issues for Consideration

Safe

A suite of new Safety measures has been developed in response to the launch of the Patient Safety Incident Response Framework (PSIRF). Assurance is provided on the measures that have been developed to date.

- Compliance with Level 1 and 2 Patient Safety Training stands at 66%, against a target of 95%, driven primarily by non-compliance with Level 2 Training which has only recently been introduced so is expected to rise
- There have been 12 Patient Safety incidents causing moderate harm or above recorded against Patient Safety Incident Response Plan (PSIRP) Priorities
- Work is still underway to develop and document improvement plans for the Deteriorating Patient and Clinical Triage PSIRP Priorities

Caring

- All indicators continue with stable trends, however the percentage of patients providing good or very good feedback remains slightly below the target of 95%

Effective

- 58% (79/135) of audit registration forms have been submitted compared to 45% at the end of quarter three.
- 42% (57/135) of audits have been completed to date, compared to 21% (29/135) at the end of the last quarter.
- 50% (25/50) of Priority 2 audits have been completed to date (seven in Q1, six in Q2, five in Q3 and seven in Q4) compared to 36% at the end of the last quarter.

Responsive

Work has continued to improve the oversight and management of waiting lists and performance against waiting time standards.

- Feedback has been gathered from services regarding challenges in consistently validating waiting lists, and a response plan is being developed
- Patient Access Meetings have launched, and begun to scrutinise and analyse waiting lists in more detail
- Waiting list exclusions have been applied in all business units

However, much of the work to date has only been successful in small volume areas, and so the effects of these improvements are not yet visible. Further work will be embedded through the Quality and Value Programme to ensure that these processes are embedded as part of new models of care delivery.

At the end of April 2024:

- The percentage of people waiting less than 18 weeks for consultant-led services fell to 42.4%
- 608 people had waited more than 52 weeks for consultant-led services, with 330 waiting more than 65 weeks and 110 waiting more than 78 weeks
- The percentage of people waiting less than 6 weeks for a diagnostic test fell to 28.2%
- The percentage of people waiting less than 18 weeks for a non-consultant service fell to 57.7%

Well-led

- Staff turnover continues within tolerance at 9.6% and has continued to reduce and stabilise during 2023/24 financial year.
- Turnover rate for BME has decreased to 10%.
- Turnover of staff leaving in the first 12 months of employment is highest in admin and clerical (38.6% of these leavers) and the nursing workforce (28%).
- The overall sickness absence rate at 5.9%, which is below the target of 6.5%.
- Long-term sickness absence remains above the 3.5% target, the good news is it has decreased into the 3% this month whereas as the majority of the last 12 months it has been in the around the 4%.
- The overall short term absence rate has been below the organisational target of 3%.
- MaST performance continues to be consistent and stable reporting at 86-87%, just below the overall 90% KPI for our MaST training programme.
- Appraisal compliance remains largely static and consistent at 75%. Appraisal training continues to be offered and is well attended and received. Specific conversations about the importance of appraisal has taken place at this months' Trust Performance Panel with senior leaders.
- Overall BME representation in LCH is 13.5%.

Finance

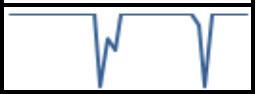
- The Trust is reporting a deficit of £0.3m against a planned surplus of £0.1m, an adverse variance of £0.4m mainly due to efficiency not being delivered and additional pressures in pay expenditure, largely due to delayed implementation of the new model for Police Custody.
- At the end of April, the Trust has delivered £0.5m efficiency against a plan of £1.3m, adverse by £0.8m. In anticipation of the timing of the Q&V programme additional grip and control measures have been introduced and are now in place to support achievement of financial balance in- year
- An extrapolation of the month 1 position would be a year- end deficit of £3.6m, an adverse variance to plan of £4.8m. However, we continue to forecast achievement of the planned surplus of £1m as the Q&V process matures higher levels of efficiency savings are expected to be achieved in future months, in addition budget holders are being supported to develop mitigations to address slippage.
- The Trust continues to perform well against the system control for agency spend, a cap of 3.2% of the total pay bill. At the end of April, temporary staffing, as a % of total pay is 6.3%, of which 2.7% relates to agency costs and 3.6% bank staffing.
- Operating Expenditure days remains strong being 69 days as at the end of April (March: 54 days). Operating expenditure days is the number of days cash available to cover an organisation's cash based operating expenditure.

Safe – April 2024

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

Leeds Community Healthcare NHS Trust

Data

Safe	Director	Target	Financial Year	Apr	YTD	Time Series (from Apr-21)
Compliance in Level 1 and 2 Patient Safety Training	SL	95%	2024/25	**66%**	**66%**	
			2023/24			
Number of Patient Safety Incident Investigations (PSII)	SL	No Target	2024/25	0	0	
			2023/24			
Number of overdue PSII actions	SL	No Target	2024/25	0	0	
			2023/24			
Number of incidents by PSIRP priority - Pressure Ulcers	SL	No Target	2024/25	8	8	
			2023/24			
Number of incidents by PSIRP priority - Falls	SL	No Target	2024/25	1	1	
			2023/24			
Number of incidents by PSIRP priority - Deteriorating Patient	SL	No Target	2024/25	0	0	
			2023/24			
Number of incidents by PSIRP priority - Meatal Tear	SL	No Target	2024/25	3	3	
			2023/24			
Number of incidents by PSIRP priority - Clinical Triage in Neighbourhood Teams	SL	No Target	2024/25	0	0	
			2023/24			
Percentage of Incidents Applicable for DoC Dealt with Appropriately**	SL	100%	2024/25	**33%**	**33%**	
			2023/24	*100%*	*100%*	
CAS Alerts Outstanding**	SL	0	2024/25	**1**	**1**	
			2023/24	*0*	*1*	

*** Reported by exception*

Narrative

This is the first report to include the new high level key performance indicators for safety following the trusts launch of the Patient Safety Incident Response Framework (PSIRF). The focus of PSIRF is on learning and improvement and four contextual measures have been included in this year's indicators. As there are Serious Incident Investigations still in process for incidents which predate 01/01/2024 this will be a transitions report and include data on these incidents. Reporting of Serious Incident Investigations will continue to be included in Performance Brief until all are complete. The data for this reporting period has been extracted from Datix (01/05/2024) based on patient incidents occurring under LCH care.

Compliance in Level 1 and 2 Patient Safety Training

ABU and trust overall compliance is just below the 95% target for the Level 1 training. Level 2 training has been launched recently. A 3 month period for completion of the training has been given so we expect to see this improve.

Number of Serious Incident Investigations

There was one Serious Incident Investigation, this is linked to an ongoing Inquest for the Wetherby Neighbourhood Team. Identified learning included ensuring care is personalised and delivered in the appropriate place for the person, improving communication between services and organisations and a review of current processes including the no access visit standard operating procedure which will be updated to a policy.

Number of Incidents by Patient Safety Incident Response Plan (PSIRP) priority

There were zero incidents which were reviewed in line with the PSIRP for Deteriorating patient and Clinical Triage in the Neighbourhood Team, this is due to a delay in the completion of the improvement plans. Incidents which have been investigated in the reporting period linked to these improvement plans have been subject to completion of a Rapid Review and will continue to be until the improvement plans and linked themes are live on the Datix system. As of the 01/05/2024 the Deteriorating patient improvement plan and themes are now complete and the Datix system will be updated so incidents of this type can be reviewed in line with the PSIRP. The Clinical Triage in the Neighbourhood Teams improvement plan is still in the process of development and an update on the progress of this has been requested.

Duty of Candour

There were four incidents which met the requirement for statutory Duty of Candour. One occurred in March and three in April.

Two were managed appropriately (one in March and one in April) and two were breaches (both in April) as initial contact and the Duty of Candour letter were not completed and sent in the 10-day timeframe due to the investigation lead being on planned leave. The internal 10-day timeframe has since been reviewed and from the 01/05/2024 the timescale for completion of Duty of Candour will be incident specific and agreed at the terms of reference. This is to ensure that engagement between the appropriate people can take place in an agreed timeframe to ensure it is meaningful. A soft 10 day KPI will be in place from the terms of reference to assess that the Duty of Candour takes place as soon as reasonably practicable.

Central Alert System (CAS) alerts outstanding

There was one Central Alert System (CAS) notifications during this period, which required a response on the CAS website. This was assessed as not relevant to LCH services and closed. This was acknowledged, assessed, and actioned within the allocated timeframe.

The National Patient Safety Alert related to the risk of death from entrapment or falls from medical beds, trolleys, bed rails, bed grab handles and lateral turning devices remains ongoing. This is being coordinated by the Medical Device Safety Officer. Monthly strategy meetings are being held with partners across Leeds and within LCH. This alert was required to be complete by 01/03/2024, this target was not met and actions remain outstanding for LCH and other providers across the city. A recent update on 30/04/2024 has been provided on the CAS website.

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 has been reviewed and followed up by the Medical Devices Safety Officer to ensure compliance and provide assurance that appropriate actions have been taken, an audit has been registered and will enter the audit cycle. The alert will be reviewed at the next CAS meeting for closure.

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.

Infection Prevention and Control

MRSA Bacteraemia

One MRSA bacteraemia case was identified in January with the PIR meeting taking place in March. This case trialled the new PSIRF documentation of which the process continues to be reviewed.

LCH Case 3 - relates to a female patient who was 86 years of age and known to Kippax Neighbourhood Team and the Community Matrons. On 17/01/2024 the patient was taken to St James' Hospital due to concerns they may have sepsis. Following admission, the patient continued to deteriorate and passed away on 23/02/2024. A 25-day meeting for the case was undertaken which highlighted good practice from community services including prompt, thorough assessments, and regular multidisciplinary meetings. Following a discussion with microbiology source of the infection is felt to have likely been chest. However, as there were no investigations completed to confirm this, microbiology advised that this should be documented as unknown. A further meeting held on the 01/05/24 concluded that there were two areas of learning for LCH services -

- LCH services to have an understanding of No access policy. An action was taken for this to be circulated to all NTs within LCH.
- LCH services to be aware of 6CIT and when other assessment tools maybe more appropriate if patients are showing signs of confusion. An action was taken for an update to be provided to the clinical teams involved as to the different assessment tools for confusion.

When reviewing the believed source of the infection both areas of learning are felt to have not been a contributing cause of the bacteraemia.

CDI infections

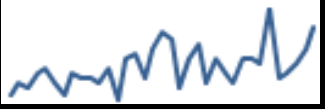
There have no cases of CDI attributed to LCH in the reporting period.

Caring – April 2024

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

Leeds Community Healthcare NHS Trust

Data

Caring - staff involve and treat people with compassion, kindness, dignity and respect	Director	Target	Financial Year	Apr	May	Jun	YTD	Time Series (from Apr-21)
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Community Care (FFT)	SL	>=95%	2024/25	91.4%			91.3%	
			2023/24	94.3%	92.9%	96.0%	92.9%	
Total Number of Formal Complaints Received	SL	No Target	2024/25	15			15	
			2023/24	9	7	12	138	

Narrative

Patient Engagement

Within the Friends and Family Test the percentage of respondents reporting a good or very good experience in community care during this reporting timeframe is 92%. This remains consistent with the previous reporting period.

Friends and Family Feedback (FFT) Comment Themes

Good/very good responses have emphasised positive interactions with staff, and feedback has highlighted the professional and competent conduct of staff members during appointments. For responses that are rated poor/very poor we continue to see themes around wait times for services.

Patient Experience

Between March and April 2024, LCH has received 24 complaints. One of these was found to not be for LCH and one was withdrawn as LCH did not receive consent to progress. This is a 25% decrease in the numbers of complaints received over the previous two months, with 31 complaints reported between January and February 2024, and an 18% increase from figures reported between November and December 2023 where 20 complaints were received.

Complaints this month are assessed to be within normal variation in consideration of the previous six months and is within the upper and lower control limits for monthly complaints received in the previous four years (which includes pre COVID data). CAMHS received the most complaints, with a total of six. This is a 50% increase compared to the previous reporting period of January and February 2024 where CAMHS had a total of three complaints. The other 12 teams received one or two complaints each with consistent themes as per previous report.

Theme	Count
Access and availability	3
Appointment	4
Attitude, conduct, cultural and dignity issues	3
Clinical judgement/Treatment	4
Communication issues with the patient	4

Complaint themes remained broad and varied, most complaints were related to appointment waiting times, clinical judgement/treatment, and communication issues with the patient, with four complaints relating to each theme. There were three complaints relating to access/availability and attitude, conduct, cultural and dignity issues.

Four of the six complaints about CAMHS were related to waiting times for service, three of them were related to Autism/ADHD assessments and one was related to ADHD medication.

Closed complaints and learning

There were 29 complaints closed between March and April 2024.

Learning from complaints has included:

- A complaint was made by family members regarding end-of-life care provided to their Mum, they felt a lack of support from some staff members leaving their Mum in a lot of pain. They felt there were unnecessary delays in training family to administer some of the medications, they advised they were denied the opportunity to demonstrate the procedure for administering subcutaneous medication by administering water for injection. As learning, the Practice Development Lead's investigations identified differing interpretations and understanding of our guidance within the palliative care team, this guidance is being taken to the review group for further consideration and to discuss potential areas for improvement. The revised guidance will be shared at Adult Business Unit Quality Development meeting and palliative care leads to share at individual Neighbourhood Team meetings.
- A complaint was made by a family member on behalf of their Mum who was receiving care for pressure sores. The family member called the team to express their concerns and requested a call back from the nurse in charge. The administrator sent a task to the clinician following the call, which was not picked up as the clinician was on annual leave. The hub leadership team have now been informed messages of this sort should not be sent to individual staff members without a prior conversation, it has also been requested that all staff add annual leave to the system, which would then send an alert to the administrator that it would not be received until their return to work. The policy has been amended and shared across the business unit via local meetings and minutes.

Effective – April 2024

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

Leeds Community Healthcare NHS Trust

Data

Update on Q4 Indicators

Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence	Director	Target	Financial Year	Q1	Q2	Q3	Q4	YTD	Time Series (from Apr-21)
Number of NICE guidelines with full compliance versus number of guidelines published in 2019/20 applicable to LCH	RB	100% by year end	2023/24	98%	98%	98%	98%	98%	
			2022/23	*95%*	*95%*	*98%*	*98%*	*98%*	
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%	100%	100%	
			2022/23	*95%*	*95%*	*100%*	*100%*	*100%*	
NCAPOP audits: number started year to date versus number applicable to LCH	RB	100% by year end	2023/24	100%	100%	100%	100%	100%	
			2022/23	*100%*	*100%*	*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%	26%	72%	72%	
			2022/23	*0%*	*8%*	*34%*	*39%*	*39%*	
Total number of audits completed in quarter	RB	No Target	2023/24	2	16	13	7	7	
			2022/23	*3*	*5*	*1*	*18*	*18*	

Narrative

To note at the time of this report, not all Quarter Four updates had been received from services, these are still being received and therefore this data is likely to change.

As services add audits to the Annual Audit Plan throughout the year, which increases the total number of audits registered, this can affect the percentage data reported each quarter.

As all indicators have a year-end target, the full details of performance have been provided in the Performance Brief Annual Report 2023-24.

New Indicators

Effective	Director	Target	Financial Year	April	YTD	Time Series (from Apr-21)
Difference in access to services for patients living in IMD1 vs IMD2-10 - Consultant led 18 week standard	RB	<1*	2024/25	0.97	0.97	
			2023/24			
Difference in access to services for patients living in IMD1 vs IMD2-10 - Consultant led 52 week standard	RB	<1*	2024/25	1.05	1.05	
			2023/24			
Difference in access to services for patients living in IMD1 vs IMD2-10 - DM01 Services	RB	<1*	2024/25	1.06	1.06	
			2023/24			
Difference in access to services for patients living in IMD1 vs IMD2-10 - Non-Consultant 18 week standard	RB	<1*	2024/25	1.03	1.03	
			2023/24			
Differences in patient safety for patients living in IMD1 vs IMD2-10	RB	<1*	2024/25			
			2023/24			

* or 95%confidence interval straddles 1

Narrative

Difference in access to services

An assessment of the equity of our waiting list is presented here for the first time. Odds ratios have been used to identify whether there is any significant variation in the waiting times experienced by patients living in IMD1 versus those living in IMD2 to 10. An odds ratio gives an indication of how much more or less likely a group of individuals is to experience a specific outcome. For example, an odds ratio of 1.5 means that an individual in that group is 50% more likely to experience the outcome. If the odds ratio is 1 there is no difference. To test the significance of these numbers 95% confidence intervals have been calculated. Where the 95% confidence intervals for these measures straddles 1, we can be assured that there is no significant variation in the outcomes for patients living in the different areas. This is the case for all current measures.

In future we will need to look at these data in more depth. There is a hypothesis that deprivation in IMD2 may skew the results for IMD2 to 10 and make it appear that there is no significant difference for patients living in areas with more deprivation. We will complete this analysis for quarter 1 2024/25.

Difference in patient safety

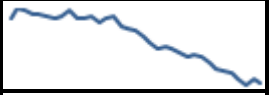
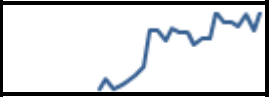
As work to further implement and embed PSIRF progresses we will implement the same mechanism to examine equity in patient safety as we have applied to our responsive measures.

Responsive – April 2024

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

Leeds Community Healthcare NHS Trust

Data

Responsive - Core Indicators	Director	Target	Financial Year	Apr	YTD	Time Series (from Apr-21)
Percentage of patient contacts where an ethnicity code is present in the record	SP	100%	2024/25	**97.6%**	**97.6%**	
			2023/24	*97.0%*	*97.3%*	
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	>=92%	2024/25	**42.4%**	**42.4%**	
			2023/24	*60.5%*	*43.7%*	
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	2024/25	**608**	**608**	
			2023/24	*9*	*534*	
Zero tolerance RTT waits over 65 weeks for incomplete pathways	SP	0	2024/25	**330**	**330**	
			2023/24	*0*	*0*	
Zero tolerance RTT waits over 78 weeks for incomplete pathways	SP	0	2024/25	**110**	**110**	
			2023/24	*0*	*0*	
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	SP	>=99%	2024/25	**28.2%**	**28.2%**	
			2023/24	*42.0%*	*32.6%*	
% Patients waiting under 18 weeks (non reportable)	SP	>=95%	2024/25	**57.7%**	**57.7%**	
			2023/24	*87.3%*	*60.0%*	
Proportion of Urgent Community Response referrals reached within two hours	SP	70%	2024/25	**74.5%**	**74.5%**	
			2023/24	*71.7%*	*72.1%*	

Narrative

Summary

Work has continued to improve the oversight and management of waiting lists and performance against waiting time standards.

- Feedback has been gathered from services regarding challenges in consistently validating waiting lists, and a response plan is being developed. This will include further training and support to those validating, as services have reported that turnover of staff has led to lost skills and experience in this area.
- Patient Access Meetings have launched and begun to scrutinise and analyse waiting lists in more detail. These meetings have developed a strong focus on visualising waiting lists at the pathway level, as well as a focus on the visibility and response to health equity analysis
- Waiting list exclusions have been applied in all business units but further exclusions are still in development

However, much of the work to date has only been successful in small volume areas, and so the effects of these improvements are not yet visible. Further work will be embedded through the Quality and Value Programme to ensure that these processes are embedded as part of new models of care delivery. This will include better visibility of patient pathways, and greater standardisation of the recording and reporting in waiting times.

Consultant-led RTT Pathways

Services operating RTT pathways continue to experience significant and systemic challenges to achieving waiting time standards. Demand continues to outstrip capacity across a range of ICAN Consultant-led clinics. The worst effected clinic continues to be Paediatric Neuro-Disability (PND), where the clinic has also been impacted by the long term rise in demand for autism assessments.

Our Community Gynaecology service has not been able to sustain recent improvements, due to changes in practice within LTHT and the very long waiting times that patients experience on the shared pathway before being accepted for Community-based care.

Trust performance against the RTT 18-week standard fell to 42.4% by the end of April 2024, against a target of 92% (see table below for service-by-service breakdowns). The number of people waiting over 52 weeks within these pathways has increased from 448 patients at the end of February to 608 patients at the end of April.

Month	ICAN - PND	ICAN - CPC	ICAN - Other	Gynaecology
Nov 23	25.5%	55.3%	81.3%	16.4%
Dec 23	23.9%	59.6%	77.3%	12.4%
Jan 24	25.4%	66.1%	87.6%	3.6%
Feb 24	25.4%	62.6%	81.9%	4.7%
Mar 24	23.5%	65.4%	73.6%	5.8%
April 24	24.1%	59.4%	75.1%	0.9%

Both services are working closely with colleagues at the ICB to address changes to their pathways and make long-term, sustainable improvements., without which waiting times will continue to rise.

ICAN consultant pressures (PND, CPC and CPMC)

There has been no change in commissioned capacity and therefore demand continues to outstrip capacity. The service receives an average of 130 referrals per month, but within current capacity can only offer an average of 52 first contacts per month. Recent recruitment of new Advanced Nurse Practitioners will help to close these gaps but will not fully make up the difference. The ICB has agreed to establish solution-focussed working groups to gather partners across Leeds Children's Services to focus on the long-term increase in demand for neurodiversity assessments. The service continues to manage risks with telephone reviews of people waiting.

Community Gynaecology

LCH teams continue to proactively pull onto their waiting lists from the shared lists held by LTHT. Once patients are transferred to LCH, the responsiveness of care remains good, with the average waiting time for an appointment holding steady at 8 weeks.

Urgent Community Response

There are no concerns relating to meeting Urgent Community Response (UCR) As of the end of February 2024, the Trust had responded to 74.5% (against a target of 70%) of UCR patients within the required 2-hr timeframe.

Diagnostic Pathways (DM01)

The service has introduced Saturday Clinics in efforts to increase activity levels. During April 2024 the number of face-to-face contacts increased to 306 against an average of 258 during the last 12 months.

Currently, performance against this standard continues at low levels, with 28.2% of patient waiting less than 6 weeks at the end of April 2024, against a 99% target. During March and April, the total number of people waiting has begun to steadily increase reaching 1010 people at the end of the reporting period. The service has report an increase in sickness and staffing gaps, including key management roles.

Non-Consultant Pathways

In each report we will highlight the top two services of concern per Business Unit for focussed attention, and further details of other pathways of concern are included in Appendix 1. The following services are being included here as areas of concern:

- Respiratory
- Leeds Community Pain Service
- Children's Occupational Therapy
- CAMHS
- Neighbourhood Team Therapies
- Continence, Urology and Colorectal Service (CUCS)

We will also select one service each report to highlight the impacts of improvement efforts. This month we have again selected the Diabetes service.

Areas of Concern

Respiratory

Improvements continue in reducing long waiting times due to waiting list validation processes becoming firmly embedded. The service has seen referral growth of 15% during the previous Financial Year, which has led to growth in the total waiting list size, despite 28% increases in first contacts. Recent months have seen high levels of activity, and there are early signs that the number of people waiting is starting to reduce, so this will be monitored. The service is now showing a strong focus on reducing the number of people waiting more than 18 weeks, but concerns remain over the Pulmonary Rehab pathways, as so this will continue to be monitored.

Pain Service

The Pain Service has seen large growth in its total waiting list, which stood at 1,292 at the end of April 2024 (rising from 783 at the end of April 2023). It has seen some reductions in the length of time people are waiting to the clinical team for a Pain Management Plan, through the use of groups and offering online support if requested by patients. However, DNA rates have increased from 15.3% in April 2023 to reach 23.5% in April 2024, increasing the rate of Waiting List Growth. The service has managed to reduce its first to follow up rate, particularly through the offer of group sessions. However, there remains a fundamental gap between capacity and demand.

Children's Occupational Therapy

The service has not yet been able to open its previously closed clinics and so continues its focus on high-risk patients. It is likely that the backlog that continues to build will require additional investment to successfully reduce. The total number of people waiting now stands at 344, with 218 of these people having waited more than 18 weeks so far.

CAMHS

People waiting for CAMHS continue to experience very long waiting times for Neurodiversity, and for Medication clinics. There also continues to be a long backlog of cases at the MindMate Single Point of Access, which recently underwent a commissioner-led review. LCH is still awaiting the findings and recommendations of that review. The service is exploring a number of options as part of the Quality and Value Programme, and in consultation with ICB colleagues.

Neighbourhood Team Therapies

The growth in the number of people waiting for Therapy within the Neighbourhood Teams that was seen during the first three quarters of last financial year has stabilised, and now consistently holds steady at around 1,600 people. However, there continues to be growth in the number of people who have waited more than 18 weeks for these treatments (reaching 415 in April 2024). The service has asked for support to validate their waiting lists more effectively as they have struggled to identify both capacity and skills to complete this effectively. Concerns remain about administrative capacity to carry out these tasks.

Continence, Urology and Colorectal Service (CUCS)

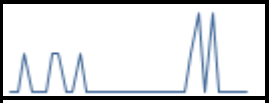
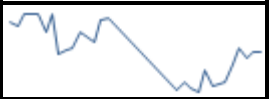
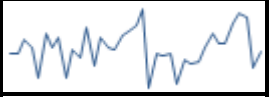
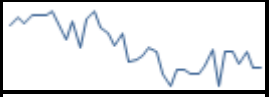
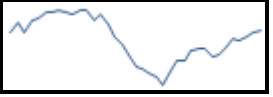
The service has managed to record very high levels of patient contacts during the reporting period, but still holds gaps in specialist roles. This is particularly impacting upon bladder and bowel care pathways, where the waiting times are routinely over 18 weeks. The total number of people waiting now stands at 1,007, with 457 having waited longer than 18 weeks. The service is working to fill gaps in specialist roles but is also reviewing the productivity and efficiency of these pathways within the Quality and Value Programme.

