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Leeds CITY COUNCIL

SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Tuesday, 11th February, 2020 at 1.30 pm

(A pre-meeting will take place for ALL Members of the Board at 1.00 p.m.)

MEMBERSHIP

Councillors

C Anderson - Adel and Wharfedale;
J Elliott - Morley South;
N Harrington - Wetherby;
H Hayden (Chair) - Temple Newsam;
M Iqbal - Hunslet and Riverside;
C Knight - Weetwood;
G Latty - Guiseley and Rawdon;
S Lay - Otley and Yeadon;
D Ragan - Burmantofts and Richmond Hill;
A Smart - Armley;
P Truswell - Middleton Park;
A Wenham - Roundhay;

Co-opted Member (Non-voting)

Dr J Beal - Healthwatch Leeds

Please note: Certain or all items on this agenda may be recorded

Principal Scrutiny Adviser:
Steven Courtney
Tel: (0113) 37 88666

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded). (* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Head of Governance Services at least 24 hours before the meeting).	
2			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 1. To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2. To consider whether or not to accept the officers recommendation in respect of the above information. 3. If so, to formally pass the following resolution:- **RESOLVED –** That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows: **No exempt items have been identified.**	

3			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration. (The special circumstances shall be specified in the minutes.)	
4			**DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS** To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.	
5			**APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES** To receive any apologies for absence and notification of substitutes.	
6			**MINUTES - 7 JANUARY 2020** To approve as a correct record the minutes of the meeting held on 7 January 2020.	7 - 14
7			**MATERNITY AND NEONATAL SERVICES IN LEEDS - PROPOSED RECONFIGURATION OF SERVICES** To consider a report from the Head of Democratic Services introducing the proposed reconfiguration of maternity and neonatal services in Leeds; alongside details of the associated public consultation.	15 - 36
8			**LEEDS TEACHING HOSPITALS NHS - ACCESS TO SERVICES** To consider a report from the Head of Democratic Services introducing a Leeds Teaching Hospitals NHS Trust report on access to services, particularly related to dermatology and spinal surgery services; alongside the latest Integrated Quality and Performance Report (January 2020) and an overview of the West Yorkshire Association of Acute Trusts (WYATT).	37 - 142

9			**CHAIR'S UPDATE** To receive an update from the Chair on scrutiny activity since the previous Board meeting, on matters not specifically included elsewhere on the agenda.	143 - 146
10			**WORK SCHEDULE** To consider the Scrutiny Board's work schedule for the 2018/19 municipal year.	147 - 172
11			**DATE AND TIME OF NEXT MEETING** The next meeting is scheduled for Tuesday, 31 March 2020 at 1:30pm (*with a pre-meeting for all members of the Scrutiny Board at 1:00pm*). To note the additional meetings scheduled for: • 21 April 2020 • 19 May 2020 *(Both meetings to be held on Tuesday at 1.30 pm. (With a pre-meeting for Board Members at 1.00 pm))*	

THIRD PARTY RECORDING

Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts on the front of this agenda.

Use of Recordings by Third Parties – code of practice

a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.

b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.

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SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 7TH JANUARY, 2020

PRESENT: Councillor H Hayden in the Chair

Councillors C Anderson, H Bithell, N Dawson, J Elliott, N Harrington, G Latty, S Lay, D Ragan, A Smart, P Truswell and A Wenham

70 Appeals Against Refusal of Inspection of Documents

There were no appeals.

71 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

72 Late Items

There were no formal late items. However, some supplementary information in relation to Item 13 (Work Schedule) was submitted and distributed to Members prior to the meeting (Minute 82 refers).

73 Declaration of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests; however in the interests of transparency the following personal interests were drawn to the attention of the Board:

Councillor Ragan – a close family member was in receipt of a direct payment.
Councillor Lay – employed by Harrogate and District NHS Foundation Trust.

74 Apologies for Absence and Notification of Substitutes

Apologies were received from Councillors M Iqbal, C Knight and co-opted member Dr J Beal. Councillors N Dawson and H Bithell were in attendance as substitutes.

75 Minutes - 26 November 2019

RESOLVED – That the minutes of the meeting held 26 November 2019 be approved as an accurate record.

76 Performance update - Adult Social Care, Public Health and Active Lifestyles

The Director of Adults and Health and the Director of City Development submitted a report that provided an overview of outcomes and service performance related to the council priorities and services within the Board's remit.

The following documents were appended to the report:

- 2018-19 Leeds Adult Social Care Outcomes Framework and Better Lives Strategy
- Public Health Population Indicators

The following were in attendance:

- Councillor Rebecca Charlwood, Executive Member for Adults, Health and Active Travel
- Cllr Mohammed Rafique, Executive Member for Environment and Active Lifestyles
- Cath Roff, Director, Adults and Health
- Dr Ian Cameron, Director of Public Health, Adults and Health
- Peter Storrie, Head of Service (Performance Management and Improvement), Resources and Housing
- Steven Baker, Active Leeds Business Manager, City Development

The Director of Adults and Health introduced the headline performance issues, as detailed in the submitted report. While recognising positive performance across a number of areas, Members discussed a number of specific matters, including:

- *Direct care payments.* Members queried the approach taken to address the decline in the proportion of people who receive direct care payments, and were informed of a number of initiatives in place to encourage sign-up, such as a pre-payment card designed to reduce the amount of administration for carers to complete. Other initiatives included providing a support service to assist in the recruitment of personal assistants; and a personal assistants workforce development strategy. Members were also advised that the Council supports personal preference, which for some is to continue with a Council-managed budget.
- *Delayed transfers of care.* Members were informed that the delayed transfers of care from hospital indicator had been adapted to include mental health admissions, and that this was likely to have impacted the progress due to the challenging support needs of dementia patients. However, Members were assured that performance in acute delays across all admissions had improved.
- *Population indicators.* The Board requested that comparisons with other cities be included in future reports for indicators measured by population.
- *Reablement and rehabilitation services.* Members queried the decline in access to reablement and rehabilitation services, and were advised that the referral pathway into reablement was recently expanded,

however this had resulted in a large proportion of unsuitable referrals causing inefficiency within the service.

- *Demand and workforce.* Members were advised that demand and workforce remains a significant challenge, particularly for registered nurses in nursing homes. The Director also reported general pressures attracting prospective employees into the health and care sector, suggesting a social care minimum wage (higher than the national minimum wage) could help make the sector a more attractive prospect.
- *Male suicide rates.* Members were advised of a greater proportion of male to female deaths in Leeds compared to national trends. Members sought detail around projects focused on male wellbeing and suicide prevention, and were informed of a number of community groups supported to provide peer support, as well as the Annual Suicide Audit, which is published and then discussed at a large scale event with health partners, to understand challenges and support needs.
- *Smoking rates.* Members were advised that smoking prevention continues to be a priority area. The Director of Public Health further advised that part of the success of the NHS Long Term Plan hinged on NHS services focusing on prevention. The Board acknowledged this could be the focus of further consideration by the Scrutiny Board in the future.
- *Active travel.* Given the relatively new addition of this aspect within the reporting arrangements, Members noted the details provided in the report and acknowledged more detailed consideration should be provided as more data becomes available. Future reports should also seek to provide comparative data from other local authority areas, such as core cities.

RESOLVED – That the contents of the report and appendices, along with Members comments, be noted.

Councillors A Smart and H Bithell arrived at the meeting at 13:45 and 13:55 respectively, during discussion of this item.

77 Financial Health Monitoring 2019/20 - Month 7 (October)

The Head of Democratic Services submitted a report that introduced information regarding the projected 2019/20 financial health position of those service areas that fall within the Board's remit at Month 7 (October 2019).

The following were in attendance:

- Councillor Rebecca Charlwood, Executive Member for Adults, Health and Active Travel
- Cllr Mohammed Rafique, Executive Member for Environment and Active Lifestyles
- Cath Roff, Director, Adults and Health
- Dr Ian Cameron, Director of Public Health, Adults and Health
- Steve Hume, Chief Officer Resources and Strategy, Adults and Health
- John Crowther – Head of Finance, Resources and Housing

- Steven Baker, Active Leeds Business Manager, City Development

The Director of Adults and Health introduced the report, highlighting some of the key messages and continued challenges for provision of social care.

The Board discussed aspects of the report and the Director of Adults and Health noted the Board's request that future reports include a brief cover report providing more detail than currently outlined in the financial report; and also highlighting the key trends for the Adults and Health directorate.

RESOLVED – That the contents of the report and appendices, along with Members comments, be noted.

78 Initial Budget Proposals for 2020/2021

The Head of Democratic Services submitted a report that introduced the Executive Board's initial budget proposals for 2020/21 for consideration, review and comment on matters and proposals that fall within the Scrutiny Board's remit.

The following were in attendance:

- Councillor James Lewis, Deputy Leader and Executive Member for Resources
- Cath Roff, Director, Adults and Health
- Dr Ian Cameron, Director of Public Health, Adults and Health
- Steve Hume, Chief Officer Resources and Strategy, Adults and Health
- John Crowther, Head of Finance, Resources and Housing
- Steven Baker, Active Leeds Business Manager, City Development

The Executive Member for Resources introduced the report, noting that the Adults and Health budget remains the largest for funding and staffing, with continued pressures and changes to services.

The Board requested that future reports should include a cover report summarising the key messages and more detailed proposals for the Adults and Health directorate within future initial budget proposal items.

Members discussed a number of matters, including:

- *Proposal to insource private hire provision.* In response to a query, Members were advised that opportunities had arisen to provide some previously outsourced transport services more efficiently 'in-house', which may also provide a price stimulus within the local market.
- *Public Health Grant.* Members sought clarity regarding the value of the Public Health Grant, and what the additional funds would be allocated to. Members were advised that the detail of the grant had not yet been made available, however, it was predicted that a large proportion of the funding would be required to support NHS partners and therefore officers were not expecting a substantial uplift. It was also reported that

the cost of particular drug treatments continued to rise; and the trend was anticipated to continue into the next financial year. Any uplift in funding was likely to be allocated to cover any additional costs. The Board also discussed the Public Health Funding Targets identified when the Public Health function transferred to local authorities and the subsequent cuts to Public Health spending. The Board requested confirmation of Leeds' current position in this regard.

- *Clean Air Zone.* Members sought clarity regarding the launch of the Clean Air Zone, and were informed that there had been a delay, due to technical difficulties with the government system formulated to check vehicles against the emissions criteria. Members were advised that the launch was anticipated for Summer 2020, at the earliest..

RESOLVED –

a) That the 2020/21 budget proposals as presented be noted;
b) That the Board's comments are reflected as part of the Scrutiny submission to Executive Board for its consideration.

79 Best Council Plan Refresh 2020/21 to 2024/25

The Head of Democratic Services submitted a report that introduced proposals to refresh the Best Council Plan for the period 2020/21 to 2024/25 and provided an opportunity for the Scrutiny Board to consider and comment on any specific aspects that fall within the Board's remit.

The following were in attendance:

- Councillor James Lewis, Deputy Leader and Executive Member for Resources
- Coral Main, Head of Business Planning and Risk, Resources and Housing

The Executive Member for Resources gave a brief introduction to the report and Best Council Plan refresh.

Members discussed a number of matters, including:

- *The Climate Emergency.* Members noted their support for the inclusion of the climate emergency and embedding sustainability at the centre of the plan, but additionally requested that the carbon neutral ambition be added. Members were also advised that a review of the current corporate report template would be carried out to ensure that climate considerations are built into the decision making process from the outset.
- *Risks and opportunities.* The Chair asked the potential risks for not reaching the ambitions set out, and was informed that finance remains a substantial risk, however Members were also advised of opportunities for growth and transformation due to the progress of the digital agenda within health and social care.

RESOLVED –

a) That the Best Council Plan Refresh initial proposals be noted;
b) That the Board's comments are reflected as part of the Scrutiny submission to Executive Board for its consideration.

80 Future Provision of Mental Health Services for Adults and Older People in Wetherby

The Head of Democratic Services submitted a report that introduced a range of information in relation to the future provision of mental health services for adults and older people in Wetherby; and the associated engagement and consultation activity undertaken.

The following were in attendance:

- Kashif Ahmed, Head of Commissioning (Mental Health & Learning Disabilities), NHS Leeds Clinical Commissioning Group
- Naomi Lonergan, Director of Operations, Tees, Esk and Wear Valley NHS Foundation Trust
- Dr Tolu Olusoga, Consultant Psychiatrist, Tees, Esk and Wear Valleys NHS Foundation Trust

The Director of Operations introduced the report, providing the background to the proposal anticipated to be implemented in Spring 2020, and an update following the recent engagement exercise undertaken with service users, including those from Wetherby and surrounding areas.

Members discussed a number of matters, including:

- *Enhanced community support.* Members sought clarity around the plans for additional community support for service users in Wetherby, and specifically whether a recruitment exercise would be undertaken to provide an enhanced service. Members were advised that recruitment had begun, and that the Trust was mindful of the restrictions of the local geography as well as the continued challenges recruiting and retaining healthcare staff. The Head of Commissioning confirmed there would be continued investment in community services across the region.
- *Travel arrangements.* Members requested more information on the support available to service users and their families in Wetherby to travel to and from inpatient facilities in York. The Board was advised that a volunteer driver scheme was in the early stages of development.

The Board felt that this matter required continued monitoring over the next 12 to 18 months, and requested that following implementation, a comprehensive data-set for Wetherby and surrounding areas, including the number of admissions and patients length of stay, be included within future reports for consideration.

RESOLVED –

a) That the details presented in the report and discussed at the meeting be noted;
b) That a further report be submitted to the Board in Autumn 2020, providing an update on the implementation of the proposals and progress against the action plan presented to the Board.

Councillor G Latty left the meeting at 4:00 pm. during discussion of this item.

81 Chair's Update

The Head of Democratic Services submitted a report that provided an opportunity for the Chair of the Scrutiny Board to outline some areas of work and activity since the previous Scrutiny Board meeting in November 2019.

The Chair provided an update to the Board regarding a number of matters, including:

- Reconfiguration proposals for maternity and neonatal services in Leeds 2019 and the opportunity for the Board to provide comment;
- Potential reconfiguration of Assessment and Treatment Centres and associated development of community services across Barnsley and West Yorkshire.

RESOLVED – That the contents of the report be noted and the matters highlighted be incorporated into the Board's future work schedule.

82 Work Schedule

The Head of Democratic Services submitted a report which invited Members to consider the Board's work schedule for the remainder of the 2019/20 municipal year.

The Principal Scrutiny Adviser introduced the report and outlined proposed revisions to the work schedule. The following matters identified during the pre-meeting were particularly highlighted:

- An additional meeting to consider the Leeds Safeguarding Adults Board Annual Report for 2019, and associated progress.
- Initial consideration of the reconfiguration proposals for maternity and neonatal services in Leeds at the February 2020 meeting.
- Consideration of the public consultation outcomes associated with the reconfiguration proposals for maternity and neonatal services in Leeds at an additional meeting before the end of the current municipal year.

The Board also acknowledged potential changes to the work schedule as a result of its deliberations at the meeting.

RESOLVED – That, with the addition of the requests made during the meeting, the report and outline work schedule presented be agreed.

83 Date and Time of Next Meeting

Tuesday, 11 February 2020 at 1:30pm (pre-meeting for all members of the Scrutiny Board at 1:00pm)

Report author: Steven Courtney
Tel: 0113 378 8666

Report of Head of Democratic Services

Report to Scrutiny Board (Adults, Health and Active Lifestyles)

Date: 11 February 2020

Subject: Maternity and Neonatal Services in Leeds – Proposed Reconfiguration of Services

Are specific electoral wards affected? If yes, name(s) of ward(s):	☐ Yes ☒ No
Has consultation been carried out?	☒ Yes ☐ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes ☐ No
Will the decision be open for call-in?	☐ Yes ☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes ☒ No

1 Purpose of this report

1.1 The purpose of this report is to introduce a report from NHS Leeds Clinical Commissioning Group (CCG) regarding the proposed reconfiguration of maternity and neonatal services in Leeds; alongside details of the associated public consultation.

2 Background

2.1 At its meeting in January 2020, the Board was advised of NHS Leeds Clinical Commissioning Group's intention to commence formal public consultation on the proposed reconfiguration of maternity and neonatal services in Leeds.

3 Main Issues

3.1 NHS Leeds Clinical Commissioning Group is working closely with partners from NHS England's specialised commissioning services and Leeds Teaching Hospitals NHS Trust (LTHT) to carry out a consultation on plans to centralise maternity and neonatal services at Leeds General Infirmary (LGI) and new proposals for hospital antenatal appointments.

3.2 The attached paper (Appendix 1) from NHS Leeds CCG sets out an outline of the reasons for the proposed changes and the options being consulted on. It also provides an outline of proposed consultation activity. The public consultation document is presented at Appendix 2.

3.3 Public consultation commenced on Monday 13 January 2020 and closes on Sunday 5 April 2020.

3.4 Representatives from NHS Leeds CCG and LTHT have been invited to attend the meeting to present and discuss the proposed reconfiguration.

4. Corporate considerations

4.1 Consultation and engagement

4.1.1 The proposed reconfiguration of maternity and neonatal services in Leeds is subject to a 12-week public consultation (as set out above).

4.1.2 For proposed substantial changes or developments of local services, the NHS is required to formally consult the relevant local authority scrutiny body, setting out the date when any formal response is required. The key dates are as follows:

- Formal public consultation commenced 13 January 2020.
- Presentation of proposals and consultation plans to the Scrutiny Board – February 2020 (this meeting).
- Public consultation ending on 5 April 2020 (12 weeks).
- Independent analysis / report of public consultation outcomes available by 30 April 2020.
- Opportunity for the Scrutiny Board to consider consultation outcomes and formulate any formal response – May 2020 (Scrutiny Board meeting scheduled for 19 May 2020).
- Formal comments from the Scrutiny Board submitted by 31 May 2020
- Formal decisions on the proposals by NHS Leeds CCG / NHS England expected by the end of July 2020.

4.2 Equality and diversity / cohesion and integration

4.2.1 The Scrutiny Board Procedure Rules state that, where appropriate, all work undertaken by Scrutiny Boards will '…review how and to what effect consideration has been given to the impact of a service or policy on all equality areas, as set out in the Council's Equality and Diversity Scheme'.

4.2.2 An equality impact assessment will be undertaken by NHS Leeds CCG / NHS England as part of the decision-making process.

4.3 Council policies and the Best Council Plan

4.3.1 The terms of reference of the Scrutiny Boards promote a strategic and outward looking Scrutiny function that focuses on the best council ambitions and objectives. The service areas subject to the proposed reconfiguration make a direct contribution to the City's Health and Wellbeing Strategy and Best Council Plan.

Climate Emergency

4.3.2 There are no specific climate implications associated with the content of this report. However, the Board may wish to explore any climate emergency considerations and mitigating actions arising from the proposed reconfiguration of services.

4.4 Resources, procurement and value for money

4.4.1 This report does not present any specific financial implications at this time. However, the Board may wish to explore any such matters arising from the proposed reconfiguration of services.

4.5 Legal implications, access to information, and call-in

4.5.1 As set out above, the NHS has a duty to formally consult the relevant local authority scrutiny body when considering proposed substantial changes or developments of local health services.

4.5.2 The responsibility for responding to formal consultation by relevant NHS bodies is set out in the Scrutiny Board's Terms of Reference.

4.6 Risk management

4.6.1 The information provided in this report largely relates to external organisations, which may be subject to other considerations relating to risk management. However, the Board may wish to explore any such matters arising from the proposed reconfiguration of services.

5. Conclusions

5.1 This report introduces an outline of the proposed reconfiguration of maternity and neonatal services in Leeds and the associated consultation activity. Appropriate NHS representatives will attend the meeting to present and discuss the proposed reconfiguration.

5.2 The Scrutiny Board will have a further opportunity to consider the proposals, alongside the outcomes from the public consultation, at an additional meeting on 19 May 2020.

5.3 Any formal response to the proposals will need to be submitted to NHS Leeds CCG by 31 May 2020.

6. Recommendations

6.1 The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to consider the details presented in this report and accompanying information; and note the associated key activities and timescales.

7 Background papers[1]

7.1 None used

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

NHS
Leeds
Clinical Commissioning Group

Maternity and neonatal services in Leeds

Overview

1. NHS Leeds Clinical Commissioning Group is working closely with partners from NHS England's specialised commissioning services and Leeds Teaching Hospitals NHS Trust to carry out a consultation on plans to centralise maternity and neonatal services at Leeds General Infirmary (LGI) and new proposals for hospital antenatal appointments.

2. This consultation is running from Monday 13 January 2020 to Sunday 5 April 2020. This paper provides an overview on the reason for this proposed change and the options being consulted on. It also provides an outline of proposed consultation activity.

Background

3. Leeds has one of the highest birth rates in the country with over 9000 births per year. Although this has slightly reduced in recent times, in keeping with national birth rates, the Office of National Statistics (ONS) prediction is that the Leeds birth rate will be maintained at around 10 000 births per annum for the next five years. The provision of high quality maternity and neonatal care in Leeds is imperative to the delivery of the Leeds Health and Wellbeing Strategy and supports the vision to be 'the best place for children and young people to grow up in'.

4. We have been working hard as a city to drive change through the Leeds Maternity Strategy 2015-2020 which sets out our key priorities. We are also part of the West Yorkshire and Harrogate Health and Care Partnership's Local Maternity Services Board (LMSB) and support the national Better Births Strategy. This work enables us to improve maternity services for people from across our region, providing more choice and high quality, sustainable care.

5. Leeds Teaching Hospitals NHS Trust has recently secured £600 million to develop two new state-of-the-art hospitals on the site of Leeds General Infirmary. One is for adults, linked to Jubilee Wing, and there is a brand-new hospital for children. The new children's hospital will bring together all of the children's services currently provided in different buildings at Leeds General Infirmary into one purpose-built building. This will complete the ambition to have a Leeds Children's Hospital which reflects the outstanding services that are provided for children from across Leeds, and the wider region.

6. This new development will also include a new multi-storey car park with 650 spaces. Outline planning consent for the new hospitals has already been granted and the Trust is already preparing the site for enabling works. Building work for the two hospitals is expected to start in 2022 and will take three years to complete. The proposed options for maternity and neonatal services in Leeds can only happen once the new hospitals are built.

Current service

7. Currently, women receive most of their antenatal care in the community from midwives based at local GP surgeries and children's centres. Some antenatal appointments, such as scans and appointments with obstetricians, take place in both hospitals. Women can give birth at Leeds General Infirmary, St James's Hospital or at home. The two hospitals are two miles apart.

8. Both hospitals have neonatal units which look after babies born early, too small or with a medical condition that needs specialist treatment. These are required when providing obstetric-led care. The unit at Leeds General Infirmary is a full-service specialist unit which is linked to the Leeds Children's Hospital. The unit at St James's is for lower dependency care, for those babies who need a small amount of additional support or need to be stabilised before being moved to Leeds General Infirmary. There are a number of national challenges around providing the required specialist staffing for neonatal units with a national shortage of neonatologists and neonatal nurses. In Leeds we experience challenges in maintaining two units (even with one at a lower level). This presents a risk for neonatal and obstetric services at St James's Hospital and results in the transfer of mums and/or babies across the city and diversions from St James's to Leeds General Infirmary. Around 180 babies a year are transferred between the two hospitals after they are born. This is something we would rather avoid, and women and families have told us this has a poor impact on their experience of care.

The reason for the proposed changes

9. Being able to reconfigure maternity services would enable the Trust to support women to have a larger midwifery-led service for low risk pregnancies and births whilst continuing to provide the right level of obstetric and neonatal care when it is needed.

Safety and providing the best start in life

10. Reducing inter-hospital transfers of neonatal babies will improve patient safety and experience. In some instances, where a baby born at St James's Hospital requires a higher level of neonatal care than expected, they are transferred urgently to the Leeds General Infirmary.

11. Currently, at least one baby a week is transferred acutely across the city to Leeds General Infirmary from St James's for high level neonatal care meaning that some mothers and babies are separated soon after birth. We want women to receive their

care alongside their baby. This supports a lot of important milestones in baby's first few days of life including breastfeeding and bonding.

12. By bringing our services together onto one site we would significantly reduce the risk associated with neonatal transfers or transfers of women in labour between the hospital sites. In addition, Bliss - the neonatal charity - reported in 2015 that there were significant challenges facing services which provide neonatal transfers. They highlighted the challenges in providing timely transfers, staffing levels and provision of 24-hour transfers.

Personalised care

13. We want to provide care that is centred on the woman, her baby and her family, based around their needs and their decisions, where they have genuine choice, informed by unbiased information.

14. We are already working with women to develop personalised care plans which set out their decisions about their care, reflects their wider health needs and is kept up to date by multiple healthcare professionals as pregnancy progresses. We have also recently implemented an electronic patient record for pregnant women to ensure seamless, joined up care.

15. Currently, the staffing challenges involved in running two obstetric units and two neonatal units on different sides of the city mean that women and/or babies are sometimes transferred between these sites, based on demand. This contributes to a lack of personalised care, where changes to plans are imposed on families. Having centralised services will allow for more predictable and flexible service provision, meeting the needs of families.

16. Reconfiguring our services will free up time for midwives and obstetricians and bring improved facilities, designed with and for families, in which to give more personalised care.

Offering women more choice

17. We want to offer choice to women of the type of birth they would like to have in Leeds. This is a key part of the Leeds Maternity Strategy 2015-2020 and the Better Births Strategy. Choice should include home birth, midwifery-led care, obstetric-led (for those who need it), water birth and delivery suite.

18. Although the teams and services we currently deliver are fantastic, we are unable to offer a true midwife-led birth experience to the majority of women, as the existing midwife-led unit is very small. We can also only offer limited homebirths. This is due to the current configuration of our hospital sites, limited space, and the challenges of staffing two services across the city.

19. The Better Births report is the national five-year strategy for maternity care in England. It clearly states that “women should be able to make decisions about the support they need during birth and where they would prefer to give birth, whether this is at home, in a midwifery unit or in an obstetric unit, after full discussion of the benefits and risks associated with each option.”

Benefits for the NHS and best use of public money

20. There are further benefits of reconfiguring services which support the Trust in its need to be more financially and operationally sustainable.

21. We need to create a service which is prepared for future challenges including workforce, cost effectiveness and population changes. Despite our success in recruiting midwives, we are experiencing challenges in recruiting suitably qualified and experienced neonatologists and other professions, which is a challenge nationally because of a shortage of suitably qualified staff. We are currently managing clinical rotas split across two hospitals for some services such as neonatal care which is challenging and unsustainable in the future.

22. Further efficiencies would be gained in the following areas.

- Achievement of 24-hour, 7-days-a-week consultant presence on delivery suite.

- Reduce the demand for EMBRACE, the neonatal transfer service, which conducts around 240 transfers just between the two units in Leeds per year, which is over 10% of their annual demand as a service. This service requires specialist clinical staffing and is currently responding to demand above their agreed contract level and capacity.

- Maximising the workforce by eliminating or reducing travel time between sites. This will enable delivery of new models of care which are better for patients within the same cost envelope.

- More efficient use of the hospital estate.

- It is well documented that providing a midwifery-led unit helps reduce clinical intervention and improve outcomes for the right women, which has downstream financial benefits for the health economy.

- Increasing labour ward consultant cover is a key safety indicator for obstetric services, which again has a wider financial efficiency impact in the long term associated with improving outcomes.

The options, benefits and impact

23. There are two options set out in the consultation document.

Option 1: Centralise all maternity and neonatal services, including a new larger midwifery-led unit, at Leeds General Infirmary and have all hospital antenatal services at Leeds General Infirmary.	**Option 2: Centralise all maternity and neonatal services, including a new larger midwifery-led unit, at Leeds General Infirmary and have some hospital antenatal services at St James's Hospital and some at Leeds General Infirmary.**
Impact: • Women would be familiar with the LGI maternity department and know how to get to them before the birth • There would be one single location making it easy to find • Staff would all be located on the same site which would improve safety as well as making the service more efficient and sustainable in th future. • Women living close to St James's would need to travel further to access hospital antenatal services (although most antenatal services will continue to be provided in the community)	**Impact:** • If some antenatal services are kept at St James's they would be more of a community hub as they would be based in an area which local families are already familiar with • Women and families have already told us they find parking at St James's to be good • The maternity service would be less efficient in terms of staff time than option 1, as staff would need to travel across the city to provide services • Equipment such as ultrasound machines would not be as efficiently used so we would need more • Women who have their antenatal appointments at St James's would be less familiar with the LGI site where their baby would be born, if they did not choose a home birth. • Women may have to be transferred from their antenatal appointment (at St James's) to an inpatient area at the LGI, if they or their baby became unwell.

Engagement and Consultation plans

Engagement to date

24. We have undertaken a wide range of engagement activity with staff, patients and the public over the last six years. This engagement has helped to develop the Leeds Maternity Strategy 2015-2020 and inform the development of these proposals. We are constantly engaging with people around maternity services and continue to develop local services to reflect feedback and support the ongoing commitments made in the maternity strategy. We have an active Maternity Voices Partnership in Leeds who provide on ongoing focal point for all co-produced service developments. An engagement timeline including the key activity has been included in Annex A.

25. From what people have told us they would like:

- More choice and facilities including a midwifery-led unit in Leeds
- To reduce or prevent entirely unplanned neonatal transfers across city, and the separation of mums and babies in these circumstances
- Joined-up clinical team working which is family integrated and personalised

26. In February and March 2018, we engaged with over 1000 people on their views on hospital antenatal clinics and locations, including issues around travel and finding their way around buildings, which had previously been highlighted as issues. The key feedback from this engagement included the following:

- People are generally very happy with the maternity services they receive in Leeds.
- Many people report long waiting times to see people in clinic.
- A significant number of people report that some maternity sites are uncomfortable.
- Many people reported that communication could be improved.
- People told us that continuity of care is very important.
- People told us that they were worried about NHS services being understaffed.
- Parking and associated costs were a significant concern for almost everyone.
- Views about where consultant-led maternity antenatal appointments and scans should be based in the future was very mixed. People's responses were very subjective, and their preferences depended largely on where they lived/work. Feedback on location broadly focussed on the following themes:
    - People liked the LGI because it was central and easy to access
    - People liked St James's because it was easier to park than the LGI
    - Views were very mixed on retaining a split site.
        - People liked the idea of a one-site model because it could make services more efficient.
        - People liked the idea of a split site model because it provided people with a choice

- In September 2019 we undertook engagement with neonatal service users. We had 149 respondents with feedback on the care and facilities at both the LGI and SJUH neonatal units. The majority of feedback was very positive and will be used to direct future engagement plans and support internal strategies to improve the experience for our families.

Consultation plans

27. The consultation will speak to a range of different stakeholders in Leeds, including women and their families, the wider public and young people. We will use surveys, focus groups, street outreach and drop-ins to find out what people think about our plans and proposals. Information is available in a range of alternative formats to make the consultation accessible to different communities in Leeds. The consultation has been promoted widely with a range of stakeholders and we will continue to promote it. Once the consultation has finished an independent organisation will write and publish a report outlining what people told us.

Consultation timescales

28. The consultation began on Monday 13 Jan 2020 and will run until Sunday 5 April 2020. We will hold a variety of events during the consultation, including four drop-in events:
    - Tuesday 11 February 2020 - Hamara Centre, Tempest Road, Leeds, LS11 6RD 1pm – 5 pm
    - Wednesday 19 February 2020 - Old Fire Station. Gipton Approach, Leeds, LS9 6NL 1pm -5pm
    - Tuesday 3 March 2020 - Pudsey Civic Hall, Dawson's Corner, Pudsey, Leeds, LS28 5TA 9am – 1pm
    - Wednesday 11 March 2020 - Carriageworks Auditorium, 3 Millennium Square, Leeds, LS2 3AD - 4pm – 8pm
29. Following the end of the consultation, researchers will collate and analyse the findings and the final report will be available by 30 April 2020. The researcher can attend a Scrutiny meeting along with NHS representatives to present the consultation findings. We would require comments from Scrutiny by 31 May 2020 and aim to make a decision by end July 2020.

30. More information about the consultation can be found at www.leedsccg.nhs.uk/maternityleeds

Engagement timeline to date

Date	Title	Purpose
August 2013	Views on Maternity and Neonatal Care in Leeds	Exploring women's views of services to inform the development of the Leeds Maternity Strategy.
November 2014	Perinatal Mental Health Workshop	Understanding the main areas that women and other stakeholders see as being important to them in developing services which address issues relating to perinatal mental health.
November 2014	Personalisation Workshop	Identifying what personalisation means and developing recommendations around inclusive, accessible care with consistent and relevant communication with women. Continuity of care was also an important feature in feedback from attenders at the workshop.
December 2014	Service Development Maternity Services	To understand women's thoughts about how maternity services should look and feel and to explore their experiences of maternity care at both Leeds General Infirmary and St James's Hospital. The survey was undertaken during December 2014.
March 2016	Who's Shoes? workshop	Exploring the experiences of families accessing our services and identifying areas for celebration and areas for improvement
July 2016	Women with learning difficulties who have experienced pregnancy in Leeds	Recognising that women with a learning difficulty can face significant barriers to accessing NHS services, which can contribute to them being less likely to use services, and more likely to access maternity care later in pregnancy.
March 2017	Young Parents Whose Shoes? workshop	Exploring the experiences of parents under the age of 25 and identifying areas for celebration and areas for improvement
March 2018	Engagement around Maternity Outpatient Clinics	Exploring experiences and preferences of a wide range of people around outpatient clinics, ensuring that vulnerable groups were well represented. Over 1000 respondents.
September 2019	Neonatal service user engagement	Build on and update the feedback received from the 2013 consultation and identify key themes to take forward in future plans.

Maternity and neonatal services in Leeds: tell us what you think about

- our plan to centralise maternity and neonatal services at LGI
- our proposals for hospital antenatal appointments

It doesn't matter if you haven't previously used these services, we would still like to receive your comments.

Maternity and neonatal services: what's in this booklet...

Maternity and neonatal services

NHS Leeds Clinical Commissioning Group (CCG) is responsible for planning and funding (commissioning) the majority of health services for people in Leeds. We work closely with our health partners, including Leeds Teaching Hospitals NHS Trust (LTHT), and the NHS England Specialised Commissioning Team, to deliver the best possible health and care services to the people of Leeds.

Providing high quality maternity and neonatal services in Leeds is part of the Leeds Health and Wellbeing Strategy. This supports the city's vision for Leeds to be "the best place for all our children and young people to grow up in". The proposals in this document will enable us to deliver high quality and sustainable care, in a modern environment where women can give birth comfortably and safely.

Since 2013, we have been working with, and gathering the views of, local women and their families aiming to develop the best maternity and neonatal services for Leeds. If you've already taken the time to get involved, thank you very much for sharing your views and experiences. Your comments have helped us to develop a maternity strategy for Leeds, and you can find a copy of this on our website at https://www.leedsccg.nhs.uk/publications/maternity-strategy-2015-20/

You told us you wanted to have a midwifery-led unit so that women and their families have more options around how and where they give birth.

Building on our work over the last few years we have worked with the NHS England Specialised Commissioning Team (who commission neonatal services) to develop some viable options for the future, and we would like your views on these options for maternity and neonatal services in Leeds. We particularly want to focus on people's views of potential changes to antenatal (care during pregnancy) care.

The current service

Most antenatal care is provided in the community by community midwives at local surgeries and children's centres.

Some antenatal appointments, including scans and appointments with obstetricians take place in a hospital. They take place either at St James's (SJUH) or Leeds General Infirmary (LGI).

Most mums will experience a mixture of hospital and community antenatal appointments throughout their pregnancy.

LGI and St James's both have delivery suites where mums currently give birth to their babies, unless they have opted for a home birth.

Both hospitals have antenatal and postnatal wards, where women stay overnight before and after birth if they need to. There are also four assessment centres which check women with any pregnancy-related issues.

Both hospital sites have neonatal units; these look after babies born early, too small, or with a medical condition which means they need specialised treatment.

Sometimes these babies need to be moved between hospitals to receive the right specialised care.

A full range of neonatal intensive care services is provided at LGI. There is a special care unit at St James's for those babies who need additional support and stabilisation before being transferred to the LGI.

Sometimes babies have to be moved between hospitals to receive the right care

Our plan

We want to centralise maternity and neonatal services at LGI

Leeds Teaching Hospitals NHS Trust is planning to build two new hospitals at LGI. The proposals - called Hospitals for the Future - centre around developing modern, responsive health facilities for adults at LGI and for children and young people at Leeds Children's Hospital. The proposals include building a new 650 space car park.

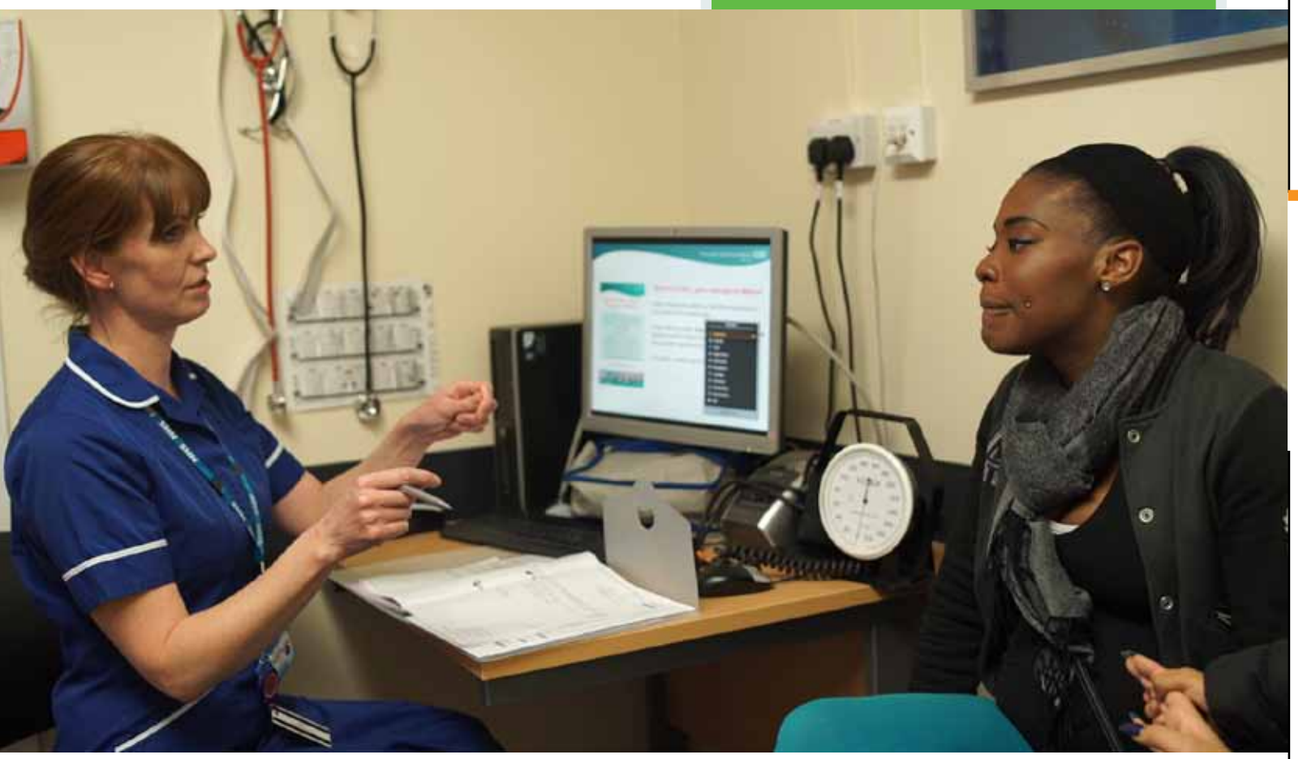
You can read more about Hospitals for the Future here: www.leedsth.nhs.uk/about-us/building-the-leeds-way.

Over the next few years, and as part of these plans, we would like to incorporate all the maternity assessment centres, maternity wards and delivery suites and neonatal services for the city at LGI (we call this 'centralisation'). We would also like to add a brand new midwifery-led unit.

This builds on the feedback you have already given us. It will enable us to deliver the safest and highest quality sustainable maternity services.

It may be quite a number of years before any change occurs, although we plan to start building work in 2020. However, it is important that we understand what you think about these plans as early as we can.

We want to add a new, larger midwifery-led unit at LGI



Neonatal services

The medical and nursing teams currently work across the two units. This is not sustainable in the long-term.

There is a national shortage of neonatal doctors (neonatologists) and neonatal nurses who care for babies in neonatal units.

We are looking to the future and want to address these risks by centralising all neonatal services on one site.

We will still deliver the same level of high quality neonatal services. Because the services are closely linked, all inpatient maternity services would need to be on the same site too.

We want to provide safer care by bringing together our medical and nursing teams on one site at LGI

Why doing nothing is not an option

We don't believe that it would be an option to continue to offer neonatal services in the way we currently do in the long term. Safe care is our priority and we currently manage any risks that relate to neonatal staffing. But sometimes families using our neonatal services may be transferred between sites or redirected to a different hospital from the one they choose.

This can result in separating mums from very unwell new babies.

Co-locating all maternity services on one site, including neonatal care, will enable us to provide seamless care through pregnancy, birth and beyond, and keep families together.

We want to keep families together if they need to use neonatal services

What is a midwifery-led unit?

Centralising all services also gives us an opportunity to create a new, larger midwifery-led unit.

Midwifery-led units are run by midwives and maternity support workers without doctors being there. Because most mums can give birth without needing assistance from a doctor, these units are a safe and alternative choice.

Unlike other large cities in the UK the midwifery-led unit in Leeds is small and not purpose-built.

It is proposed that our new purpose-built midwifery-led unit in Leeds will be on the LGI site with our other maternity services.

It will offer mums a modern environment where they can give birth comfortably and safely, and greater choice about how they can have their babies. If there is any need for a doctor there will be one alongside.

We want to offer families a service that is kind, professional, safe and personalised, and having a new, larger midwifery-led unit will help us to do this.

It means that in the hospital:

- More women could choose to give birth in a midwifery-led unit.
- Women would have better access to birthing pools and other facilities.
- All babies needing special care would be born and cared for at LGI. There would be no need to transfer any babies from one hospital to another. This means that mums and their babies are much less likely to have to be separated.
- Mums who are expected to have relatively straightforward births would continue to have most of their appointments in the community. They can then give birth either at LGI or at home.
- There would be no maternity or neonatal inpatient facilities at St James's.

Women and families in Leeds have told us they want to have access to a modern midwifery-led unit

What about antenatal appointments and services?

We want your views on where we provide hospital antenatal appointments

We would like you to help shape our plans about where antenatal appointments and services should be available in future.

Most mums will experience a mixture of hospital and community antenatal appointments throughout their pregnancy.

Around 75% of antenatal appointments already take place in the community, at Children's Centres, GP practices or other community venues.

Appointments in community settings are very important and these will continue as usual. Women have told us that they like the fact that this gives them support close to home.

In the future we want to have more antenatal appointments in the community.

We recently undertook some surveys and interviews with mums and families across Leeds to look in more detail at outpatient services. You can find the report here https://www.leedsccg.nhs.uk/get-involved/your-views/maternity-outpatient-maternity-care-leeds/

What they have told us has helped to shape two options about where we should deliver hospital-based outpatient appointments (including scans). These are currently held at both LGI and at St James's.

75% of antenatal appointments are held in community venues and this won't change

Alongside our plans to move inpatient maternity services and neonatal services, the two options that we would like you to consider and give us feedback on are:

Option 1

Centralise all maternity and neonatal services, including a new, larger midwifery-led unit, at LGI, and have all hospital antenatal services at the LGI.

Maternity services in the community will not change. Our ambition is to increase the number of antenatal appointments available in the community.

The impact of Option 1 is

- Women would be familiar with the LGI maternity departments and know how to get to them before the birth.
- There would be one single location making the services very easy to find.
- Staff would all be located on the same site which would improve safety, as well as making the service more efficient and sustainable in the future.
- Women living close to St James's would need to travel further to access hospital antenatal services (although most antenatal services will continue to be provided in the community).

Option 2

Centralise all maternity and neonatal services, including a new, larger midwifery-led unit at LGI, but have some hospital antenatal services at St James's as well as at the LGI site.

Maternity services in the community will not change. Our ambition is to increase the number of antenatal appointments available in the community.

The impact of Option 2 is

- If some antenatal services were kept at St James's they would be more of a community hub as they would be based in an area which local families are already familiar with.
- Women and families have already told us they find parking at St James's to be good.
- The maternity service would be less efficient in terms of staff time than option 1, as staff would need to travel across the city to provide services.
- Equipment such as ultrasound machines would be not as efficiently used, so we would need more of them.
- Women who had their antenatal appointments at St James's would be less familiar with the LGI site where their baby would be born if they did not choose a homebirth.
- Women may have to be transferred from their antenatal appointment (at St James's) to an inpatient area at the LGI, if they or their baby are thought to be becoming unwell.

How can I get involved?

For 12 weeks between January and March 2020 we will be consulting with people in Leeds about these changes. We would like anyone who is interested in maternity and neonatal services in Leeds to let us have their views about our plans to centralise maternity and neonatal services at LGI and our proposals for hospital antenatal appointments.

You can get involved in a number of ways...

1

You can complete the short questionnaire at the end of this document and return to the Freepost address.

OR

2

You can find out more and complete the short questionnaire online at www.leedsccg.nhs.uk/maternityleeds

OR

3

You can attend one of our drop-in sessions at:

- **Hamara Centre - Tempest Road, Leeds LS11 6RD** Tuesday 11 February - 1pm-5pm
- **Old Fire Station - Gipton Approach, Leeds, LS9 6NL** Wednesday 19 February - 1pm-5pm
- **Pudsey Civic Hall - Dawsons Corner, Pudsey, Leeds, LS28 5TA** Tuesday 3 March - 9am-1pm
- **Carriageworks Auditorium - 3 Millenium Square, Leeds, LS2 3AD** Wednesday 11 March - 4pm-8pm

You can follow the consultation using the hashtag #LeedsChildrensHospital

We will work with voluntary sector organisations to gather views and comments from local communities and seldom heard groups.

Further information about the consultation is available on our website.

If you have any questions you can contact the NHS Leeds CCG Engagement team using the details on the back of this document.

Survey questions

Now that you have read all about our plans for maternity and neonatal services in Leeds and our proposals for hospital antenatal appointments, we would like you to tell us what you think. Your views will help us to understand the needs of local people and how any service changes could impact on mums, babies and families in Leeds. The NHS in Leeds will use your feedback to make decisions about:

- **Centralising maternity and neonatal services at the Leeds General Infirmary, and**
- **Where we provide hospital antenatal appointments in Leeds**

You can help us by completing the online survey here: www.leedsccg.nhs.uk/maternityleeds or by filling in this paper survey and returning to the Freepost address:

FREEPOST RTEG-JRZR-CLZG
Maternity Services Consultation
NHS Leeds Clinical Commissioning Group
Suites 2-4 Wira House
West Park Ring Road
Leeds LS16 6EB

Tell us a bit about you.