Improving Service Spotlight

Diabetes

In the February Performance Brief, it was reported that the Diabetes Service was showing early signs of improvement, however, over during the reporting period it has shown excellent recovery of it waiting list performance. Despite receiving record numbers of referrals from February to April (caused by additional QOFF requirements for GPs) the service has now fully recovered its waiting list performance to achieve 95.3% of people waiting less than 18 weeks by the end of April. In February 2024, there were 150 people who had waited longer than this target, but thanks to additional clinical activity, conversion of video contacts to face-to-face, and improved waiting list validation, this fell to only 29 people in April 2024.

Mental Health Services

Responsive - Mental Health Services	Director	Target	Financial Year	Apr	YTD	Time Series (from Apr-22)
Number of CAMHS Eating Disorder patients breaching the 1-week standard for urgent care	SP	0	2024/25	**0**	**0**	
			2023/24	*0*	*6*	
% CAMHS Eating Disorder patients currently waiting less than 4 weeks for routine treatment	SP	>=95%	2024/25	**57.1%**	**57.1%**	
			2023/24	*13.9%*	*57.1%*	
Number of children and young people accessing mental health services as a % of trajectory	SP	35%	2024/25	**33.6%**	**33.6%**	
			2023/24		*13.5%*	
LMWS – Access Target; Local Measure (including PCMH)	SP	24456 by year end	2024/25	2,491	2,491	
			2023/24	*2,070*	*30,913*	
IAPT - Percentage of people receiving first screening appointment within 2 weeks of referral	SP	No Target	2024/25	67.6%	67.6%	
			2023/24	*59.5%*	*71.8%*	
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	SP	>=95%	2024/25	**98.2%**	**98.2%**	
			2023/24	*98.1%*	*98.3%*	
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	>=75%	2024/25	**89.3%**	**89.3%**	
			2023/24	*79.3%*	*83.5%*	

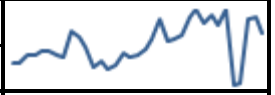
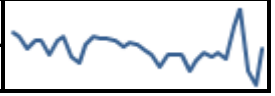
NHS Talking Therapies (formerly IAPT services)

The NHS Talking Therapies service within the Leeds Mental Wellbeing Service (LMWS) continues its improvement of Waiting List performance achieving all targets during the reporting period.

CYPMHS Eating Disorders Service

The Eating Disorders Team continues to improve its performance against the 4-week routine standard; however, performance remains well below the expected target. Waiting List validation has been implemented as a regular process, and the team also continues to adapt to the requirements of a different EPR system, but it is hoped that current improving trends will continue. The leadership team has focussed sessions on waiting lists with clinical staff to drive improvement.

Neighbourhood Team Indicators

Responsive - Neighbourhood Team Indicators	Director	Target	Financial Year	Apr	YTD	Time Series (from Apr-21)
Neighbourhood Team Face to Face Contacts	SP	No Target	2024/25	47,851	47,851	
			2023/24	44,473	567,107	
Neighbourhood Team Referrals (SystmOne only)	SP	No Target	2024/25	2,687	2,687	
			2023/24	2,191	30,661	
Neighbourhood Team Productivity (Contacts per Utilised WTE)	SP	No Target	2024/25	118.1	118.1	
			2023/24	97.2	116.1	
Neighbourhood Team Vacancies, Sickness & Maternity WTE	SP	No Target	2024/25	140	140	
			2023/24	159	140	
Neighbourhood Team Percentage of Funded Posts Utilised	SP	No Target	2024/25	95.9%	95.9%	
			2023/24	78.2%	84.0%	

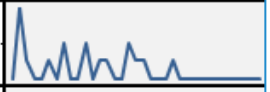
Recent trends of high variability have continued in both the demand for care, and in the services capacity and staff availability. In spite of these recent trends, the service has maintained regular levels of face-to-face contacts with patients.

Well-Led – April 2024

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

NHS
Leeds Community Healthcare
NHS Trust

Data

Well Led	Director	Target	Financial Year	Apr	YTD	Time Series (from Apr-21)
Staff Turnover	LS/JA	<=14.5%	2024/25	9.4%	9.4%	
			2023/24	12.3%	9.0%	
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%	2024/25	16.0%	16.0%	
			2023/24	14.1%	14.6%	
Total sickness absence rate (Monthly) (%)	LS/JA	<=6.5%	2024/25	5.8%	5.8%	
			2023/24	6.0%	6.0%	
AfC Staff Appraisal Rate	LS/JA	>=90%	2024/25	72.7%	72.7%	
			2023/24	72.8%	74.9%	
Statutory and Mandatory Training Compliance	LS/JA	>=90%	2024/25	85.6%	85.6%	
			2023/24	86.2%	87.0%	
'RIDDOR' incidents reported to Health and Safety Executive	AO	No Target	2024/25	0	0	
			2023/24	0	0	
Total agency cap (£k)	AO	315	2024/25	260	260	
			2023/24	417	3793	
Percentage Spend on Temporary Staff	AO	5.5%	2024/25	6.5%	6.5%	
			2023/24	6.6%	4.6%	
Starters / leavers net movement	LS/JA	>=0 in favour of starters	2024/25	8	8	
			2023/24	13	144	

Narrative

A new suite of indicators to help describe and monitor diversity amongst Senior Leadership is still under development. This report provides a summary on the performance against other core indicators selected for this financial year.

Turnover

Staff turnover continues within tolerance at 9.6% and has continued to reduce and stabilise during 2023/24 financial year. A wide range of retention initiatives are in place, which have been shared previously via the Performance Brief.

Reduce the number of staff leaving the organisation within 12 months

This indicator has stabilised during the financial year, but we have seen this increase to 16% which is within tolerance. Turnover of staff leaving in the first 12 months of employment is highest in our admin and clerical workforce (38.6% of leavers with less than 12 months service) followed by the nursing workforce at 28%.

In addition to the retention initiatives previously reported, work will continue to support and develop managers and leaders, so staff engagement and experience is not impacted especially as the Quality and Value work progresses.

A review of the national retention programme and tools to support trusts will be undertaken to steer and inform our retention plans for this financial year.

Sickness absence

The overall sickness absence rate at 5.9%, which is below the target of 6.5%, and slightly higher than the 5.8% it was this time last year. The main areas of concern are Adult Business Unit and the Specialist Business Unit which have the highest percentages out of all the three areas at Leeds Community Health Care Trust.

Long-term Sickness Absence

Whilst the Long-term sickness absence remains above the 3.5% target, the good news is it has decreased into the 3% this month whereas as the majority of the last 12 months it has been over 4%. Anxiety/stress/depression/other psychiatric illnesses remain the highest reason for long term absence. Each Business Units are working with their HR Business Partners to focus on all long-term absence and have undertaken case reviews to ensure appropriate support is in place. The Occupational health service are working to give managers a better understanding of what support they can provide to help in these often complex cases, and how best to engage with them at the earliest opportunity.

Short-term Sickness Absence

The overall short term absence rate has been below the organisational target of 3%. The highest numbers are for Cold, Cough, Flu - Influenza, which can cause significant pressure across all business areas. There are several wellbeing initiatives that have been regularly communicated to all staff. Campaigns to reiterating the message about the importance of taking breaks, making time for 1:1s, having a cup of tea together and appraisals.

Appraisal

Appraisal compliance remains largely static and consistent at 75%. Appraisal training continues to be offered and is well attended and received. Despite revamping our appraisal process and receiving positive feedback from colleagues the recording of appraisals and overall compliance continues to be at lower levels than required. There is some ongoing analysis looking at how we record appraisals in ESR along with the data sources, to ensure Business Units and central reporting are co-ordinated. Appraisals have been the subject of discussions at this month's Performance Panel with senior leaders, where their importance was once again emphasised.

Statutory and Mandatory Training (MaST)

MaST performance continues to be consistent and stable reporting at 86-87%, just below the overall 90% KPI for our MaST training programme. This can be largely explained by the introduction to reporting of new subjects such as Oliver McGowan Training and Patient Safety - Level 2 which all staff are required to complete. We have also seen an increase in Did Not Attend (DNAs) across a range of face-to- face subjects. This reflects the pressure on services needing to respond to last minute changes and not having the capacity to attend for training. Despite this we are working with subject matter experts to imrpove any low performing areas and should see overall compliance increasing over the coming months. An full summary of performance by course is provided in Appendix 2.

Overall % of staff who have identified as BME (Inc. Exec Board members)

The overall % of staff who identify as BME currently sits at 13.5%. This is a steadily improving position but currently falls short of the pace of improvement required to achieve the representation ambitions of the Trust, which is 14.5% by 31 March 2025. The WRES action plan for 2024/25 is under review, actions will be included to further improve percentage representation of people who identify as BME.

Finance – April 2024

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

NHS Leeds Community Healthcare NHS Trust

Summary

The Trust has reported a month 1 (April 2024) high level financial position. This position has also been reported to WYICB, with national reporting commencing from Month 2. A summary dashboard of key financial performance indicators has been developed, further detail of performance, including Business unit, reporting will commence from month 2.

I&E YTD (£m)

	Mar	Apr	RATING
Plan	0.0	(0.1)	
Actual	(0.3)	0.3	
Variance (Surplus)/Deficit	(0.3)	0.4	

At the end of April 2024, the Trust is reporting a deficit of £0.3m against a planned surplus of £0.1m, an adverse variance of £0.4m mainly due to efficiency not being delivered and additional pressures in pay expenditure, largely due to delayed implementation of the new model for Police Custody. A case for change is in development alongside review of vacancies and temporary staffing usage to bring expenditure back in line with budget.

An extrapolation of the month 1 position would be a year- end deficit of £3.6m, an adverse variance to plan of £4.8m. However, we continue to forecast achievement of the planned surplus of £1m as the Q&V process matures higher levels of efficiency savings are expected to be achieved in future months , in addition budget holders are being supported to develop mitigations to address slippage.

There remains a risk that the final pay settlement could be higher than the current planning assumption of 2.1%, the Trust will engage with commissioners to consider options to mitigate the risk should this materialise .

Quality & Value Programme Delivery (£m)

	Mar	Apr	RATING
Plan	0.7	1.3	
Actual	0.7	0.5	
Variance (Favourable)/Adverse	0.0	0.8	

At the end of April, the Trust has delivered £0.5m efficiency against a plan of £1.3m, adverse by £0.8m. The recurrent efficiency delivered in April is £0.2m against a plan of £1.1m , this will need to be recovered to avoid deteriorating the Trusts underlying financial position going into 2025/26.

Clinical and Corporate transformation projects have commenced but detailed savings plans have yet to be identified. In anticipation of the timing of the programme additional grip and control measures have been introduced and are now in place to support achievement of financial balance in- year.

A financial monitoring dashboard for the Quality & Value Programme will be in place for month 2 reporting.

Cash Actual (£m)	Mar	Apr	RATING
Plan	45.9	41.9	
Actual	43.7	41.3	
Variance (Favourable)/Adverse	2.2	0.6	

At the end of April 2024, the Trust is reporting a cash balance of £41.3m, below plan by £0.6m mainly due to an increase in payables.

Cash operating days is also a useful measure of liquidity. i,e the trusts ability to pay its short term liabilities such as salaries and wages and other bills as they fall due . Operating expenditure days is the number of days cash available to cover an organisation's cash based operating expenditure. It takes the cash figure divided by the cash based operating expenditure multiplied by the number of days in the month.

Operating Expenditure days remains strong being 69 days as at the end of April (March: 54 days).

Capital Expenditure YTD (£m)	Mar	Apr	RATING
NHSE Plan	(17.0)	(9.3)	
Actual	(15.9)	(2.8)	
Variance	1.1	6.5	

The Trust's plan for 2024/25 is to spend £15.0m on capital of which £2.6m is in respect of operational capital expenditure and the balance is to fund Right of Use Asset leases following the adoption of IFRS 16.

The main year to date expenditure is on lease expenditure due to the measurement of Community Health Partnership right of use leases. The remeasurement figure has been lower than predicted due to a change in RPI from when the initial modelling was undertaken. Additions for leases are below plan mainly due to the delay in commencing the St Georges lease, currently under negotiation. WYICB capital planning group will review revised FOTs and impact on WY targets.

The Trust is also in the process of developing a capital planning group to consider prioritisation of internal funding across both estates and digital with more detailed spending plans expected to be in place by end of q1.

Agency Staffing Expenditure (£'000)	Mar	Apr	RATING
Plan	383	315	
Actual	367	260	
Variance (Favourable)/Adverse	(16)	(55)	

The Trust continues to perform well against the system control for agency spend , a cap of 3.2% of the total pay bill. At the end of April, temporary staffing, as a % of total pay, was 6.3%, of which 2.7% related agency costs and 3.6% bank staffing. Agency expenditure has reduced mainly due to the grip and control measures in place and a reduction in agency CAMHS consultants.

The Trust is continuing to look for opportunities to reduce temporary staffing expenditure with a review of business process as part of the Q&V programme underway.

Appendix 1

Waiting List Summary

Business Unit	Service	Waiting List Size - Apr 24	Waiting List Size - Apr 23	Change	Current Performance *(%age patients waiting under 18 weeks)*	Plan

ABU	Neighbourhood Team Therapy	1614	1254	+360	74.4%	Narrative in main body
ABU	CUCS	1005	812	+193	54.1%	Narrative in main body
CBU	Child Development Centres (CDC)	512	579	-67	11.5%	Narrative in main body - relating to ICAN Consultant Clinics
CBU	Community Paediatric Clinics	357	267	+90	69.1%	Narrative in main body - relating to ICAN Consultant Clinics
CBU	Paediatric Neuro Disability (PND) Clinics	1797	1098	+699	25.4%	Narrative in main body - relating to ICAN Consultant Clinics
CBU	Children's Audiology	1010	860	+150	28.2% (6-week target)	Narrative in main body – relating to DM01 Diagnostic Services
CBU	Children's Occupational Therapy	343	126	+217	36.4%	Narrative in main body
CBU	Children's Speech & Language Therapy	1586	1238	+348	82.0%	Growth continues during the school term time. Plans are being developed for an increased summer holiday surge of activity to reduce waiting lists ahead of September
SBU	Community Gynaecology	191	440	-249	7.1%	Narrative in main body
SBU	MSK	6534	7961	-1427	84.1%	Overall growth continues at the previous rate, however reporting of recent months is distorted due to data processing from the Electronic Referral System (ERS). Backlogs of referrals held on ERS have been reduced, but as admin staff are re-allocated to other tasks, this is likely to build up again
SBU	Podiatry	6820	2778	+4042	38.0%	Waiting list growth continues due to not offering a service to low-risk patients. The service is still working to implement the decision to change it service offer formally and discharge these patients from care. The service continues to hold very large gaps in clinical teams and struggles to recruit
SBU	Respiratory	437	255	+182	92.0%	Narrative in main body
SBU	Diabetes	562	487	+75	95.0%	Narrative in main body
SBU	Tier 3 Weight Management	576	396	+180	0.4%	The service remains closed to new referrals. The number of patients waiting is showing some signs of slow reduction

SBU	Cardiac Service	222	162	+60	100%	No significant concerns, however, the service has reported some breaches of local targets so continue to monitor
SBU	Community Neurological Rehabilitation Service	105	102	+3	75.2%	No significant concerns, however, the service has reported some breaches of local targets so continue to monitor
SBU	Community Stroke	74	73	+1	100.0%	No significant concerns, however, the service has reported some breaches of local targets so continue to monitor
SBU	Community Pain Service	1306	783	+523	78.9%	Narrative in main body

Appendix 2

MaST Performance April 2024

Subject	KPI (%)	End of April 2024 Position (%)	Comments
Information Governance	95	95.8	
Conflict Resolution	90	86.2	
Breakaway – Dealing with Violence and Aggression	90	73.1	Additional session to be planned in via our external supplier, Goodsense
Dementia - Awareness	90	98.3	
Dementia - Tier 2	90	75.0	Capacity issues and DNAs
Mental Capacity Act	90	91.1	
Moving and Handling - Level 1	90	97.4	
Moving and Handling - Level 2	90	77.7	Requirements are being reviewed by our new M&H Lead, Matthew Freeman
Moving and Handling – Inanimate Loads (LES Service Only)	90	94.9	
Fire Safety	90	83.7	
Infection, Prevention and Control - Level 1	90	94.8	
Infection, Prevention and Control -Level 2		88.3	
Pressure Ulcer Prevention	90	82.6	
Resuscitation	90	66.3	Capacity issues and DNAs
Prevent - Awareness	90	94.6	
Prevent - WRAP	90	95.4	
Safeguarding Adults - Level 1	90	94.7	
Safeguarding Adults - Level 2	90	94.6	
Safeguarding Adults - Level 3	90	59.3	Capacity issues and DNAs
Safeguarding Children - Level 1	90	94.5	
Safeguarding Children - Level 2	90	94.4	
Safeguarding Children - Level 3	90	87.2	
Equality, Diversity and Human Rights	90	95.5	
Health, Safety and Welfare	90	90.3	
Patient Safety Level 1	90	94.5	
Patient Safety Level 2	90	66.0	New requirement plan in place to improve
Oliver McGowan Training	90	81.9	

Committee Escalation and Assurance Report

Name of Committee:	Audit Committee	**Report to:**	Trust Board 7th June 2024
Date of Meeting:	19th April 2024	**Date of next meeting:**	18th June 2024

Introduction

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

Alert	Action
• Internal Audit updated on the delivery of the 23/24 plan, and the Committee noted that four draft reports and one final report had a limited assurance opinion. This could have an impact on the Head of IA Opinion for 23/24.	The outcome of all remaining internal audits would be reported through the relevant Committees as early as possible in May and to the Audit Committee in June 2024.

Advise

- Internal Audit - The Committee welcomed the actions taken to reduce the number of overdue recommendations, and this would be monitored closely during 2024/25. The plan for completion of audits in 2024/25 had been front loaded in Q1to deliver audits in a more balanced way across the year prior to the Head of IA Opinion being issued. A reserve list of audits had been developed in order to fully utilise the Audit Yorkshire resource in case of issues with any of the planned audits.
- Cyber security update - risks were noted over the next six months in terms of access to expertise and the capacity to cope with an expansion to the number of users in the Trust.
- Agreement reached that a temporary amendment would be made to the SOs/SFIs that the delegated authority for budget holders in relation to payment of invoices and authorisation of orders was removed so that the first line of authority lay with General Managers. This was a remedial action in support of delivery of the Quality and Value Programme.

Assurance

- External Audit - No risks had been identified so far and the draft accounts were due to be received on 24 April 2024. The value for money audit work had commenced and no risks or areas of significant weakness had been identified to date.
- Annual Report and Accounts - overall audit progress was on track for the end of year reporting with no significant issues arising which required reporting to the Committee. The first draft of the Annual Governance Statement was reviewed and comments noted.
- Audit Committee Annual Report – this was reviewed and approved for submission to Trust Board.

Committee Escalation and Assurance Report

- The Committee considered the annual reports from the Board sub-Committees and agreed that they provided assurance to the Board that each committee was effectively conducting its business in accordance with its terms of reference and within the scheme of delegation.
- Cyber Essentials+ certification had been achieved.

Risks Discussed and New Risks Identified

-

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

The Committee provides the following levels of assurance to the Board on these strategic risks:	**Risk score (current)**	**Overall level of assurance provided that the strategic risk is being managed (or not)**	**Additional comments**
Risk 7 Failure to maintain business continuity (including response to cyber security): If the Trust is unable to maintain business continuity in the event of significant disruption then essential services will not be able to operate, leading to patient harm, reputational damage and financial loss.	12 (high)	Reasonable	N/A

Author:	Helen Robinson/Khalil Rehman
Role:	Company Secretary/Committee Chair
Date:	30/4/2024

Trust Board Meeting held in public: 7 June 2024

Agenda item number: 2024-25 (15)

Title: Audit Committee Annual Report 2023-24

Category of paper: For approval
History: N/A

Responsible director: Executive Director of Finance and Resources
Report author: Company Secretary

Executive summary
The purpose of this report is to fulfil the annual review of the Trust's governance processes. As such a revised draft of the Audit Committee's annual report is attached for approval.

The terms of reference for each committee require that the committee's chair submits an annual report which demonstrates how the committee has fulfilled its duties as delegated to it by the Board and as set out in the terms of reference and committee's work plan. This report presents the Audit Committee's annual report for 2023-24.

The report provides an overview of the workings of the Committee and demonstrates that the Committee has complied with the respective terms of reference.

In December 2023 all members of the Committee were asked to complete a self-assessment questionnaire. A range of questions was asked, and the single response received is included in this report. The Committee should determine any actions required to improve performance.

Recommendations
The Board is asked to:

- Approve the Audit Committee's annual report.

Audit Committee: Annual Report 2023-24

1.0 Purpose of the report

1.1 The purpose of the report is to provide a summary of the Audit Committee's activities during 2023-24.

1.2 The terms of reference for the Committee require that the Committee's Chair submits an annual report which demonstrates how the Committee has fulfilled its duties as delegated to it by the Trust's Board and as set out in the terms of reference and the Committee's work plan.

1.3 The sections below describe:

- Duties of the Committee
- Membership and attendance
- Review of Committee's activities
- Review of effectiveness
- Areas for future development

2.0 Background: Duties of the Committee

2.1 The Audit Committee is one of five committees established as sub-committees of the Trust's Board and operates under Board approved terms of reference.

2.2 The Committee is well established and has been conducting a portfolio of business on behalf of the Board since the establishment of the Trust.

2.3 The Committee provides an overarching governance role and ensures that the work of other committees provides effective and relevant assurance to the Board and the Audit Committee's own scope of work.

2.4 The duties of the Committee can be categorised as follows:

- **Governance, risk management and internal control:** reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.
- **Internal audit:** ensuring that there is an effective internal audit function that meets mandatory NHS internal audit standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board.
- **Counter fraud and security management:** ensuring satisfactory arrangements in place for countering fraud, managing security and shall review the annual plan and outcomes of work.
- **Data security and information governance:** ensuring the Trust has robust information governance processes and that it complies with National Data Security Standards.
- **External audit:** reviewing the work and findings of the appointed external auditor and considering the implications of and management's responses to their work.

- **Financial reporting and annual accounts review:** including: monitoring the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance; ensuring that systems for financial reporting to the Board are subject to review as to completeness and accuracy of the information provided to the Board; reviewing the annual statutory accounts before they are presented to the Board of Directors to determine their completeness, objectivity, integrity and accuracy and reviewing all accounting and reporting systems for reporting to the Board.
- **Standing orders, standing financial instructions and standards of business conduct**: reviewing the operation of and proposed changes to the standing orders, standing financial instructions and standards of business conduct, the constitution, codes of conduct and scheme of delegation.

2.5 The Information Governance Approval Group (formerly the Data Protection and Cyber Security Panel) is a subgroup of the Audit Committee. The Group discharges a range of duties as delegated by the Audit Committee and recorded in a Committee approved set of terms of reference. The Group is responsible for ensuring that the Trust has effective policies and management arrangements covering all aspects of information governance in line with the Trust's Information Governance Management Framework Policy. Minutes or an assurance report from the Group are received by the Audit Committee.

3.0 Membership and attendance

3.1 The terms of reference for the Audit Committee set out the Committee's membership, which is as follows:

- Three non-executive directors, including one non-executive director with significant, recent and relevant financial experience and who serves as the chair of the committee
    - Khalil Rehman (Chair)
    - Richard Gladman (Deputy Chair)
    - Professor Ian Lewis
    - Rachel Booth – Associate Non-Executive Director (joined in February 2024)

3.2 In addition to the membership, the following participants are required to attend meetings:

- Executive Director of Finance and Resources
- Company Secretary
- Internal audit representative
- External audit representative
- Counter fraud specialist

3.3 The Chief Executive attends to discuss the process for assurance that supports the annual governance statement, and the annual report and accounts.

3.4 In addition, the Chief Executive, other executive directors and senior managers may attend for discussions when the Committee is discussing areas of risk or operational management that are their responsibility.

3.5 The Committee has met formally seven times in the last 12 months and has been quorate on all occasions. In addition, there was one informal meeting. A table recording attendance is shown below.

Attendee	21 April	10 May Page turner	22 June	14 Jul	13 Oct	15 Dec	8 Mar	Total (7)
Richard Gladman	√	√	√	√	√	√	√	7/7
Ian Lewis	√	√	X	√	√	√	√	6/7
Khalil Rehman	√	√	√	√	√	√	√	7/7
Bryan Machin*April 2023-July 2023. Interim role November 2023-4 February 2024	√	√	√			X		3/4
Yasmin Ahmed* Interim August 2023-October 2023)				√	√			2/2
Andrea Osborne* Interim 5 February 2024							√	1/1

**Executive Director in attendance*

3.6 In line with its terms of reference, the Committee has had regular private meetings with auditors prior to each formal meeting.

4.0 Review of Committee's activities

4.1 The Audit Committee has an approved annual work plan. Topics scheduled for consideration at each meeting reflect a mix of scheduled items drawn from the work plan and occasional further items that have arisen as a result of specific issues brought to the Committee's attention from internal or external sources.

4.2 *Governance, risk management and internal control*

4.2.1 The Committee reviewed the annual governance statement for 2023-24 in April 2024 prior to it being submitted for approval by the Board. In considering the statement, the Committee reviews assurances from a range of sources including the final Head of Internal Audit opinion which it expects to receive in June 2024.