1. I am filling this in as:

- ☐ Someone who is expecting a baby (or their partner)
- ☐ Someone who has had a baby in the last five years (or their partner)
- ☐ A member of the public (go to question 7)
- ☐ A healthcare professional (go to question 7)
- ☐ A representative from a voluntary sector organisation (go to question 7)
- ☐ Other (please specify) _____

If you have given birth to a child in Leeds in the last five years, please tell us:

2. Where did you give birth?

☐ Leeds General Infirmary ☐ St James's ☐ Home
☐ Not applicable

3. If you gave birth at the hospital, how did you travel there?

- ☐ Drove and parked there in my own car
- ☐ Driven and parked there in someone else's car
- ☐ Dropped off by a friend or family member
- ☐ Dropped off by a taxi
- ☐ Caught a bus
- ☐ Arrived by ambulance
- ☐ Walk
- ☐ Other (please state) _____
- ☐ Not applicable

4. Did you use the neonatal service in Leeds?

- ☐ Yes, at LGI
- ☐ Yes, at St James's
- ☐ Yes, at both sites
- ☐ No

If you have travelled to a hospital for an antenatal appointment, please tell us:

5. Which hospital site did you visit for your last antenatal appointment?

- ☐ Leeds General Infirmary
- ☐ St James's

6. How did you travel to the hospital for your last antenatal appointment?

- ☐ Drove and parked there in my own car
- ☐ Driven and parked there in someone else's car
- ☐ Dropped off by a friend or family member
- ☐ Dropped off by a taxi
- ☐ Caught a bus
- ☐ Arrived by ambulance
- ☐ Walk
- ☐ Other (please state) ☐

Thinking about the following aspects of hospital-based maternity and neonatal care.

7. Please rank the following aspects of hospital-based maternity and neonatal care from 1 (most important) to 5 (least important)

- ☐ Safety - ensuring mums and babies do not need to be transferred if a baby needs specialist (neonatal) care
- ☐ Choice - people having a choice about where they are seen
- ☐ NHS efficiency - having all the maternity and neonatal staff on one site
- ☐ Quality - mums being able to stay with their baby if they need specialist (neonatal) care
- ☐ Parking - finding and paying for a parking space

We have been talking to women, their families and staff in maternity and neonatal services over the last few years. This has given us a good understanding of their needs and preferences. We have used their feedback alongside good practice guidance and come up with two proposals for maternity and neonatal services in Leeds. We have outlined the two options below with a brief description of some of the benefits and drawbacks.

Option 1:

Centralise all maternity and neonatal services, including a new, larger midwifery-led unit, at Leeds General Infirmary. Have all hospital antenatal services at the LGI.

Maternity services in the community will remain the same as they are now.

Benefits	Drawbacks
People thought redesign and improvements to the accommodation for maternity services at LGI would make it a nicer environment for outpatient appointments	People were concerned about the availability and cost of parking
Bringing all maternity and neonatal staff together in one location will address some people's concerns about a 'stretched' workforce	People thought that traffic congestion around the hospital might make access more stressful
This would address worries people told us they have about having two services on two different sites being a waste of resources (like equipment)	There would be no maternity or neonatal services at St James's
Babies needing neonatal care would not need to be transferred between sites and would not be seperated from their family	
Leeds will be able to have a new, larger midwifery-led unit to give mums a greater choice about how they can have their babies	
There will be access to better facilities, such as more birthing pools	
People thought the city centre location of LGI is easier to find and to access, especially by public transport	

Option 2:

Centralise all maternity and neonatal services, including a new, larger midwifery-led unit at Leeds General Infirmary. Have some hospital antenatal services at both St James's and the LGI sites.

Maternity services in the community will remain the same as they are now.

Benefits	Drawbacks
Offers choice to patients and visitors about which site they would prefer to go for their outpatient appointments	Could potentially mean a woman having to get care from different people (interrupting continuity of care) if she needed to change from one site to another
Would provide a more 'local' service to some local residents	Some people are worried that the workforce is stretched by having outpatient services at both sites
Babies needing neonatal care would not need to be transferred between sites and would not be seperated from their family	Some people think this option would be less efficient
Leeds will be able to have a midwifery-led unit to give mums a greater choice about how they can have their babies	There would be no maternity or neonatal services at St James's
There will be access to better facilities, such as more birthing pools	

Thinking about the two options, please tell us:

8. Which option do you think will provide the best service?

☐ Option 1 - Centralise all maternity and neonatal services, including a new, larger midwifery-led unit, at LGI. **Have all hospital antenatal services at LGI.**

☐ Option 2 - Centralise all maternity and neonatal services, including a new, larger midwifery-led unit, at LGI. **Have some hospital antenatal services at both St James's and LGI sites.**

9. Please share any other thoughts you have about maternity and neonatal services in Leeds

.....

.....

.....

.....

Thank you for completing this survey

Please detach your survey from the form and return it to the freepost address on page 11.

Equality Monitoring

We deliver a wide range of services and we need to know who is benefiting from our services and who might be missing out. We would really appreciate you answering the questions below by ticking the boxes that you feel most describes you. Some questions may feel personal, but the information we collect will be kept confidential, secure and kept separately from any personal information you might have provided elsewhere.

☐ Please tick here if you would prefer not to answer any of the equality monitoring questions.

Q1 What is your postcode?

Q2 What is your age?

☐ Under 16 ☐ 16-25 ☐ 26-35 ☐ 36-45
☐ 46-55 ☐ 56-65 ☐ 66-75 ☐ 76-85
☐ 86+ ☐ Prefer not to say

Q3 Are you disabled? (The Equality Act 2010 defines disability as 'a physical, sensory or mental impairment which has, or had a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities').

☐ Yes ☐ No ☐ Prefer not to say

Q4 If yes, what type of disability? Please tick all that apply.

☐ Long-standing illness
☐ Physical impairment
☐ Learning disability
☐ Mental health condition
☐ Hearing impairment (such as deaf or hard of hearing)
☐ Visual impairment (such as blind or partially sighted)
☐ Prefer not to say
☐ Other (please specify)

Q5 What is your ethnic background?

☐ Prefer not to say

White

☐ British (English / Welsh / Scottish / Northern Irish)
☐ Irish ☐ Gypsy or Traveller ☐ European
☐ Any other white background (please state):

Mixed or Multiple ethnic groups

☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Any other Mixed or Multiple ethnic (please state):

Asian or Asian British

☐ Indian ☐ Pakistani
☐ Bangladeshi ☐ Chinese
☐ Any other Asian background (please state):

Black, African, Caribbean or Black British

☐ African ☐ Caribbean
☐ Any other Black, African, Caribbean or Black British background (please state):

Other ethnic group

☐ Arab
☐ Any other ethnic group (please state):

Pregnancy and maternity

The Equality Act 2010 protects women who are pregnant or have given birth within a 26 week period.

Q6 Are you pregnant at this time?

☐ Yes ☐ No ☐ Prefer not to say

Q7 Have you recently given birth (within a 26 week period)?

☐ Yes ☐ No ☐ Prefer not to say

Q8 Are you a parent or carer of a child or children under the age of five years old?

☐ Yes ☐ No

Q9 What is your religion or belief?

☐ Buddhism ☐ Christianity ☐ Hinduism
☐ Islam ☐ Judaism ☐ Sikhism
☐ No religion ☐ Prefer not to say
☐ Other (please specify):

Q10 What is your sexual orientation?

☐ Bisexual (more than one gender)
☐ Gay man (same gender)
☐ Lesbian / Gay woman (same gender)
☐ Heterosexual / Straight (opposite gender)
☐ Prefer not to say ☐ Other (please specify):

Q11 What is your relationship status?

☐ Civil partnership ☐ Divorced
☐ Married ☐ Single
☐ Co-habiting (live with partner) ☐ Widowed
☐ Prefer not to say ☐ Other (please specify):

Q12 What is your employment status? (please tick all that apply)

☐ Student ☐ At college ☐ At university
☐ Employed - Full time ☐ Employed - Part time
☐ In receipt of state benefits (e.g. Personal Independence Payment, Universal Credit)
☐ Unemployed - Looking for work
☐ Unemployed - Not looking for work
☐ Apprenticeship / training ☐ Retired
☐ Prefer not to say ☐ Other (please specify):

Q13 Are you a carer? (A carer is someone who provides unpaid support / care for a family member, friend, etc. who needs help with their day to day life; because they are disabled, have a long-term illness or they are elderly).

☐ Yes ☐ No ☐ Prefer not to say

Q14 Do you have unpaid responsibilities for children as a parent / grandparent / guardian?

☐ Yes ☐ No ☐ Prefer not to say

Q15 Would you describe yourself as homeless?

☐ Yes ☐ No ☐ Prefer not to say

Q16 What gender best describes you?

☐ Woman (including trans women)
☐ Man (including trans man)
☐ Non-binary ☐ Prefer not to say
☐ Other (please specify):

Q17 Are you transgender? Is your gender identify different to the gender you were given at birth?

☐ Yes ☐ No ☐ Prefer not to say

Thank you very much for taking the time to complete this survey.

What will happen to my views?

At the end of the consultation, all the replies and comments will be analysed and published in a report. This report will be used by NHS Leeds Clinical Commissioning Group, Leeds Teaching Hospitals NHS Trust and NHS England Specialised Commissioning Team to make decisions about maternity and neonatal care in Leeds. Your views will also be used to help understand the needs of local people and how any service changes in the future could impact on mums, babies and families.

Find out more

Please share your contact details below if you would like to receive a copy of the engagement report and see what people have said. Your details will be stored in our system securely for one year and will only be used for the above purpose and any updates regarding this project.

Your personal information will be kept separate from the answers and your response to the questions will be anonymous.

Please be aware that if you provide us with personal information in your survey responses it may mean that your survey answers are no longer anonymous.

What are your contact details?

Please note that you do not have to fill in your personal details to complete this survey.

Name .....

Address .....

.....

.....

Email .....

Telephone .....

GP Practice .....

If you would like to find out more about any future changes to your local health services please tick this box to join our community network (if you tick the box below, we will be in contact with you shortly after the engagement has closed) ☐

How did you hear about this survey?

(please select one option)

☐ Social media ☐ NHS Trust ☐ CCG website

☐ At an event (such as a drop-in event)

☐ Voluntary sector organisation

☐ Other (please state)

For office use only ☐ VAL

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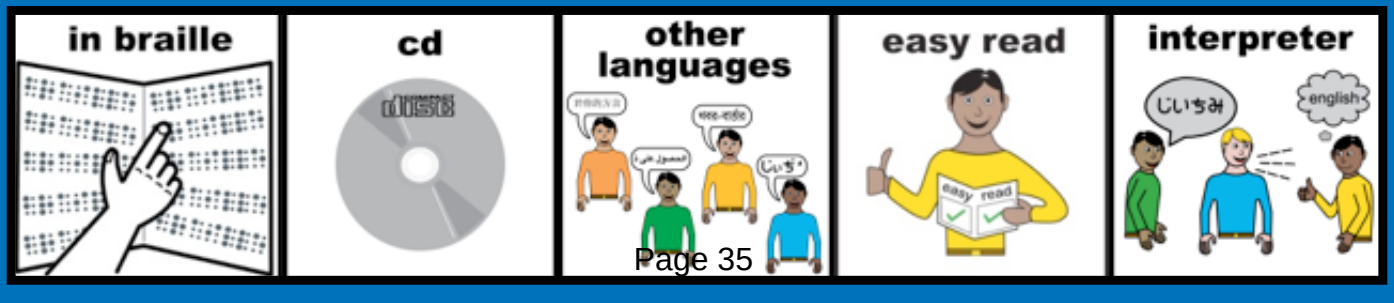
Any information we hold about you will be in accordance with the Data Protection Act, the GDPR rules and the NHS's information governance policies and guidance. Your information will be securely stored by the communications and engagement team at NHS Leeds Clinical Commissioning Group. Your information will not be shared with any third parties and will not be used for any other purposes other than those related to planning work linked to maternity and neonatal services. You can unsubscribe at any point by contacting the CCG on 0113 8435457 or leedsccg.comms@nhs.net

If you have special communication needs or would like this information in another format or in a different language, please contact us or ask a carer or friend to contact us on 0113 8435457.



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Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 0113 378 8666

Report of Head of Democratic Services

Report to Scrutiny Board (Adults, Health and Active Lifestyles)

Date: 11 February 2020

Subject: Access to Services at Leeds Teaching Hospitals NHS Trust

Are specific electoral wards affected? If yes, name(s) of ward(s):	☐ Yes	☒ No
Has consultation been carried out?	☒ Yes	☐ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Will the decision be open for call-in?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

1 Purpose of this report

1.1 The purpose of this report is to introduce an overview of access to services and referral to treatment within Leeds Teaching Hospitals NHS Trust, with a specific focus on dermatology and spinal surgery.

1.2 The report also provides an update on the West Yorkshire Association of Acute Trusts (WYATT) and associated programme of work.

2 Background

2.1 At its meeting in November 2019, the Board was advised of concerns that had been raised around access to services and specific referral to treatment times for some specific service areas – namely dermatology and spinal surgery. Some discussion around dermatology services had already taken place at the West Yorkshire Joint Health Overview and Scrutiny Committee at its meeting on 19 November 2019.

2.2 With the agreement of the Board, the Chair wrote to Leeds Teaching Hospitals NHS Trust to provide a report that set out an overview of access to services and referral to treatment within Leeds Teaching Hospitals NHS Trust, with a specific focus on dermatology and spinal surgery. The Chair also requested details associated with the West Yorkshire Association of Acute Trusts (WYATT), its associated programme of work and relationship with Leeds Teaching Hospitals NHS Trust.

3 Main Issues

3.1 The attached paper (Appendix 1) from Leeds Teaching Hospitals NHS Trust provides an overview of access to services and referral to treatment within Leeds Teaching Hospitals NHS Trust, with a specific focus on dermatology and spinal surgery. The report also provides an update on the West Yorkshire Association of Acute Trusts (WYATT) and associated programme of work.

3.2 Leeds Teaching Hospitals NHS Trust's Integrated Quality and Performance Report (January 2020) and the West Yorkshire Association of Acute Trusts annual report (2018/19) are also presented as Annex A and Annex B (respectively).

3.3 Representatives from Leeds Teaching Hospitals NHS Trust have been invited to attend the meeting to present and discuss the details provided.

3.4 Associated patient representatives have also been invited to attend the meeting.

4. Corporate considerations

4.1 Consultation and engagement

4.1.1 The proposed reconfiguration of maternity and neonatal services in Leeds is subject to a 12-week public consultation (as set out above).

4.1.2 For proposed substantial changes or developments of local services, the NHS is required to formally consult the relevant local authority scrutiny body, setting out the date when any formal response is required. The key dates are as follows:

4.2 Equality and diversity / cohesion and integration

4.2.1 The Scrutiny Board Procedure Rules state that, where appropriate, all work undertaken by Scrutiny Boards will '…review how and to what effect consideration has been given to the impact of a service or policy on all equality areas, as set out in the Council's Equality and Diversity Scheme'.

4.2.2 The details presented in this report relate to an external NHS organisation – namely, Leeds Teaching Hospitals NHS Trust. The Scrutiny Board may wish to explore any relevant equality and diversity matters with the Trust.

4.3 Council policies and the Best Council Plan

4.3.1 The terms of reference of the Scrutiny Boards promote a strategic and outward looking Scrutiny function that focuses on the best council ambitions and objectives. The performance of Leeds Teaching Hospitals NHS Trust makes a direct contribution to the City's Health and Wellbeing Strategy and therefore the Council's Best City aspirations.

4.3.2 As the details presented in this report relate to an external NHS organisation – namely, Leeds Teaching Hospitals NHS Trust, the Scrutiny Board may wish to explore any relevant matters with the Trust.

Climate Emergency

4.3.3 There are no specific climate implications associated with the content of this report. However, the Board may wish to explore any climate emergency considerations and mitigating actions arising from the details presented with Leeds Teaching Hospitals NHS Trust.

4.4 Resources, procurement and value for money

4.4.1 This report does not present any specific financial implications at this time. However, the Board may wish to explore any such matters arising from the details presented with Leeds Teaching Hospitals NHS Trust.

4.5 Legal implications, access to information, and call-in

4.5.1 There are no specific legal or access to information implications associated with the report.

4.6 Risk management

4.6.1 The information provided in this report relates to an external NHS organisation – namely Leeds Teaching Hospitals NHS Trust, and may be subject to other considerations relating to risk management. However, the Board may wish to explore any such matters arising from the details presented with Leeds Teaching Hospitals NHS Trust.

5. Conclusions

5.1 This report introduces an overview of access to services and referral to treatment within Leeds Teaching Hospitals NHS Trust, with a specific focus on dermatology and spinal surgery. The report also provides an update on the West Yorkshire Association of Acute Trusts (WYATT) and associated programme of work.

5.2 Appropriate representatives from Leeds Teaching Hospitals NHS Trust and patient representatives have been invited to attend the meeting to present and discuss the details provided.

6. Recommendations

6.1 The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to consider the details presented in this report and accompanying information and determine any further scrutiny actions or activity that may be required.

7 Background papers[1]

7.1 None used

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

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Leeds Teaching Hospitals NHS Trust

Access to services and WYAAT

Scrutiny Board (Adults, Health & Active Lifestyles)

February 2020

1. Purpose of this report

1.1. The purpose of this report is to provide members of the Scrutiny Board (Adults, Health and Active Lifestyles) with an overview of access to services and referral to treatment within Leeds Teaching Hospitals NHS Trust, with a specific focus on dermatology and spinal surgery. The report also provides an update on the WYAAT (West Yorkshire Association of Acute Trusts) programme.

2. Main issues

2.1. The Trust publishes an Integrated Quality and Performance Report for assurance at each of its Public Board meetings. The report provides analysis and description of performance and quality from across the organisation, including performance against constitutional standards and access to services. The report is publicly available on the Trust website.[1] The latest report (January 2020) is attached to this report at Annex A.

2.2. Included within this report is specific detail on access to dermatology and spinal surgery, two areas where the Trust has faced challenges in providing access to patients and has worked to reduce waiting times.

Dermatology

Background

2.3. Concerns have been raised by the Leeds Dermatology Patient Panel (LDPP) about access to dermatology services at Leeds Teaching Hospital Trust. These concerns have been raised elsewhere, including in Calderdale, and access to services have been discussed by members of the West Yorkshire Joint Health Overview and Scrutiny Committee at its meeting in September 2019.

Increase in demand

2.4. During 2019/20 LTHT dermatology service has received an average of 107 routine GP referrals per week. 81% of these are from patients within the Leeds CCG population, and 11.5% are from patients from Calderdale and Kirklees CCG population.

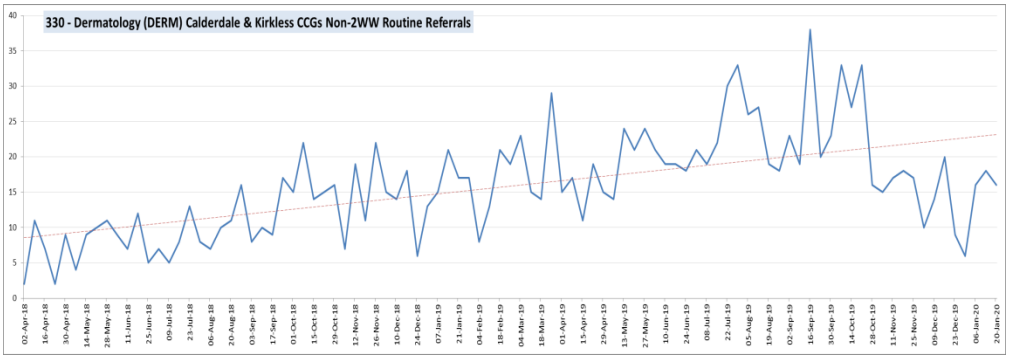
2.5. There has been an increase in demand for dermatology services at LTHT overall, and an increase in referrals from patients within Calderdale and Kirklees CCGs. This was in large part due to Calderdale and Huddersfield Foundation Trust (CHFT) dermatology service being forced to close access from routine referrals in June 2018, accepting only 2 week wait patients. This was mainly due to the fact that CHFT were unable to recruit into permanent consultant posts and were reliant on two very high cost locums.

2.6. The rate of referrals from Calderdale and Kirklees grew between April 2018 and October 2019. During the first six months of 2018/19, LTHT received an average of 8 routine referrals each week. Between September 2018 and March 2019, this doubled to an average of 16 referrals a week. From April 2019, this increased again to an average of 23 referrals each week.

[1] https://www.leedsth.nhs.uk/about-us/board-meetings/

2.7. The increase in demand is shown in Figure 1:

Figure 1: Number of non-2 week wait routine referrals to LTHT from Calderdale and Kirklees CCGs



2.8. While these referrals remained a smaller proportion of total activity than that originating within Leeds, this unplanned increase resulted in a growing waiting list and increasing waiting times for patients. This increase has impacted all patients from Leeds, Calderdale and Kirklees.

Response

2.9. The dermatology service flexes capacity to respond to fluctuations in demand. During summer months of 2019 additional capacity was added to cope with the seasonal increase in demand. The excess growth from increasing referral rates from Calderdale CCG resulted in this additional capacity being insufficient to prevent waiting list growth.

2.10. Concerns about these increases were raised with Calderdale CCG by colleagues in Leeds CCG in October 2019 and action was taken to ensure that capacity was provided locally through community dermatology services. As of November 2019, Calderdale CCG commissioned a Community Dermatology service, which is able to see all routine patients, and manage low risk basal cell carcinoma. This has led to a reduction in referral rates to Leeds. It has also enabled repatriation of some activity back to these local providers.

2.11. This has reduced the size of the dermatology waiting list, reduced waiting times and provides more care closer to home for patients in Calderdale and Kirklees. The average wait for a first outpatient appointment is now 11 weeks. Presently, over 90% of patients are seen within 18 weeks.

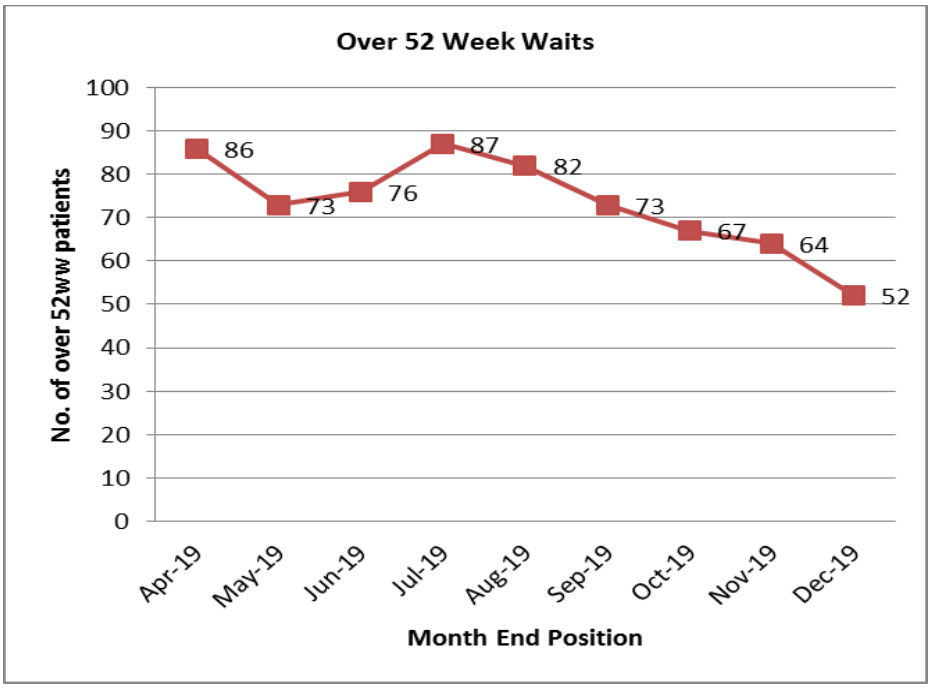
Spinal Surgery

Background

2.12. LTHT is a tertiary centre for spinal surgery, providing services for patients from Leeds, West Yorkshire and beyond. The service is now also the Regional Spinal Surgery Centre for non-specialist activity as local services have closed.

2.13. Waiting times for spinal surgery at LTHT have increased for some time, with an increase in the number of patients waiting beyond 52 weeks since winter 2017/18. At the end of December 2019, there were 52 patients who waited over 52 weeks for treatment in Adult Spines. This is shown in Figure 2.

Figure 2: Number of patients waiting over 52 weeks for spinal surgery at Leeds Teaching Hospitals NHS Trust



2.14. These reductions have been the result of several factors. Some growth in demand has been due to demographic changes demography and increased referral of complex and specialist cases into LTHT. There has also been a gradual increase in non-specialist referrals to Leeds as small, non-specialist spinal services closed in other Trusts in West Yorkshire, mainly due to the retirement of single practitioners. The increase in waiting times accelerated following the cancellation of routine elective activity in the winter of 2017/18 to manage winter pressures.

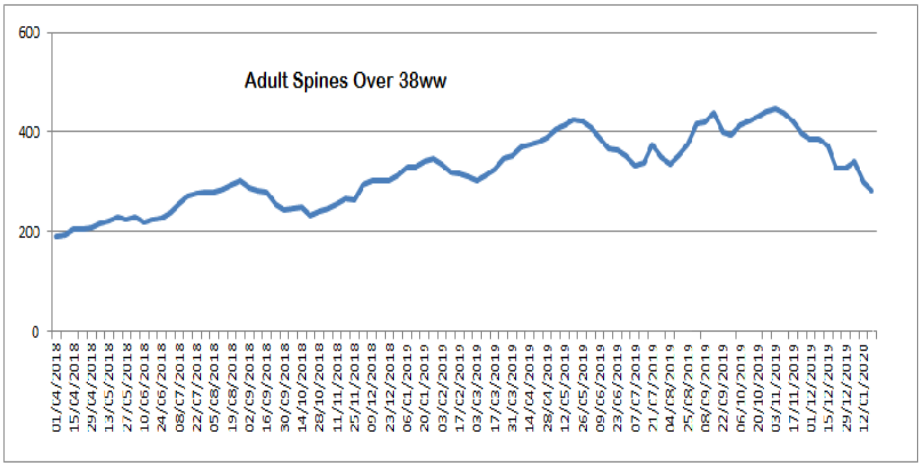
Response

2.15. There are several ongoing short and long-term actions to contain referral growth and to provide additional capacity. The Trust has collaborated with commissioners, NHS England and Improvement, and the Getting It Right First Time Programme to create actions within and outside of the Trust. These include reviewing routine GP referrals in MSK services before onward referral to spinal surgery, regular validation of the waiting list and redistributing and prioritising theatre capacity for spinal surgery which is at risk of breaching 52 week waits.

2.16. During 2019/20 there has been improvement in the size of the waiting list for both admitted and non-admitted patients for spinal surgery. Total waiting list size has decreased for 5 consecutive months and the percentage of patients waiting over 18 weeks has reduced. The non-admitted waiting list has decreased by 500 patients and the admitted waiting list has decreased by 137 patients. The number of patients waiting on the admitted waiting list has reduced from a high point of almost 1,000 in August 2018 to almost 600 in December 2019.

2.17. The Trust has seen a reduction in the number of patients waiting over 38 weeks for spinal surgery. There has been a reduction of 23.5% in the total number of patients waiting over 38 weeks since April 2019. This is shown in Figure 3:

Figure 3: Number of patients waiting over 38 weeks for adult spinal surgery at LTHT



2.18. At the end of December 2019, 84.9% of patients on LTHT waiting lists waited less than 18 weeks for treatment. This is ahead of the national average which at the end of November (latest available data) showed that 84.4% of the England waiting list had waited less than 18 weeks.

2.19. The Trust is undertaking quality improvement activity in addition to this work to reduce waiting times. This has been done in partnership with the Get It Right First Time (GIRFT) Programme and recommendations from a GIRFT review are underway across spinal surgery. This includes infection control actions to reduce the number of surgical site infections and an enhanced recovery programme to reduce readmission rates.

2.20. However, the Trust continue to strive to improve the timeliness of elective services and further work is required to stop patients needing to wait longer than 52 weeks for spinal surgery. There remain a large number of patients who have waiting over 38 weeks and are at risk of waiting longer than 52 weeks if they are not treated in the coming months, as shown in Figure 3. The Trust continues to work with commissioners and patient representatives to explore longer term actions to improve services, such as increasing the number of sessions dedicated to spinal surgery and exploring partnership with other NHS Trusts to manage demand outside of LTHT.

3. WYAAT

Background

3.1. The West Yorkshire Association of Acute Trusts (WYAAT) was established in 2016 and represents a partnership of the following 6 acute trusts in West Yorkshire and Harrogate:

- Airedale NHS Foundation Trust (ANHSFT)
- Bradford Teaching Hospitals NHS Foundation Trust (BTHFT)
- Calderdale and Huddersfield NHS Foundation Trust (CHFT)
- Harrogate and District NHS Foundation Trust (HDFT)
- Mid Yorkshire Hospitals NHS Trust (MYHT)
- Leeds Teaching Hospitals NHS Trust (LTHT)

3.2. The partnership provides a forum for partners to discuss and progress programmes of work aligned with the West Yorkshire Health and Care Partnership.

3.3. The West Yorkshire Joint Health Overview and Scrutiny Committee was provided with an update on the WYAAT programme and Committee in Common at its meeting on 19 November 2019.

3.4. The WYAAT annual report, published in September 2019, is attached to this report at Annex B and provides an overview of programme and progress across the partnership.

Programmes

3.5. The WYAAT partnership runs the following programmes, split into clinical services, clinical support and corporate support:

Clinical Service Programmes:
- Clinical Service Networks
- WY Vascular Service
- Elective Surgery (Orthopaedics)
- Elective Surgery (Ophthalmology)

Corporate Support Programmes:
- Pharmacy
- Pathology
- Radiology (Yorkshire Imaging Collaborative)
- Scan4Safety

Corporate Support Programmes:
- Workforce
- Procurement

Details on each of these programmes are included within the annual report (appended to this report).

Governance

3.6. WYAAT has a Committee in Common, which meets regularly and is formed of all the Trust Chief Executives and Chairs from member organisations. Below this group meeting every month is the Programme Executive, which oversees all programmed work, providing direction and making decisions.

3.7. To support these two groups there are operations, finance and clinical groups amongst others which lead the delivery of WYAAT programmes. All groups are supported by the WYAAT Programme Management Office.

3.8. All decisions remain with the partner Trust's Boards and WYAAT is not in itself a decision-making body.

3.9. Scrutiny from the Adults, Health & Active Lifestyles Scrutiny Board is welcomed on individual programmes across WYAAT as they progress, both for WYAAT as a whole and LTHT involvement in them. For example, the WY Vascular Service which seeks to create a single West Yorkshire Vascular Service with two arterial centres is undergoing a consultation led by NHS England and Improvement. The West Yorkshire Joint Health Overview and Scrutiny Committee has previously discussed the consultation and will receive the results at its meeting on 24 February 2020.

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ANNEX A

The Leeds Teaching Hospitals NHS Trust

Integrated Quality and Performance Report

January 2020

Agenda Item 12.1

Integrated Quality and Performance Report

The Leeds Teaching Hospitals NHS Trust

Presented for:	Governance
Presented by:	**Executive Leads**
Author:	**Information Department**

Trust Goals	
The best for patient safety, quality and experience	✓
The best place to work	✓
A centre for excellence for research, education and innovation	✓
Seamless integrated care across organisational boundaries	✓
Financial sustainability	✓
Key points	
This report is in full the Integrated Quality and Performance Report for January 2020 Trust Board.	

Contents

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Month: December 2019

Interpreting the Dashboard

The Leeds Teaching Hospitals NHS Trust

Reporting Period: December 2019

Target/Trajectory		
Y	NA	N
Where the Contractual or Constitutional Target/Trajectory has been achieved in the reporting period	A Target or Trajectory is not in place for the metric	Where the Contractual or Constitutional Target/Trajectory has not been achieved in the reporting period

Assurance		
Target Consistently Hit	**Target Hit & Missed at Random**	**Target Consistently Failed**
P	R	F
Where the lower process limit is above the target (for greater than targets)	Where the target is between the upper and lower control limits	Where the upper process limit is below the target (for greater than targets)
Where the upper process limit is below the target (for less than targets)		When the lower process limit is above the target (for less than targets)

Variation		
Special Cause/Investigate	**Common Cause**	**Special Cause Concern**
SC	CC	SC
Special cause variation **A rule has been triggered indicating a positive special cause**	Common cause variation	Special cause variation **A rule has been triggered indicating a negative special cause**

Dashboard

The Leeds Teaching Hospitals NHS Trust

CQC Domain	Metric	Target	Trajectory	Assurance	Variation
Responsive	Cancelled Ops	N	N	R	CC
	Cancer 2ww	Y	NA	R	CC
	Cancer 31 Days	Y	NA	R	CC
	Cancer 62 Days	N	N	F	CC
	Ambulance Handover SJUH	N	NA	F	CC
	Ambulance Handover LGI	N	NA	F	SC
	Diagnostic Waits	Y	NA	R	CC
	DToC	NA	NA	NA	CC
	ECS	N	N	F	SC
	Outpatient Measures	NA	NA	NA	CC
	RTT	N	N	F	CC
	Complaints	NA	NA	R	CC
	PALS	NA	NA	R	CC
Effective	Readmissions – Elective/Non Elective	NA	NA	NA	CC
	Mortality	Y	NA	NA	CC

CQC Domain	Metric	Target	Trajectory	Assurance	Variation
Safe	Serious Incidents	NA	NA	Y	CC
	CDI	Y	Y	R	CC
	MRSA	Y	Y	R	CC
	VTE	Y	NA	R	CC
	Harm Free Care - Safety Thermometer	Y	NA	R	CC
	Harm Free Care - Falls	Y	N	R	CC
	Harm Free Care - Pressure Ulcers	Y	Y	R	CC
Caring	People - FFT Response Rate – A&E	Y	NA	R	CC
	People - FFT Recommendation Rate – A&E	Y	NA	R	CC
	People - FFT Response Rate – Inpatient	Y	NA	R	CC
	People - FFT Recommendation Rate – Inpatient	Y	NA	P	CC
	People - FFT Recommendation Rate – Outpatient	Y	NA	P	CC
	People - FFT Response Rate – Maternity	Y	NA	R	SC
	People - FFT Recommendation Rate – Maternity	Y	NA	P	SC
Use of Resources	Super-Stranded	N	N	F	SC
	Achieving Reliable Care for Safety (ARCS)	NA	NA	NA	NA

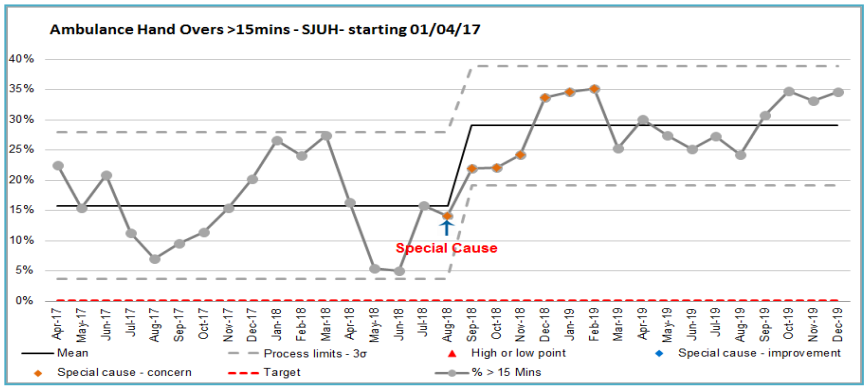
Ambulance Handover

The Leeds Teaching Hospitals NHS Trust

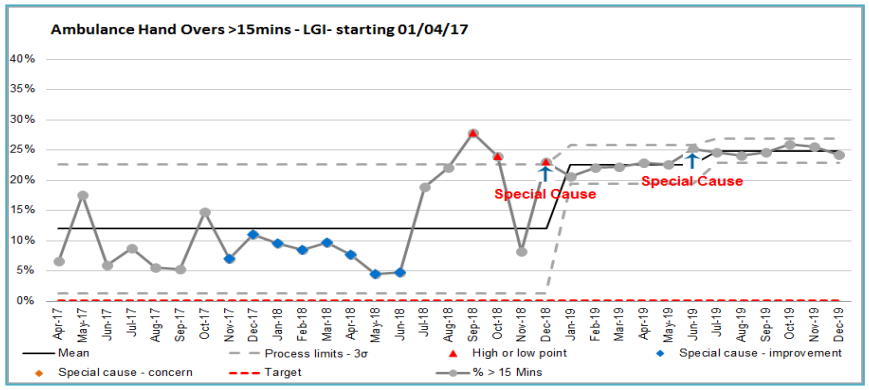
Reporting Month: December 2019

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Jo Wood (General Manager)
Sub Groups: None

Target	Trajectory	Assurance	Variation
N	NA	F	CC



Target	Trajectory	Assurance	Variation
N	NA	F	CC



Background / target description: 100% of all handovers should take place within 15 minutes.

- Handover data is recorded by YAS staff on YAS software and submitted to NHSI/E directly. The ability for LTHT validation and challenge pre National submission ceased in November 2018. LTHT continues to locally validate the position and highlight discrepancies through to the CCG.

What does the chart show/context:

The SPC Charts show Ambulance Handovers that have taken more than 15 minutes, split by the SJUH site and by the LGI site.

- SJUH –December 2019 demonstrates 956 handovers greater than 15 minutes (34.6%). The average handover time at SJUH is 13:25 minutes.
- LGI – December 2019 demonstrates 487 handovers greater than 15 minutes (24.2%). The average handover time at LGI is 11:12 minutes.
- Within the total reporting period there has been a reduction in ambulance performance with a run of data points above the mean and a statistically significant deterioration in performance.

Underlying issues:

- Levels of delivery are linked to the introduction of direct YAS reporting without LTHT validation and an increase in site attendances. The narrowing upper control limits and lower control limits of the LGI graph are due to a reduction in the amount of variation in performance month on month reflecting a more controlled system. LTHT continues to validate the handovers to monitor the true Trust position. This is shared on a regular basis with the CCG.

Actions:

- LTHT implemented a new YAS web based system for handover times in December 2019 this has delivered more accurate handover times.
- Using LIM, detailed review of ambulance handover process at LGI is occurring to remove waste and improve response. This commenced in December 2019.
- YAS will identify suitable patients that can self book into ED, releasing the crew and delivering the 15 minute standard for this cohort of patients. This commenced in November 2019. Expected impact is 20 patients a day will self book in.

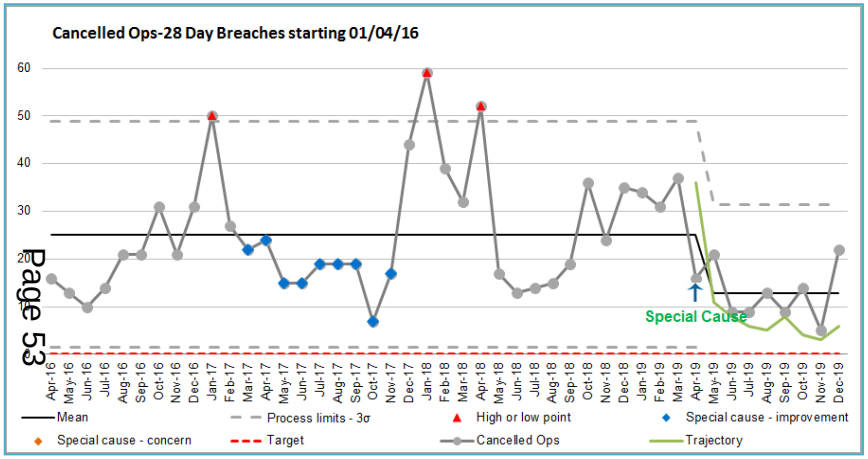
Cancelled Ops

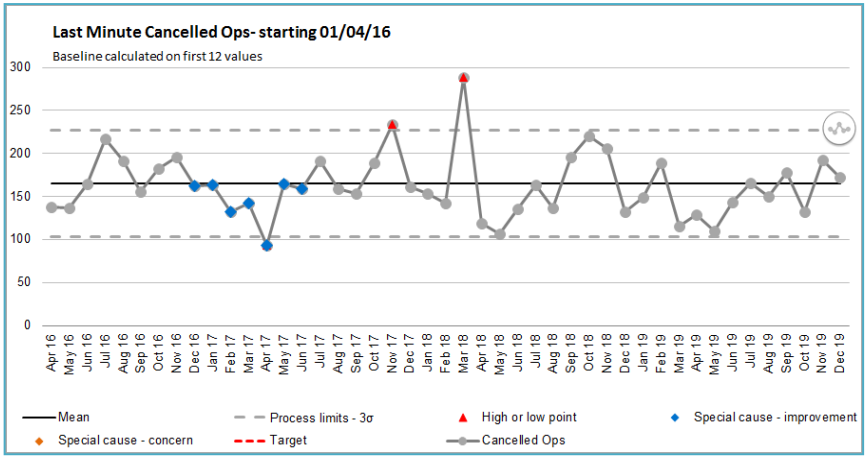
The Leeds Teaching Hospitals NHS Trust

Reporting Month: December 2019

Target	Trajectory	Assurance	Variation
N	N	R	CC

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Mike Harvey (ADOP)
Sub Groups: F&P





Background / target description:
Ensure all patients who have operations cancelled at the last minute, for non-clinical reasons are offered another binding date to be treated within a maximum of 28 days (zero tolerance standard).

What does the chart show/context:

Cancelled Operations

- In December 2019 there were 173 patients whose operation was cancelled on the day of surgery, of which there were 22 breaches of the 28 day standard.

28 Day Breaches

- There is improvement YTD in reducing the number of 28 day breaches against last year's position. For Q1 LTHT reported 46 breaches of the 28 day standard, when compared against Q1 for 2018 this is a reduction of 36 (44%).
- Q2 LTHT reported 31 breaches, when compared against Q2 of 2018 is a reduction of 17 (35%). Q3 is being validated, however it is likely that LTHT will report 41 breaches which is a reduction of 57% when compared against Q3 2018.
- It is of note that since April 2019 the process has been consistently below the mean with a special cause improvement now noted, allowing the mean and the process control limits to be reset

Underlying issues:

- Q4 trajectory is set at 75% reduction on equivalent quarter in 2019 i.e. a threshold of 26. The Winter period is historically difficult for re-dating cancellations as can be seen in the SPC chart (above left) and coupled with the increase seen in LMCOs in Nov and Dec 19 there is a risk to delivery of this trajectory.

Actions:

- A weekly check process is now underway to ensure oversight of patients when they are cancelled and are awaiting re-dating to ensure that they are offered new dates with reasonable notice within the 28 day period.
- The learning from the visit to Sheffield is now embedded with further work commenced including a trial of ensuring all first starts go ahead at SJUH. This continued through November and has been extended to include the first 3 Critical Care cases on the SJUH site and Neurosurgery/ Spines at the LGI from 18/11/2019. Early indications are showing prompt starts which is reducing the risk of cancellations due to running out of theatre time for last cases.

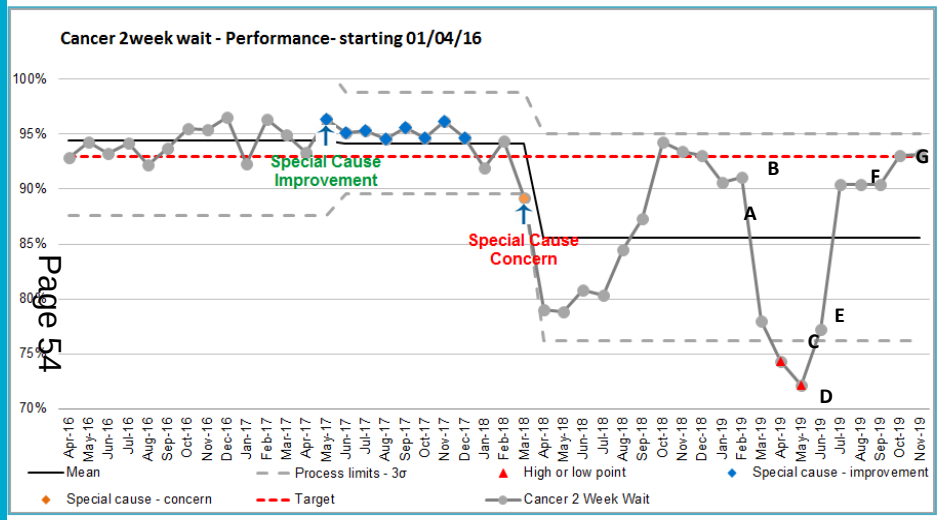
Cancer 2 Week Wait

The Leeds Teaching Hospitals NHS Trust

Target	Trajectory	Assurance	Variation
Y	NA	R	CC

Reporting Month: November 2019

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Mike Harvey (ADOP)
Sub Groups: F&P



A	Jan	Highest volume of breast 2ww and breast symptomatic referrals received (959)
B	Feb	Internal fortnightly capacity and demand meetings with MDT and Lead Cancer Team
C	April	Work commenced with Breast MDT, Lead Cancer Clinicians, Commissioners and GPs to increase capacity and manage demand through additional imaging, clinics and review of referral data.
D	May	Improved scheduling into breast imaging slots. Additional Saturday breast lists in place. Template review allowed for an additional 5 slots per week.
E	June	Increased capacity in Breast service allowed for a 12% improvement in Breast 2ww as the backlog of breast 2ww patients reduces.
F	July - Sept	13% improvement in 2ww performance maintained for 3 months
G	Oct	Constitutional standard achieved despite increased referral demand

Background / target description:

- The target is that 93% of patients referred in by their GP are seen for their first OPA or test within 14 days.

What does the chart show/context: (See separate table to the bottom left)

- November's 2ww performance achieved the standard at 93.14% for the second consecutive month since December 2018.
- Performance remains within process control limits with the last five consecutive months delivering above the mean.

Underlying issues:

- November 2019 referral volumes were similar to November 2018 although cumulative referrals remains above the planning assumptions set out in the trajectory.
- This increase in referrals may correlate to the introduction of FIT testing (faecal immunochemical test for haemoglobin) and increased awareness of colorectal cancer. Whilst overall November referral volumes appear to have reduced, further capacity particularly within the lower GI 'straight to test' service is needed to ensure 2ww demand is met.
- Capacity issues within the lower GI service continued into Q3 and continue to impact on the service's ability to deliver the standard with November performance reported at 79.8% for lower GI only. As 15% of all 2ww patients seen in November were referred in on a lower GI pathway, non-delivery in the lower GI service remained a key risk for November although the overall standard was achieved.