4.2.2 Annual reports have been received from internal audit, counter fraud, security management, risk management and Board sub-committees during the year.

4.3 *Internal audit and counter fraud services*

4.3.1 The Audit Committee has delegated authority to ensure the trust has an effective internal audit function. Audit Yorkshire, the internal auditors provide an essential part of the trust's system of internal control.

4.3.2 The Committee reviewed and agreed an annual internal audit plan for 2023/24. Topics included a broad mix of financial, governance, operational and quality topics.

4.3.3 As the audit plan progressed, the Committee reviewed a wide-ranging portfolio of reports, considered recommendations, adopted action plans and overseen progress. The outcome of internal audits was shared with the relevant Board committee, which provided the opportunity to consider the robustness of actions to address recommendations and the associated timescales.

4.3.4 In addition to monitoring progress of the audits, the Committee also regularly monitored progress against internal audit management recommendations and associated actions. The Committee requested and received further explanation and background on the major and moderate recommendations from the audits which have been agreed to be delivered by a certain date but not completed on time. The Committee also reviewed the robustness of the proposed actions and provided feedback. It must be noted that in the last quarter of the year extra emphasis had been put on reviewing and implementing outstanding recommendations following concerns raised by the Committee about the number of overdue recommendations.

4.3.5 The Committee closely monitored progress against the internal audit plan in an effort to avoid slippage and over running toward the end of the financial year. Throughout the year, the Committee discussed the potential challenges to completing the full internal audit programme for 2023/24. The Committee had acknowledged that changes to the Executive Team during the year had impacted on the delivery of the audit plan for 2023/24.

4.3.6 In April 2023, the Head of Internal Audit indicated that their Head of Internal Audit Opinion based on the work carried out was likely to be reasonable assurance that there were adequate and effective management and internal control processes to manage the achievement of the Trust's objectives. A final opinion would be presented to the Committee in June 2024.

Commented [RH(CHNT1]: Need to wait till have this

4.4 ***Counter fraud and security management***

4.4.1 The Committee received the local counter fraud annual report in July 2023 and the security management annual report in October 2023. The Committee also received a mid-year update on progress against the counter fraud plan for 2023/24, which noted local counter fraud activity, and introduced lessons learnt from fraud incidence from elsewhere.

4.5 ***Data Security and Information Governance***

4.5.1 The Committee pursued evidence of compliance with data security requirements and received regular reports, which provided assurance that risks associated with data security were being adequately managed.

4.5.2 Updates in relation to information governance and level of compliance with the Data Security & Protection Toolkit were considered by the Committee in March 2024 and it was assured that the Trust was on track to achieve necessary compliance with the standards before final submission on 30 June 2024.

4.6 External audit

4.6.1 In June 2023, Mazar's presented their audit completion report for 2022/23. It stated that the auditors' had issued an unqualified opinion on the Trust's 2022/23

financial statements and concluded that there were no significant matters arising from their 2022/23 audit work.

4.7 *Financial reporting and annual accounts review*

4.7.1 The Committee (with the Chief Executive in attendance) reviewed the annual report and accounts in detail in May 2023 prior to recommending the annual report and accounts to the Board for approval.

4.7.2 The Committee reviewed the Charitable Funds annual report and accounts in July 2023 prior to approval by the Charitable Funds Committee.

4.7.3 The Committee also discharged a number of further aspects of financial reporting, including: schedules of debtors and creditors, losses and special payments and overpayments and underpayments.

4.8 *Standing orders, standing financial instructions and standards of business conduct*

4.8.1 The Committee reviewed waivers to tendering procedures, the reference costs process, and the register of gifts and hospitality.

4.8.2 The Committee reviewed amendments to the Trust's standing orders and standing financial instructions in December 2023 and recommended them for Board approval.

4.9 Strategic Risks

4.9.1 During 2023-24 the Audit Committee was charged with providing assurance to the Board that two of the strategic risks were being controlled. The Committee reviewed the sources of assurance (papers) that it received against the two strategic risks and determine if the sources are of sufficient variety, focus, depth and frequency to enable the Committee to form an opinion of the level of assurance the papers, when presented, will collectively provide:

Strategic 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.

At its meeting in December 2023 the Committee agreed that BAF Risk 3 (Failure to invest in digital solutions) which was also assigned to the Quality and Business Committees should only be assigned to those Committees and no longer be considered by the Audit Committee. This was formally approved by the Board in February 2024.

Strategic 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.

The Committee agreed that the sources of assurance provided over the year provided a reasonable picture of assurance for this risk.

5.0 Assessment of the Committee's effectiveness 2023-24

5.1. In December 2023 all members of the Committee were asked to complete a self-assessment questionnaire. A range of questions was asked, and the following summarises the single response received.

In summary, although there was a poor response to the self-assessment questionnaire, the Audit Committee continues to have a well-defined scope, workplan and agendas. The Committee could perhaps benefit from a more strategic approach during 2024/25 rather than the current heavy focus on operational issues. The slippage on meeting dates and audit reports experienced during the year needs to be monitored over the next year. No concerns have been raised about the Committee Chair, or the opportunities for discussion, scrutiny and challenge. Discussion around the oversight of strategic risks has been welcomed.

Workplan and agenda composition (Relevance, balance of strategic and operational matters, early warning indicators & appropriate escalation)
Comments: The Audit committee workplan, and hence agenda, has a relatively well-defined sphere of interest so tends to be quite easily defined. Relationship with the Internal auditors seem to be fairly satisfactorily although there have been some delays with the planned programme and I don't think that the internal programme has been able to improve the proportion of service audits yet. On the question of strategic balance in the agenda, I have thought for some time that the committee could address more strategic areas but this has not really happened. We seem to be very focused on more operational issues and detail.

Meeting facilitation (schedule of meetings, call for papers, circulation of papers)
Comments: Some meeting dates and timescales have shifted in year which has been inconvenient and meant that I have missed the occasional meeting because of clashes with planned holidays etc. This has mainly occurred because our auditors (mainly external) have not met the originally agreed dates. Some papers have been late (from auditors) or incomplete making preparation more difficult within timescale. This has seemed more evident the past year than previously.

Quality and depth of papers (Executive summaries, clarity and usefulness of information, recommendations)
Comments: I made the comment last year that Internal audit reports can be very heavy on detail and often involve moving around different bits of the papers which sometimes makes it more difficult to comment on. The papers on recommendations following internal audits should focus on more impactful and late recommendations. We have started to have a more detailed discussion with Internal auditors about their papers so it will be interesting to see whether they become more useful over next year Overall the rest of the papers are of good quality and mostly the authors seem to have worked hard to make them understandable and useful.

Chairing of meetings (Pace, inclusion, identified actions and summarised outcomes)
Comments: Is good. I like Khalil's open, inclusive style, and his ability to summarise discussion and potential actions.

Opportunities for discussion, scrutiny and challenge
Comments: Seem entirely reasonable and part of the working of this committee. Views from colleagues are sought and listened to with respect.

Follow-up actions (recording, monitoring and completion)
Comments: Mostly fine. I and others have made comments about follow up and completion of internal audit recommendations that need to be sharpened.

Relationship between the Board and the Committee two-way communication, any duplication, appropriate delegation, and sufficient escalation**.**
Comments: Mainly one -way ie Committee to Board. But largely works well. There has been recent discussion about whether the Committee should own any key strategic risks. I have learnt from this discussion and on balance think the newer direction of travel is right ie that other committees should own the risks.

Please provide any additional comments
Comments: The changes in the Trust Leadership Team this year (particularly DoF) has affected the balance of discussion a bit although it has remained satisfactory. I think it is an area we need to keep an eye on. Similarly the impending change in Audit Committee membership will reduce our financial and accounting expertise – although bring new areas of focus and we should be aware of this and see how we can mitigate any potential issues.

6.0 Recommendation

6.1 The Board is asked to:

- Approve Audit Committee's annual report.

Leeds Community Healthcare NHS Trust

Trust Board Meeting Held In Public: 7 June 2024

Agenda item number: 2024-25 (16a)

Title: Quarter 4 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 conclusions and plans for next step of action

- Issue related to impact of on-call work on community paediatric training needs

Recommendations

Board is recommended to:

- Support GSWH with the work in relation to community paediatric training opportunities.

- To note conclusion and next steps of action in relation to CAMHS historic rota issue.

- To note that there is a risk for the Trust of potential grievance case that could be raised by Junior doctors affected by CAMHS historic rota issue.

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 complaint 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 23 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	6	ST	LCH contract
	0	ST	Honorary contract
	5	CT	Honorary contract
Community Paediatrics	4	ST Level 1	LCH contract
	4	ST Level 2/ Grid trainee	Honorary contract
Sexual Health	1	ST	LCH contract
GP	2	GPSTR	LCH contract
Community Gynae	1	ST	Honorary contract
Dental Services	0		Honorary contract

3.1 **Rota gaps and CAMHS ST rota**

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

GSWH was unable to obtain data for the last 3 months.

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 18/04/2024.

The meeting was chaired by LNC junior doctors Representative. Discussion around the use of the term Junior doctors and name of the forum was discussed in view of National guidance and potential changes. A survey has been planned to gather ideas and feedback regarding the forum.

Issue related to Community paediatric training opportunity was discussed. This has been described in detail in section 4.2

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**
Disclaimer: Section 4.1 contains information that is historic and complex. It contains overview of the issue but not the nuances. GSWH will be able to guide the board with the nuances and any further updates at the meeting

There has been extensive meetings and discussions around this issue and the team concluded with actions and plan In November 2023. This has been described in March 2024 Trust GSWH board report. BMA IRO has put forward the conclusions from the meeting to Junior doctors affected by the issue. Some of the affected Junior doctors are considering further actions through formal grievance case route, as offered by the Trust. GSWH has worked with BMA IRO and requested if there are any actions/ plans that the affected Junior

doctors would like the Trust to consider as a part of the solution that can be offered.

GSWH fines related to this issue is extremely complex and challenging due to the lack of data around how many doctors were affected, for what length of time and retrospective nature of the issue. GSWH is therefore seeking further guidance from Legal team in BMA and National guardian of safe working network and NHS employers for clarity around GSWH fines. GSWH is hoping to update the board at the earliest.

4.2 **Community paediatric Training issue**

Junior doctors in community paediatrics cover on-call work at Leeds Children's Hospital as a part of their job. Sub-speciality training (Nationally approved training post with specific requirements for specialist training) are concerned that they are not receiving the required training due to not having enough training time as recommended by the Royal college guidelines. The guidance recommends that the Junior doctor spends 70% of their time in base speciality and the rest to cover on-call work. This is currently not achieved in community paediatrics.

The issue is a long standing one and some work was done in the past to address it. However, this is not adequate and there is a risk that Leeds Community Trust might lose its Training post if the issue continues to significantly impact the Training opportunities.

GSWH held a meeting (24/04/24) to discuss this issue with the key stakeholders (GSWH, College tutor, rota lead at Leeds Children's hospital and LCH's DMD, College tutor, LNC Junior doctors representative). This was a productive meeting with several ideas that were discussed to address the issue. Plans were made for the Rota lead to take this issue to senior management at Leeds Children's Hospital, and potential steps to ensure that community paediatric sub-speciality doctors are on a rota that gives the doctor more time in community paediatrics is being considered.

5.0 Recommendations

Board is recommended to:

- Support GSWH with the work in relation to community paediatric training opportunities.
- To note conclusion and actions in relation to CAMHS historic rota issue.
- To note that there is a risk for the Trust of potential grievance case that could be raised by Junior doctors affected by CAMHS historic rota issue.

Leeds Community Healthcare NHS Trust

Trust Board Meeting Held In Public: 7 June 2024

Agenda Item Number: 2024-25 (16b)

Title: Annual Report of the Guardian of Safe Working Hours 23.24

Covering period: 01/05/2023-30/04/2024

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 conclusions and plans for next step of action
- Improved Medical staffing and HR support for Junior doctors in LCH
- Issue related to impact of on-call work on community paediatric training needs

Recommendations

Board is recommended to:

- Receive this assurance regarding Junior Doctor working patterns and conditions within the Trust
- Support GSWH with the work in relation to community paediatric training opportunities.
- To note conclusion and next steps of action in relation to CAMHS historic rota issue.
- To note that there is a risk for the Trust of potential grievance case that could be raised by Junior doctors affected by CAMHS historic rota issue.

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

1. Executive summary

This report covers the period from May 2023 to May 2024.

Work in relation to CAMHS historic rota issues has now been concluded. Outcome of the discussion and plans has been communicated to affected junior doctors. GSWH is awaiting further guidance in relation to potential fines.

Exception reporting in relation to safe working hours and missed educational opportunities remains to be low. GSWH has worked with medical administration and DMD to capture the issues related to safe working and missed educational opportunities through other routes like JDF and informal meetings with Junior doctors.

Specialist training for Junior doctors in Community paediatric has been impacted by the number of on call shifts. GSWH has started discussions with key stakeholders to address the issue across both LCH and Leeds teaching hospital Trust where the on call work is performed.

2. Introduction

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

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

3. High level data

Number of doctors / dentists in training (total):	23
Number of doctors / dentists in training employed by LCH	10

4. Annual data summary

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

Department	Grade	Status	Quarter 1	Quarter 2	Quarter 3	Quarter 4
			2023	2023	2024	2024
Adults		LCH contract	0	0	0	0
CAMHS	ST	LCH contract	3	5	6	6
	ST	Honorary contract	1	0	0	0
	CT	Honorary contract	5	4	5	5
Community Paediatrics	ST Level 1	Honorary contract	4	2	4	4
	ST Level 2 Grid trainee	LCH contract	5	7	4	4
Sexual Health	ST	LCH contract	2	1	1	1
GP	GPSTR	LCH contract	3	3	2	2
Obstetrics/ community gynae		Honorary contract	0	1	1	1
Dental Services		Honorary contract	0	3	0	0
Total			23	26	23	23

5. Exception Reporting

No exception reports have been filed over the last year Q1-Q4 23.24.

One exception report was filed for Q4 22.23 period that was not included in the last GSWH Annual report due to the Exception report being filed after the board meeting.

Exception report was filed by CAMHS Junior doctor working on a non – resident on call (NROC) rota. Report was file due to working more than predicted hours on NROC rota on 24/05/23. Junior doctor's Clinical supervisor was informed and time in lieu claimed. This was classed as a one-off event due to busy shift therefore work schedule review was not required.

5.1 **Working Hours and work schedule review**

For CAMHS non-resident on-call , a compliant rota is in place. Work schedule has been drawn up based on the work conducted during on call and

incorporating the required rest periods and breaks as per the Junior doctors contract.

GSWH has requested HRBS the need for a robust monitoring system with every cohort of junior doctors who join the trust.

5.2 **Educational Opportunities**

No exception reports submitted relating to educational opportunities.

Junior doctors in community paediatrics cover on-call work at Leeds Children's Hospital as a part of their job. Sub-speciality training (Nationally approved training post with specific requirements for specialist training) are concerned that they are not receiving the required training due to not having enough training time as recommended by the Royal college guidelines. The guidance recommends that the Junior doctor spends 70% of their time in base speciality and the rest to cover on-call work. This is currently not achieved in community paediatrics.

The issue is a long standing one and some work was done in the past to address it. However, this is not adequate and there is a risk that Leeds Community Trust might lose its Training post if the issue continues to significantly impact the Training opportunities.

GSWH held a meeting (24/04/24) to discuss this issue with the key stakeholders (GSWH, College tutor, rota lead at Leeds Children's hospital and LCH's DMD, College tutor, LNC Junior doctors representative). This was a productive meeting with several ideas that were discussed to address the issue. Plans were made for the Rota lead to take this issue to senior management at Leeds Children's Hospital, and potential steps to ensure that community paediatric sub-speciality doctors are on a rota that gives the doctor more time in community paediatrics is being considered.

6.0 Rota Gaps

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

6.1 CAMHS Historic ST rota issue

Disclaimer: Section 6.1 contains information that is historic and complex. It contains overview of the issue but not the nuances. GSWH will be able to guide the board with the nuances and any further updates at the meeting

Issue with compliance of CAMHS non-resident on-call rota was raised as a concern by a junior doctor in April 2021. The issue affects junior doctors on

the CAMHS non-resident on-call rota employed by the Trust from the year 2016/2017 until 2021.

GSWH and BMA IRO requested a working group with LCH team (consisting of Deputy MD, Medical education admin lead, Director of workforce and assistant director of workforce) to review the concern raised. The team held several meetings to resolve the concern.

Issue related to CAMHS historic rota can be summarised into three main areas.

- Compliance of CAMHS rota from year 2016 to 2021

GSWH and BMA IRO remain concerned about the Juniors' rotas prior to the monitoring exercise in 2021. There is no evidence that a system populated work schedule was provided to the Junior doctors who worked in CAMHS. Work schedules were populated manually. There is no evidence of formal NROC rota monitoring as per the 2016 terms and conditions. Rota was monitored in 2021 and was shown to have two areas of non-compliance. This is the same rota that was in place until 2021 from 2016/2017 when the new JD contract was introduced.

LCH's response to this issue - regular reports were provided to the Board by the then Guardian for Safe Working hours and none of those mentioned any issues around rota being non-compliant. Director of workforce/HR have checked in with relevant team (CAMHS medical lead, DME and GSWH during this period) in terms of their recollections from that time and no issues were raised / no exception reports were filed nor any complaints raised by the Juniors doctors.

Additionally, DMD was informed that during that period in effect monitoring of the rota was occurring on an informal basis by the Juniors themselves and with the support of key Consultants. Team accepts that this was not on a formal basis and did not use the necessary software.

In summary, the working group team agreed to disagree on this issue of work schedules and rota monitoring. BMA IRO has put forward the conclusions from the meeting to Junior doctors affected by the issue. Some of the affected Junior doctors are considering further actions through formal grievance case route as suggested by the Trust. GSWH has worked with BMA IRO and requested if there are any actions/ plans that the affected Junior doctors would like the Trust to consider as a part of the solution that can be offered.

There is no clear evidence that a work schedule nor a compliant rota was provided to the Juniors who worked in CAMHS prior to the year 2021. GSWH fines related to this issue is extremely complex and challenging due to the lack of data around how many doctors were affected, for what length of time and retrospective nature of the issue. GSWH is therefore seeking further guidance from Legal team in BMA and National guardian of safe working network and NHS employers for clarity around GSWH fines. GSWH is hoping to update the board at the earliest.

- Discrepancy in pay and on call supplements for JD on CAMHS Rota

During the work carried out to investigate the CAMHS historic rota, issues with few individual doctors with regards to pay banding, supplements, and premia was noted.

This did not follow a pattern and each individual doctor has different issue. It was agreed that BMA IRO will work with HR/ Director of workforce on a case-by-case basis to resolve the issue.

- Impact of HR support on CAMHS rota and support for junior doctors

GSWH has worked closely with Director of workforce to review the current support from HR and the challenges faced by medical and dental staff in general.

There is significant progress with Director of workforce supporting JDs, BMA and GSWH through regular meetings and attending JDs to trouble shoot HR issues. This is certainly great progress that has been appreciated by all JDs.

Another protective factor has been the support and proactive engagement of medical education team and Deputy Medical Director providing support over and beyond their role to help with HR issues.

Progress has been made over the last year to optimise the HR support for Medical and Dental staff including all junior doctors. There is clarity around the new structure of support from HR business partners for Medical and dental issues. It is clear as to who to contact with regards to HR issues and how to escalate this if necessary. GSWH acknowledges the progress made and would like the Trust board to note the progress made by LCH HR team.

GSWH will continue to work with Junior doctors to work with HR team for any future concerns.

7. Engagement with Junior doctors and Junior doctor forum meetings

The Virtual Junior Doctor's Forum (JDF) was held in July 2023, October 2023, January 2024 and April 2024.

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

Junior doctors have found the JDF platform a useful platform to voice their feedback around HR issues, training opportunities.

8 Fines

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

9 Recommendations

Board is recommended to:

- Receive this assurance regarding Junior Doctor working patterns and conditions within the Trust

- Support GSWH with the work in relation to community paediatric training opportunities.

- To note conclusion and next steps of action in relation to CAMHS historic rota issue.

- To note that there is a risk for the Trust of potential grievance case that could be raised by Junior doctors affected by CAMHS historic rota issue.

Leeds Community Healthcare NHS Trust

Trust Board Meeting Held In Public: 7 June 2024
Agenda item number: 2024-25 (17i)

Title: Workforce Headlines & Strategy Update

Category of paper: Information

History: Received by Business Committee, 24 April 2024

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 three times a year. It is reviewed and discussed at Business Committee prior to coming to Board.

The paper also provides an updated version of the Workforce Strategy Delivery Plan for 2023/24, which shows the progress made during Q3 and Q4, 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:

- Pivoting Workforce priorities in support of the **LCH Quality & Value Programme**
- Update on **Executive Team Recruitment**
- Continued progress on **Equality, Diversity & Inclusion** ambitions
- Update on **TU Leadership Succession**
- Entering the final year of the current **LCH Workforce Strategy**

Any post-Business Committee updates to the report are shown in italics.

Recommendations:

It is recommended that the Board:

- Notes the Workforce Headlines presented in this report
- Notes the progress achieved in pursuit of the target measures set out in the current LCH Workforce Strategy.

Workforce Strategy Update & Headlines

1. Introduction

This paper provides the Business Committee 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, October 2023 – March 2024

2.1 Pivoting to support the LCH Quality & Value Programme

Since the previous Workforce Strategy Update & Headlines, LCH has introduced its Quality & Value Programme. Key Workforce strategic themes are aligning with the programme as follows:

- **Resourcing**: LCH's resourcing ambitions are shifting from targeting net gains in workforce, to a prioritisation-based approach. The implementation of Quality & Value panels enables the organisation to more rigorously triangulate the quality, financial and risk elements of resourcing decisions.

  Achieving appropriate balance between financial imperatives and the maintenance of long term talent pipelines and resourcing plans is being given substantial consideration. This is particularly in the context of the NHS Long Term Workforce Plan and LCH's previous local successes in Hyper Local Recruitment, Apprenticeships and International Recruitment.

- **Leadership & Management**: a new development programme designed to complement the Quality & Value Programme is close to launch. Its modules range from practical management skills linked to budgeting and understanding performance data; to skills in organisational change, handling conflict, and compassionate and inclusive leadership.

  This modular approach is designed to enable leaders to access the modules most suitable for their needs.

- **Health & Wellbeing**: during the inevitable challenges of the Quality & Value Programme, the health & wellbeing of the LCH workforce will remain paramount. The strong LCH Health & Wellbeing offer, combined with Financial Wellbeing measures including the implementation of the most recent Real Living Wage, puts LCH in a reasonably positive position.

  The Trust Leadership Team recently demonstrated its support for employee health & wellbeing by approving funding for a further year of the well-received Schwartz Rounds; and by clarifying its commitment to the Trust's Wellbeing Champions and Mental Health First Aiders.

  Improvements in long term sickness absence in the past two quarters are encouraging; and a tighter focus by Business Units, with guidance from the HR team, on supporting those absent from or returning to work should make further improvements possible.

2.2 Executive Team recruitment:

The Trust's new permanent **Chief Executive** is now in post, following the selection process which took place in November 2023.

Colleagues who were undertaking **interim roles** as Interim Chief Executive, Interim Director of Operations, and Interim Deputy Chief Executive, have returned to their substantive positions.

A selection process for the permanent **Director of Finance & Resources** took place in March 2023. *Post-Business Committee update: no appointment resulted from the March 2023 process. Following re-advertisement, a further selection process is taking place in June 2024.*

Recruitment for a new **Director of Nursing and Allied Health Professions** is underway, with a selection process scheduled to take place in mid May. The incumbent post holder is due to retire during the summer. *Post-Business Committee update: a preferred candidate was identified at the mid-May selection process. Pre employment checks, including the Fit and Proper Persons Test, have commenced.*

2.3 Equality, Diversity & Inclusion

Quarter 4 saw the successful commencement of LCH's **BME Talent Development Programme**; which has previously received support from the Business Committee.

The programme includes a leadership course (18 delegates) and an accredited coaching course (24 delegates); with modules running throughout 2024 / 25. Initial feedback from participants has been very positive.

Quarter 4 also saw the formal launch of the Trust's **No Bystanders** materials, at Leaders Network Live. The materials enable teams to undertake structured conversations about unacceptable and discriminatory behaviours; how to take action to address and report them; and how to support those adversely affected by them.

The No Bystanders concept is being embedded into practice at the Trust through its inclusion in the Trust's Corporate Induction and leadership development modules. It is also now aligned with the Trust's Cultural Conversations work, led by the Health Equity team.

Finally, whilst the Trust has been pleased to see some ongoing improvement in Staff Survey results related to the experiences of employees with a protected characteristic; it is known that unfortunately BME colleagues are more likely than white colleagues, to experience verbal and even physical aggression during the course of their duties. The Trust's **Critical Incident Staff Support Pathway (CrISSP)** (lch.oak.com) has taken steps to promote its offer to staff who experience such abuse, and ensure that CRISSP facilitators are aware of this disparity of experience; some of the facilitators themselves are from Black and Minority Ethnic backgrounds.

2.5 Trade Union Leadership

Following the retirement of the previous LCH Staff Side chair in Quarter 4, the LCH staff side has confirmed Najma Allybocus as its new chair. Vice Chair arrangements are currently being finalised, with the potential for two vice chairs to work in support of the new chair.

3. Workforce Strategy Delivery Progress – April 2024

This month marks the beginning of the final year of the 3.5 year LCH Workforce Strategy.

Following feedback from Business Committee, a new dashboard has been developed to more clearly show at-a-glance RAG-rated progress against the measures set out in the Workforce strategy 2021-25. This is at ***Appendix 1***.

Meanwhile, ***Appendix 2*** provides bullet points highlighting progress made since the last update, together with some brief narrative explaining the RAG status of each measure.

The RAG rating key is as follows:

	Will not achieve target by 31 March 2025
	Improvement or progress made, may be slower than originally planned
	Current trajectory indicates target will be achieved by 31 March 2025
	Target achieved or superseded

A minority of items are currently RAG-rated amber, for example in relation to service specifications of Workforce functions; where the developing specifications are now subject to a new programme of Workforce Directorate Transformation work aligned with the Quality & Value Programme.

Some Staff Survey results have also been marked amber, where it is difficult to predict with certainty that the improvements already made over the past 3 Staff Surveys will continue at a trajectory that will meet their Workforce Strategy targets.

Currently marked amber is the Inclusion target of 14.5% of the workforce being from a BME background by 31 March 2025. LCH continues to make incremental improvements in representation and has introduced additional measures in the past year to support acceleration, however the trajectory of improvement remains at present too shallow to be certain of achieving the target within the lifespan of the Strategy.

Overall, work on the Workforce Strategy overall is progressing in line with the stated plans. The majority of targets are on track and RAG-rated green; and a number of

targets, including for example LCH's aspirations around Flexible Working, and the implementation of eRostering, are already complete.

Work and engagement to develop LCH's next Workforce Strategy will commence shortly. Business Committee members will be kept appraised of progress.

4. Conclusion

This paper seeks to show, in a condensed format, progress towards achievement of the Workforce Strategy's objectives; and to ensure that the Business Committee is sighted on important Workforce headlines outwith the Workforce Strategy itself.

5. Recommendations:

It is recommended that the Business Committee:

- Notes the Workforce Headlines presented in this report

- Notes the progress achieved in pursuit of the target measures set out in the current LCH Workforce Strategy.

Appendix 1:

LCH Workforce Strategy Update April 2024

This table provides an overview of all the measures with the Workforce Strategy and their current rag status.

Leeds Community Healthcare NHS Trust

Theme	Measure	Rag Status	Theme	Measure	Rag Status
Resourcing	Bank Fill Rates increase by 10% and active bank capacity increases by 20%	On target	Organisational Design	Resourcing plans are in place for each Business Unit and refreshed annually	Improving
	Turnover is below 13%, with stretch target of 11%	On target		The overall LCH Workforce Plan reflects system partnership approaches to specific pathways, careers or roles	On track
	Vacancy fill rates achieve 90%, with more applicants for hard-to-recruit roles than in 2020/21	On target		eRostering is fully implemented, enabling systematic skills and capacity planning by services	Completed
	Range of advertising and marketing options is increased, with regular targeted campaigns for high priority roles / services	On target		Hybrid Working is fully embedded, supporting and informing the design and delivery of LCH approaches to Estates, Sustainability and Digital	On target
	Recruitment Service offer is clearly specified, with associated KPIs regularly monitored and achieved	In progress		A new LCH approach to Flexible Working is developed and introduced, with some form of flexible working taken up by >50% of LCH staff	Completed
Leadership	Quarterly and National Staff Survey results evidence overall improvement of at least 5 percentage points in staff experience of their leaders, with areas implementing Leadership Development action plans seeing specific improvement in scores	On target	Inclusion	14.5% of the LCH workforce have a Black, Asian & Minority Ethnic background, increasing from 10% in 2021 and working towards 18% by 2028	Improving
	New managers have attended an LCH Leadership Essentials module, or provided evidence of recent equivalent training with a previous employer	Superseded		LCH talent management programme cohorts are at least representative of the diversity of the LCH workforce, with underrepresented groups specifically targeted for opportunities to develop their career	Completed
	Every member of the LCH Senior Leadership team has undergone 360 degree assessment and has a resulting individual development plan to address any gaps and / or opportunities for improvement	Completed		Staff Survey results evidence reduction of at least 50% in the gap in discrimination experience of disabled and BAME respondents, with aspirations towards complete closure of the gap	On target
	LCH talent management programme cohorts are at least representative of the diversity of the LCH workforce, with underrepresented groups specifically targeted for opportunities to develop their career	Completed		100% of new starters and middle managers have been offered training in LCH's approach to inclusion via the LCH Leadership Essentials course	Completed
Wellbeing	Our "lead indicators" from the Staff Survey around staff engagement, motivation, and support from line managers, improve year on year between the 2021 and 2024 Staff Surveys	On track	System Partner	A minimum of 4 recruitment or training exercises per year, on average, are carried out collaboratively with ICP or ICS partners	On track
	Absence due to stress / anxiety / depression is reduced, with overall annual sickness below 5% by 2025	Improving		The GP Confederation has a full suite of pay, terms & conditions protocols	On track
	Long term sickness absence rates return to target levels of <3.5%, with a stretch target of 3%	On track		LCH staff in multiple services are working beyond LCH's organisational boundaries in support of LCH and system goals	Completed
	Staff reporting that LCH takes positive action on HWB rises by 5%	Improving		LCH staff join ICP and ICS colleagues in undertaking collaborative and system leadership training opportunities	Completed
	Health & wellbeing conversations are embedded as a regular part of employee / leader conversations, supported by LCH leadership training	On track			
Foundations	Service specification with KPIs is in place for Resourcing, Workforce Information and HR	In progress	Foundations	Core KPIs including "time to recruit"; "average length of formal ER case" are met and within benchmarked norms	In progress
	A co-produced Organisational Training & Development offer and approach is in place, in partnership with QPD	On track			

Appendix 2:

LCH Workforce Strategy Update April 2024

Leeds Community Healthcare NHS Trust

RESOURCING

- Recruitment team won HR Excellence award for Hyperlocal Recruitment Campaign
- Procured and began implementation of Applicant Tracking system
- Social media partner selected

MEASURE 1

Bank Fill Rates increase by 10% and active bank capacity increases by 20%

Bank fill rates **+17.8%**
Bank capacity **+ 94%**

ON TARGET

MEASURE 2

Turnover is below 13%, with stretch target of 11%

Turnover avg 23/24 **10.7%**

ON TARGET

MEASURE 3

Vacancy fill rates achieve 90%, with more applicants for hard-to-recruit roles than in 2020/21

ATS implementation in progress and social media campaign live

ON TARGET

MEASURE 4

Range of advertising and marketing options is increased, with regular targeted campaigns for high priority roles / services

Social media campaign live and in place

ON TARGET

MEASURE 5

Recruitment Service offer is clearly specified, with associated KPIs regularly monitored and achieved

Review required in line with ATS implementation

IN PROGRESS

LCH Workforce Strategy Update April 2024

LEADERSHIP

- 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 for under represented groups agreed and signed off at SMT

MEASURE 1

Quarterly and National Staff Survey results evidence overall improvement of at least 5 percentage points in staff experience of their leaders, with areas implementing Leadership Development action plans seeing specific improvement in scores.

Average increase in scores relating to leaders **+4.3%**

ON TARGET

MEASURE 2

New managers have attended an LCH Leadership Essentials module, or provided evidence of recent equivalent training with a previous employer

Superseded by Q&V Leadership course modules.

SUPERSEDED

MEASURE 3

Every member of the LCH Senior Leadership team has undergone 360 degree assessment and has a resulting individual development plan to address any gaps and / or opportunities for improvement

All senior leadership team completed a 360 assessment in 2021/22

COMPLETED

MEASURE 4

LCH talent management programme cohorts are at least representative of the diversity of the LCH workforce, with underrepresented groups specifically targeted for opportunities to develop their career

LCH Talent management programme in place for BME staff

COMPLETED

LCH Workforce Strategy Update April 2024

Leeds Community Healthcare NHS Trust

WELLBEING

- LCH has been shortlisted for a Healthcare People Management Association (HPMA) award
- The new Wellbeing at Work policy (formerly managing attendance policy) has been ratified and launched
- Implemented CRISSP training for team leaders and managers to support them to have the knowledge and awareness to support themselves and their team

MEASURE 1

Our "lead indicators" from the Staff Survey around staff engagement, motivation, and support from line managers, improve year on year between the 2021 and 2024 Staff Surveys

Average increase in scores relating to leaders **+4.3%**

ON TRACK

MEASURE 2

Absence due to stress / anxiety / depression is reduced, with overall annual sickness below 5% by 2025

Rates are trending improvement however overall sickness remains at **6.3%**

IMPROVING

MEASURE 3

Long term sickness absence rates return to target levels of <3.5%, with a stretch target of 3%

Rates are trending as an improvement but remains at **3.9%**

ON TRACK

MEASURE 4

Staff reporting that LCH takes positive action on HWB rises by 5%

Staff survey 2023 results have improved by **3.1%**

IMPROVING

MEASURE 5

Health & wellbeing conversations are embedded as a regular part of employee / leader conversations, supported by LCH leadership training

Appraisal paperwork revamped to include these conversations

ON TRACK

LCH Workforce Strategy Update April 2024

Leeds Community Healthcare NHS Trust

ORGANISATIONAL DESIGN

- Continuing the build and pilot workforce MI datasets
- Implemented roster improvement workstream with new approach to refresh roster demand templates

MEASURE 1

Resourcing plans are in place for each Business Unit and refreshed annually

Business units have draft plans

IMPROVING

MEASURE 2

The overall LCH Workforce Plan reflects system partnership approaches to specific pathways, careers or roles

LCH Workforce Plan has been submitted

ON TRACK

MEASURE 3

eRostering is fully implemented, enabling systematic skills and capacity planning by services

eRostering fully implemented

COMPLETED

MEASURE 4

Hybrid Working is fully embedded, supporting and informing the design and delivery of LCH approaches to Estates, Sustainability and Digital

Principles embedded and supporting key LCH strategi cwork

ON TARGET

MEASURE 5

A new LCH approach to Flexible Working is developed and introduced, with some form of flexible working taken up by >50% of LCH staff

Flexible working embedded. 80% staff can talk openly about flexible working.

COMPLETED

LCH Workforce Strategy Update April 2024

Leeds Community Healthcare NHS Trust

INCLUSION

- Rollout of No Bystanders Events
- Rainbow Badge (Phase 2) – received Bronze award accreditation Provision of talent management for under represented groups agreed and signed off at SMT

MEASURE 1

14.5% of the LCH workforce have a Black, Asian & Minority Ethnic background, increasing from 10% in 2021 and working towards 18% by 2028

WRES Overall **12.7%**

IMPROVING

MEASURE 2

LCH talent management programme cohorts are at least representative of the diversity of the LCH workforce, with underrepresented groups specifically targeted for opportunities to develop their career

LCH Talent management programme in place for BME staff

COMPLETED

MEASURE 3

Staff Survey results evidence reduction of at least 50% in the gap in discrimination experience of disabled and BAME respondents, with aspirations towards complete closure of the gap

Reduced gap from 5.45% to 1.11%

ON TARGET

MEASURE 4

100% of new starters and middle managers have been offered training in LCH's approach to inclusion via the LCH Leadership Essentials course

All new starters complete inclusion e-learning course

COMPLETED

LCH Workforce Strategy Update April 2024

SYSTEM PARTNER

- Delivered Flexible Working seminars for H&SC partners across Leeds
- Developed employ / deploy model actions
- Re-established GP Confederation Terms & Conditions sub group

MEASURE 1

A minimum of 4 recruitment or training exercises per year, on average, are carried out collaboratively with ICP or ICS partners

Collaborative recruitment. Stakeholder engagement in exec appointments

ON TRACK

MEASURE 2

The GP Confederation has a full suite of pay, terms & conditions protocols

T&Cs governance and suite of policies in place

ON TRACK

MEASURE 3

LCH staff in multiple services are working beyond LCH's organisational boundaries in support of LCH and system goals

Multiple examples across LCH suite of services

COMPLETED

MEASURE 4

LCH staff join ICP and ICS colleagues in undertaking collaborative and system leadership training opportunities

Examples include ICB fellowship and leadership programmes

COMPLETED

LCH Workforce Strategy Update April 2024

Leeds Community Healthcare NHS Trust

FOUNDATIONS

- 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.

MEASURE 1

Service specification with KPIs is in place for Resourcing, Workforce Information and HR

Review taking place as per the Workforce Transformation project

IN PROGRESS

MEASURE 2

Core KPIs including “time to recruit”; “average length of formal ER case” are met and within benchmarked norms

Core KPIs measured for ER cases. Implementation of ATS underway.

IN PROGRESS

MEASURE 3

A co-produced Organisational Training & Development offer and approach is in place, in partnership with QPD

Learning and Development strategy has been drafted

ON TRACK

Public Board Meeting held in public: 7 June 2024

Agenda item number: 2024-25 (18a)

Title: Significant Risks report

Category of paper: for assurance
History: Trust Leadership Team 15 May 2024

Responsible director: Chief Executive
Report author: Risk Manager

Executive summary (Purpose and main points)

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

Risk themes
The strongest theme found across the whole risk register is demand for services exceeding capacity, the second strongest theme is related to patient safety. There is also a theme concerning compliance with standards and/or legislation.

Risk movement
There are four risks on the Trust risk register that have a score of 15 or more (extreme), all four have been at 15 for between 3 and 4 months:

- Reduced quality of patient care in neighbourhood teams due to an imbalance of capacity and demand
- Mind Mate Single Point of Access (SPA) increasing backlog of referrals (system-wide risk)
- Patient safety concerns relating to capacity in Yeadon Neighbourhood Team
- Impact/Management of Neurodevelopmental Assessment Waiting List

There are a total of seven risks scoring 12 (very high), three of which are new risks and one has been escalated from a lower score of eight.

Recommendations

The Board is recommended to**:**

- For new and escalated risks, consider whether Board is assured that planned mitigating actions will reduce the risk.

1 Introduction

1.1 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. It describes and analyses all risk movement, the risk profile, themes and risk activity.

1.2 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).

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

1.4 The report seeks to reassure the Board that there is a robust process in place in the Trust for managing risk. Themes identified from the risk register have been aligned with BAF strategic risks to advise the Board of potential weaknesses in the control of strategic risks, where further action may be warranted.

2 Risks by theme and correlation with BAF Strategic Risks

2.1 For this report, the 51 risks currently on the risk register (the 'here and now' risks) have been themed where possible according to the nature of the hazard and the effect of the risk and then linked to the strategic risks on the Board Assurance Framework. This themed approach gives a more holistic view of the risks on the risk register and will assist the Board in understanding the risk profile and in providing assurance on the management of risk.

2.2 Themes within the current risk register are as follows:

Theme One: Demand for Services	
The strongest theme across the whole risk register is demand for services exceeding capacity, due to an increase in service demand and high numbers of referrals Specifically, thirteen risks relate to an increase in referrals and service demand[1]	***The BAF strategic risks directly linked to demand for services are:*** BAF Risk 2 Failure to manage demand for services BAF Risk 8 Failure to have suitable and sufficient staff resource (including leadership) BAF Risk 9 Failure to prevent harm and reduce inequalities experienced by our patients.
Theme Two: Patient Safety	
The second strongest risk theme is patient safety due to staff working outside their role, lack of incident management, workload pressures, capacity to complete clinical supervision, clinically essential training, and safe operation of medical devices [2].	***The BAF strategic risks directly linked to patient safety are:*** BAF Risk 1 Failure to deliver quality of care and improvements BAF Risk 2 Failure to manage demand for services BAF Risk 4 Failure to be compliant with legislation and regulatory requirements

[1] Risks: 772, 913, 954, 957, 984, 994, 1015, 1043, 1048, 1112, 1179, 1198, 1199
[2] Risks: 877, 981, 1070, 1109, 1139, 1168, 1171, 1187

Theme Three: Compliance with Standards/Legislation	
There is also a risk theme relating to compliance with standards/ legislation[3] This includes: the limited completion of health needs assessments, compliance with information governance, and waste management across the Trust.	***The BAF strategic risks directly linked to compliance with standards / legislation is:*** BAF Risk 4 Failure to be compliant with legislation and regulatory requirements

3 Risk register movement

3.1 The table below summarises the movement of risk since the last risk register report.

	Current	Previous (March)
Total Open Risks	51	45
Risks Scoring 15 or above	4	4
New Risks	9	3
Closed Risks	3	4
Risk Score Increasing	2	1
Risk Score Decreasing	10	2
Risk Score Static > 3 months	26	33

3.2 The following changes have taken place to risks scoring 15 (extreme) or above since the last risk register report in March 2024.

Risk	Current Score	Previous Score	Status	Latest Update
877 Risk of reduced quality of patient care in neighbourhood teams (NT) due to an imbalance of capacity and demand	15	15	Static 4 months	Risk reviewed 1/3/24, risk remains at 15 due to ongoing capacity and demand pressures coupled with increasing levels of community referrals and level of clinical and social complexity.
1048 Mind Mate Single Point of Access (SPA) increasing backlog of referrals (system wide risk)	15	15	Static 4 months	Risk reviewed 26/4/24, The service continues to be in business continuity. A review is being undertaken by the ICB and Trust to identify next steps including potential service redesign.

[3] Risks: 902, 1089, 1149

Risk	Current Score	Previous Score	Status	Latest Update
1171 Patient safety concerns in Yeadon Neighbourhood Team	15	15	Static 4 months	Risk reviewed 1/3/24, A review and change process is underway to establish a planned and unplanned aspect of the Neighbourhood Team to support improved demand and capacity management of the Neighbourhood Team Caseload.
1179 Impact/Management of Neurodevelopmental Assessment Waiting List	15	15	Static 3 months	Risk reviewed 26/2/24, risk remains at 15 due to ongoing capacity ad demand pressures limiting the support available for those on the waiting list.

No risks have been de-escalated below 15 since March 2024.

All four risks scoring 15 or above have been static for more than 1 month.

4 Summary of risks scoring 12 (high)

4.1 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. The Quality and Business Committees have oversight of risks categorised as 'high' (risks scored at 8 – 12).

4.2 The table below details risks currently scoring 12 (high risk).

ID	Description	Rating (current)	Rating (previous)	Status	Last Review
957	Increased demand for the Adult Speech and Language Therapy service	12	12	Static (35 months)	29/4/24
981	Application of constant supervision at WYOI	12	12	Static (10 months)	17/4/24
1070	Capacity pressures in Neighbourhood Teams impacting on ability to deliver full range of clinical supervision and annual appraisals	12	12	Static (11 months)	12/4/24
1139	General risk of non-concordance with the overarching organisational process for medical devices	8	12	Increased	16/4/24
1187	Insufficient IT Resilience leading to the risk of extended outages of the infrastructure	N/A	12	New	N/A (New)

ID	Description	Rating (current)	Rating (previous)	Status	Last Review
1198	Impact of ADHD medication waiting list	N/A	12	New	N/A (New)
1199	The impact and management of the CYPMHS Therapies waiting list	N/A	12	New	N/A (New)

Three of the risks scoring 12 have been static for considerable periods. A risk that remains static over several months, may be an indication that further work is needed to control the risk. Highlighting risks that have been static in score focusses discussion on whether more can be done to manage a static risk, or whether the risk should be accepted at the level it has reached.

Static risk scores are highlighted within the risk review reminders from the Risk Manager and information on static risks is now being provided to the business units monthly to focus their risk discussions. Static risks are included in risk reports to the TLT, the Board and Committees.

5 New or escalated risks (scoring 12)

5.1 Three new risks scoring 12 have been added to the risk register since March 2024.

5.2 One risk has been escalated to a score of 12 (high) since March 2024.

6 Risk profile - all risks

6.1 The total number of risks on the risk register is currently 51. Of these there are 25 open clinical risks on the Trust's risk register and 26 open non-clinical risks. This table shows how all these risks are currently graded in terms of consequence and likelihood and provides an overall picture of risk:

Risk profile across the Trust

	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Almost Certain	Total
5 - Catastrophic	0	0	1	0	0	1
4 - Major	0	1	2	0	0	3
3 - Moderate	0	8	17	5	3	33
2 - Minor	1	3	8	1	1	14
1 - Negligible	0	0	0	0	0	0
Total	1	12	28	6	4	51

7 Impact:

7.1 Quality

Risks recorded on the Trust's risk register are regularly scrutinised to ensure they remain current. Risk owners are encouraged to devise action plans to mitigate the risk and to review the actions, risk scores and provide a succinct and timely update statement.

There is a robust process for ensuring the risk register is effectively reviewed and kept up to date. Reminders are sent to risk owners to update their risks where a review date has passed. The Risk Manager produces a monthly quality assurance report and if the risk remains outstanding, further reminders are sent personally by the Risk Manager. Any risk reviews remaining out of date by more than two weeks are escalated to the relevant director for intervention.

7.2 Resources

Any financial or other resource implications are identified and managed by the risk owner/lead director responsible for individual risks.

8 Recommendations

The Board is recommended to**:**

- For new and escalated risks, consider whether Board is assured that planned mitigating actions will reduce the risk.

Trust Board Meeting Held In Public: 7 June 2024

Agenda item number: 2024-25 (18bi)

Title: Board Assurance Framework (BAF) report

Category of paper: for assurance
History: Trust Leadership Team

Responsible director: Chief Executive
Report author: Company Secretary

Executive summary (Purpose and main points)

The Board Assurance Framework (BAF) provides a robust foundation to support our understanding and management of the risks that may impact on the delivery of our strategic objectives for 2024/25.

Overall responsibility for the Board Assurance Framework (BAF) sits with the Chief Executive, with the Company Secretary coordinating the movement of the document through its governance pathway and providing check and challenge to the content.

The Board of Directors is responsible for reviewing the BAF to ensure that there is an appropriate spread of strategic objectives and that the main risks have been identified.

Each strategic risk within the BAF has a designated Executive Director lead, whose role includes routinely reviewing and updating the risks (as a minimum on a quarterly basis):
• Testing the accuracy of the current risk score based on the available assurances and/or gaps in assurance
• Monitoring progress against action plans designed to mitigate the risk
• Identifying any risks for addition or deletion
• Where necessary, commissioning a more detailed review or 'deep dive' into specific risks.

Following approval in March 2024 of the Trust's strategic framework for 2024/25, a full review of the BAF has been undertaken by the Trust Leadership Team to ensure that it is reflective of the associated high-level risks aligned to the objectives. The BAF in Appendix A is now populated with the five strategic objectives and 10 strategic risks for the next year, and Board sub-Committees with responsibility for overseeing strategic risks have reviewed and agreed their proposed risks and sources of assurance during May 2024. Approval is now sought from the Board for the BAF for 2024/25.

During 2024/25 the Board will review the full BAF on a quarterly basis, including the latest assessment of the Trust's strategic risks, key changes since the last review, and the levels of assurance agreed by Committees between Board meetings. It will also continue to receive assurance reports via the Committees on whether the risks are being effectively controlled.

Levels of assurance will be included for the 2024/25 strategic risks in future BAF reports to Board. Due to the timing of the May Committees and the June Board meeting the levels of assurance are provided in the Committee Assurance Reports on this occasion.

Recommendations

The Board is recommended to**:**

- Receive the 2024/25 BAF and be assured of its completeness, including risk scoring and mitigating actions.
- Approve the 2024/25 BAF.
- Seek additional assurance, if required, against BAF strategic risks identified in this report.

[Appendix A – Full BAF]

Board Assurance Framework (BAF) 2024/2025

Introduction

The Board Assurance Framework (BAF) provides the Board with a register of strategic risks that have the potential to impact on the achievement of the Trust's strategic objectives and gives assurances that the risks are being managed effectively. The Framework aligns strategic risks with the strategic objectives and highlights key controls and assurances.

Where gaps are identified, or key controls and assurances are insufficient to reduce the risk to acceptable levels (within the Trust risk appetite), action needs to be taken. Planned actions will enable the Board to monitor progress in addressing gaps or weaknesses and to ensure that resources are allocated appropriately.

Assurance

The Board receives the BAF quarterly. The risks aligned to the Board Committees are also reported to the relevant Committee bi-monthly, where the relevant Committee agrees a level of assurance for each risk.

The BAF provides the basis for the preparation of a fair and representative Annual Governance Statement. It is the subject of annual review by both Internal and External Audit.