Actions:

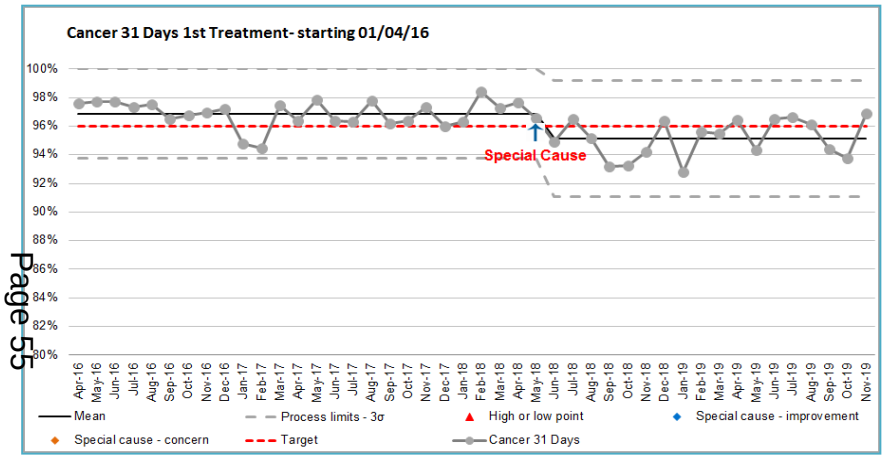
- It is expected that the standard will achieve in December 2019 despite higher than expected referral volumes and increased patient choice to defer appointments. However there is significant risk to delivery in January 2020.
- Work on Optimal Pathways has identified non-value adding steps in the diagnostics process. An example being the removal of unnecessary first OP appointments for patients who can be safely referred for CT Colonography. However this has created a short-term increase in demand into the CTC service which Radiology are working to mitigate.

Cancer 31 Days

The Leeds Teaching Hospitals NHS Trust

Reporting Month: November 2019

Executive Owner: Clare Smith Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Mike Harvey (ADOP)
Sub Groups: F&P



Target	Trajectory	Assurance	Variation
Y	NA	R	CC

Background / target description:

- Ensure at least 96% of patients receiving their first definitive treatment (FDT) are treated within 31 days.
- Ensure at least 94% of patients receiving their subsequent surgery are treated within 31 days.

What does the chart show/context:

- 31 day 1st Definitive Treatment was achieved in November at 96.9% and remains within normal process control limits.
- All 31 day subsequent treatment modalities (i.e. surgery, chemotherapy and radiotherapy) also achieved the constitutional standards and this is the first month that all 3 have achieved since July 2018.

Underlying issues:

- Of the 1,051 patients receiving surgical, radiotherapy or drug subsequent treatments in November, 1030 were treated within 31 days in line with the constitutional standard. Of the 21 breaches, 8 were on a surgical pathway (of the 168 treated surgically) and 11 were on a radiotherapy pathway (of the 469 treated). The Radiotherapy capacity issues highlighted in the previous IQPR report are being mitigated and the consequent risk to delivery has been reduced.

Actions:.

- Increase Radiotherapy capacity to meet rising demand.
- Optimal Pathway work in key pathways of Lung, Lower GI, Prostate and Breast to continue.
- Trial pathway navigators (patient facing) in pathways that transfer patients between CSUs including lung/gynaecology/head and neck/urology.
- Visit high performing organisations to identify good practice.

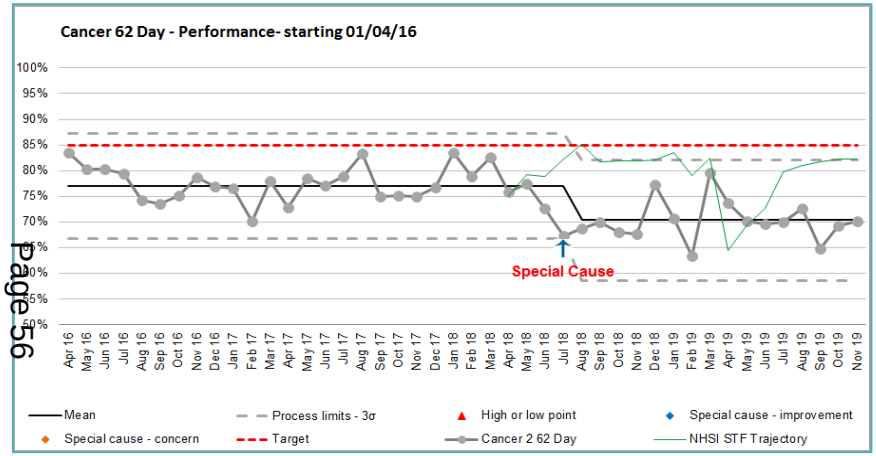
Cancer 62 Days

The Leeds Teaching Hospitals NHS Trust

Reporting Month: November 2019

Target	Trajectory	Assurance	Variation
N	N	F	CC

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Mike Harvey (ADOP)
Sub Groups: F&P



November 2019 Reported Position by Cancer MDT site

Brain/Central Nervous System	100
Breast	96.3
Gynaecological	85.3
Haematological (Excluding Acute Leukaemia)	84.2
Head and Neck	73.7
Lower Gastrointestinal	53.2
Lung	64.3
Other	0
Sarcoma	57.1
Skin	78
Upper Gastrointestinal	46.9
Urological (Excluding Testicular)	60.6
Totals	70.1

Background / target description:

- Ensure at least 85% of patients receive their first definitive treatment for cancer within 62 days of an urgent GP (GDP or GMP) referral for suspected cancer.
- Ensure at least 90% of patients receive their first definitive treatment for cancer within 62 days of referral from an NHS cancer screening service.

What does the chart show/context:

- The 62 day standard reported for November 2019 was 70.1%. This remains within normal process control limits.
- The chart to the bottom right shows the November 2019 reported position by Cancer MDT site.

Underlying issues:

- The long term strategy to deliver performance sustainably is to reduce the volume of patients who have already breached the 62 day threshold. With this in mind the number of 62 day patients treated per working day has increased each month since June.
- As a consequence the delivery of the constitutional standard has been more challenging, particularly in Urology, Lower GI, skin, Head & Neck and Breast as we have focused effort on treating those waiting the longest (where clinically appropriate).

Actions:

- Twice weekly review at individual patient level continues between the key CSUs and the lead cancer team focused on progressing individual patients. Actions to recover delivery will be agreed through Level 1 and Level 2 escalation meetings with ADOP and DCOO.
- Fundamental pathway reviews, including diagnostic and treatment capacity and demand mapping is crucial to the sustainable recovery of the standard. LTHT has prioritised these reviews in Prostate, Lung and colo-rectal (in line with national guidance). Of these Prostate is expected to report first by enacting key pathway changes. This is particularly important in the prostate pathway, where patients are often presented with multiple treatment options following diagnosis, which does mean that at times a patient will breach the standard whilst they decide on the treatment option.
- The Lung and colo-rectal work has commenced with early opportunities in the colo-rectal pathway to improve the time in the diagnostic phase already identified, specifically with the introduction of point of care testing prior to CT contrast studies.
- The Breast and Pancreas MDTs are engaged with the Leeds Improvement Methodology via value streams supported by the KPO.

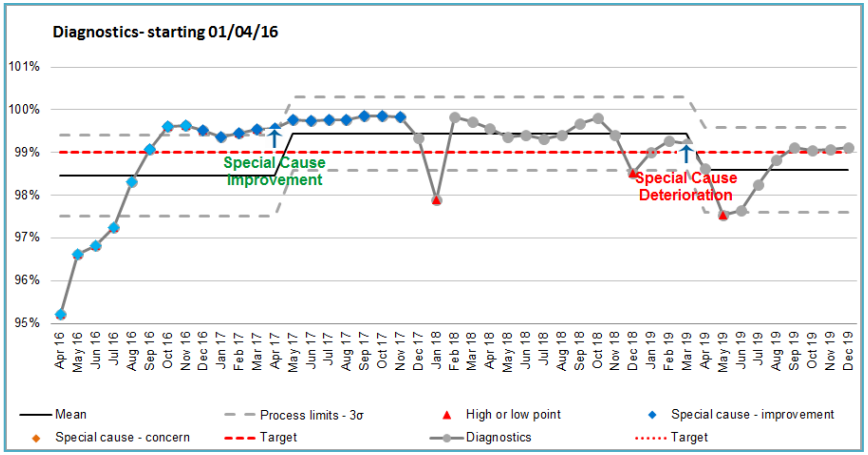
Diagnostic Waits

The Leeds Teaching Hospitals NHS Trust

Reporting Month: December 2019

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Angie Craig (ADOP)
Sub Groups: F&P

Target	Trajectory	Assurance	Variation
Y	NA	R	CC



Diagnostic Test		Waiting list position as at 31-Dec-19		
		Number of Patients on Waiting List	Number Waiting over 6 Weeks	% Waiting Less Than 6 Weeks
Target		-	-	99%
Endoscopy	Colonoscopy	211	1	99.5%
	Flexi sigmoidoscopy	91	0	100.0%
	Cystoscopy	148	1	99.3%
	Gastroscopy	230	5	97.8%
Imaging	Magnetic Resonance Imaging	2,488	74	97.0%
	Computed Tomography	2,894	28	99.0%
	Non-obstetric ultrasound	4,751	1	100.0%
	Barium Enema	0	0	-
	DEXA Scan	755	2	99.7%
Physiological Measurement	Audiology - Audiology Assessments	184	0	100.0%
	Cardiology - echocardiography	1,442	5	99.7%
	Cardiology - electrophysiology	0	0	-
	Neurophysiology - peripheral neurophysiology	383	0	100.0%
	Respiratory physiology - sleep studies	336	0	100.0%
	Urodynamics - pressures & flows	4	4	0.0%
Trust		**13,917**	**121**	**99.1%**

Background / target description:

- Ensure at least 99% of patients wait no more than 6 weeks for a diagnostic test.

What does the chart show/context:

- Service delivery in December 2019 is at 99.1% which is above the required standard of 99%. This represents a fifth consecutive month that this standard has been achieved.
- As the target sits above the lower control limit, there could be times where the standard is not delivered. Further work is required through the CSU delivery contracts to increase the lower control limit.
- Diagnostics benchmarking for November 2019): 84/166.

Underlying issues:

- There remains a shortfall in capacity for Paediatric GA MRI. An additional list was negotiated with Theatre CSU which started in October 2019.
- There is a risk of not achieving the standard for January due to patients choosing to wait longer over the Christmas period, loss of capacity due to Bank Holidays in those areas already maximised, and machine breakdowns. The risk of not achieving the standard in January was identified in the trajectory planning last year and was set at 98.5%.

Actions:

- Two additional lists for Paeds GA lists have been confirmed in February.
- Outsourcing and overtime continues where possible to provide additional capacity.
- Continued use of Taskmaster administration staff to support booking utilisation.
- MRI business case is progressing alongside NHSE/I replacement capital funding.
- Additional general capacity being sourced to mitigate risks in November and December.
- A play specialist has been recruited to start in January 2020 to support reducing anaesthetic requirements (Paeds GA).

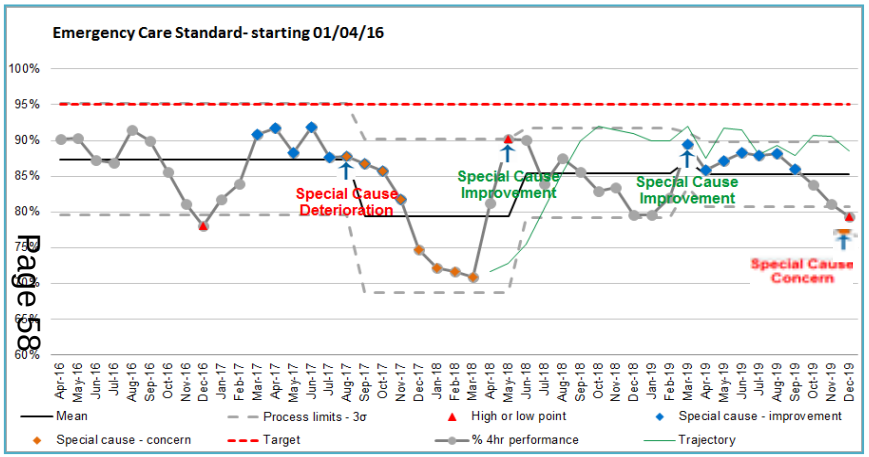
Emergency Care Standard

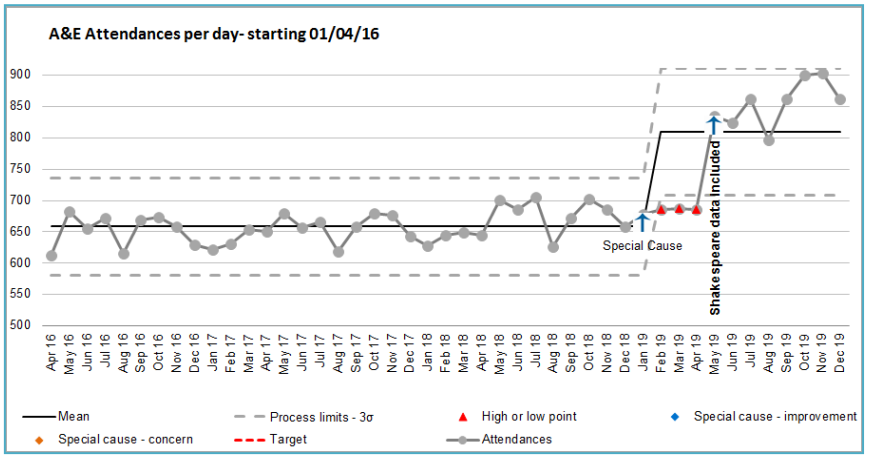
Target	Trajectory	Assurance	Variation
N	N	F	SC

The Leeds Teaching Hospitals NHS Trust

Reporting Month: December 2019

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Sajid Azeb (Deputy COO)
Sub Groups: F&P





Background / target description:

- Ensure at least 95% of attendees to A&E are admitted, transferred or discharged within 4 hours of arrival.

What does the chart show/context:

- ECS performance for the 7 months from March to September 2019 was above the mean, indicating special cause improvement has occurred. In addition there is less variation in ECS performance, as demonstrated by the narrowing of the upper and lower control limits. The special cause improvement correlates with the commencement of the Unplanned Care Improvement Board's focus on ECS.
- December 2019 ECS performance was below the lower control limit, representing special cause concern. The NHSI trajectory target for December was 88.6%; LTHT achieved 79.30%. This is in line with performance in December 2018 (0.36% less than December 2018)
- ECS benchmarking for December 2019 : 43/118 (comparative cohort is 123,in December, 5 Trusts were excluded)

Underlying issues:

- There were 394 more attendances across LGI and SJUH Emergency Departments in December 2019 than 2018. LGI had 432 more attendances than the previous year (4.04% increase).
- Located at the LGI, Paediatrics A&E had 3,849 attendances in December 2019, a 10.54% increase when compared to attendances in December 2018.
- In 2019/20 to date (April to December), there have been 5,590 more attendances (3.38% increase) than the equivalent period in 2018/19.
- Due to the pressures being experienced across the LGI and SJUH sites, elements of the Winter Bed Plan were brought forward - as a result 8 beds were opened week commencing 23rd December and a further 7 beds were opened week commencing 29th December on J32 to help mitigate the impact of the increased demand for inpatient beds.
- More recently higher than expected non-elective demand has been impacting on surgical assessment unit with significant numbers of patient presentations per day. The CSU continue to enhance seniority of medical cover on the unit to maximise admission avoidance opportunities.

Actions:

- Unplanned Care Improvement Programme has continued to meet on a monthly basis and is focussed on delivering against the operational, tactical and strategic elements of the overall recovery plan.
- Long Los reviews (Super stranded patients) have continued on a weekly basis with all CSUs. Attendance has been widened to include partners from community and adult social care to try and assist in expediting out of hospital plans for patients.
- Cardio-Respiratory CSU have developed an A3 for the delivery of Bed Back within 1 hour for patients who have a TCI from the Emergency Departments. The reporting for this is via the Unplanned Care Improvement Programme. Learning and improvements will be shared with other CSUs.
- Daily Executive safety walk established and in place throughout the winter period to help ensure patient safety and staff wellbeing.
- Consultant in Charge model continues to be refined, with qualitative feedback being gathered. Good to Great campaign is being launched by the CSU through Q3/Q4.
- Leeds Improvement Value Stream work continues with a second Kaizen event recently undertaken focussed on the Nurse Assessment process. A 76.5% improvement has already been seen in the reduction of lead times. Further improvement work continues.

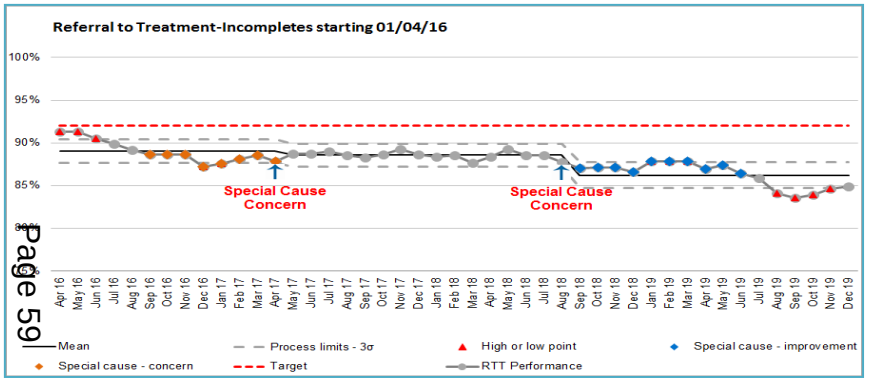
RTT

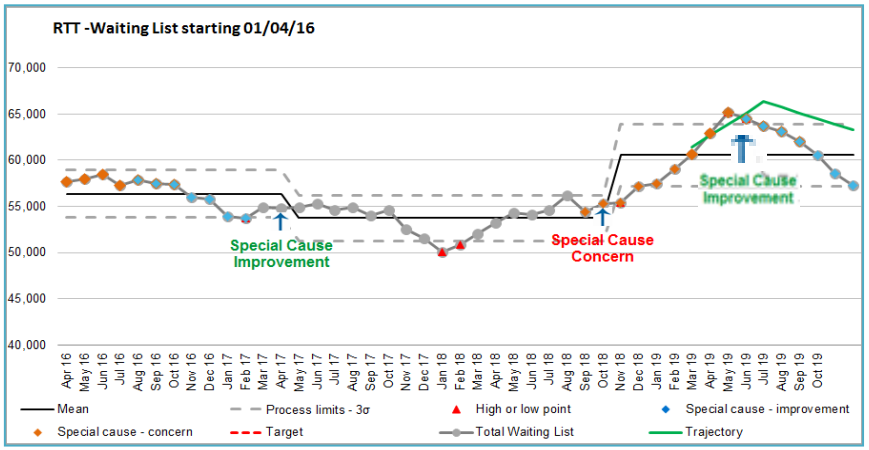
The Leeds Teaching Hospitals NHS Trust

Reporting Month: December 2019

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Tim Hiles (Interim ADOP)
Sub Groups: F&P

Target	Trajectory	Assurance	Variation
N	N	F	CC





Background / target description:
There are 3 contractual RTT requirements:

- RTT 18 Week Performance – delivery over 92%.
- Total Waiting List Trajectory of 61446 to be achieved by March 2020.
- Over 52 weeks waiting time – Zero patients waiting over 52 weeks.

What does the chart show/context:

- The RTT reported position for December is 84.88%, an improvement of 0.28% on the November position. In each of the previous three years there was a drop in the RTT percentage performance during December due to reduced activity in month.
- Special Cause Variation was indicated for the size of the total waiting list in May and June 2019 (shown bottom left), when growth was outside the upper control limit. We have now seen a reduction in the total waiting list size over 7 consecutive months demonstrating special cause improvement and performance is within normal process control limits and ahead of trajectory. At the end of December the TWL was 57,302 which is 5,979 better than the trajectory of 63,281
- RTT benchmarking for November 2019: 93/166

Underlying issues:

- Delivery of RTT performance has improved as key specialties have reduced the number of non-admitted patients who have waited over 18 weeks. This is reflected in the graph (top left) which shows that we are now delivering performance within normal process control limits following a four month period below the lower control limit.
- RTT performance (reported as a percentage) would have improved more rapidly had the total waiting list size not fallen so significantly during this period.
- The rapid increase in referral numbers in some specialties between December 2018 and May 2019 created a bulge of routine activity that was difficult to accommodate particularly where 2ww activity increased.
- Whilst Backlog clearance continues in Urology and Colorectal Surgery which has seen steady improvement, significant reduction in the TWL size denominator has made this improvement less obvious from a percentage perspective.

Actions:

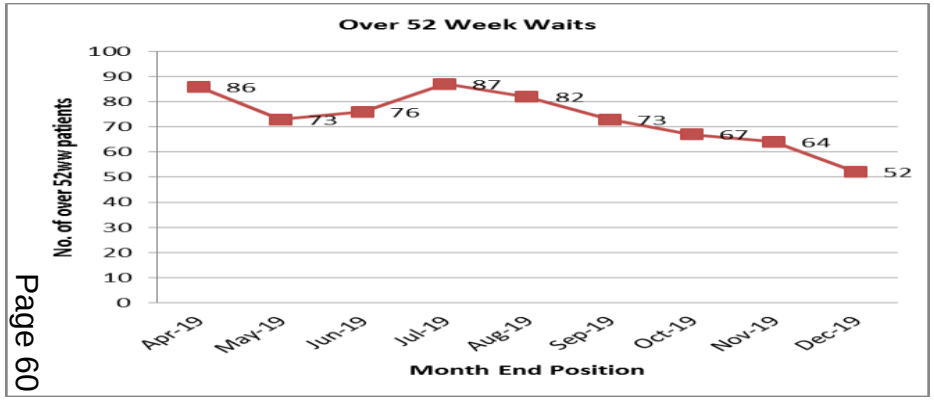
- Delivery of 26 week choice offering to patients as part of a pilot with NHSE is underway offering choice to patients where possible in Adult Spines, Colorectal and Urology.
- Capacity has been identified in the Independent Sector to transfer some patients. A new process to transfer patients has been developed and has significantly reduced the administrative burden of this activity.
- Funding has been allocated to a number of CSUs to undertake activity to reduce the number of patients waiting above 18 weeks. This is delivering an improved RTT position.
- Support may also be provided from Sheffield Teaching Hospital to deliver capacity for a 'bulge' of potential long wait breaches in Spinal Surgery during Q1 of 2020.

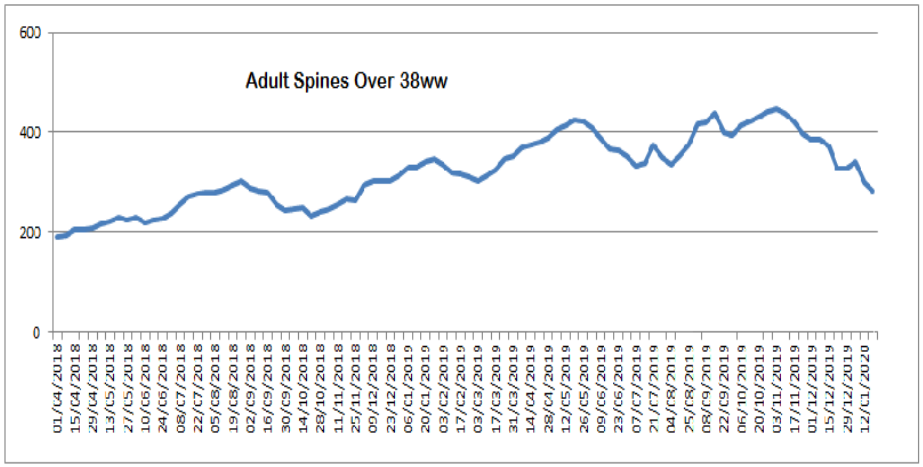
RTT – 52 Weeks

The Leeds Teaching Hospitals NHS Trust

Reporting Month: December 2019

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Tim Hiles (Interim ADOP)
Sub Groups: F&P





Background / target description:

- Over 52 weeks waiting time – Zero patients waiting over 52 weeks

What does the chart show/context:

- Over 52ww: shows how the over 52 week wait position has reduced since March.
- There were 52 patients who waited over 52 weeks for treatment at the end of December 2019 in Adult Spines.
- Over 38ww: shows a reduction in the over 38 week wait position. There has been a reduction of 23.5% in the total number of over 38ww in Adult Spines since April 2019.

Underlying issues:

- Capacity shortfall to deliver demand in spinal surgery.
- Significant volume of over 52 week wait patients are complex surgeries that require Jubilee Theatre operating capacity.
- Approximately 66% of adult spines core operating theatre capacity is utilised for acute and urgent patients.
- There are 124 patients who require an outpatient appointment before March 2020, with a conversion of 38% who will also require surgery before March 2020 to achieve a zero month end position. The majority of these patients have already been offered an appointment by mid February 2020.
- NHSI/E were unable to source capacity at other providers for 211 outpatient pathways (to take full pathways) and 5 complex spinal surgery patients per week from now until the end of March to support the delivery of a zero March 2020 position.

Actions:

- Continued use of additional theatre lists offered by CAH, TRS and Head & Neck CSUs to provide adult spines with additional operating theatre capacity.
- GIRFT visit took place on 28/10/2019 with some clear pathway recommendations to be taken forwards by the service. Follow up visit planned for 03/02/2020.
- Spinal surgery management time-out held which defined several different areas to be addressed to improve the service. These have been prioritised with action plans, developed and being implemented for the key priority areas.
- Support may also be provided from Sheffield Teaching Hospital to deliver capacity for a 'bulge' of potential long wait breaches in Spinal Surgery during Q1 of 2020. This capacity will be essential to preventing deterioration of the position delivered at year-end.

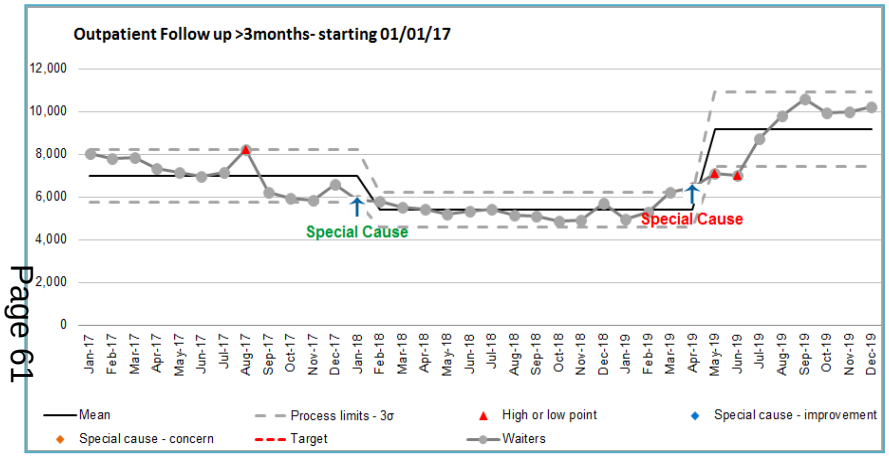
Outpatient Measures

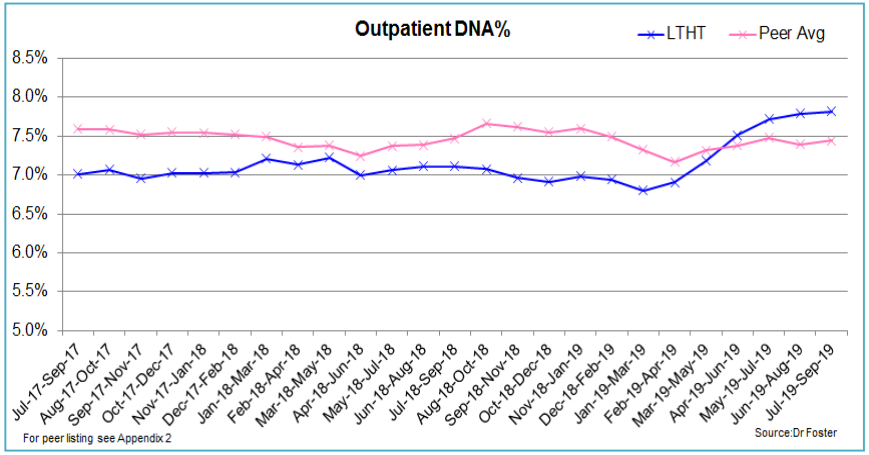
The Leeds Teaching Hospitals NHS Trust

Target	Trajectory	Assurance	Variation
NA	NA	NA	CC

Reporting Month: December 2019

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Tim Hiles (Interim ADOP)
Sub Groups: F&P





Background / target description:

- Ensure the Trust's Did Not Attend (DNA) rate is below the peer average.
- Reduce the number of appointments cancelled by hospital within 6 weeks of appointment.
- Reduce the number of appointments cancelled by patient within 6 weeks of appointment.

What does the chart show/context:

- Significant growth can be seen in the chart to the left in the over 3 month follow up position with both July and August demonstrating special cause. A reduction can be seen in October position and this position has maintained similar levels throughout November and December. The main CSU's with growth are as follows AMS, H&N, CAH, Children's, TRS and Women's.

Underlying issues:

- The growth in referrals between December 2018 and May 2019 has impacted on the waiting list size and CSU's ability to provide additional capacity to see both new and follow up patients.
- The rate of outpatient appointment cancellations by both the hospital and patients still remains a challenge for LTHT. The Outpatient CSU, is continuing to support CSUs reducing clinic cancellations under 6 weeks, but there has been a decrease in the number of outpatients appointments booked through choice.
- A group has been established to address the causes of the increased DNA rates. Offering patients choice of appointments is key to delivering improvement.

Actions:

- CSU Trajectories to reduce follow-up backlog have now been signed off and now form part of CSU Service Delivery Contracts and they are managed against this trajectory.
- CSUs are required to assess and discuss risks associated with delayed follow ups at their Governance meetings.
- PMO leading a project to scope DNA reduction opportunity and share best practice amongst CSU's.
- A business case has been developed to automate registration of referrals. If approved this would release more staff to offer choice of appointments to patients. This has been identified as the biggest contributor to higher DNA rates.
- PMO Lead is undertaking work to review rebooking of patients who have DNA'd as rebooking rates are high.

Delayed Transfer of Care

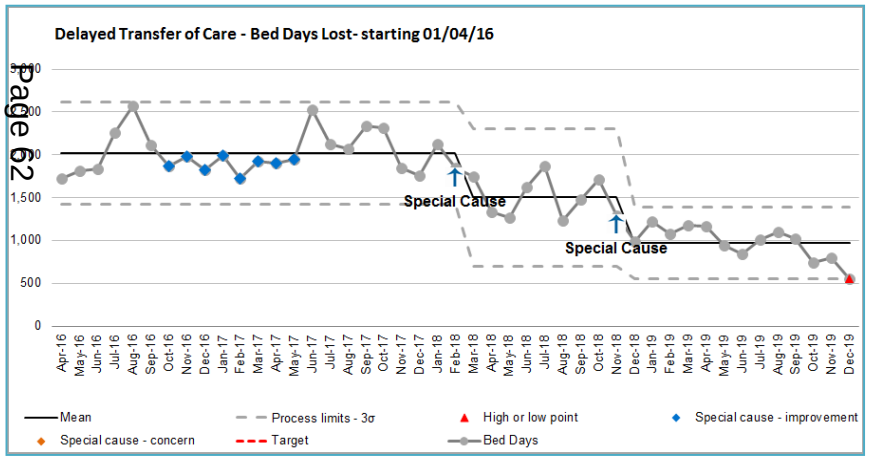
The Leeds Teaching Hospitals NHS Trust

Reporting Month: December 2019

Target	Trajectory	Assurance	Variation
NA	NA	NA	CC

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Joanna Regan/Breeda Columb
Interim Directors of Nursing (Operations)

Sub Groups: F&P



Background / target description:

- To reduce the number of delayed transfers of care and ensure patients receive the appropriate care in the appropriate environment.

What does the chart show/context:

- December 2019 shows the number of bed days lost fall below the lower control limits demonstrating a low point (as can be seen in the SPC chart).

Underlying issues:

- Good progress in reducing the number of DTOC patients however underlying issues associated with complexity of patient needs, e.g. EMI capacity, leads to delays in discharge. In addition delays associated with patient and family choice continue to impact on the ability to reduce DTOC volumes, the robust implementation of the transfer of care (TOC) policy aims to minimise the impact. The policy has been re launched as part of the Decision Making work stream.

Actions:

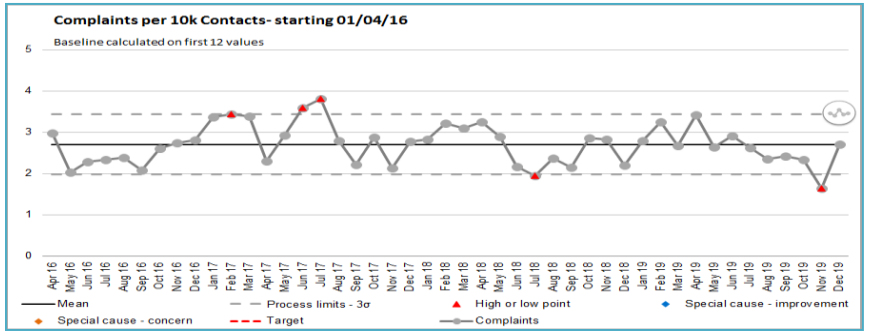
- Newton Europe diagnostic recommendations to be taken through the Decision Making workstream with Leeds system partners.
- Consistent application of TOC policy.
- Achieving reliable care (ARCs) programme will identify common causes of delay within ward areas, roll out began 7th October 2019.

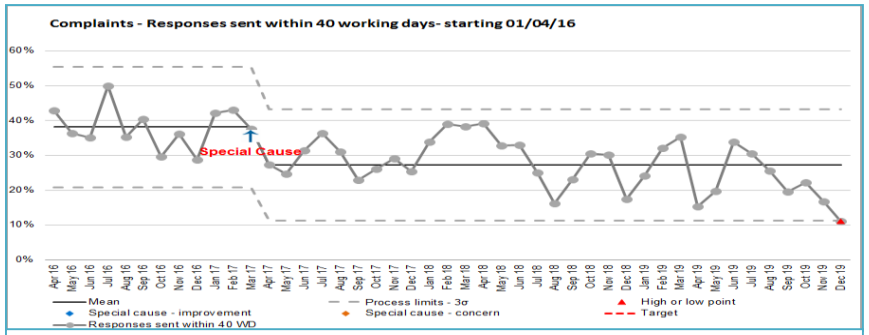
Complaints

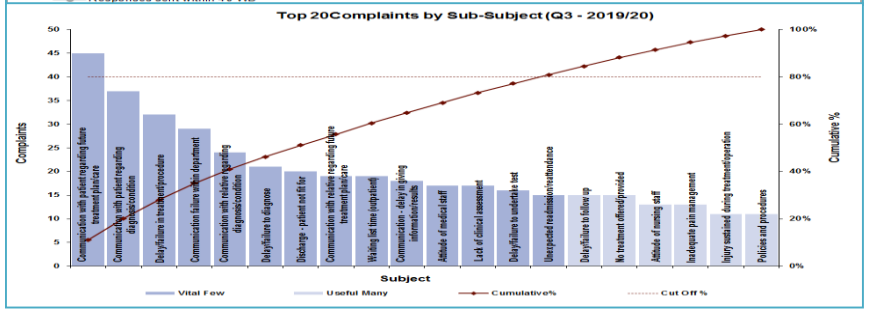
NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Month: December 2019

Executive Owner: Lisa Grant (Chief Nurse)
Management/Clinical Owner: Craig Brigg (Director of Quality)
Sub Groups: QAC, QMG, PESG







Target	Trajectory	Assurance	Variation
NA	NA	R	CC

Background / target description:
There is a Trust internal target to achieve responses within 40 working days for 80% of complaints.
National complaint handling guidance states responses must be provided within 6 months.

What does the chart show/context:
The charts show common cause variation with a low point in December 2019 of 10% of responses being sent in 40 working days. Rate of complaints against activity returned to the average in December 2019, following a period of five months lower than average. The top sub-subjects are as expected and reflect the national picture.

Underlying issues:
Previously, 3 CSUs were not meeting the response time target. In December 2019 there were 10 CSUs in this position. It is recognised that this is a deteriorating position. Work is focussed on reducing waste and overwork to improve complaint handling time and in supporting CSUs to meet the standard.

Actions:
- The Complaints team are examining the complaints pathway to identify parts where time taken has exceeded expected timescales. This will include the corporate function.
- The QI project continues in AMS CSU to identify opportunities for waste reduction, using Leeds Improvement Method (LIM); noting reduction from average 109 days to 57 days; June – December 2019.
- The QA survey has been completed and a proposal is being developed to improve and standardise the QA function.
- An external review of the complaints process is underway.
- A complaints CSU event is planned for March 2020, to share good practice and actions for improvement.

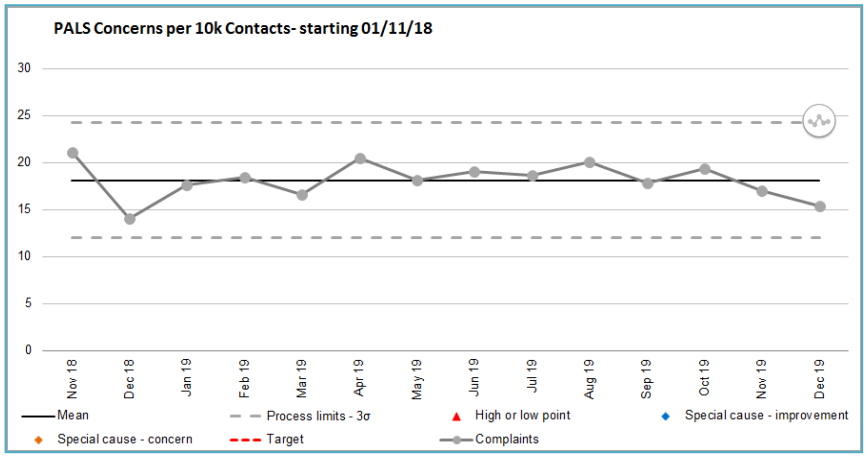
PALS

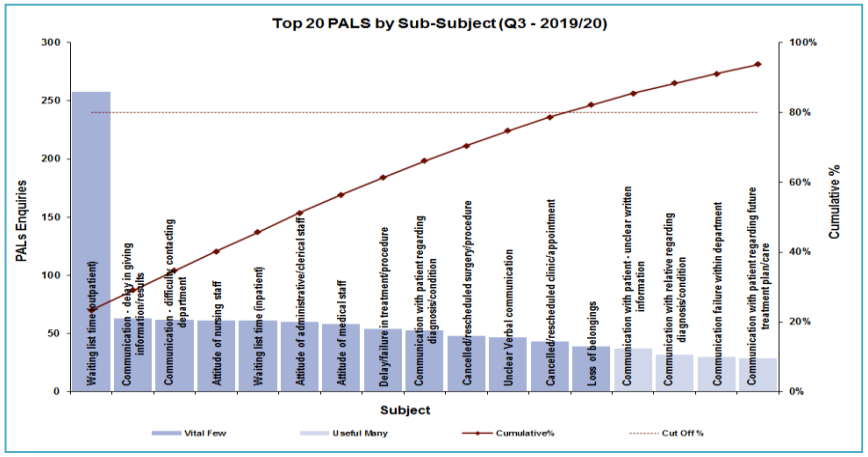
NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Month: December 2019

Target	Trajectory	Assurance	Variation
NA	NA	R	CC

Executive Owner: Lisa Grant (Chief Nurse)
Management/Clinical Owner: Craig Brigg (Director of Quality)
Sub Groups: QAC, QMG, PESG





Background / target description:
The graphs show the number of PALS concerns raised for every 10,000 patient contacts and the topics associated with those concerns.

What does the chart show/context: Patient contacts fluctuate in line with normal variation, however the number of recorded concerns show a tendency to reduce during holiday periods. The top three sub-subjects for PALS concerns remain unchanged.

Underlying issues: During December 2019, the PALS team received an increase in the number of concerns relating to waiting times for surgical procedures.

Following a flood in the PALS office on 15 November 2019, the PALS team were fully functioning again by the 29th November 2019.
There was some degree of service disruption during this 2 week period.

Actions:

- The PALS team continue to work with individual CSUs who provide service level information to enable the team to resolve PALS at the initial point of contact.
- The Head of Patient Experience and Lead Nurse for Patient Experience met with General Managers in December 2019 to agree a CSU PALS escalation process to meet the 48 hour response standard, including a RAG rating alert. This is currently being enacted by the PALS team.
- CSU level data on PALS closures will be included in the next report.
- The PALS service will be included in the complaints external review that is currently taking place.

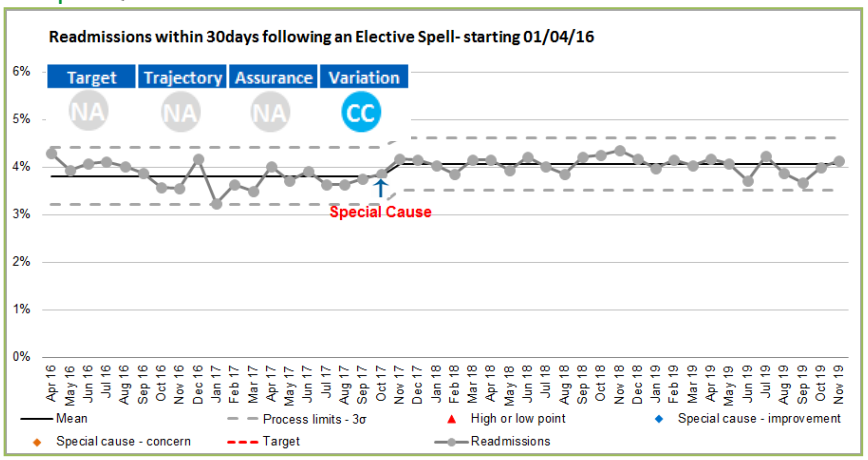
Readmissions

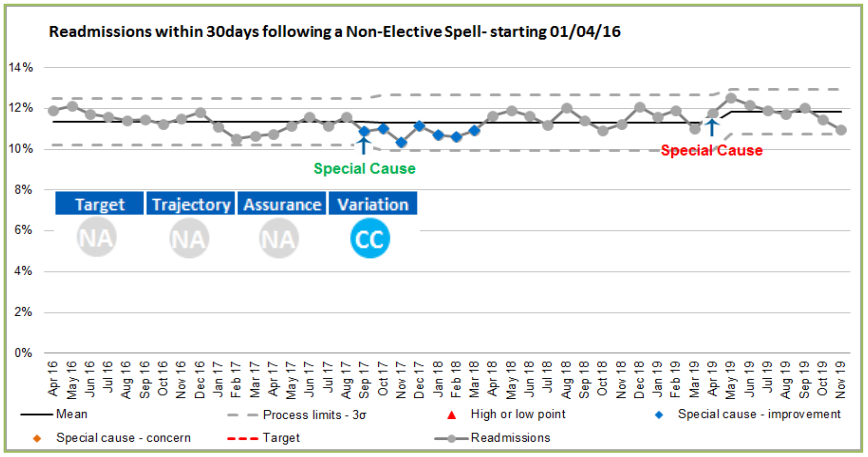
Reporting Month: November 2019

Executive Owner: Clare Smith (Chief Operating Officer)

Management/Clinical Owner: Joanna Regan/Breeda Columb
Interim Directors of Nursing (Operations)

Sub Groups: QAC





Background / target description:
Readmission rates within 30 days for elective and non elective patients are monitored on a monthly basis.

Readmission rates are measured in order to assure ourselves that patients are not being discharged from hospital prematurely or without adequate community support. LTHT readmission rate compares favourably with peer organisations.

What does the chart show/context:
- Elective Readmission Rates remain within normal process control limits.
- Non Elective Readmission Rates remain within normal process control limits.

Underlying issues:
- Timeliness of discharge and readmission.

Actions:
- Continued pathway work with community partners e.g. Early supportive discharge for stroke patients.
- Strengthened assessment and ambulatory function across LTHT to maximise admission avoidance opportunities
- Work with partners to establish a virtual frailty ward live from November 2019 and main focus on areas of admission avoidance within two localities across the city. From the 20th January 2020, the teams will be accepting patients from acute admission wards and CDU at St James.

Mortality

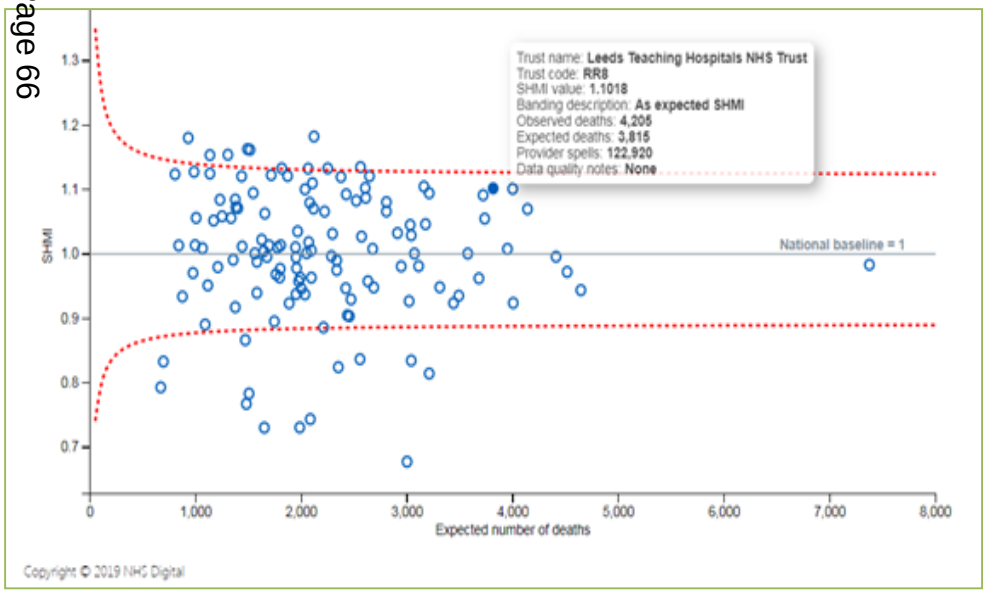
The Leeds Teaching Hospitals NHS Trust

Reporting Period: Aug-18 to Jul-19

Target	Trajectory	Assurance	Variation
Y	NA	NA	CC

Executive Owner: Yvette Oade (Chief Medical Officer)
Management/Clinical Owner: David Berridge (Deputy Chief Medical Officer)
Sub Groups: QAC, QMG, MIG, SOAG

Fig. 1 Trust level mortality, Aug-18 to Jul-19	Spells	Value	Observed Deaths	Expected Deaths	95% Confidence Interval
SHMI published banding (95% CL with over-dispersion)	122,920	110.18	4,205	3,815	88.75-112.67
HSMR	60,621	112.00	2,544	2,271	107.69-116.44



Background / target description: For SHMI the target is for LTHT to be in the lower quadrant of the funnel chart. There are two national Trust-level risk adjusted measures of mortality; the Summary Hospital Mortality Indicator (SHMI) and the Hospital Standard Mortality Rate (HSMR). These datasets are used by NHSi and the CQC to inform the mortality alert process.

What does the chart show/context: The Trust SHMI for August 2018 – July 2019 was 110.18. There have been further small increases in both the SHMI & HSMR. Observed deaths are above expected deaths for the 10th consecutive period but still remains 'as expected' when compared to the national dataset.

Underlying issues: The measures used by the national mortality models are not adjusted to consider the acuity of patients; as LTHT is a tertiary centre and MTC this can impact on observed deaths within the Trust.

In addition, compared to peer organisations LTHT has a lower expected death rate; this is currently being investigated by the Mortality Improvement Group . It has been noted that the Trust has some diagnosis groups with a higher than expected crude death rate.