Trust Objectives (Strategic Goals) with the underpinning 2024/25 Trust Priorities

Strategic Goal - Work with communities to deliver personalised care

- *Trust Priority: We will provide proactive and timely care that is person centred by ensuring the right service delivers the right care at the right time by the right practitioner.*

Strategic Goal - Enable our workforce to thrive and deliver the best possible care

- *Trust Priority: To have a well led, supported, inclusive and valued workforce*

Strategic Goal – Collaborating with partners to enable people to live better lives

- *Trust Priority: We will develop a Leeds Community Collaborative in partnership to amplify the community voice and facilitate care closer to home.*

Strategic Goal - To embed equity in all that we do

- *Trust Priority –To ensure that the Quality and Value Programme has the least negative impact on those with the most need and positively impacts where possible.*

Strategic Goal - Use our resources wisely and efficiently both in the short and longer term

- *Trust Priority: To achieve the 2024/25 Trust's financial efficiency target through delivery of an effective Quality and Value Programme*

Strategic Goals	1. Work with communities to deliver personalised care	2. Use our resources wisely and efficiently both in the short and longer term	3. Enable our workforce to thrive and deliver the best possible care	4. Collaborating with partners to enable people to live better lives
	5. To embed equity in all that we do			
Strategic Risks	**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)	**Risk 5 Failure to deliver financial sustainability:** There is a risk that the Trust will not be financially sustainable which will jeopardise delivery of all our strategic goals and priorities. **Business Committee** (Executive Director of Finance and Resources)	**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, within an engaged and inclusive workforce then the impact will be a reduction in quality of care and staff wellbeing and a possible misalignment with the objectives of the Q&V programme **Business Committee** (Director(s) of Workforce)	**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. **Trust Board** (Chief Executive)
	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)	**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. **Business Committee** (Exec Director of Operations)		
	Risk 3 Failure to implement the digital strategy. If the Trust fails to implement the agreed digital strategy, then, services could be inefficient, software may be vulnerable, and the impact will be delays in caring for patients and less than optimum quality of care. **Quality and Business Committees** (Exec Director of Finance and Resources, Exec Medical Director)			
		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. **Business and Audit Committees** (Exec Director of Operations and Executive Director of Finance and Resources)		
	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.** (Trust Leadership Team)			
	Risk 9 Failure to prevent harm and reduce inequalities experienced by our patients. If the trust fails to address the inequalities built into its own systems and processes, there is a risk that we are inadvertently causing harm, delivering unfair care and exacerbating inequalities in health outcomes within some cohorts of patients. **Quality Committee / Trust Board** (Medical Director)			

Summary of Strategic Risks as 10 May 2024

Ref	Strategic Risk	Lead Director(s)	Current Score	Target Score (2024/25)	Key changes since last review
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.	Exec Director of Nursing and AHPs	16	9	The risk has been reviewed and updated for 2024/25. The target risk score has been amended to ensure that it is realistic for the 12 months to the end of 2024/25. Taking into consideration the risk appetite and any constraints to reducing the 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.	Exec Director of Operations	16	12	The risk has been reviewed and updated for 2024/25. The target risk score has been amended to ensure that it is realistic for the 12 months to the end of 2024/25. Taking into consideration the risk appetite and any constraints to reducing the risk.
3	**Failure to implement the digital strategy.** If the Trust fails to implement the agreed digital strategy, then, services could be inefficient, software may be vulnerable, and the impact will be delays in caring for patients and less than optimum quality of care.	Exec Director of Finance and Resources, Exec Medical Director	12	8	The risk has been reviewed and updated for 2024/25. The target risk score has been amended to ensure that it is realistic for the 12 months to the end of 2024/25. Taking into consideration the risk appetite and any constraints to reducing the 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.	TLT	9	3	The risk has been reviewed and updated for 2024/25. The target risk score has been amended to ensure that it is realistic for the 12 months to the end of 2024/25. Taking into consideration the risk appetite and any constraints to reducing the risk.
5	**Failure to deliver financial sustainability:** There is a risk that the Trust will not be financially sustainable which will jeopardise delivery of all our strategic goals and priorities.	Executive Director of Finance and Resources	16	12	The risk has been reviewed and updated for 2024/25. The target risk score has been amended to ensure that it is realistic for the 12 months to the end of 2024/25. Taking into consideration the risk appetite and any constraints to reducing the risk. It is noted that there are currently no material risks on the risk register linked to this risk. Business Units will be supported by Finance to add risks to delivery of financial plans to the risk register.
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.	Exec Director of Operations	9	6	The risk has been reviewed and updated for 2024/25. The target risk score has been amended to ensure that it is realistic for the 12 months to the end of 2024/25. Taking into consideration the risk appetite and any constraints to reducing the risk. It is noted that there are currently no material risks on the risk register linked to this risk. An overarching risk relating to the delivery of the Quality and Value programme will be added to the risk register.
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.	Exec Director of Operations and Executive Director of Finance and Resources	12	8	The risk has been reviewed and updated for 2024/25. The target risk score has been amended to ensure that it is realistic for the 12 months to the end of 2024/25. Taking into consideration the risk appetite and any constraints to reducing the 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, within an engaged and inclusive workforce then the impact will be a reduction in quality of care and staff wellbeing and a possible misalignment with the objectives of the Q&V programme.	Director(s) of Workforce	12	9	2023/24 risks 8 and 9 have been brought together to reflect the impact of the Quality and Value programme on workforce, culture, and safety of care. Risk 8 previously related to having suitable and sufficient staff (including leadership), risk 9 related to involvement and engagement of staff.
9	**Failure to prevent harm and reduce inequalities experienced by our patients.** If the trust fails to address the inequalities built into its own systems and processes, there is a risk that we are inadvertently causing harm, delivering unfair care and exacerbating inequalities in health outcomes within some cohorts of patients.	Medical Director	12	9	This is a new risk relating to the new strategic goal to embed equity in all that we do.
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.	Chief Executive	8	3	The risk has been reviewed and updated for 2024/25. The target risk score has been amended to ensure that it is realistic for the 12 months to the end of 2024/25. Taking into consideration the risk appetite and any constraints to reducing the risk.

Board Assurance Framework Levels of Assurance

Levels of assurance will be included for the 2024/25 strategic risks in future BAF reports to Board. Due to the timing of the May Committees and the June Board meeting the levels of assurance are provided in the Committee Assurance Reports on this occasion.

Strategic 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.

Strategic Objective: Work with communities to deliver personalised care / To embed equity in all that we do

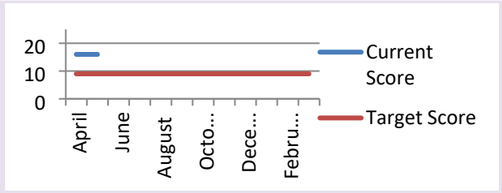
Risk Appetite: Minimal (low) to **cautious (moderate)** appetite to risk that could compromise the delivery of high quality, safe services.

Lead Director/risk owner: Executive Director of Nursing and Allied Health Professionals

Committee with oversight: Quality Committee

Date last reviewed: April 2024

Risk Rating
(consequence x likelihood)
Current score:
4 x 4 = 16
Target score (end of 2024/25):
3x3 =9



Rationale for current risk score:
With the current Quality and Value programme and the need to deliver a significant financial saving alongside capacity and demand issues the delivery of quality care and improvement in an equitable way will be very challenging. This could mean increases in patient harm and decreased quality of care.

Rationale for target score (including any constraints to reaching risk appetite within the next 12 months):
This risk is currently very high as we embark on the Quality and Value programme as we do not yet understand exactly what changes will be made to patient pathways. As the programme develops this risk should decrease but it is possible it will take longer than 12 months.

Controls *(what are we currently doing about the risk?)*:

- Learning and Development Strategy
- Annual Clinical Audit Programme
- Performance Monitoring
- Health Equity Strategy
- Clinical Risk Management
- Clinical Supervision
- Quality Challenge & Process
- Quality Strategy
- Engagement Principles
- Safeguarding Strategy
- Patient Safety Strategy and Patient Safety Incident Response Framework (PSIRF)
- Infection Prevention and Control (IPC) Strategy
- EQIA process

Gaps in controls / Mitigating actions *(what more should we be doing?)*:

Action	Owner	Due by
Need to establish and embed the newly formed Service Redesign Steering Group of which the Director of Nursing and AHP's is the chair.	Director of Nursing and AHP's.	31/8/2024
Review the current EQIA process to ensure it is robust and captures the additional risks associated with service redesign and the Quality and Value Programme.	Director of Nursing and AHP's.	31/7/2024

Assurances *(how do we know if the things we are doing are having an impact?)*:

1. Service Level Assurance	2. Specialist Support / Oversight Assurance	3. Independent Assurance
• IPC Assurance Framework • Clinical Governance report • PSIRF Combined report • Health Equity report • (Patient) Engagement report • Service spotlights at Committee • Business cases for new service or service transformation (quality scrutiny) • Patient Safety Strategy report • Safeguarding annual report • Learning and development report • IPC Annual report	• Performance Brief (safe, caring effective) • Mortality report • QAIG assurance report, flash report and minutes • Risk report • Safeguarding Committee minutes	• Internal audit report • PLACE inspection report • Patient experience report: complaints, concerns, and feedback

Gaps in sources of assurances / Mitigating actions *(what additional assurances should we seek)*:

Action	Owner	Due by
Ensuring feedback from EQIA process – needs to be included in the Clinical Governance report routinely in the future.	Director of Nursing and AHP's.	30/6/2024.

Link to Risk Register (material operational risks scoring 12 or above):
Risk 1125: National supply issues with enteral feeding supplies by Nutricia (12)

Strategic 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.

Strategic Objective: Work with communities to deliver personalised care / To embed equity in all that we do

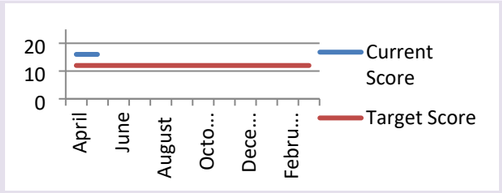
Risk Appetite: Minimal (low) to **cautious (moderate)** appetite to risk that could compromise the delivery of high quality, safe services.

Lead Director/risk owner: Executive Director of Operations

Committee with oversight: Quality and Business Committees

Date last reviewed: April 2024

Risk Rating
(consequence x likelihood)
Current score:
4 x 4 = 16
Target score (end of 2024/25):
3 x 4 = 12



Rationale for current risk score:
Waiting lists have backed up during covid and there is increased demand for most services. The Trust has been unable to make significant impact on waiting lists. NHSE has mandated that there should be no 52-week waiters which increases the risk in relation to financial consequences and reputational damage.

Rationale for target score (including any constraints to reaching risk appetite within the next 12 months):
Ultimately the risk appetite is 3 – the identified mitigations will begin to reduce the waiting lists however tactical actions to improve financial position may have consequence on waiting lists.

Controls *(what are we currently doing about the risk?)*:

- Waiting list management and clinical triage within each service
- Communication with patients
- Incident monitoring and analysis
- Demand and capacity planning tool
- Continued support of 'harder to engage' populations through existing services
- Cancelled and rescheduled visits monitoring and action
- Commissioner involvement at Contract Management Board
- Performance panels
- Business continuity plans

Gaps in controls / Mitigating actions *(what more should we be doing?)*:

Action	Owner	Due by
Waiting list audit action plan (2023)	Executive Director of Operations	2024/25
Implementation of e-allocate	Executive Director of Operations	Testing end May Roll out end July
Equity of access hearing and sight loss (project) – training and volunteering	Executive Director of Operations	Ongoing
Transformation programme: improving prioritisation and flow (part of Q&V)	Executive Director of Operations	2024/25
Service review as part of Quality and Value Programme	Executive Director of Operations	2027/28
Review of capacity in Neighbourhood teams	Executive Director of Operations	2024/25

Assurances *(how do we know if the things we are doing are having an impact?)*:

1. Service Level Assurance	2. Specialist Support / Oversight Assurance	3. Independent Assurance
• Service spotlight/focus (QC/BC) • Business cases (BC) • Change programme report (BC)	• Risk register report (QC/BC) • Patient Safety and Serious Incidents Report (QC) • Performance Brief (Responsive: waitlists) (QC/BC) • Cancelled and rescheduled visits report (QC) • Mortality report (QC) • Safe staffing report (QC/BC) • Significant contracts performance (BC) • Health Equity report (QC/BC)	• Patient Experience report (complaints, concerns, claims) (QC) • Internal audit (BC)

Gaps in sources of assurances / Mitigating actions *(what additional assurances should we seek)*:

Action	Owner	Due by
Performance panel – WL action plan reports	Executive Director of Operations	From April (assurances box)
Completion of Front of House Training commissioned for awareness of hearing and sight impediments – 4 sessions / year	Executive Director of Operations	Ongoing
Accessibility data (diversity) – internal audit report (draft)	Executive Director of Operations	2024/25

Link to Risk Register (material operational risks scoring 12 or above):
Risk 877: Risk of reduced quality of patient care in neighbourhood teams due to an imbalance of capacity and demand (15)
Risk 1171: Patient safety concerns in Yeadon Neighbourhood Team (15)
Risk 1048: Mind Mate SPA increasing backlog of referrals (system-wide risk) (15)
Risk 1179: Impact/Management of Neurodevelopmental Assessment Waiting List (15)
Risk 836: CAMHS waiting list for follow-up appointments (12)
Risk 913: Increasing numbers of referrals for complex communication assessments in ICAN service risks breaching waiting time target. (12)
Risk 957: Increase in demand for the adult speech and language therapy service. (12)

Strategic Risk 3:
If the Trust fails to implement the agreed digital strategy, then, services could be inefficient, software may be vulnerable, and the impact will be delays in caring for patients and less than optimum quality of care.

Strategic Objectives: Work with communities to deliver personalised care / Use our resources wisely and efficiently both in the short and longer term / To embed equity in all that we do

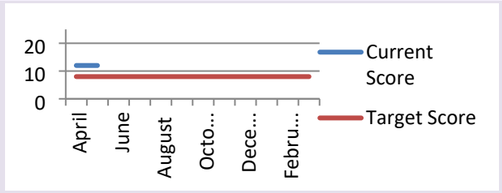
Risk Appetite: Open (high) risk appetite in pursuing innovation and challenging current working practices without compromising the quality of patient care. In the implementation of changes, the Trust has a **cautious (moderate)** risk appetite.

Lead Director/risk owner: Executive Director of Finance and Resources, Executive Medical Director

Committee with oversight: Quality and Business Committees

Date last reviewed: April 2024

Risk Rating
(consequence x likelihood)
Current score:
4 x 3 = 12
Target score (end of 2024/25):
4 x 2 = 8



Rationale for current risk score:
3-year digital strategy is in development with first draft expected May 2024. Outputs from externally commissioned reviews will influence priorities and implementation plan Timescales for implementation plan will be subject to affordability and will need to be considered alongside other competing priorities.

Rationale for target score (including any constraints to reaching risk appetite within the next 12 months):
Target score assumes mitigating actions are completed within the timelines identified below and implementation of the strategy is progressing against agreed milestones.

Controls *(what are we currently doing about the risk?)*:

- Developing a refreshed Digital strategy and delivery plan.
- Established a new Digital Programme Board with links to Quality and Value Programme Data
- Secured Frontline digitisation investment to support implementation of a number of key priorities
- Commissioned external reviews to inform strategy refresh.
- Digital maturity assessment/ What good looks like assessment
- IT resilience

Gaps in controls / Mitigating actions *(what more should we be doing?)*:

Action	Owner	Due by
Refreshed Board approved digital strategy	Executive Director of Finance and Resources	Q1 2024
Board approved refreshed Strategy Implementation Plan and Outcome Measures	Executive Director of Finance and Resources	Q2 2024
IT Contracts register & robust arrangements for the contract management of systems and services	Executive Director of Finance and Resources	Q1 2024
Medium Term Financial Plan (to assess affordability of digital strategy beyond)	Executive Director of Finance and Resources	Q2 2024
Developed outline cases for investment in readiness for bids against national funding streams	Executive Director of Finance and Resources	Q3 2024

Assurances *(how do we know if the things we are doing are having an impact?)*:

1. Service Level Assurance	2. Specialist Support / Oversight Assurance	3. Independent Assurance
• Digital strategy progress report (BC / QC)	• Risk register (BC/QC) • Performance Brief (use of data to provide meaningful information) (BC/QC) • Digital maturity assessment analysis	• Internal audit (BC/QC)

Gaps in sources of assurances / Mitigating actions *(what additional assurances should we seek)*:

Action	Owner	Due by
CCIO reports to Quality Committee and Business Committee, to be agreed and developed as part of the outcome measures for the Strategy Implementation Plan.	Executive Director of Finance and Resources & Executive Medical Director	Q2 2024
Leeds City Digital Board and links to the Programme Executive Group for visibility and priority sharing.	Executive Director of Finance and Resources	Q3 2024

Link to Risk Register (material operational risks scoring 12 or above):
None

Strategic 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.

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

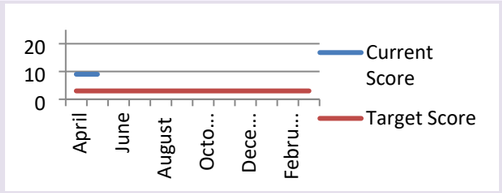
Risk Appetite: Minimal (low) to **cautious (moderate)** appetite to risk that could result in non-compliance and reputational damage. The Trust has no appetite for non-compliance with NHS Employers standards, fraud or financial loss.

Lead Director/risk owner: Trust Leadership Team

Committee with oversight: Quality and Business Committees

Date last reviewed: April 2024

Risk Rating
(consequence x likelihood)
Current score:
3 x 3 = 9
Target score (end of 2024/25):
3 x 1 = 3



Rationale for current risk score:
Until the new CQC single assessment framework has been implemented and embedded, and an external well-led review undertaken, it is difficult to state how compliant the Trust currently is for 2024/25.

Rationale for target score (including any constraints to reaching risk appetite within the next 12 months):
By the end of the financial year, it is anticipated that better oversight will have been achieved and any recommendations actioned, so the likelihood of non-compliance will have reduced.

Controls *(what are we currently doing about the risk?)*:

- Quality Challenge+ (action plans)
- Quality Strategy
- Premises Assurance Model
- Medical staff appraisal process
- Professional registration procedures
- Mortality review process
- Safeguarding Strategy
- Duty of candour monitoring process
- Information Governance compliance
- People policies are compliant with employment law
- NICE guidance monitoring
- Recruitment and selection procedures
- Collaboration with system partners
- Code of Governance/Provider licence compliance
- Emergency Preparedness, Resilience and Response (EPRR) framework
- Quality Improvement Plans - in response to external reviews
- Patient safety incident response framework (PSIRF)
- Health and Safety management system
- Statutory & Mandatory Training compliance
- Environment Act Compliance (Sustainability plan)
- Compliance with Civil Contingency Act 2004 (EPRR arrangements)
- HR conferences to review new case law impact on policies
- Seeking legal advice and acting upon it where needed

Gaps in controls / Mitigating actions *(what more should we be doing?)*:

Action	Owner	Due by
To commission an external well-led review	Chief Executive Officer	End of Q2
Implementation of the new CQC single assessment regime	Executive Director of Nursing and Allied Health Professionals	March 2025

Assurances *(how do we know if the things we are doing are having an impact?)*:

1. Service Level Assurance	2. Specialist Support / Oversight Assurance	3. Independent Assurance
• Clinical Governance report • Patient safety and serious incident report • Safeguarding report/minutes • Quality Strategy report • Premises Assurance Model update • Health and Safety compliance report • CEO report to Board • Sustainability report • Employee relations report (Board) • Workforce report • IPC BAF Report • Information Governance Reporting • Code of Governance compliance report	• Performance brief (statutory compliance) • MHLDA Committees in Common minutes and report • NICE guidance compliance • Mortality report • Emergency Planning quarterly updates and annual report • Medical Director's Report (appraisals info)	• CQC system assessment reports • Internal audit

Gaps in sources of assurances / Mitigating actions *(what additional assurances should we seek)*:

Action	Owner	Due by
Determine the types and frequency of reports from ICB and Leeds Committee.	Chief Executive Officer	June 2024

Link to Risk Register (material operational risks scoring 12 or above):
None

Strategic Risk 5:
There is a risk that the Trust will not be financially sustainable which will jeopardise delivery of all our strategic goals and priorities

Strategic Objective: Use our resources wisely and efficiently both in the short and longer term / To embed equity in all that we do

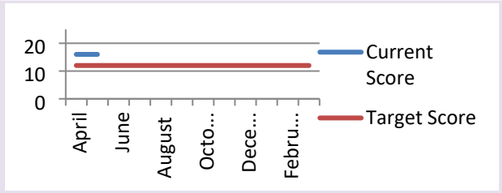
Risk Appetite: Open (high) appetite to the financial risk associated with new expenditure plans for existing services as the benefits for patient care may justify the investment. For investment in new services, the Trust's risk appetite is **cautious (moderate)** if the benefits to existing patients cannot convincingly be demonstrated.

Lead Director/risk owner: Executive Director of Finance and Resources

Committee with oversight: Business Committee

Date last reviewed: April 2024

Risk Rating
(consequence x likelihood)
Current score:
4 x 4 = 16
Target score (end of 2024/25):
4 x 3 = 12



Rationale for current risk score:
The scale of financial challenge for 2024/25 is significant, the Quality and Value programme is still relatively immature and schemes to release efficiency savings are not yet developed. Whilst redesign of key systems and processes to support delivery of the financial plan is underway this is a considerable organisational change programme and will take time to embed.

Rationale for target score (including any constraints to reaching risk appetite within the next 12 months)
By the end of the financial year the Q&V programme will be more mature, and we will have a medium-term financial plan (MTFM) that will set out the likely scale of financial challenge over the next 3-5 years. Development of the MTFM will be reliant upon clarity of Trust, Place and ICS Strategies.

Controls *(what are we currently doing about the risk?)*:

- Board Approved Annual Plan, revenue, and capital
- Financial controls including budgetary controls are in place with routine performance monitoring and assessment of financial risk/mitigations to inform achievement of the financial plan
- Staff Cost Controls including ECF Process, agency, and temporary staffing controls in place
- Financial Policies (incl. but not limited to SFIs/ Scheme of Delegation / Investment Policy)
- Training programme for Non-Finance Managers commissioned and being rolled out
- Quality & Value Programme Established
- Budget Setting Process & Procedures clearly defined.

Gaps in controls / Mitigating actions *(what more should we be doing?)*:

Action	Owner	Due by
The Quality & Value Programme needs to mature and clear plans for the delivery of savings needs to be in place.	CEO	xx
Achievement of HFMA Level 4 Financial Sustainability	EDFR	Q2 2024
Leeds ICB co-ordinated system transformation and commissioner disinvestment plans are required to inform the MTFM	xxx	xxxx
Development of a LCH Medium-Term Financial Plan (Capital & Revenue) to inform 3-year Q&V programme	EDFR	Q2 2024
Investment policy requires review	EFDR	Sept 24
Refresh of Performance & Accountability Framework required	EFDR	Q2 24

Assurances *(how do we know if the things we are doing are having an impact?)*:

1. Service Level Assurance	2. Specialist Support / Oversight Assurance	3. Independent Assurance
• Procurement Strategy update report • Performance Panel process • Quality & Value Programme Board reporting	• In Year Financial reporting (performance against plan and forecast out-turn) • Financial performance summary report on formal partnerships • Risk register report • Audit Committee – Reporting of compliance with policies and self-assessment arrangements for financial sustainability	• Internal audit – incl. annual assessment of Key Financial Controls • External Audit – Value for Money Assessment • Benchmarking information e.g. Reference Costs, Corporate Benchmarking • ICS system oversight

Gaps in sources of assurances / Mitigating actions *(what additional assurances should we seek)*:

Action	Owner	Due by
Review and strengthening of sources of assurance required:		
Enhanced financial performance reporting including progress against the Q&V programme, risk based forecasting and underlying financial position to support oversight assurance	EDFR	July 2024
Refreshed strategic implementation plan for Procurement to support service level assurance	EDFR	July 2024
Review and refresh of Performance & Accountability Framework to support service level assurance and flow / escalation of information Board	EDFR/COO	Q2 2024

Link to Risk Register (material operational risks scoring 12 or above):

- Finance will work with all Business Units to add risks to delivery of financial plans to the risk register

Strategic 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.

Strategic Objective: Use our resources wisely and efficiently both in the short and longer term / To embed equity in all that we do

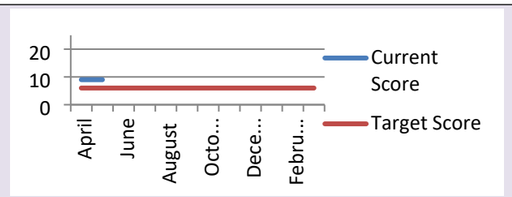
Risk Appetite: Open (high) appetite to the financial risk associated with new expenditure plans for existing services as the benefits for patient care may justify the investment. For investment in new services, the Trust's risk appetite is **cautious (moderate)** if the benefits to existing patients cannot convincingly be demonstrated.

Lead Director/risk owner: Executive Director of Operations

Committee with oversight: Business Committee

Date last reviewed: April 2024

Risk Rating
(consequence x likelihood)
Current score:
3 x 3 = 9
Target score (end of 2024/25):
3 x 2 = 6



Rationale for current risk score:
We are yet to finalise the required resource against the required programmes (transformation).

Rationale for target score (including any constraints to reaching risk appetite within the next 12 months):
Resourcing will be prioritised during 2024/25.

Controls *(what are we currently doing about the risk?)*:

- Estate Strategy
- Quality Improvement Strategy
- Third sector strategy work
- Quality & Value Programme
- Change Board oversight of major change programmes
- Business Development and Change Service
- Environmental impact assessments
- Systems working – intermediate care redesign
- Alliance Board – LCH and Leeds City Council
- Review process for response to tenders (includes opportunities for transformation resource)
- Quality & Value Vacancy Control Panel
- Digital strategy
- Greener plan
- Partnership arrangements

Gaps in controls / Mitigating actions *(what more should we be doing?)*:

Action	Owner	Due by
Not nailed down prioritisation of Q&V over other projects – prioritisation of projects	Executive Director of Operations	End Q1
TLT has agreed additional resource where expertise is required – completion of recruitment	Executive Director of Operations	End Q1

Assurances *(how do we know if the things we are doing are having an impact?)*:

1. Service Level Assurance	2. Specialist Support / Oversight Assurance	3. Independent Assurance
• Estates Strategy update reports (BC) • Digital strategy update reports (BC) • New business cases (QC/BC) • Major change programme updates on individual programmes (BC) • Priorities report (Board) • Business development report (BC) • Sustainability reports (BC)	• Consolidated reports on all major projects (Change Board) (BC)	• Internal audit report (BC)

Gaps in sources of assurances / Mitigating actions *(what additional assurances should we seek)*:

Action	Owner	Due by
Quality & Value Programme (assurance)	Executive Director of Operations	2026/27

Link to Risk Register (material operational risks scoring 12 or above):
An overarching risk relating to the delivery of the Quality and Value programme will be added to the risk register.