Actions:
Coding reviews continue to be undertaken to further understand the lower expected mortality rate compared to peers with further work being undertaken in relation to admission source, reducing multiple consultant transfers and audits of every death. We continue to work with external reference organisations to fully understand this.

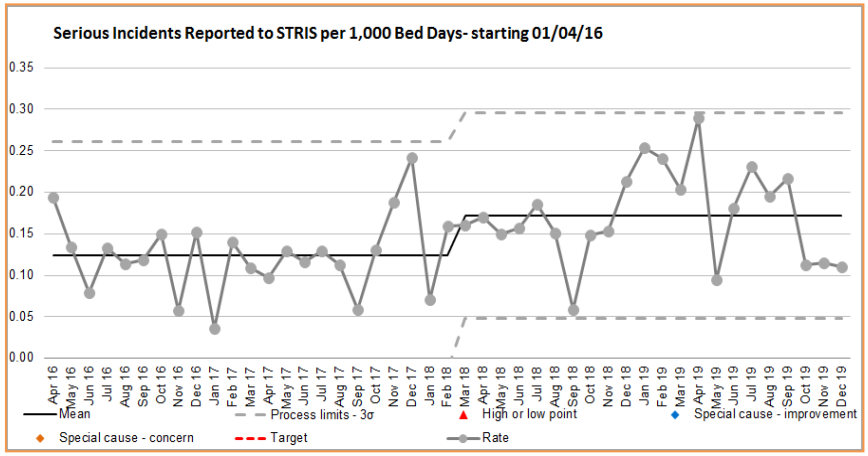
Serious Incidents

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Period: December 2019

Target	Trajectory	Assurance	Variation
NA	NA	Y	CC

Executive Owner: Yvette Oade (Chief Medical Officer)
Management/Clinical Owner: Craig Brigg (Director of Quality)
Sub Groups: QAC, QMG, SOAG



Type	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
Pressure Ulcers	9	5	12	15	14	10	8
Falls	5	9	10	10	7	10	4
Diagnostic or treatment delay	5	2	1	4	2	4	3
Obstetric/maternity	1	3	0	3	1	1	3
Never Events	2	0	3	2	2	3	0
Mental Health	1	0	0	0	0	0	0
Infection	0	0	0	1	2	0	0
Others	1	2	1	2	3	5	0
Totals	24	21	27	37	31	33	18

Background / target description:
LTHT is committed to identifying, reporting and investigating serious incidents and ensuring that learning is shared across the organisation and actions taken to reduce the risk of recurrence.

Serious Incidents (SIs) are identified and reported in accordance with NHS Improvement's Serious Incident Framework 2015. They are patient safety incidents that lead to serious harm or death of one or more patients.

What does the chart show/context:
The rate of serious incidents per 1,000 bed days reported to commissioners each month via the national Strategic Information System (StEIS).

Underlying issues:
Fluctuation in the reporting rate is affected by the internal governance processes supporting management of pressure ulcer and falls reporting. Category 3 and 4 pressure ulcers, and falls leading to significant harm are consistently the most reported incident types.

Actions:
- Findings from falls and pressure ulcer incident investigations are fed into the Trust's Quality Improvement programmes relating to these topics.
- All reported serious incidents are subject to an investigation using Root Cause Analysis methodology in order to understand the significant contributory factors that led to the incident.
- Recommendations are made based upon the lessons learned and an action plan is put in place to make the necessary changes to reduce the risk of a similar incident happening again.

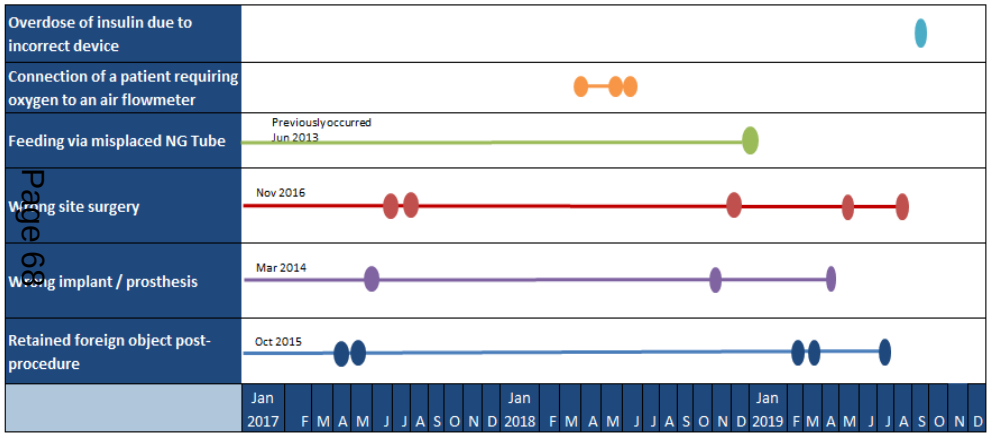
Never Events

The Leeds Teaching Hospitals NHS Trust

Reporting Period: December 2019

Executive Owner: Yvette Oade (Chief Medical Officer)
Management/Clinical Owner: Craig Brigg (Director of Quality)
Sub Groups: QAC, QMG, SOAG

Never Event types - Distribution over time from January 2017 to December 2019



Type	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
Medical air administered instead of oxygen	2	0	0	0	0	0	0
Incorrect implant used	0	0	1	0	1	0	0
Wrong site procedure	0	0	1	0	1	1	0
Feeding via misplaced NG Tube	0	0	1	0	0	0	0
Retained foreign object post procedure	0	0	0	2	0	1	0
Overdose of insulin due to use of incorrect device	0	0	0	0	0	1	0
Totals	2	0	3	2	2	3	0

Background / target description:
Never Events are defined as Serious Incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

What does the chart show/context:
The number of Never Event incidents reported to commissioners each quarter via the national Strategic Information System (StEIS).

Underlying issues:
The Never Events list is reviewed every year and so categories can change. The most commonly occurring Never Event types are related to failures in established checking procedures. The National Safety Standards for Invasive Procedures (NatSSIPs) were introduced in 2016 to support the reduction in the number of Never Events.

Actions:
- All Never Event incidents are subject to a Level 3 incident investigation.
- The Trust meets with its commissioners on an annual basis to provide assurance on the actions taken following Never Event investigations.
- A clinical audit took place in Quarter 3 19/20 to assess the current uptake of NatSSIP standards in clinical areas undertaking invasive procedures. The results are currently being collated.
- A Trust-wide working group chaired by the Associate Medical Director (Governance) has been setup in order to assess further actions to prevent the retention of guidewires following invasive procedures.

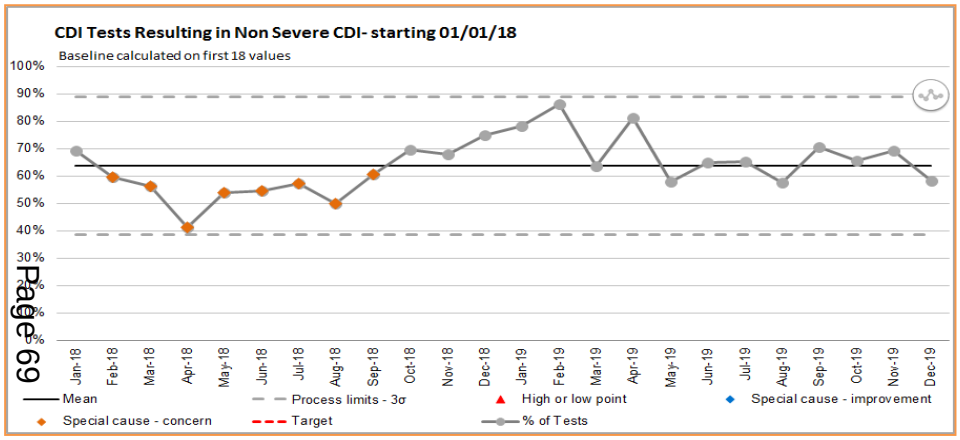
CDI

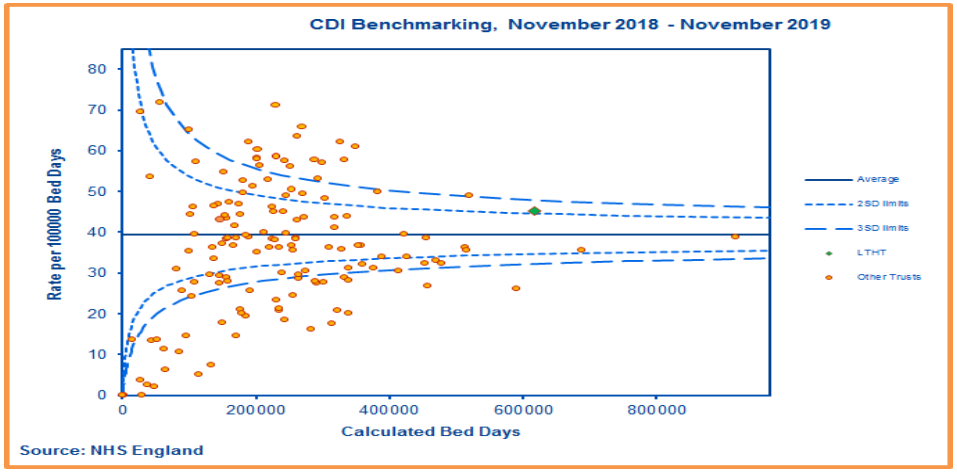
Target	Trajectory	Assurance	Variation
Y	Y	R	CC

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Period: December 2019

Executive Owner: Yvette Oade (Chief Medical Officer)
Management/Clinical Owner: Gillian Hodgson (Head of Nursing)
Sub Groups: QAC, QMG, SOAG





Month	CDI- Hospital Onset (actual)	CDI- Community Onset with previous LTHT admission (actual)	CDI (Subtotal)	CDI (Objective)
Total YTD	89	32	121	187

Background / target description: There is an objective in 2019/20 to have no more than 259 Clostridium Difficile Infections. This is split monthly and the April to October objective is to have no more than 98 cases.
From 1st April 2019 there was a change in the allocation algorithm that saw cases allocated as follows with case definitions 1 and 2 attributed to LTHT:

1. Healthcare onset healthcare associated - cases detected in the hospital >2 days after admission;
2. Community onset healthcare associated - cases that occur in the community (or within 2 days of admission) when the patient has been an inpatient in the Trust reporting the case in the previous 4 weeks.
3. Community onset indeterminate association: cases that occur in the community (or within 2 days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 12 weeks but not the most recent four weeks,
4. Community onset community associated: cases that occur in the community (or within 2 days of admission) when the patient has not been an inpatient in the trust reporting the case in the previous 12 weeks.

What does the chart show/context:
The first chart shows the proportion of inpatients in the Trust with non severe CDI. For December 2019, 42% of CDI positive patients were classified as severe. The funnel plot identifies LTHT as an outlier compared to our peers. There has been a total of 121 CDIs split 89 Hospital Onset and 32 Community Onset with previous LTHT admission. We have had 20 cases that occurred during Q1 and Q2 agreed as no lapse in care following CCG Panel review.

Underlying issues:
Patients who are identified as case definition 2 above are now investigated by LTHT; at this stage it is too early to identify themes.

Actions:
Lessons shared by clinical teams at their governance meetings.

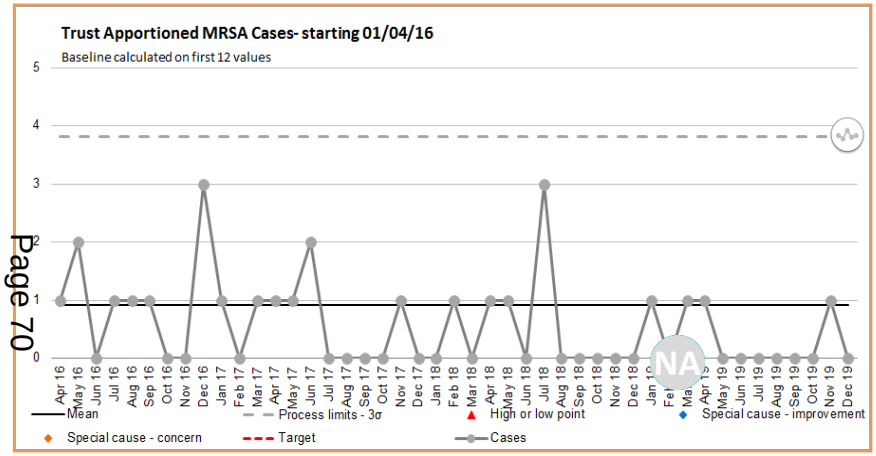
MRSA

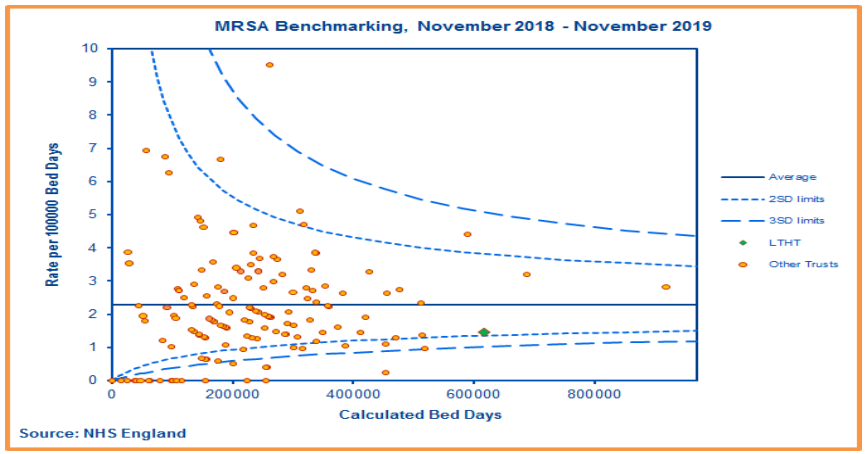
The Leeds Teaching Hospitals NHS Trust

Reporting Period: December 2019

Target	Trajectory	Assurance	Variation
Y	NA	R	CC

Executive Owner: Yvette Oade (Chief Medical Officer)
Management/Clinical Owner: Gillian Hodgson (Head of Nursing)
Sub Groups: QAC, QMG, SOAG





Background / target description:
The National 'zero tolerance' approach to MRSA bloodstream infections remains in place. A post infection review (PIR) takes place for all cases of MRSA bloodstream infection recorded at the Trust.

What does the chart show/context:
The chart indicates that since April 2019 the Trust has had 2 cases of MRSA bloodstream infection, compared to 5 for the same period of 2018/19. We also achieved our longest time between cases of 204 days.

Underlying issues:
The key findings from our investigations are around the use of the appropriate decolonisation when a patient has resistance to Mupirocin (nasal treatment) and ensuring that asepsis is maintained when accessing intravenous devices.

Actions:
Cases shared at clinical governance and communications shared. Development of "Alert " on PPM+ for key infections such as MRSA, CPE, CDI and VRE.

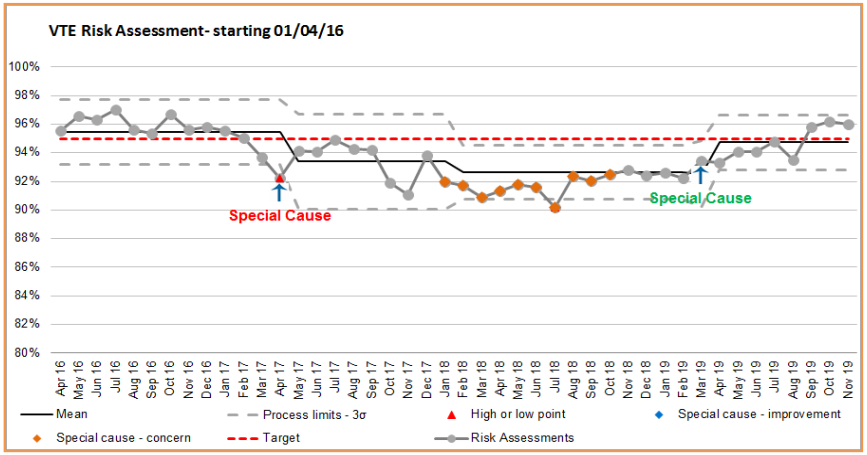
Venous Thromboembolism Risk Assessment

The Leeds Teaching Hospitals NHS Trust

Reporting Period: November 2019

Target	Trajectory	Assurance	Variation
Y	NA	R	CC

Executive Owner: Yvette Oade (Chief Medical Officer)
Management/Clinical Owner: John McElwaine (Assistant Medical Director)
Sub Groups: QAC, QMG, SOAG



CSU	YTD (2019-20)	Nov 19	Target
Abdominal Medicine and Surgery	91.0%	91.0%	95%
Adult Critical Care	89.0%	93.8%	95%
Cardio-Respiratory	93.9%	97.9%	95%
Centre for Neurosciences	87.4%	90.4%	95%
Chapel Allerton Hospital	99.7%	99.9%	95%
Childrens	87.1%	86.1%	95%
Emergency and Specialty Medicine	95.1%	94.5%	95%
Head & Neck	98.0%	98.8%	95%
Institute of Oncology	96.9%	98.4%	95%
Leeds Dental Institute	99.3%	100.0%	95%
Not Known	33.3%	-	95%
Radiology	99.4%	100.0%	95%
Theatres & Anaesthesia	93.8%	95.9%	95%
Trauma and Related Services	89.4%	94.1%	95%
Womens	95.0%	96.8%	95%
Trust	94.7%	96.0%	95%

Background / target description: To Ensure a 95% VTE risk assessment completion rate

The target is for 95% of VTE risk assessments to be completed within 24 hours of admission. The Trust has historically struggled to meet this.

What does the chart show/context:
The chart to the left shows that risk assessment rates have been consistently improving since February 2019, with November 2019 achieving 96%.

Underlying issues:
- Continued focus work is required to embed timely risk assessment in specific areas such as surgical admission unit and TRS/neuro wards.
- Dip in compliance when junior staff rotate

Actions:
- Monthly review by clinical owner
- Work with CSUs that are below target, and with negative trajectories
- Work with wards to utilise Safety huddles & ward rounds for VTE review
- Associate Medical Director and VTE Prevention nurse have visited clinical areas that are struggling to achieve the target to identify the issues and suggest improvement methods
- Re visits to wards to embed improvement work
- Associate Medical Director has shared local processes from areas that are consistently achieving the target with triumvirate teams from CSUs that are struggling to achieve the target

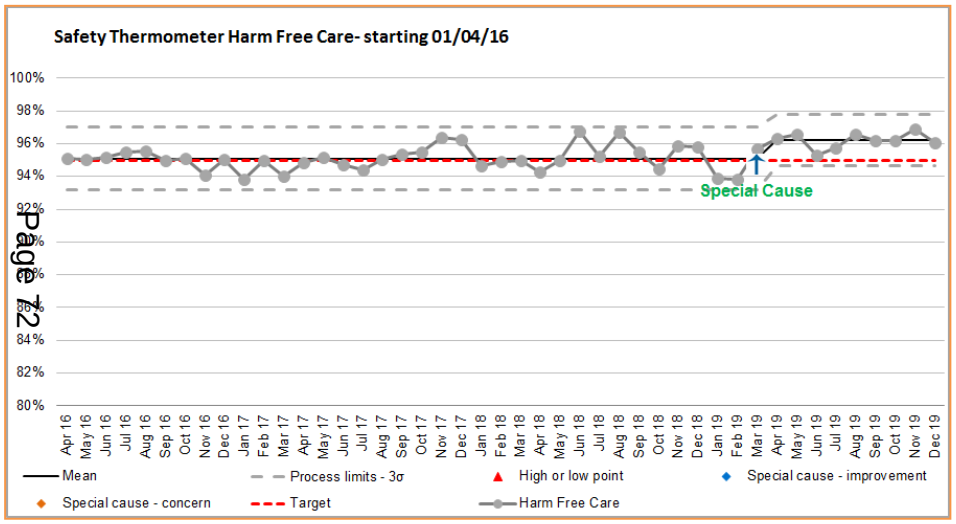
Harm Free Care – Safety Thermometer

The Leeds Teaching Hospitals NHS Trust

Reporting Period: December 2019

Target	Trajectory	Assurance	Variation
Y	NA	R	CC

Executive Owner: Lisa Grant (Chief Nurse)
Management/Clinical Owner: Breeda Columb (Head of Nursing)
Sub Groups: QAC, QMG, SOAG



Background / target description:
The target is 95% total harm free care. The Safety Thermometer was developed as a point of care survey instrument. The NHS Safety Thermometer provides a 'temperature check' on harm that can be used alongside other measures of harm to measure local and system progress in providing a care environment free of harm for our patients.

The tool measures four high-volume patient safety issues:

- Pressure ulcers
- Falls in care
- Urinary infection (in patients with a catheter)
- Treatment for Venous Thromboembolism

What does the chart show/context:

Performance related to harm free care has been greater than 96% for five consecutive months. Since December 2018 Harm Free Care performance has remained above 95% for eleven months.
There has been a special cause improvement in the Harm Free Care

Underlying issues: The data includes harm that has occurred outside hospital prior to admission, and therefore are outside of our influence.

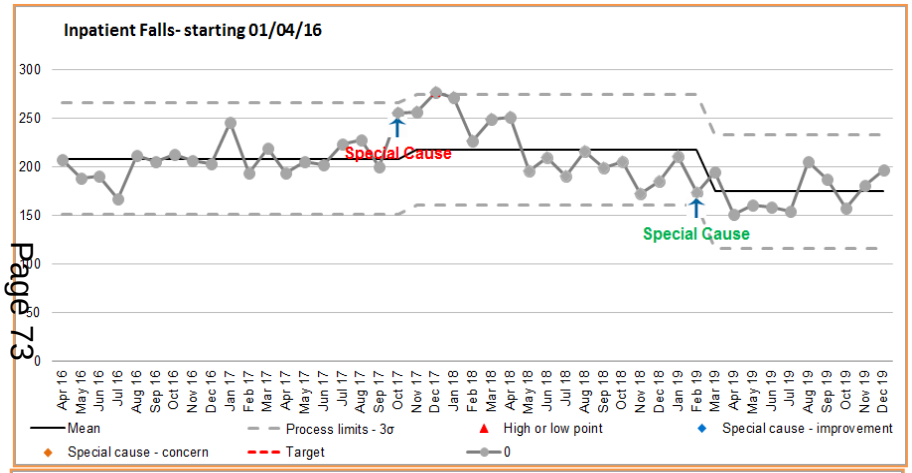
Actions: Please note the next two slides on Harm Free Care which detail actions being undertaken with regards to Falls and Pressure Ulcers

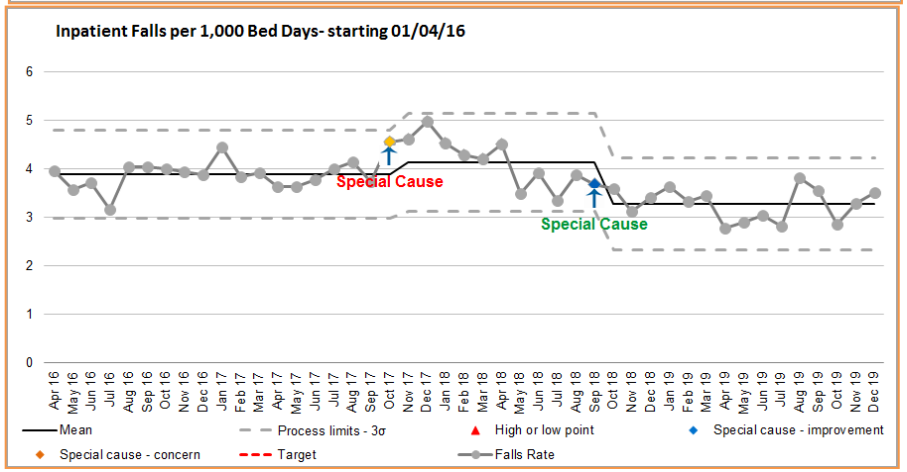
Harm Free Care - Falls

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Period: December 2019

Executive Owner: Lisa Grant (Chief Nurse)
Management/Clinical Owner: Breeda Columb (Head of Nursing)
Sub Groups: QAC, QMG, SOAG





Target	Trajectory	Assurance	Variation
Y	N	R	CC

Background / target description:
To Reduce Inpatient Falls across the Trust by 15%.