Strategic 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.

Strategic Objective: Use our resources wisely and efficiently both in the short and longer term / Enable our workforce to thrive and deliver the best possible care / To embed equity in all that we do

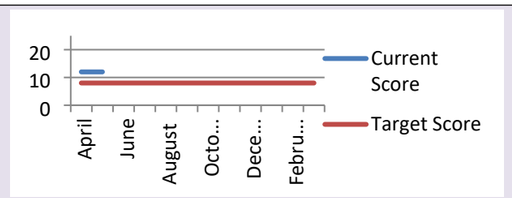
Risk Appetite: Cautious (moderate) appetite for risks relating to its reputation, the Trust's appetite is to ***avoid* risk *(*zero appetite*)*** of financial loss and **minimal (low)** to **cautious (moderate)** appetite to risk that could compromise the delivery of high quality, safe services.

Lead Director/risk owner: Executive Director of Operations and Executive Director of Finance and Resources

Committee with oversight: Business and Audit Committees

Date last reviewed: April 2024

Risk Rating
(consequence x likelihood)
Current score:
4 x 3 = 12
Target score (end of 2024/25):
4 x 2 = 8



Rationale for current risk score:
Risk score assessed against the Number of High Severity Alerts received in the last quarter, the number of CSOC Cyber notifications indicating potential threats detected on the LCH infrastructure, the results from the most recent Phishing campaigns and penetration test (no of highs).

Rationale for target score (including any constraints to reaching risk appetite within the next 12 months):
Ability to test Business Continuity plans with clinical services to test for prolonged service loss.
Deployment of the revised Cyber Incident Response Plan.

Controls *(what are we currently doing about the risk?)*:

- ICS wide command structure (OPEL)
- Critical services prioritisation
- ICS mutual aid support systems
- Information Governance Approval Group
- Trust command structure (Gold, Silver, Bronze)
- Business Continuity Plans (and IT disaster recovery plans)
- On-call rota and on-call escalation procedure
- Technical controls: Software patching regime, smooth walls and firewalls, NHS Digital Advance Threat Protection Service
- 6-monthly penetration test - testing network perimeter defences
- Annual data security statutory/mandatory training for all staff
- CareCert Weekly plus High Severity Alert Notifications for up-to-date alerts from NHS Digital to highlight risks
- BAE Systems cyber response service contract in place until September 2024 (recovery from attack) plus access to NHS England Cyber Incident Response Team.
- Major incident plan
- System testing / desk top exercises
- Data back-up systems

Gaps in controls / Mitigating actions *(what more should we be doing?)*:

Action	Owner	Due by
Multi Factor Authentication application to remaining NHS Mail accounts and any further accounts identified with elevated permissions. Final clarification sought from regional NHS England cyber lead that technical controls in place meet required standards.	Executive Director of Finance and Resources	June 2024
EPRR compliance level	Executive Director of Operations	Q3 2024/25
Limited internal "specialist cyber" capacity unable to meet demand	Executive Director of Finance and Resources	August 2024
Implement recommendations of latest Penetration Test.	Executive Director of Finance and Resources	July 2024
Maintenance of Cyber Essentials Plus Certification, including regular scanning and patching of all software and hardware	Executive Director of Finance and Resources	March 2025

Assurances *(how do we know if the things we are doing are having an impact?)*:

1. Service Level Assurance	2. Specialist Support / Oversight Assurance	3. Independent Assurance
• Emergency preparedness (annual) including self-assessment (BC then Board) • EPRR quarterly compliance updates to Business Committee and Board	• Scrutiny of Major Incident Plan (annual) (BC then Board) • Reports regarding major incident exercises and deep dives (included in Emergency preparedness report (annual) (BC then Board) • Performance Brief (Responsive) (BC) • Information Governance Approval Group minutes (AC) • Statutory/mandatory training compliance (Performance Brief) (BC)	• Internal audit (BC/AC) • Data Security & Protection Toolkit audit (AC) • Cyber Essentials Plus Certification

Gaps in sources of assurances / Mitigating actions *(what additional assurances should we seek)*:

Action	Owner	Due by
EPRR Quarterly updates and annual assessment	Director of Operations – (Accountable Emergency Officer)	June 2024
Updated Cyber Incident Response Plan	Executive Director of Finance and Resources	June 2024

Link to Risk Register (material operational risks scoring 12 or above):
Risk 1187: Insufficient IT Resilience leading to the risk of extended outages of the infrastructure (12)
EPRR risk to be added to the risk register.

Strategic 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, within an engaged and inclusive workforce then the impact will be a reduction in quality of care and staff wellbeing and a possible misalignment with the objectives of the Q&V programme.

Strategic Objective: Enable our workforce to thrive and deliver the best possible care / To embed equity in all that we do

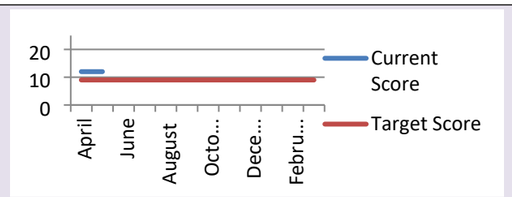
Risk Appetite: Avoid (zero risk appetite) noncompliance with NHS Employers Standards, employment fraud or lapses in professional qualifications. The Trust has an **open (high)** risk appetite to for learning and development opportunities which allows it scope to implement initiatives and procedures that seek to inspire staff and support transformational change whilst ensuring it remains a safe place to work. **Minimal (low)** appetite to risks to staff safety and non-compliance with statutory and mandatory training requirements.

Lead Director/risk owner:
Director(s) of Workforce (DoW)

Committee with oversight: Business Committee

Date last reviewed: April 2024

Risk Rating
(consequence x likelihood)
Current score:
4 x 3 = 12
Target score (end of 2024/25):
3 x 3 = 9



Rationale for current risk score:
There is currently uncertainty about the outcome of service reviews that will deliver from the Quality and Value programme.

Rationale for target score (including any constraints to reaching risk appetite within the next 12 months):
By the end of 2023/24 we will have more certainty of the progress of the Quality and Value programme and controls will have had the opportunity to take effect.

Controls *(what are we currently doing about the risk?)*:

- Workforce strategy – implementation and monitoring
- Workforce planning, including the maintenance of long-term talent pipelines, including BME programme
- Enhanced Vacancy control process – safeguards clinically essential roles
- Business unit workforce plans
- Apprenticeship scheme
- Guardian for safe working hour's role
- Digital tools for efficiency: e-rostering, e-Allocate
- Performance panel scrutiny and case conferences for longest standing/highest complexity absence cases
- Workforce and staffside expertise on Q&V programme board and relevant workstreams
- Staffside engagement through JNCF and JNC
- Engagement with staff networks
- Ask Selina – online questions to CEO
- Series of health and well-being initiatives
- Freedom to Speak Up Guardian and Champions
- WRES and WDES action plans
- Staff survey locally owned action plan and corporate actions
- Coaching and mentorship schemes
- Leaders Network
- Approach to leadership development
- Approach to Talent Management

Gaps in controls / Mitigating actions *(what more should we be doing?)*:

Action	Owner	Due by
Q&V measures to monitor the human factors associated with change (Q&V)	Head of Strategy, Change and Development	June 2024
Contingency planning for workforce	DoW	
Refresh of organisational change policy	DoW	July 2024

Assurances *(how do we know if the things we are doing are having an impact?)*:

1. Service Level Assurance	2. Specialist Support / Oversight Assurance	3. Independent Assurance
• Workforce report (3 x per year) • Q&V assurance report • Annual Equality and Inclusion Report • Employee relations activity report • Freedom to Speak Up Guardian reports • CEO report to Board • Service spotlight/focus	• Performance Brief (staff turnover figures, recruitment timescales, sickness absence, appraisal rate) • Safe staffing report • Guardian for safe working hours report • Priorities Quarterly Report • Quarterly and annual staff survey results • Business Committee workforce workshops	• Internal audit • Staff survey results report - leadership

Gaps in sources of assurances / Mitigating actions *(what additional assurances should we seek)*:

Action	Owner	Due by

Link to Risk Register (material operational risks scoring 12 or above):
Risk 981: Insufficient awareness and application of constant supervision at WYOI (12)
Risk 1070: Capacity pressures in Neighbourhood Teams impacting ability to deliver full range of clinical supervision, statutory/mandatory and clinically essential training, and annual appraisals (12)

Strategic Risk 9:
Failure to prevent harm and reduce inequalities experienced by our patients. If the trust fails to address the inequalities built into its own systems and processes, there is a risk that we are inadvertently causing harm, delivering unfair care and exacerbating inequalities in health outcomes within some cohorts of patients.

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

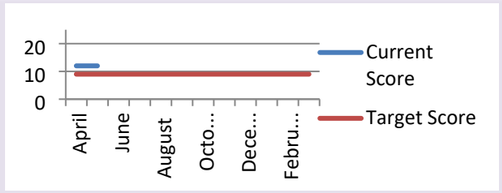
Risk Appetite: open (high) risk appetite for collaboration with people and communities to ensure their experience influences equitable approaches to change, such as for the Quality and Value Programme. Priority will be given to changes that protect equity and the Trust has a **cautious (moderate)** risk appetite for risk that may compromise the delivery of outcomes but are inclusive of an equity focus.

Lead Director/risk owner: Medical Director

Committee with oversight: Quality Committee / Trust Board

Date last reviewed: April 2024

Risk Rating
(consequence x likelihood)
Current score:
3 x 4 = 12
Target score (end of 2024/25):
3 x 3 = 9



Rationale for current risk score:

- Likely as inequity is (inadvertently) embedded within existing systems and processes and therefore continuation of business as usual is likely to create inequity.
- We have identified some areas where inequality exists in our current services and processes but do not yet have a full understanding of all areas and therefore cannot yet take action to reduce inequality in these areas.
- Consequence is both outcomes for population at risk of inequity and consequence for the Trust (e.g. for failure to comply with statutory duties relating to equity)
- Work has begun to embed action to address inequity, but change is slow for such a pervasive issue

Rationale for target score (including any constraints to reaching risk appetite within the next 12 months):

- With financial factors at play it will take concerted effort to maintain the current risk score, but we should be aiming to reduce the likelihood of inequity.

Controls *(what are we currently doing about the risk?)*:

- Elevation of the equity agenda to a Trust strategic objective
- We have a strategy and action plan and links with Quality and Value programme
- Programmes of work delivering on statutory duties
- Development of measurement framework for equity

Gaps in controls / Mitigating actions *(what more should we be doing?)*:

Action	Owner	Due by
Further embedding equity in Quality and Value Programme	Health Equity Lead	Ongoing
Strengthen governance and process for EQIA	Head of Clinical Governance, Director of Nursing / Medical Director	Q2
All-level sign-up to implement action plans around statutory duties (Equality Delivery System, Armed Forces Covenant, NHSE statement on inequalities, Patient and Carer Race Equality Framework)	TLT	Q2
Consistency in availability, analysis, and use of data: Board and Committee reporting include equity analysis and mitigating action; revised equity data dashboard/provision	Chairs of relevant Committees Head of Business Intelligence	2024/25
Co-ordination of the programme and associated activity to address inequity and deliver statutory duties needs to be sufficiently resourced	TLT	Ongoing

Assurances *(how do we know if the things we are doing are having an impact?)*:

4. Service Level Assurance	5. Specialist Support / Oversight Assurance	6. Independent Assurance
• Equity report (statutory duties) to QAIG • Service/Business Unit performance reporting including focus on equitable approaches to waiting lists	• Report to Board including equity measurement framework	• Internal audit • External reporting on statutory duties • CQC

Gaps in sources of assurances / Mitigating actions *(what additional assurances should we seek)*:

Action	Owner	Due by
Analysis of EQIA and identification of gaps	Head of Clinical Governance / Medical Director and Director of Nursing	Q2
Meaningful assurance requires availability and analysis of high-quality data	Head of Business Intelligence	2024/25

Link to Risk Register (material operational risks scoring 12 or above):
None

Strategic 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.

Strategic Objective: Collaborating with partners to enable people to live better lives / To embed equity in all that we do

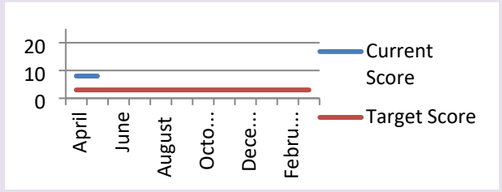
Risk Appetite: Open (high) risk appetite for developing partnerships with organisations that are responsible and have the right set of values, maintaining the required level of compliance with its statutory duties.
The Trust is supportive of innovation and has an ***open*** **(high)** risk appetite in pursuing innovation and challenging current working practices without compromising the quality of patient care. In the implementation of changes, the Trust has a ***cautious*** **(moderate)** risk appetite.

Lead Director/risk owner: Chief Executive

Committee with oversight: Trust Board

Date last reviewed: April 2024

Risk Rating
(consequence x likelihood)
Current score:
4 x 2 = 8
Target score (end of 2024/25):
3 x 1 = 3



Rationale for current risk score:
Current financial planning for 2024/25 suggests a possible impact on the Trust's ability to collaborate with others.

Rationale for target score (including any constraints to reaching risk appetite within the next 12 months):
Once due diligence has been undertaken and the best frameworks for collaboration established, both the consequence and likelihood are anticipated to reduce.

Controls *(what are we currently doing about the risk?)*:

- Work with Local Care Partnerships
- Involvement in Leeds Clinical Senate
- Integrated nursing programme
- Leeds One Workforce Strategic Board
- NHS Oversight framework
- Third Sector Strategy
- PCN offer
- Involvement in projects for WY ICS
- MHLDA collaborative (and CiC)
- Leeds Committee of the ICB member
- Register of partnerships/contracts
- Community Services Collaborative
- Attendance at Primary Care Partnership, which oversees joint working in City
- Leading response to intermediate care procurement model
- TOR and MOU for major partnership arrangements
- Standards for Partnership Governance (framework)
- Social Care Alliance Board – chaired by LCH CEO and Social Services
- Leeds MWB alliance

Gaps in controls / Mitigating actions *(what more should we be doing?)*:

Action	Owner	Due by
Establish the Trust's role in collaborations with other organisations	Chief Executive Officer	End of 2024/25
Further work on the Social Care Alliance Board and legal framework	Chief Executive Officer	End of Q2

Assurances *(how do we know if the things we are doing are having an impact?)*:

1. Service Level Assurance	2. Specialist Support / Oversight Assurance	3. Independent Assurance
• CEO report to Board (TB) • 6 monthly financial performance summary report on formal partnerships (part of Performance Brief) (BC/TB) • Third Sector Strategy update reports (BC/TB)	• Minutes and updates from Mental Health Committees in Common (TB) • Reports from ICB (when available) • Reports from Leeds Committee of ICB (when available) • Risk register (QC/BC/TB) • Scrutiny of new partnerships arrangements at committees (QC/BC)	• Minutes from Scrutiny Board (TB) • CQC system assessment reports (QC/TB)

Gaps in sources of assurances / Mitigating actions *(what additional assurances should we seek)*:

Action	Owner	Due by

Link to Risk Register (material operational risks scoring 12 or above):
None

Trust Board Meeting Held In Public: 7 June 2024

Agenda item number: 2024-25 (19)

Title: Committees' terms of reference review

Category of paper: For approval
History: Charitable Funds Committee (March 2024), Nominations and Remuneration Committee (March 2024), Quality Committee (March 2024), Business Committee (March 2024), Audit Committee (April 2024)

Responsible director: Trust Chair
Report author: Company Secretary

Executive summary (Purpose and main points)

Between March and April 2024, the Trust's sub-committees reviewed their terms of reference as part of their annual review of committee functioning and effectiveness.

Minor changes have been proposed by each committee and are detailed in this report.

The committees' current membership is also provided, for information.

Recommendations

The Board is requested to:

- Approve the changes to the terms of reference of Board sub-committees
- Note the membership of each committee

1 Committees' membership

The Trust's Board has appointed five sub-committees to carry out specific functions and provide assurance that the Trust is carrying out its duties effectively, efficiently and economically (as recorded in standing orders).

In order to reflect the best distribution of Board membership across the committees so that they are able to fully discharge their respective responsibilities, committee membership for 2024/25 is shown in the table below.

	Non-executive directors	Executive directors
Audit Committee	Khalil Rehman (Chair) Richard Gladman Prof Ian Lewis Rachel Booth	(Interim Executive Director of Finance & Resources and Company Secretary in attendance)
Quality Committee	Helen Thomson (Chair) Prof Ian Lewis Alison Lowe	Executive Medical Director Executive Director of Nursing Executive Director of Operations (Chief Executive in attendance)
Business Committee	Rachel Booth (Chair) Helen Thomson Khalil Rehman Richard Gladman	Chief Executive Interim Executive Director of Finance & Resources Executive Director of Operations (Workforce Director and Company Secretary in attendance)
Charitable Funds Committee	Alison Lowe (Chair) Brodie Clark	Interim Executive Director of Finance & Resources Executive Director of Nursing
Nominations and Remuneration Committee	Brodie Clark (Chair) Rachel Booth Alison Lowe	(Workforce Director in attendance)

2 Committees' reviews of terms of reference

Between March and April 2024, the Trust's sub-committees reviewed their terms of reference as part of their annual review of committee functioning and effectiveness.

The tables below summarise the changes that have been proposed in order to amend and update content. Once approved, an electronic version of the full amended document will be made available to Board members, managers and staff. Use will be made of the Trust's intranet and website to publish the documents.

Proposed changes to committees' terms of reference

Quality Committee
Section 5.1 Company Secretary added to the list of attendees. Section 8.1.6 Reference to NHS Improvement changed to NHS England.

Business Committee
Section 5.1 Addition of Associate Director of Digital Transformation in list of additional participants required to attend the meetings. Section 7.4 Removal of reference to the Digital Strategy Implementation Group which has been disbanded. Addition of Section 8.2.5 Emergency Preparedness, Resilience and Response The Committee will have oversight of the Emergency Preparedness, Resilience and Response Framework and will receive updates against the action plan.

Audit Committee
Paragraphs 7.4, 8.7.1 and 8.7.5 Reference to the Information Governance Group amended to the Information Governance Approval Group.

Charitable Funds Committee
4.1 The Charitable Funds Officer and Company Secretary added to list of attendees.

Nominations and Remuneration Committee
Amendment to paragraph 6.1: Due to the sensitive nature of the minutes, removed reference to the Board monitoring the Committee's effectiveness through receipt of the minutes. The Chair's assurance report will be shared with Board, and the minutes available on request. Amendment to paragraph 8.1: Removed reference to approved minutes being shared with the next Board meeting.

Trust Board Meeting Held in Public: 7 June 2024

Agenda item number: 2024-25 (20a)

Title: Declarations of interest for 2023/24

Category of paper: for information
History: Not applicable

Responsible director: Chief Executive
Report author: Company Secretary

Executive summary (Purpose and main points)

Board members: declarations of interest

As part of the actions to prepare the Trust's annual report and accounts, the Trust is required to collate the data on any declarations of interest disclosed by directors during the course of the year. The full schedule of disclosures is then included as part of the annual report.

The Trust's policy on declarations of interest requires directors to declare any significant financial or personal interests that each member, or a close relative or associate (such as partner, child, or sibling) has in any business or other activity or pursuit which may compete (or intends to compete) for any contract or agreement to supply goods or services to the Trust. In addition, directors are asked to declare: any other substantial connection or position of trust with related organisations; any other commercial interest; any area of potential conflict and details of hospitality or gifts in excess of £35.

As part of the Annual Report finalisation process it emerged that due to an oversight a declaration had been omitted from the register by a Non-Executive Director. Confirmation had been received that mitigating actions had been in place throughout the year to manage the added conflict and it was concluded that no breach of the Managing Conflicts of Interest Policy had occurred. An updated schedule of disclosures for 2023/24 is Appendix 1 to this report.

Recommendations

- Note the declarations of interest made by directors for 2023/24.

Leeds Community Healthcare NHS Trust
Director's declarations of interests for disclosure 2023/24
TRUST BOARD

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest Impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: in excess of £35 in connection with the Trust
Brodie Clark CBE (Trust Chair)	None	None	None	None	None	None	None	None
Thea Stein (CEO until 31 August 2023)	None	None	None	Trustee of Nuffield Trust CQC Executive reviewer	None	None	None	None
Sam Prince (Interim CEO from 1 September 2023)	None	None	None	None	None	None	Justice of the Peace – England and Wales (North and West Yorkshire)	None
Helen Thomson Deputy Lieutenant for West Yorkshire	Helen Thomson Ltd	Director Helen Thomson Ltd	None	Trustee: Sue Ryder	Trustee: Sue Ryder	None	None	None
Alison Lowe OBE	Blue Light Commercial from 1 May 2022	None	None	Trustee, Together Women	Trustee Citizens Advice Leeds	None	Deputy Mayor for Policing and Crime in West	None

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest Impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: in excess of £35 in connection with the Trust
				Trustee Citizens Advice Leeds	Trustee, Together Women		Yorkshire from 9 August 2021	
Richard Gladman	Director of Verbena Digital Ltd	Verbena Digital Ltd - Owner	Verbena Digital Ltd	Non-Executive Director Humber and North Yorkshire Integrated Care Board	None	None	None	None
Professor Ian Lewis	None	None	None	Trustee: Rossett School, Harrogate (until March 2024)	None	None	None	None
Khalil Rehman	NED @ Salix Homes Ltd Director, TSI Caritas Ltd NED @ University of Central Lancashire (UCLAN)	None	None	Director @Medisina Foundation Ltd Non-Executive Director East Lancashire Hospitals NHS Trust Interim Director of Finance – Touchstone Leeds Ltd	Consultancy/ Advisory work for Touchstone Support Ltd	None	None	None

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest Impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: in excess of £35 in connection with the Trust
Rachel Booth (Associate Member)*	None	None	None	None	Full time employee of BUPA which holds some NHS contracts in its care homes, dental and hospital businesses in the UK.	None	None	None
Andrea Osborne (Interim Executive Director of Finance and Resources from 5 February 2024)	None	None	None	None	None	None	None	None
Dr Ruth Burnett	None	None	None	Medical Director Leeds GP Confederation Performs GP work at Crossley Street Surgery, Wetherby on an unpaid basis as	None	None	None	None

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest Impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: in excess of £35 in connection with the Trust
				part of Continuing Professional Development and maintaining registration. Facilitator Windsor Leadership Trust				
Steph Lawrence MBE	None	None	None	Executive Director of Nursing and AHP's for Leeds GP Confederation. Fellow of Queen's Nursing Institute. Working two days per month for Queen's Nursing Institute on a voluntary basis from 1 March 2024.	None	None	None	Formal dinner provided by a local university £50 12 October 2023

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest Impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: in excess of £35 in connection with the Trust
Laura Smith*	Director of Workforce Leeds GP Confederation Leeds	Associate of Prospect Business Consulting and WellNorth Enterprises	None	Director of Workforce Leeds GP Confederation Leeds	None	None	None	None
Jenny Allen*	None	None	None	Director of Workforce Leeds GP Confederation Leeds Volunteering for Zarach, a Leeds based charity Indirect interest – husband is a partner at KPMG. KPMG bid and contract for contracts with NHS Providers Husband is a Trustee for Age UK Leeds.	Volunteering for Zarach, a Leeds based charity	None	None	None

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest Impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: in excess of £35 in connection with the Trust
Andrea North (Interim Director of Operations from September 2023)	None	None	None	None	None	None	None	None
Bryan Machin (Executive Director of Finance and Resources until 31 July 2023 then Interim Executive Director of Finance and Resources from 1 November 2023 to 2 February 2024)	None	None	None	Trustee and Vice-chair of St Anne's Community Services. (Registered Charity, Housing Association and Company Limited by Guarantee) Non-Executive Director Bradford Teaching Hospitals NHS Foundation Trust – From December 2023	Zero hours contract with Community Ventures Management Ltd (any financial arrangements with Community Ventures or any affiliated company will be undertaken by Cherrine Hawkins, Deputy Director of Finance)	None	None	None

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest Impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: in excess of £35 in connection with the Trust
Yasmin Ahmed (Interim Executive Director of Finance and Resources from 26 June to 25 December 2023)	None	None	None	None	None	None	None	None

***** Non-voting Board member

Trust Board Meeting Held In Public: 7 June 2024

Agenda item number: 2024-25 (20b)

Title: Compliance with NHS Provider Licence (self-certification)

Category of paper: for approval
History: Not applicable

Responsible director: Interim Executive Director of Finance and Resources
Report author: Company Secretary

Executive summary (Purpose and main points)

Under the revised Provider Licence which came into force for NHS Trusts on 1 April 2023, there is now a requirement for Trusts to self-certify annually against their compliance with one condition set out under Continuity of Services – CoS7: Availability of Resources.

This report outlines the condition and describes how the Trust has met the requirements of the provider licence.

CoS7: Availability of Resources

1. The Licensee shall at all times act in a manner calculated to secure that it has, or has access to, the Required Resources.
2. The Licensee shall not enter into any agreement or undertake any activity which creates a material risk that the Required Resources will not be available to the Licensee.

Although there is no longer a requirement to submit a certificate to NHS England, Trust Boards are requested to pass a resolution in one of the following forms and keep it on file:

a. "After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate."
b. "After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors which may cast doubt on the ability of the Licensee to have access to the required resources".
c. "In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate"

Summary rationale for using wording 'a': The Trust is compliant. Evidenced through annual contract negotiations, approval of operational plan and associated financial plan and annual budgets, approval of going concern statement and regular monthly monitoring of performance against plan.

Recommendations

The Board is recommended to:

Agree that the self-certification against required NHS provider licence condition CoS7 is accurate.

Leeds Community Healthcare NHS Trust

Board Member Service Visits

April/May 2024

Service visited	Board Member	Key Themes
Holt Park Neighbourhood Team	Brodie Clark	Small but wide-reaching service with significant collaborative working evident. Low sickness levels but challenges covering the work. IT connectivity issues but an action plan is in place. Delays with patients receiving medical equipment. Concerns around the Q&V Programme and impact of triage hubs.
Home First Team	Brodie Clark	Positive outlook since LCH, LTHT and LCC have come together, although IT systems not yet working successfully together leading to wasted time and staff frustration. Upstream triage arrangements need to understand potential referral choices. Waiting lists remain a challenge. Pilot benefits need evidencing clearly.
Transfers of Care Hub	Selina Douglas	Service has had challenges but willing to pilot change. Relationship with Adult Social Care and LTHT significantly improved. Staff morale affected by change in team remit. Demand outweighs capacity. IT challenges.

Service visited	Board Member	Key Themes
Middleton Neighbourhood Team/South Triage Hub	Selina Douglas	Team working well together and looking forward to service transformation. Proud of waiting list work (therapy team), home-ward work (MDTs) and use of apprentices. Volume and appropriateness of referrals challenging. No referral criteria/form for therapy team. Differences in demand (triage hub)
South Recovery Hub	Selina Douglas	Great working between Adult Social Care and LCH. Willow beds example of partnership working. International recruitment has been successful. Challenges around the upcoming tender.
Children's Continuing Care	Sam Prince	Excellent patient-centred care observed. Personalised support offered to support children and families. Good relationships with the hospital and hospice. Main challenge is the demand for the service and balancing the wants/needs of families against the available resource.

Service visited	Board Member	Key Themes
Home Ward (shadowing visit as part of Exec induction)	Andrea Osborne	Having the time to develop and implement the changes required to support the Q&V programme is challenging, although staff have plenty of suggestions for making the service more cost effective. Levels of integration between the home ward and Neighbourhood Teams - noted it can be very difficult for staff on the ground to manage the competing priorities of patients within any one day especially when transferring from NT to Home Ward cover at the end of the working day. Urgent Community Response -not currently funded, service felt they could not continue to offer this alongside delivering everything else
Health Case Management	Jenny Allen	Lots of pride in the service provided, and good examples of positive teamwork and support. Work on team culture and engagement was showing positive results, and a good set of staff survey results reflected this. Main challenge highlighted was capacity and caseload management. Work requires collaboration across organisations but this is managed well.
Armley Front of House Team	Jenny Allen	Importance of the support role provided by admin staff was evident, and process improvements were taking effect. Wide variety of services utilise the Health Centre so significant coordination required. Main challenge – managing difficult patients but escalation and support was in place

Trust Board Meeting Held in Public: 7 June 2024

Agenda item number: 2024-25 Blue Box (22)

Title: Quality Strategy Six Monthly Update Report – Year Three

---

Category of paper: For information and assurance
History: Quality Committee 28 May 2024

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 Quality Committee 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 Priority Four (Collaborative Governance) are assessed as completed. Priority Two (Patient Safety Strategy) does not have a Year Two objective and Priority Three (Equity) has work ongoing for completion.

The Year Three objectives for Priority Two (Patient Safety Strategy) and Priority Four (Collaborative Governance) as assessed as complete. Priority One (Learning) and Priority Three (Equity) are in progress.

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. It is anticipated that these will be partly completed by the end of the Strategy in July 2024.

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.

Agree final completion of the Quality Strategy 2021/24 will be aligned to the initial start date of July with a final report in July 2024.

Quality Strategy – Six Month Update

1 Introduction

The Quality Strategy provides a framework for the three years from July 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.

It should be noted that the schedule of reporting was amended in year one to May from July in year one, the Strategy does not therefore conclude until July 2024. A final update will be included with the 2024/27 Quality Strategy proposal with Quality Committee's approval.

The 2024/27 Quality Strategy is proposed to be a revised Strategy with priorities that progress and stretch the 2021/24 priorities, alongside new priorities.

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. Planned work is also included with an aim for the planned work to be completed by the end of the Strategy where possible.

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. Year one objective for Priority Three was completed in year two. 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). The objectives for Priority One (Learning) and Priority Four (Collaborative Governance) are assessed completed.

Work is ongoing for the year two objective for Priority Three (Equity) ***to review incidents and patient experience to understand any inequalities affecting communities or communities we are not hearing from and act to address these***. It is assessed partially completed; however, it is not anticipated that this action will be fully completed by the end of the Strategy in July 2024.

We can review incidents to understand any inequity affecting communities but not yet fully for patient experience. Information provided for a complaint is not always linked to a patient record and our complaints are very low in comparison to incidents, which negatively impacts our ability to analyse the information. Soft analysis is completed at the point of a complaint for governance reporting but could be considered to be subjective.

We have not yet fully evidenced how we act on our equity information as a Trust although there are local examples.

The **Year Three Priority Objectives** for Priority Two (Patient Safety Strategy) and Priority Four (Collaborative Governance) are assessed complete.

The year three objective for Priority One (Learning); ***to share and disseminate learning in a way that reaches the greatest number of colleagues, teams and partners in the timeliest way possible*** is anticipated to be complete by the end of the Strategy in July 2024.

The Priority Three (Equity) objective ***to embed equity as part of the Quality Challenge Plus programme*** is assessed to be partially completed. Completion anticipated during the 2024/26 Trust CQC Single Assessment Framework programme that aligns with the Quality Challenge Plus programme.

4.0 Conclusion

Work continues against the full Strategy. The Year One priorities are complete, Year Two and Three are partially completed. The Equity priority is unlikely to be completed in totality by the end of the Strategy term.

The priorities identified for the 2021/24 Quality Strategy are fundamental to the delivery of safe, effective, responsive, caring and well led care. For the Trust to be, and to evidence, concordance with the Health and Social Care Act 2008 and CQC Regulations 2009, that underpin the CQC regulatory frameworks, improvements against these priorities will continue beyond the conclusion of the Strategy.

Evidence of the continued lens on improvement is captured within Appendix A. New or improved initiatives are starting against some of the previously completed priorities and suggests that although reporting against these specific priorities will cease in July 2024, improvements against them will continue because the priorities

are now well-established elements of our core service delivery and supporting corporate functions.

5.0 Recommendations

The Committee 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.

Agree final completion of the Quality Strategy 2021/24 will be aligned to the initial start date of July with a final report in July 2024.

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.	**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. **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.** **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. **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. **Year Three May 2024:** The LCH Learns intranet repository continues to be populated with learning from incidents and other known learning originating from the Clinical Governance and Library Teams including information shared by teams. The page is communicated by the Library Service via MYLCH. However, viewing figures remain low and there are other learning focussed intranet resources including the Clinical Education Team's Love to Learn page. Work has commenced to consider a single Trust solution to sharing learning with one resource for colleagues to visit.
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.	**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.

	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 May 2022: A catalogue of learning posters, newsletters and other learning materials have been secured and uploaded to the LCHLearns intranet page. **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). 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. 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. **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. 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 is paperwork relates to the 2023/24 year and commenced in April 2023.

	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**
		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. For example, during the Adult Speech and Language Team Quality Walk the team shared the following good practice: 1. The Service have developed a partnership with the University of Leeds for a senior lecturer to support a clinic with students assessing patients within a specific suitable waiting list sub group. This supports reduction of the waiting list overall and promotes the right treatment option, by the right colleague in a more timely way. It also support student learning and experience of practice. 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. 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. Positive practice was shared with the team to address an issue raised around understanding why patient's do not attend appointments. 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. 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. An additional method of collating and sharing learning has been launched in Quarter One, each

	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**
		Service was asked to share a piece of positive practice or learning which will be collated and disseminated by the Library Service. The Long COVID Team shared that they have developed a new pathway process to book patients first therapy assessment with them whilst they are being seen in clinic. This has resulted in the patient having greater ownership of the appointment and leaves with a plan. The clinician feels more empowered as it has reduced the amount of follow up questions from patients, and it is a more efficient use of time as it has removed the need for the Administration Team to attempt contact for follow up appointments. The process for disseminating the learning will be assessed jointly due to the similarity. The additional support from Library Services will aid wider sharing as they also focus on facilitating knowledge mobilisation. 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. 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: NHS England » Learn from patient safety events (LFPSE) service https://youtu.be/mlRu-B-XbGM 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. In addition, we are continuing to identify contacts in other Trusts to share learning with and have

	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**
		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. **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. **Year Three May 2024:** The action plan from the learning workshop is held and overseen by Quality Assurance and Improvement Group. Work towards its completion continues. LCH launched the Patient Safety Incident Response Framework fully in April 2024 after a three-month transition from soft launch in January 2024. Improvement plans for each of our key areas of Trust learning: Falls, Pressure Ulcers and Deteriorating Patient, have been initiated under the Trust Patient Safety Incident Response Plan with Business Unit and Subject Matter Expert membership on the associated Improvement Group. The focus of the plans is to ensure learning from patient safety incidents translates into improvement actions. Datix has been upgraded to capture our learning from incidents for inclusion on the improvement plans and processes updated to ensure existing and new learning is known. **Completed.**

	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 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.	**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. **Year One May 2022:** A meeting is planned with the Quality Improvement Team to consider a quarterly QPD newsletter that would include key learning. Advice is being sought regarding how teams wish to be engaged with from the leads of the ABU Neighbourhood Transformation Project. **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. 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. **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. A discussion has been initiated with the Performance Team in relation to electronic Quality and Learning Boards in addition as some teams have reported that the physical quality boards are no longer in use as they are not tailored to individual services. 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. Stand at Leader's Network Live 30 March 2023:

	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 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 adaptions to make sharing of learning easier and more effective. 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 incident. 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.

	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 Three May 2024: Work continues on this action and will continue beyond the end of the Strategy as developments and improvements are continually being made to improve learning and sharing. For example, a recent additional action to digitise a learning quality board is in development that will auto populate and auto update to teams PIP from the Datix learning field via Power Bi. Some teams are already using a similar function via Excel and adding Datix and other learning weekly in a local shared drive (identified in Liaison and Diversion from a recent Quality Walk). **Partially complete – aim to be completed with sufficient evidence by the end of the Strategy period.**
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.	**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. **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. **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. 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

	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**
		the current process. Two new processes for obtaining learning have been established in year two and processes are being developed to share this learning Trust wide. The next stage of this would be to understand how we can test that the learning is useful and whether there is a way to test this through the Quality Challenge Plus programme, the collation of evidence CQC or via an audit or staff survey route. A review has been initiated of whether an electronic quality and learning board could be established. **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 an Allied Health Professionals. 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 plane to showcase the learning from the completed 2023/24 audit programme. **Year Three May 2024:** The PSIRP linked improvement plans and Improvement Groups have oversight of ensuring learning is embedding for our key harms. The annual audit programme has been reviewed with plans to complete a learning from audit roadshow. Learning and actions from audit is planned to be held on teams central and single improvement plan once the single plans are fully launched. **Completed.** Work will continue beyond the Strategy as new opportunities to identify, share and embed learning present themselves. For example:

	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**
		Significant work has started to prepare the Trust for the CQC Single Assessment Framework (SAF) and TLT have approved a Trust model of aligning CQC SAF to the Quality Challenge Plus (QC+) programme. Teams will share their QC+ Self Assessments and add the supporting evidence for review and upload to the CQC SAF Provider Portal. There will be opportunities within this sharing of information to capture learning and good practice for wider consideration.

	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.	**January 2022:** We have initiated and are embedding the ethos from the Patient Safety Strategy (PSS) to investigate less and learn more. LCH have adopted the themes from the PSS to only progress to serious incident investigation when there is learning to identify. The incident to serious incident process has been reviewed and key changes made to streamline the process. - 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. 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.

	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**
		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. **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. A Task and Finish Group has been started to assess the incident review methods suggested by NHS England. A meeting is planned with HR to discuss the inclusion of Just Culture Framework in HR processes 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. 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.** **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. 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

	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**
		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. 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. 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. The second aim is to assess an alternative way of reviewing the incidents where we see similar learning with the intention of investigating less and learning more. There are dedicated steering groups and organisational improvement plans for pressure ulcers and falls where the learning themes are being overseen. The virtual AAR will ensure any new learning is identified but will also provide the organisation with the evidence required of how pressure ulcers and falls should be managed within the future Patient Safety Incident Response Plan. The virtual AAR will mitigate the organisations risk of being non concordant with the existing Serious Incident Framework 2015 by ensuring LCH is reviewing all moderate harm incidents to identify externally notifiable Serious Incidents. 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. **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. The Virtual assessments are dynamic reviews of the incident framed by information provided by the Clinical

	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**
		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. 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. **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. 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 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. 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. **Year Three May 2024:** We have now fully launched the PSIRF and associated Trust PSIRP. The Patient Safety Specialists (PSS) and halfway through the national Patient Safety Learning Modules Three and Four. The PSS's are supporting any Patient Safety Incident Investigations to ensure the new methodologies are used for the most appropriate learning to be identified. Recent actions include ensuring the EQIA process is followed prior to a change in practice, reviewing the

	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**
		ongoing competency assurance mechanisms in place for staff, reviewing the application of the Local Safer Surgery for Invasive Procedures process, rather than traditional actions like feeding back learning to a team. The Business Units have identified staff to attend the training required for investigators and a schedule has been initiated. The training is provided by the HSSIB. **Completed. Will be reinforced by completion of the national training schedules, the mis alignment of the national training and the national release of the PSIRF is recorded on the risk register (1191).**
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.	**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. 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. 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. **Year One May 2022:** The Patient Safety Partners Policy has been developed and will be shared with SMT to discuss the options for renumeration and contracting for the Partners. A potential Partner has been identified. **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.

	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 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. 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. 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. **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. 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. 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. **Year Three May 2024:** We have identified our staff investigators who will complete a full day face to face training from HSSIB on effective involvement. Our Patient Safety Specialists are joining more of our Trust initiatives, such as Quality Committee, workshop days, engagement/involvement activities. They have both

	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**
		recently agreed to join our Quality Challenge Plus programme and to be involved in our EQIA process. A similar involvement approach will be considered for our Youth Board in the next twelve months. They have recently been trained to support Quality Walks and we would like to consider their involvement in the EQIA process. **Completed.**
Year One - Three	We will involve colleagues in our investigations to ensure their experience of care delivery is understood and fully informs the investigation, learning and improvements and ensure all colleagues are offered support.	**Year One:** We are moving towards greater staff involvement in the investigations. 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. 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. **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. There is a continued focus on Just Culture within the incident reviews from Rapid Review to Serous Incident investigation. Training in planned for the Clinical Incident Management Practitioner Team on 9 November 2022 that will include Just Culture, systems and human factors approaches and reducing the risk of second victim scenarios in those involved in incidents. Communication with teams is completed via the Quality Leads and via organisational communications. **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

	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**
		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. Where requested, the Clinical Governance Team have joined team meetings to share the role of the team, which includes an overview of the above. The Team have visited Leeds Sexua Health and have dates agreed with LMWS and Dental with an offer pending with MSK. Planning is underway to join an ABU leadership team meeting to share the Just Culture and Safety Science principles. The aim is to ensure a Trust wide greater understanding of why we investigate and how, to promote engagement and involvement in investigations. 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. **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. 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. The attached link is shared on all invitations to Rapd Review to ensure the focus of the review is known in advance: 'Please See the link below due to our move towards PSRIF: https://www.england.nhs.uk/patient-safety/incident-response-framework/'

	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 Three May 2024: This work continues as our Trust investigators and Patient Safety Specialists become increasingly upskilled in methods of involvement. The skills learned for patient safety involvement will transfer to complaint investigation and potentially support other investigation techniques like HR. A more robust approach to assessing the Just Culture Framework is currently being tested. The approach relates to incidents that raise a question of whether staff have intentionally or persistently stepped away from best practice and patient harm has resulted. A panel is convened of the Executive Director or Nursing and AHPs, the Deputy Directors of Nursing and AHP, the Head of Clinical Governance, the respective Clinical and Quality Lead for the Business Unit. The panel reviews the incident against the Just Culture Framework and updates a restricted section in Datix with the outcome. Two panels have been convened since instigation in April 2024, neither progressed to a HR process as neither were assessed to have knowingly stepped away from best practice when the harm was caused. Alternative appropriate and supportive plans were advised for both colleagues. **Completed.**

	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**
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. 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.

	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**
		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. Concordance with the communication template will be measured via reporting in the Performance Information Portal. 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. 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. Easy read clinical outcomes measures can now be found on the external website for use. **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. **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

	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**
		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. 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. 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. 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. 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.

	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**
		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.** **Year Two May 2023:** Please see the Priority Four Year Three update for continued work on embedding equity in quality. **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. **Year Three May 2024:** Work for this priority continues and developments will continue beyond the Strategy. For example, an equity lens has been introduced to our Rapid Review process as a recent development and any disparity would then inform a question is any resulting review of that incident. Improvements will include how this information is reported and how we start to use this information from a Trust perspective.
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.	**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. 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.

	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**
		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. 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: Indices of Multiple Deprivation (IMD) Ethnicity Interpreter Requirements Age Learning Disability and Autism. 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. 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. 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. **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

	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**
		transfer to PowerBI. 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. Soft intelligence via the Rapid Review meetings, suggests that interpreter requirements are known and addressed locally but that the template is not being completed. 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. 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. **Year Three November 2023:** An equity lens 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. 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. 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.

	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**
		Year Three May 2024: Equity has been included in our Patient Safety improvements plans and any themes will be reported out by the leads for those plans six monthly to QAIG. The three C's of compassion, co-ordination and communication will be added to Datix to enable LCH to record and report for our equity and engagement work for the People's Voices Partnership - Your Healthwatch Leeds, and feeding into the Health and Wellbeing Board. The 3 C's are suggested to provide a positive framework for targeting service improvement on areas most likely to improve people's experiences of care **Partially completed. Work will continue however it is not anticipated that this action will be fully completed by the end of the Strategy in July 2024.** **We can review incidents to understand any inequalities affecting communities but not yet fully for patient experience as the information provided for a complaint is not always linked to a patient record and our complaints are very low in comparison to incidents.** **We have not yet fully evidenced how we act on this information as a Trust although there are local examples.**
Year Three	We will embed equity as part of our Quality Challenge+ Programme.	**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. Consideration will be given to how equity can be considered in a meaningful way in the Quality Challenge Plus process and planning. **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 SystmOne Communication Template once this dataset is available.

	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**
		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. The Health Equity Lead will support the Quality Challenge Plus training going forward to ensure the focus on equity is understood and embedded. **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. **Year Three May 2024:** Equity continues to be held within the Quality Challenge Plus assessments and additional guidance has been developed and included in training. It is hoped the 2024/25 programme will demonstrate greater evidence. The Trust approach to the CQC SAF to align our process to the Quality Challenge Plus programme will support completion of this priority as equity is a theme throughout CQC's assessment, evidence will be needed for the CQC SAF of how we are meeting our equity requirements. **Partially completed. Completion anticipated during the 2024/26 Trust CQC SAF programme that aligns with the QC+.**

	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**
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.	**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. 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. This element of the work will continue into Year Three and beyond due to the complexity of the requirement. **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. New pathways have been developed in partnership with secondary care to support reductions in incidents for discharge related falls, meatal tears and venous thromboembolism. **Completed.** **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. **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. A provider directory has been produced of who to contact in each organisation when a multi

	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**
		organisation incident occurs that requires a multi organisation response. Next steps will include invitation to wider commissioners including NHSE and Health and Justice. **Year Three November 2023:** This work continues and will continue to develop as we improve processes and continue to develop relationships. 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. **Year Three May 2024:** We are completing more reviews and sharing more learning with our partners. Where barriers arise, we are discussing these at our citywide meetings. For example, a recent investigation has been delayed as two partners chose not to be involved due to their limited involvement. This resulted in Subject Access Requests being required for their information in the review. This is due to be discussed at the next citywide meeting where those partners attend. Advice will also be provided to colleagues that the ICB can support those conversations earlier to promote engagement where local discussion does not provide an appropriate response. This work will continue.
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.	**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. **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

	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**
		increase in meatal tears relating to a specific type of catheter, which has now been removed from the acute trust formulary. 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. **Year Two May 2023**: Initiatives continue across LCH work in an integrated way and includes shared learning. **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: 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. **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. **Learning from deaths:** integrated mortality meetings are in place where colleagues share patient

	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**
		case studies to support learning from deaths, the meetings are attended by partners to maximise the learning. 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. **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 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.	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: **Effectiveness:** Quality Challenge Plus. Policy – Equity Impact Assessment now sent out for all reviews and new policies. Audit – to be assessed. NICE – review being competed 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. **Patient Safety:** Incidents - data within the monthly Quality Lead reports and shared with Business Units.

	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**
		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. **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. **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. 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. Health equity is being actively included with clinical effectiveness sub workstreams including Quality Challenge Plus, CQC self-assessment, and policy development.

	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**
		Year Three May 2024: This work continues, and improvements will continue beyond the Strategy as opportunities become apparent and available. In the last period we have identified an opportunity to include a mandated equity section in all audit reports. Once implemented all audit results will be considered with an equity lens for positive and negative outcomes and actions developed in the audit to make the equity improvement. **Completed.**

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 7 June 2024

Agenda item number: 2024-25 (23)

Title: Sustainability – Annual Report 2023/24

Category of paper: Information

History: Paper presented at:
Trust Leadership Team: 15/05/2024
Business Committee: 29/05/2024

Responsible Director: Executive Director of Operations

Report author: Sustainability Manager / Operational Support Manager

---

Executive Summary (Purpose and main points)
The purpose of this report is to update on the sustainability progress made during the period of 2023/34. This will be measured against the net zero commitments and roadmap outlined in the 2022-2025 Green Plan.

The report updates the reader of the changes within the carbon data methodology, and how this has affected the Trusts overall carbon emissions. Along with updates for the 4 main emitting areas; procurement, estates, travel, and waste.

It highlights that the overall emission trend of the Trust is increasing and proposes areas of focus and projects that will drive emissions in a down over the next year and beyond. The report acknowledges the financial challenges facing the Trust and the wider NHS and suggests solutions which result in both carbon reduction and financial savings.

Recommendations
Following on from the previous 2022/23 annual report where it was described emissions were increasing, it is apparent that this upward trend is continuing. It was previously stated that this increase may have been due to getting back to normality following the covid pandemic, however as the goal of net zero continues to get closer bold actions will be required achieved our commitment. The following projects are proposed for over the next year in the 4 main emitting areas to help stabilise emissions:

- Procurement: implementation of electronic catalogue and stock control systems in collaboration with partners in Leeds and York Partnership NHS Foundation Trust (LYPFT).
- Estates: update to smart meters and improve fabric and fenestration of the retained buildings. Collaborate with landlords to align green goals.
- Travel: focus on encouraging staff were possible to active travel and / or public transport. Exploring route journey planners for clinical staff to ensure efficient routes during visits.
- Waste: Support with the new clinical waste contract and aid in the formulation of a recycled specific policy. Continue to engage and educate staff in correct waste disposal and streams.

Reader of this report is recommended to:
- Be aware of the sustainability annual report and its findings / recommendations.
- Be aware of the need to start to consider climate risk assessment for the Trust and discussion around how this is best conducted given its scale.

1. Introduction

The aim of this report is to provide an update on the progress of the sustainability agenda over 2023/24 against the Trusts 2022-2025 Green Plan. It outlines where the Trust currently sits against both regional and national targets; and highlights areas that are at risk of non-compliance.

It reviews the 2023/2024 carbon emission data, providing narrative on comparison with previous years and outlining how the upcoming proposed projects will affect the emission trend over the next 12 months.

Finally, the report outlines the proposed focus of the sustainability department during 2024/2025, describing the objectives that will allow the organisation to progress along the net zero timeline. The report acknowledges the financial constraints facing the Trust over the next 12 months and highlights how carbon reduction actions can also generate financial benefits.

1.1 Background

Over the past 2-3 years, time has been devoted to creating a robust data baseline to judge the Trusts progression against. The 2022-2025 Green Plan highlighted the 4 areas of high carbon emissions: procurement, estate, travel, and waste. For each of these categories short-midterm project lists were developed which went onto create the Trust net zero roadmap. Evaluation of the 2023/24 projects list and evaluation update is provided in Appendix 1.

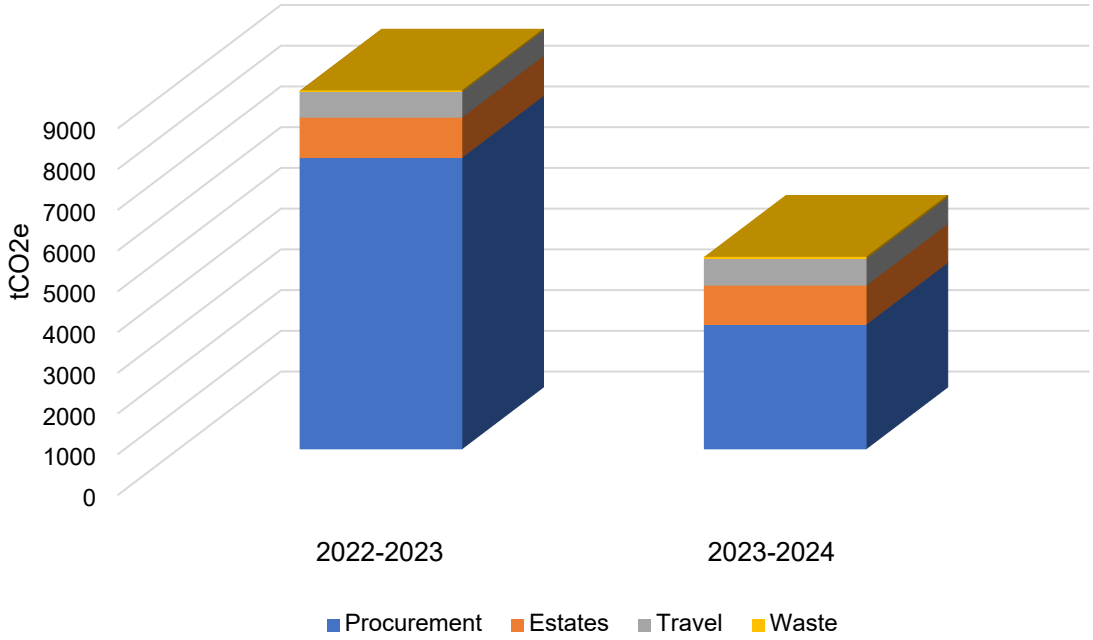
During 2023 the West Yorkshire Integrated Care Board (WY ICB) published it's West Yorkshire Health and Care Partnership Climate Change Strategy 2022-2038. Many of the actions outlined in the strategy aligned with those of the Trust, however the paper highlighted the difference in ambitions across the region for net zero. NHS England and other regional Trusts have aimed for net zero by 2040 and with West Yorkshire Authority pledging to be carbon neutral by 2038 it is appropriate to question if the Trust's 2045 target is ambitious enough, recognising the lack of progress to achieve the current pledge.

1.2 Carbon Reporting Changes

Over 2023/24 the recording of the Trust's carbon data has improved in accuracy, most notably in procurement. This improved data collection has decreased the overall carbon emissions of the Trust from 8782 tCO2e in 2022/23 to 4701 tco2e, this is highlighted below in Graph 1. The newly revised procurement data excludes services from the calculation and now solely includes products that the Trust purchases. Services will eventually have a carbon cost allocated to them, but at this point methodology to accurately calculate has not been devised.

It is important to not to celebrate this reduction as although our emissions have decreased with improved recording, our carbon trend within both travel and estates continues to rise. Narrative will always be provided with data submission to stipulate if emission changes are due to improved recording or following a project. This will allow the sustainability department to provide a transparent and accurate review of the Trusts progression.

Graph 1: Total Trust Carbon Emissions Comparison: 2022/23 and 2023/24

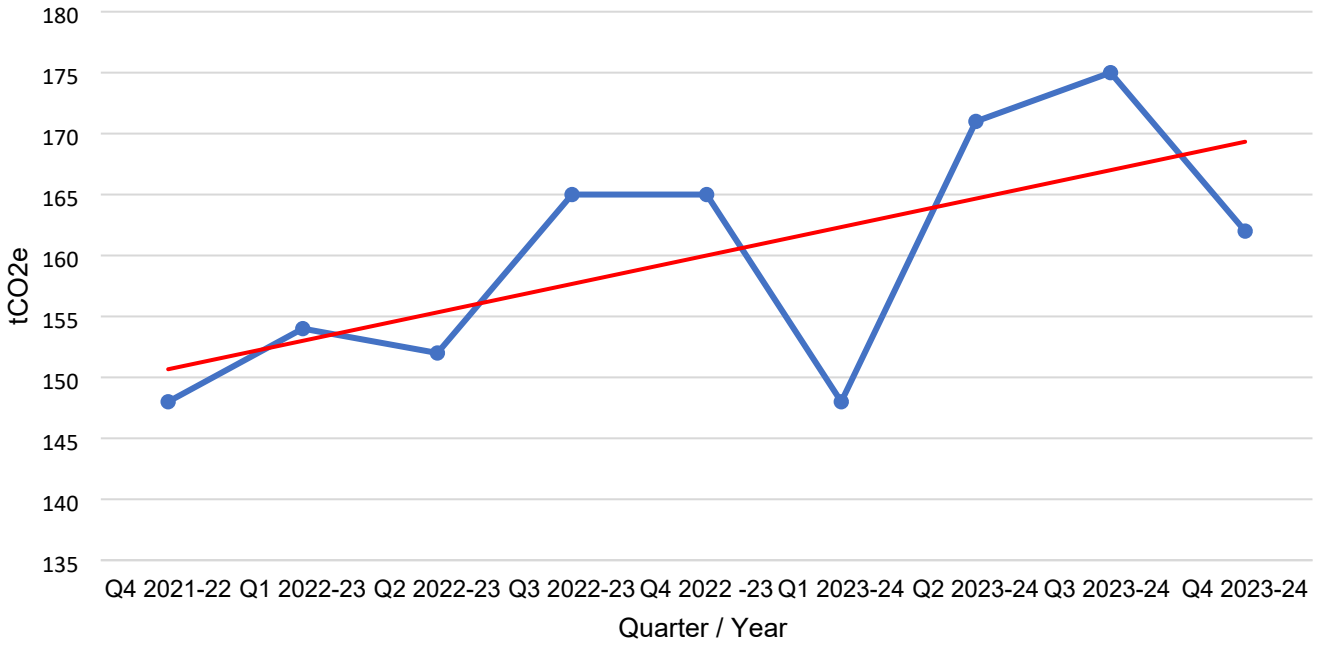


2. Review of the Highest Carbon Emitters

2.1 Travel

At present carbon emissions for travel are calculated using staff mileage within working hours. This data is pulled and calculated using the LCH expenses system. Commuting mileage is not currently calculated, however collection is due to start in 2024 through a Trust wide travel survey. The graph below depicts the Trusts carbon emissions in travel over the past 2.5 years.

Graph 2: LCH carbon emissions - Travel December 2021-April 2024



Travel Summary

The Trust's travel profile comprises mainly of a grey fleet, meaning the Trust does not own a fleet of vehicles which it then lets staff recruit, staff own their cars that they use for work. This model presents challenges when transitioning to net zero as the Trust does not have direct control over the vehicles that are used across the organisation. Therefore, focus over the past year has been to increase the appeal, affordability and eligibility of in-house salary sacrifice and business lease schemes for staff to recruit. Active travel has also been promoted by the instalment of 12 bike shelters across the Trust sites.

Moving into 2024-25 the focuses for travel are listed below:

1. Produce a sustainable travel and transport plan, which will outline out specific roadmap and interventions required to meet net zero in this area.
2. Data collection of commuter habits and mileage of staff through a Trust wide travel survey.
3. Continue to reduce carbon cap of vehicles offered through the salary sacrifice and business lease schemes by 50g/km to reach 0 by 2026. Introduction of a wider yet affordable selection of electric vehicles.
4. Implementation of a salary sacrifice and business lease hybrid scheme to decrease monthly costs and improve eligibility, making the schemes more attractive and feasible for staff.
5. Behavioural change campaign promoting active travel both internally and in collaboration with Leeds City Council.
6. Exploring methodology around data collection on patient commuter habits for health centre appointments.

Cultural shift away from diesel / petrol vehicles to electric vehicles / active travel will be challenging. Support and example from the Trust leadership team will be essential when communicating this message. The NHS Net Zero Travel and Transport Strategy released by the Greener NHS in October 2023 advised Trusts encourage this transition through:

- Providing facilities as standard for active travel (including e-bikes) across Trust sites.
- Create staff rewards for sustainable travel, for example discounted coffee at on-site cafes.
- Creating a formalised lift sharing arrangements for staff commuting in the same areas.

Expense expenditure

From Apr-23 to Feb-24 the expense expenditure totalled £1,429,963. It is in the interest of both the sustainability and Quality and Value programme to decrease our petrol and diesel vehicle mileage. This is reflected in examples in the differenced in reimbursement rates shown below:

Ownership / type of vehicle	Expense rate	Cost of 200miles (average monthly mileage for nurse)
Privately owned; any fuel type	59p per mile <35000 miles	£118
Salary sacrifice Petrol (small-large engine) Diesel (small-large engine) Electric	 11-21p per mile 12-19p per mile 9p per mile	 Up to £42 Up to £38 Up to £18

If just 10% of the staff currently claiming expenses switched from a privately owned petrol car to salary sacrifice electric car the Trust would make an annual saving of: £530,029.08

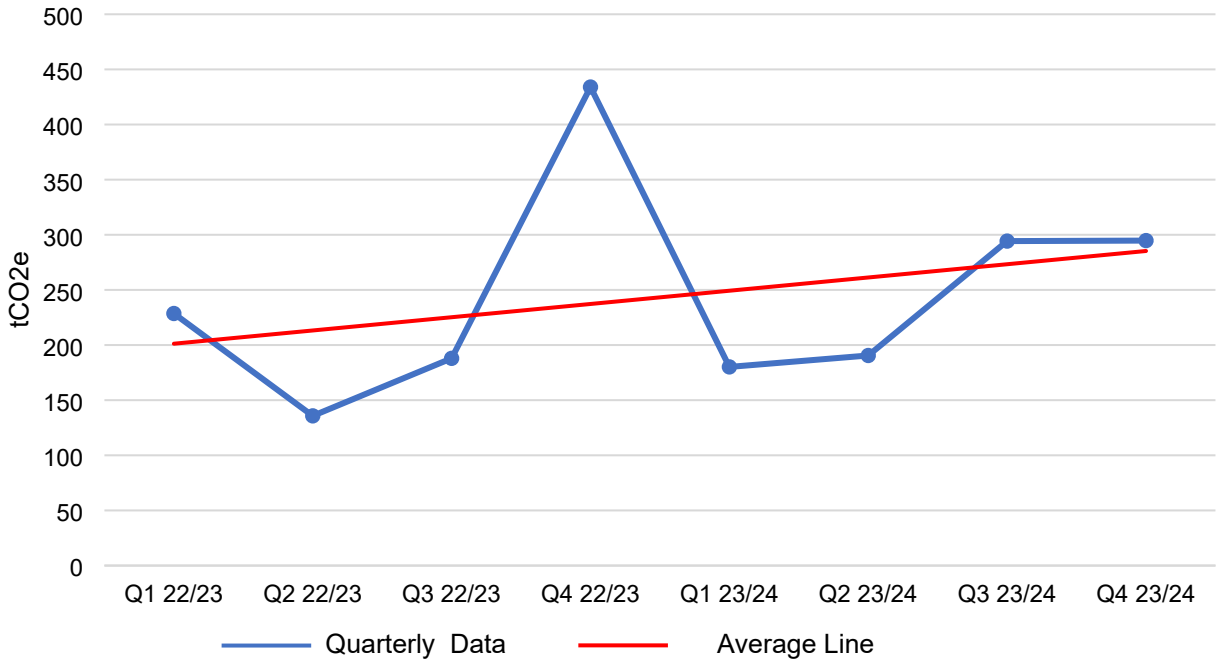
through expenses claim. *(This calculation is based on the average monthly 200 mileage for a nurse.)*

This saving is significant even when the Trust contribution to salary sacrifice and business lease vehicles is considered. However, as Graph 2 highlights mileage over the past 2 years has been steadily rising. If emissions continue this upwards trend the prospect of net zero will become increasingly unattainable.

2.2 Estates

Estates is the second highest emitter of the Trust; however, there is significant challenge to carbon reduction due to the high costs associated with building upgrades. Projects such as energy monitoring systems and evaluation of building occupancy should be the primary methods to reduce emissions before structural change. This in keeping with the advice provided through the Heat Decarbonisation Plans written in 2022/23.

Graph 3 LCH Trust carbon emissions - Estates 2022/23 - 2023/24



Estates Summary

Over the past year opportunistic work through capital spend has been completed, including LED upgrades and installation of bike shelters across the retained sites. As stated in the 2022/23 annual report heat decarbonisation plans were written for all 15 retained sites, which moving into 2024/25 will be the blueprint for decarbonising business cases. These business cases will be split into two categories:

- Whole building approach
- Individual project / transition throughout the estate. For example, evaluation of solar panel installation across all sites.

This work will enable the sustainability department to prepare and prioritise projects ready for submission of grant opportunities from NHS England and Government. It will also enable the team to articulate to senior leaders the priority of work, if any, to be included in the upcoming capital spend.

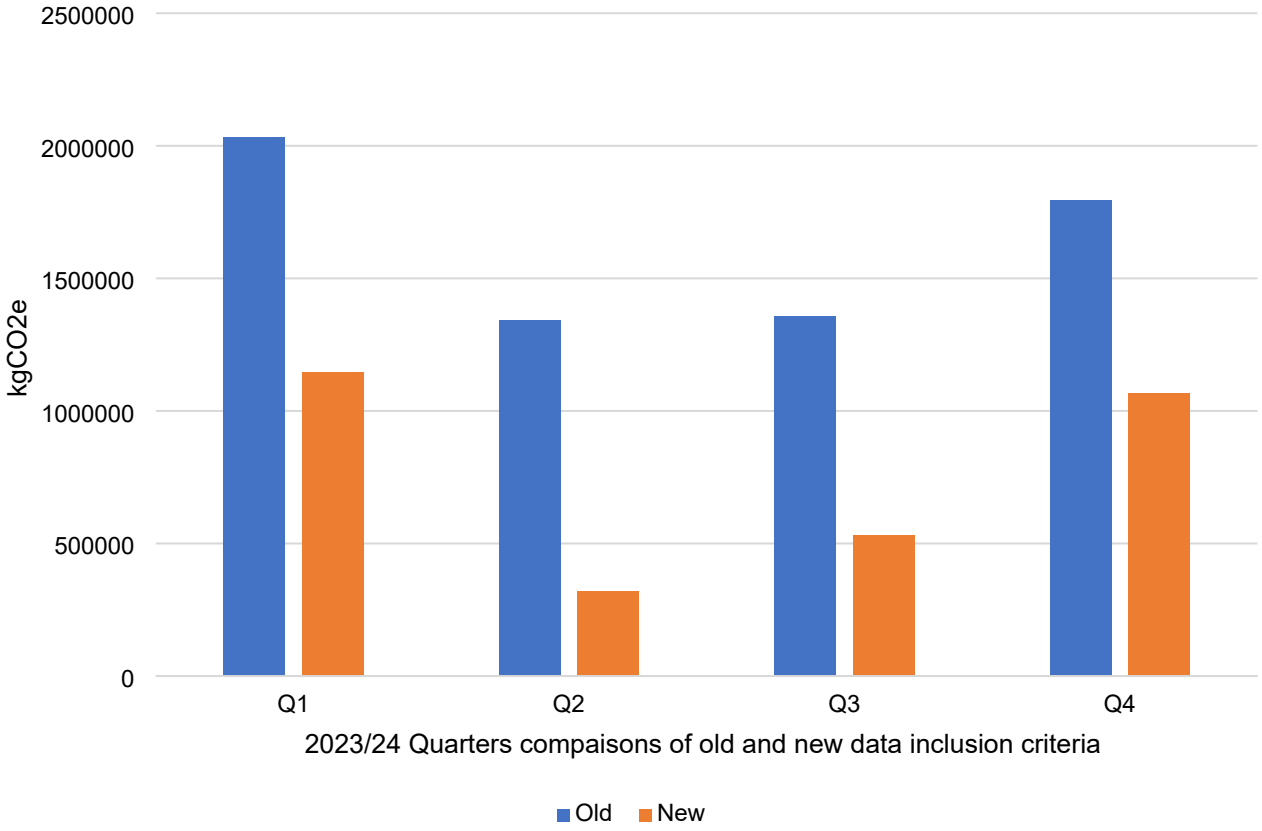
The below is the list of focuses and projects for 2024-25:

1. Update meters across the retained estate to 30-minute reading smart meters. This will improve energy consumption reporting, resulting in increased accuracy of carbon data and bringing financial benefits with a transition away from estimated billing.
2. Continue to refine our carbon emission collection methods to ensure representation is accurate. Guidance from Greener NHS will ensure standardisation of data collection where possible.
3. Review all the heat decarbonisation plans to create business cases for both individual projects across the estate and whole building approach to prioritise and prepare for funding opportunities.
4. Work collaboratively with the Quality and Value programme subgroup Estates Strategy and Implementation Board (ESIB) to align the wider goals of the Trust over the upcoming year.
5. In-house staff campaigns that are pertinent to estates, including: energy awareness and active travel.

2.3 Procurement

Procurement is currently the highest emitter of the 4 areas of carbon. This is partly due to the current calculation for procurement being based on spend. Therefore, an area of focus over the past year has been reviewing the information received from the procurement department and ensure all items are appropriate for calculation. This has had a significant impact on our procurement emissions with a difference of 4572 tco2e between the new and old method.

Graph 4: Procurement Carbon Comparison Charts for 2023/24



Procurement Summary

Alongside the improvement of carbon data collection, the sustainability and procurement departments have continued regular communication with procurement and sustainability partners at Leeds and York Partnership NHS Foundation Trust (LYPFT). As LYPFT hold and deliver almost all the Trust's stock it was important both Trusts' procurement objectives were aligned.

The following are the focuses and projects for procurement in 2024-25:

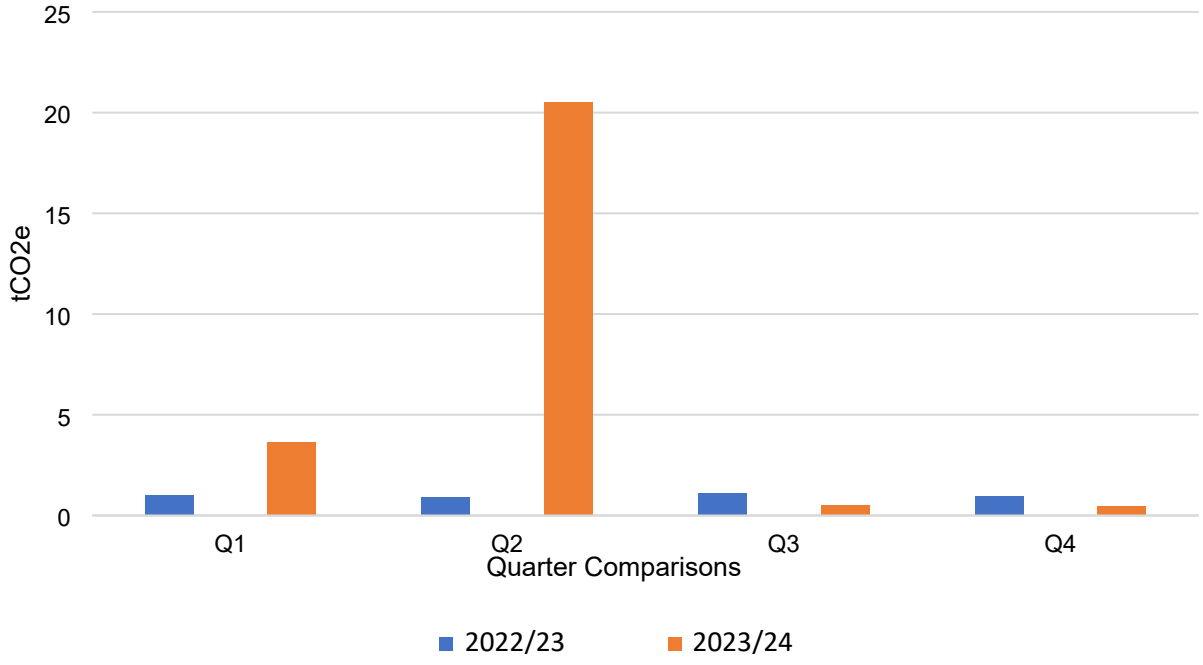
1. Review how departments re-stock and shelve ordered products. This includes introduction of a centralised store whereby stock is reviewed and replenished by front of house rather than individual teams, mimicking the process applied during covid.
2. Contribute to the reiving of the clinical supplies group to improve product selection and distribution.

Finally, in April 2024 the national NHS Net Zero Supplier Roadmap was launched. Which stipulates that from the 1st April 2024 all suppliers will have to prove they have a carbon reduction strategy and commitment to sustainability practices. Although this will be governed by the central procurement team it will positively affect all products and services procured through the Trust.

2.4 Waste

Over the past 4 years carbon emissions within waste have been steadily declining. This is due to changes in waste disposal with next to nil waste being sent to landfill (which had a high carbon factor). It is worth noting below that there was a sharp spike in emissions for Q2 2023/24. This was due to a one-off clinical event held at Hannah House which generated a significant amount of clinical waste. It should be counted as an anomaly in the data and not expected to be repeated.

Graph 3: 2022/23 and 2023/24 Waste Comparisons



Waste Summary

With the imminent introduction of the new tiger bag waste stream, it is expected emissions will continue to fall. The hope being staff are less likely to place general / non-infection waste in clinical waste streams, that have a high carbon and financial disposal method. The sustainability department have worked closely with the Trust waste manager to have an input with the upcoming tendering process of a new waste provider to ensure that waste is disposed in a sustainable low carbon manner.

Below lists the focuses and projects for 2024-25:

1. A recycling policy to be written to sit alongside the newly revised waste management policy.
2. Work with the waste management department to formulate a bespoke waste awareness training package for staff.

3. Summary

The Trust is making steady progression against the objectives set out in the 2022-2025 Green Plan. However, carbon emissions continue to rise in estates and travel. The sustainability department is aware of the financial challenges facing the Trust and the wider NHS over the next year and how this may affect the net zero agenda. The department will have to work collaboratively and innovatively with other departments to cut carbon emissions without large costly infrastructure change. Sustainability will be a consideration in the Quality and Value programme which the Trust launched this year. This will provide opportunity to align the sustainability agenda with the wider Trust initiatives which often not only result in reduction of carbon but positive financial consequence.

Although Leeds Community is part of a West Yorkshire sustainability network group, it is acknowledged that efforts need to be made to make stronger connections with partners and other health organisations across the region. This will ensure carbon savings work and projects will not be completed in silos but in a collaborative method across Trusts. It will also ensure shared learning and practice across organisations to adopt ways of working that have deemed successful.

Climate adaptability

When the Trust declared a climate emergency, the most urgent focus was to create a plan to reduce carbon. In line with the wider NHS, the Trust has continued to develop mechanisms and actions to better understand and manage carbon emissions.

Less work has taken place both nationally and locally to understand the impact that climate change will have on the Trust, the services that the organisation would provide, and the people cared for. Some national pilot exercises have identified significant medium-term risks around the impact of prolonged hot, wet, windy weather and droughts. The Trust is yet to carry out its own detailed risk assessments, however it is likely that the most significant risks will be whether we can continue to safely treat patients in their own homes, disruptions to supply lines, health centre adaptations and the possible evacuation of Wharfedale hospital/ Hannah House.

In 2024/ 25 the Trust will need to start developing a climate adaptability risk assessment/ mitigation plan to complement the existing carbon reduction initiatives. Due to the way that extreme climate change will affect Trust services, it is likely that this work will need to be completed across all front line and corporate services – supported/ coordinated by the sustainability manager/ emergency planning manager. There will also be a requirement to work with local partners, as well as the wider ICS.

Appendices

Appendix One: Evaluation of 2023/34 the projects outlined in Green Plan: RAG rated accordingly.

Procurement	Work with LYPFT to move to an electric fleet of vans / lorries for logistics (shuttle / stores)	Buy recyclable PPE where safe and IPC approved / available. *This is continually reviewed with IPC. The sustainability team have been involved with awareness campaigns such as hand hygiene awareness to reduce unnecessary glove use.*	
Estates	Work with landlords to align sustainable projects and overall sustainability agenda.	Commit to opportunistically replacing windows, thermostats, and lights of LCH sites through capital spend. I.e. Seacroft Health Centre. *The estates department recognise the benefits beyond reduction of carbon with these opportunistic upgrades as many of them result in energy and financial savings. It is expected this commitment will continue into 2024/25.*	Transition to LED across retained estate and introduce light sensors in all suitable areas. *Where possible opportunistic upgrades have been completed and it continues to be a collaborative goal of both estates and sustainability department. Moving into 2024/25 funding and grant opportunities will be explored further to speed completion of transition to LED.*
Travel	Continue to restrict the choice of lease / salary sacrifice vehicles to low / zero emission options. *In 2023/24 a further reduction of 10g/km was applied to the available vehicles on both salary sacrifice and business lease schemes. This reduction will continue to reach 0g/km by 2026.*	Improve cycling facilities throughout the Trust to encourage active travel. *12 shelters and maintenance stations installed around LCH estate, however still lacking in shower, drying, and changing facilities.*	Implementation of plan to increase support for staff using electric vehicles (EVs). *Significant efforts have been put into promoting electric vehicle opportunity and affordability through the in-house salary sacrifice and business lease schemes. The sustainability department still has reservations with installing EV charging points across estate and instead will communicate with Leeds City Council with their roll out.*
Waste	General waste – review of procurement of contracts with emphasis on recycling / sustainability	Repair rather than replace furniture where possible. *Opportunity has been limited for this objective, at present there is not a repair scheme or service available for the Trust to recruit. At present the facilities department are advised to used City Transport who as first option is to reuse furniture across other organisations across the city and then if not suitable will recycle.*	Review of currently glass and food recycling procedures and facilities at our sites. *Not currently in place or at the point to be explored.*