What does the chart show/context:
During Q3 529 patient falls were reported, of which 23 resulted in moderate harm or above. All have been investigated using an RCA method. There has been a 15% reduction in the total number of falls on the first three quarters of 2019-20 compared to the same period in 2018-19.

Since April 2017 falls with harm have seen a statistically significant reduction of 63%, with the mean recalculated from 0.38% to 0.14%.

Actions:

- The Trust 'Falls Collaborative' remains active along with a Trust Falls Prevention Group. Early indication of data is positive with pilot wards reporting a 21% reduction since November 2018.
- A falls prevention video to be shown to patients outlining the steps they can take to reduce their risk of a fall whilst an in-patient has been produced and will be piloted by the wards in the Collaborative. A QI celebration event is planned for early 2020/2021.
- Falls training compliance is currently 82% (green). Targeted work is underway on individual CSU's and ward where compliance is below the expected standard of 80%.
- Work continues in collaboration with Informatics to update the Nursing Specialist Assessment and the Falls Prevention Care plan to improve compliance with the CQUIN requirements.

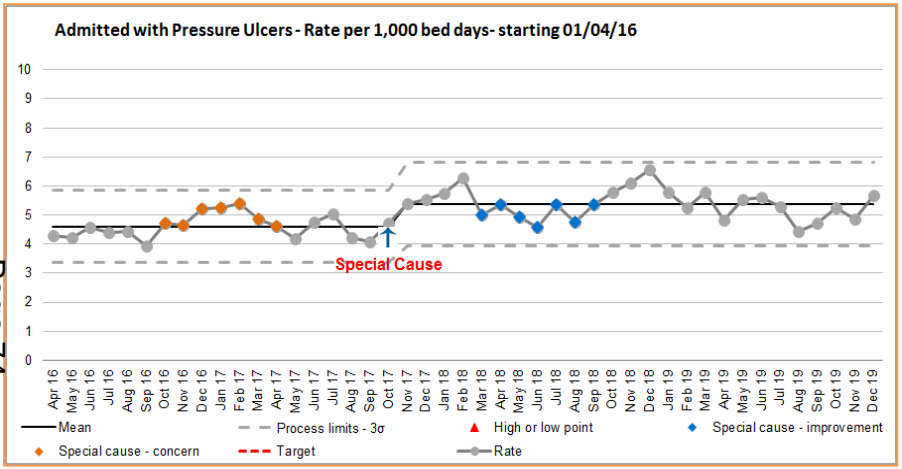
Harm Free Care - Pressure Ulcers

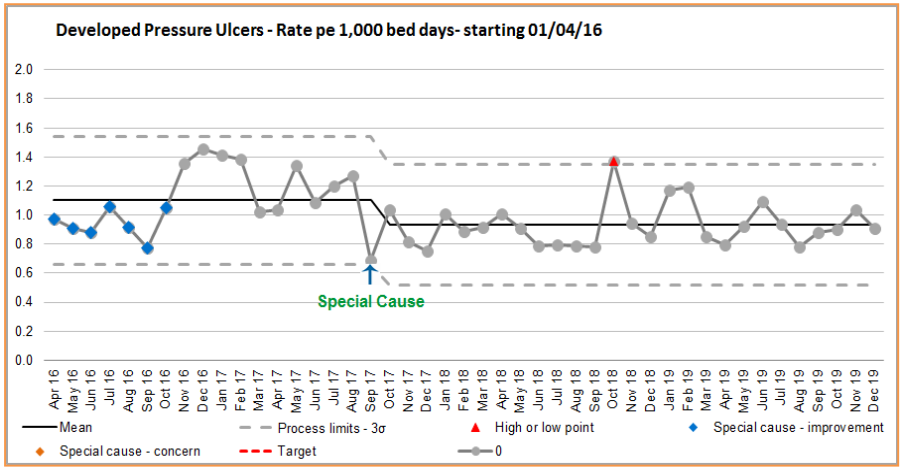
NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Period: December 2019

Executive Owner: Lisa Grant (Chief Nurse)
Management/Clinical Owner: Breeda Columb (Head of Nursing)
Sub Groups: QAC, QMG, SOAG

Target	Trajectory	Assurance	Variation
Y	Y	R	CC





Background / target description: To Reduce the number of pressure ulcers across the Trust by 10% in 2019/20

What does the chart show/context:
Admitted with Pressure ulcers has shown a slight increase in this quarter

The number of acquired pressure ulcers Category 2 to 4 reported in Q3 2019/20 has increased compared to Q2 2019/20, and continues to show month on month variation.
We are currently meeting our target of 10% reduction in developed pressure ulcers across the Trust.

Underlying issues:

September 2019 saw a change to Datix reporting for pressure ulcers, as a result of NHSi changes to definitions.

Actions:

- The Trust 'Pressure Ulcer Collaborative' group remains active
- The City Wide Pressure Ulcer Prevention Group continue to meet quarterly and are in the process of revising its TOR
- The hybrid mattress trial continues on 2 wards
- The SEM Scanner ward based trial is now complete, the data and findings are currently being evaluated
- Launch of a 'HeelsUp' campaign on International Stop the Pressure Day
- Level 1 eLearning for pressure ulcer training compliance is currently at 92% (green) and 75% (amber) for level 2
- The eLearning package for level 2 is now complete and should be ready for rollout early in Q4 across the Trust. This is expected to improve compliance levels further and allow for easier access to training via the online training rather than a face to face competency

Patient Environment

The Leeds Teaching Hospitals NHS Trust

Reporting Month: October 2019

Executive Owner: Craige Richardson (Director of Estates & Facilities)
Management/Clinical Owner: Chris Ayres (General Manager Facilities)
Sub Groups: HCAI and IPCC

Trust Nurseries Standard

Ofsted Good Provider

Patient-Led Assessments of the Care Environment (PLACE)

Place Criteria	LTHT 2017	LTHT 2018	National 2017	National 2018	LGI 2017	LGI 2018	SJUH 2017	SJUH 2018	CAH 2017	CAH 2018	WDH 2017	WDH 2018
Cleanliness	99.62	99.69↑	98.4	98.50↑	99.7	99.80↑	99.6	99.61↑	99.2	99.86↑	99.6	99.73↑
Food	94.1	94.80↑	89.7	90.20↑	92.6	92.19↓	95	96.50↑	94.3	95.92↑	95.2	95.50↑
Privacy, Dignity and Wellbeing	88.1	88.50↑	83.7	84.20↑	86.9	87.97↑	89.4	89.59↑	84.9	78.67↓	80.9	85.29↑
Condition, appearance and Maintenance	98	97.71↓	94	94.30↑	96.9	97.03↑	99.2	98.43↓	92.2	94.97↑	94.1	95.95↑
Dementia (new 2015)	82	85.02↑	76.7	78.90↑	80.2	76.25↓	83.5	91.37↑	79.5	85.62↑	79	76.57↓

NA NA R CC

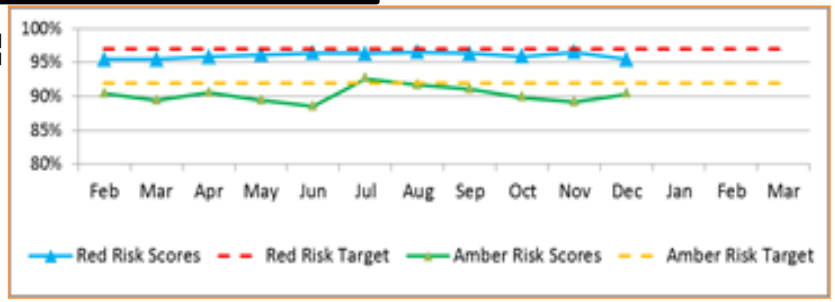
Patient Catering Standard

FOOD HYGIENE RATING 0 1 2 3 4 5 VERY GOOD

Retail Catering Standard

FOOD HYGIENE RATING 0 1 2 3 4 5 VERY GOOD

Cleaning Standards; Internal



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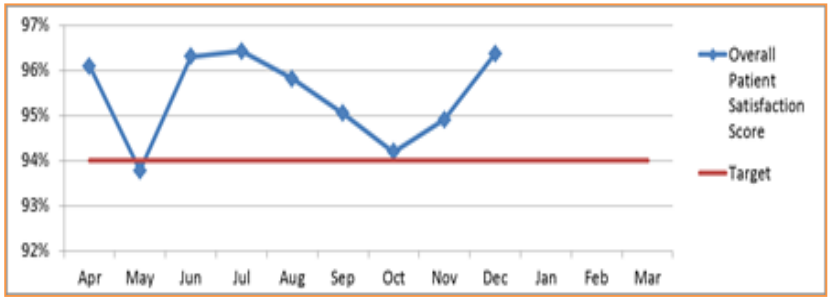
Patient Catering Satisfaction



Y Y P CC

Background: A range of independent measures are used to ensure that a clean and safe environment fit for health care is provided. External Patient-Led Assessments of the Care Environment (PLACE) are undertaken annually and are used to develop a rolling improvement plan. The internal independent Quality Assurance Team audits all clinical areas defined as high/red risk on a monthly basis, these include theatres and inpatient areas. Lower risk/amber areas are audited quarterly and include outpatient areas. Leeds City Council undertake unannounced inspections of the Patient and Retail Catering Services, the results consistently achieving the highest 5 star rating.

What does the chart show/context: Cleaning standards are considered broadly as being consistently high from both an external and independent perspective.

Underlying issues: The PLACE audit shows the Trust is continuing to develop healthcare premises that are designed in a less alienating way for people with dementia, creating a safe and secure environment. The PLACE scores for 2019 are due to be published in the near future.

Actions:. Continue to drive improvements in hospital cleanliness. Utilise the latest technologies to enhance environmental cleaning and consistently achieve cleaning audit scores above the 97% internal target score. Continue to comply with the NHS Cleaning-Public Available Specification (C-PAS 2014,).

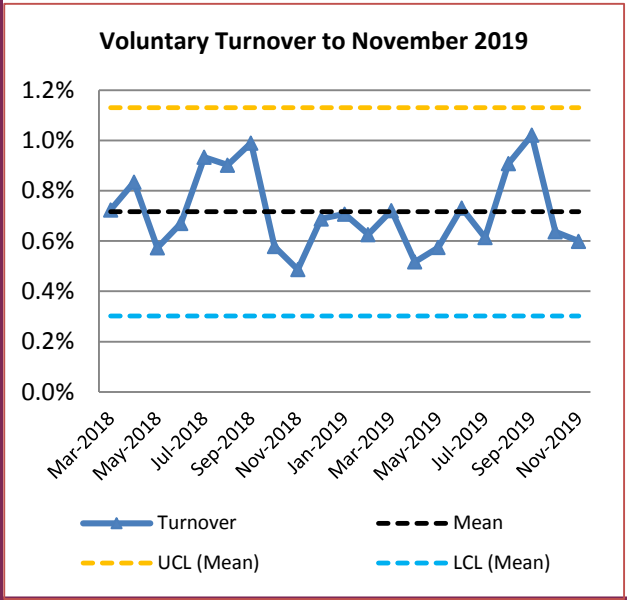
Workforce Planning

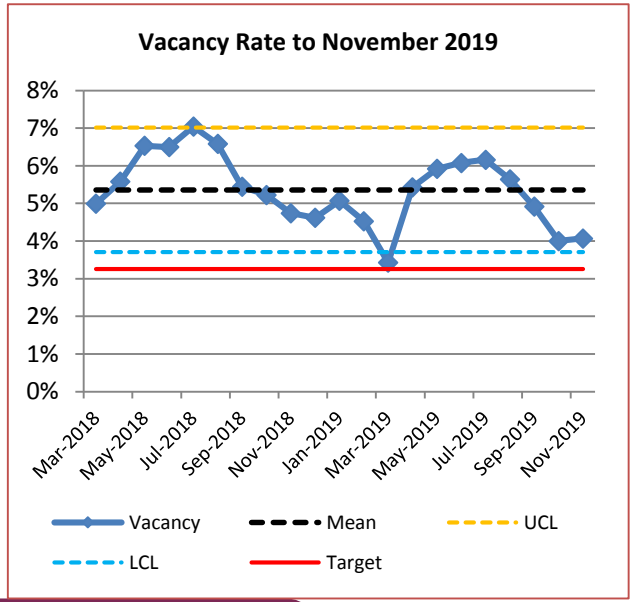
NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Period: December 2019

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Chris Carvey (Deputy Director of HR)/Karen Vella (Deputy Director of HR)
Sub Groups: None

NA	Measure	2018 Measure	2019 Target	RAG Nov 19
RMG	Each CSU/Corporate department has a workforce plan	-	100%	
RMG	Reduction in number of vacancies	3.43%	3.26%	4.91%
RMG	Gaps in junior doctors' rotas – gaps fluctuate in year and the target is to be the same or less than the same period in the previous year.	5.17% Nov 2018	<= 5.17% Nov 2019	4.9%
RMG	Achieve Agency Cap in 2019/20	£18m	£16.8m	£10.1m
RMG	Reduce red staffing risks on Risk Register	81	76	98
RMG	Improve Staff Survey Response to the question "there are enough staff at this organisation for me to do my job properly"	35.79%	39.37%	Staff Survey
RMG	Voluntary Turnover – 5% reduction in annual rate	8.69%	8.26%	8.35%
RMG	Time to Hire (in days)			101
RMG	Digital Competence/capability		Measure in development	





Workforce Plans: Thus far CSU's are on track to deliver refreshed workforce plans. We will share these at RMG to get a sense of assurance. This work will contribute to action to reduce risks on the workforce risk register. HRBP's continue to work with CSUs' to develop workforce plans. Workforce issues for the Hospitals of the Future project will also be captured within this process. A registered nurse workforce plan in place

Voluntary turnover and vacancy rates: These are stable and are not exceeding statistical control limits but targeted improvements are not being achieved. This is being monitored by the Resource Management Group (RMG)

Time to hire: Data has been collated. However, baseline data is not available . More robust metrics are required in this area once further analysis has been undertaken. Data excludes junior doctors.

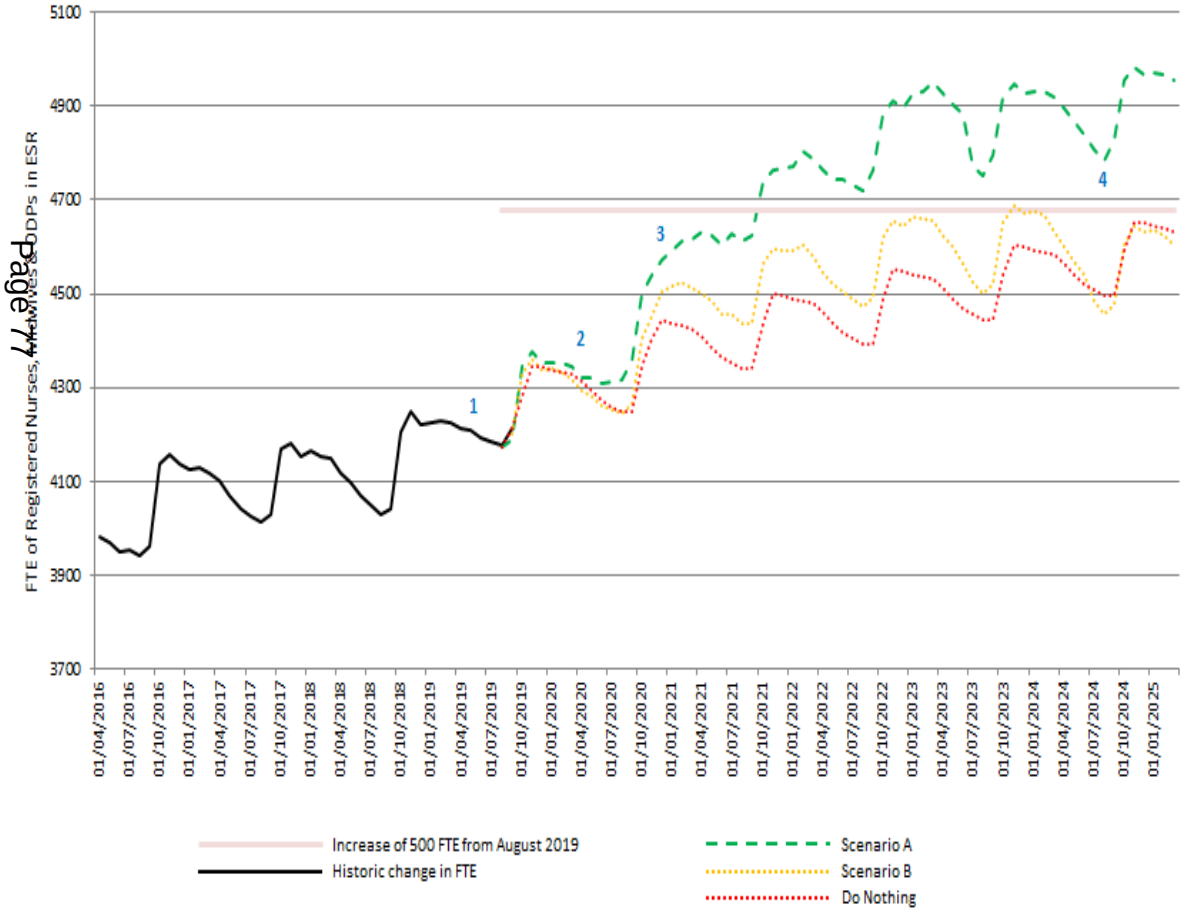
Risks: RMG received a detailed paper on Workforce Risks at the November 2019 meeting . A number of recommendations were agreed and the Group will review this again in May 2020

Scenario Planning to increase RN/RNA Workforce

The Leeds Teaching Hospitals NHS Trust

Reporting Period: September 2019

Executive Owner: Lisa Grant (Chief Nurse)
Management/Clinical Owner: Helen Christodoulides, Director of Nursing (Corporate)
Sub Groups: F&P



1 - We have seen a marked improvement in retention this year.

2 - In Scenario A, the improvement in retention is sustained and international recruits start feeding through meaning the traditional reduction in staffing numbers is not as severe.
In Scenario B, the improvement in retention is not sustained and the international recruitment numbers are not as high as expected.

3 - In Scenario A, newly qualified Nursing Associates start feeding into the numbers.
In Scenario B, the number of Nursing Associates is reduced.
In Do Nothing scenario, no Nursing Associates are added.

4 - In Scenarios A and B, a proportion of International Recruits choose to leave the trust.
The Do Nothing Scenario is unaffected by these losses.

In all scenarios, a 10% reduction has been applied to newly qualified nurses coming through the traditional university training routes.

In Scenario A and Do Nothing Scenario the improvement in retention we have already seen is continued into future years.
In Scenario B the improvement in retention is treated as an anomaly and turnover returns to pre-2019 levels.

Clear Performance Expectations

The Leeds Teaching Hospitals NHS Trust

Reporting Period: December 2019

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Chris Carvey (Deputy Director of HR)/Karen Vella (Deputy Director of HR)
Sub Groups: None

	Measure	2018 Measure	Target	RAG Nov 19
TBA	All available Agenda for Change staff receive an appraisal	98%	100%	98%
TBA	All medical staff receive an appraisal - April 2018 – March 2019	93.9%	100%	N/A
TBA	Improve appraisal related Staff Survey Responses:			
TBA	• In the last 12 months have you had an appraisal, annual review, development review?	93.43	98%	Survey
TBA	• It helped me improve how I do my job	28.43%	29.85%	Survey
TBA	• It helped me agree clear objectives for my work	44.77%	47%	Survey
TBA	• It left me feeling that my work is valued by my organisation	36.78%	38.61%	Survey
TBA	Employee Relations Cases (conduct & grievance) Average duration reduced by 5%		90 days	130 days

Background: The trust is committed to ensuring its expectations of staff are understood by everyone. Appraisal provides a forum to clarify expectations with clear objectives and the staff survey gives an indicator of success.

- Medical appraisals are undertaken through out the year, the responsible officer (RO) reports completion rates to the Board and NHSE annually.
- AfC Appraisal is completed within a 3 month cycle annually . Appraisal data currently does not have an assurance group to report into and a review is underway to determine a Governance Framework. A group will be then established once this work has been completed.

What does the chart show/context:

- 2.9% of eligible medical staff did not complete an appraisal by 31st March 2019, 2.85% have completed a late appraisal the remaining 0.05% have received a letter from the RO.
- 2% of the Trust's AfC staff did not complete an AfC Appraisal during the three month appraisal season.

Underlying issues: All medical staff for whom the trust is their designated body (eligible) are included in the report. In addition to those who completed an appraisal in 2018/2019 a further 3.2% were recorded as having mitigating circumstances for example maternity leave, long term absence, career break.

Actions:

- Where the measure is derived from the staff survey, a self-assessment using feedback from CSU action plans has been applied.
- Organisational Learning are working with HR Business Partners to develop a process to ensure that the 2% of staff that have not been appraised receive their appraisal post season or are in an appropriate supporting performance framework.
- A paper containing recommendations for improvement to the AfC appraisal has recently been agreed at Executive Board.

ER Cases: LIM is being utilised by the team in order to reduce the average duration of cases. The team are focussing on closing backlog cases which had commenced prior to the new arrangements being put in place. These cases significantly impact the mean average. Monitoring arrangements for new cases with clear escalation points are in place.

Health and Care System

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Period: December 2019

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Chris Carvey (Deputy Director of HR)/Karen Vella (Deputy Director of HR)
Sub Groups: None

	Measure	2018 Measure	2019 Target	RAG Nov 19
WYAAT HRD Group	As a partner in the WYAAT network deliver shared objectives – objectives agreed and delivered in 19/20	Not available	WYATT assessment of progress against programme priorities	
LSWB	For Leeds (as place) within wider WY&H ICS/STP – Leeds Workforce priorities and delivery arrangements agreed by October 2019 through PEG			Completed
Academy PDG	As founding partner, deliver and implement Leeds Health and Care Academy portfolio – delivery of defined Phase 2 and 3 in 19/20			
TBA	Increasing the number of LTHT staff accessing LHCA products and services from 13% to 15%	13%	15%	Annual Measure
TBA	Increasing number of employees from the 10 most deprived areas of Leeds by 50 new recruits in 2019/20	-	356*	320

* Figure of 356 is based on the November trajectory to achieve a total of 535 people recruited from the most deprived areas in Leeds in the financial year 19/20

Background: The trust is committed to be a valuable partner and leader within the wider health and care system supporting regional streamlining projects which include the streamlining of mandatory and statutory training as well as work to support Occupational Health assessments, junior doctor induction, BAME programme, systems leadership, resourcing and medical bank work. Additional work is being conducted with the West Yorkshire & Harrogate Delivery Group and the LWAB to progress the learning and development and workforce arms of the Integrated Care agenda.
In respect of ICS/STP priorities these are detailed within the Leeds section of the ICS workforce plan.

What does the chart show/context: No Chart.
Underlying issues: Progress is being made against all streamlining programmes within the WYAAT portfolio.
Actions:

- An internal trust working group has been formulated to monitor on-going progress against the streamlining agenda.
- In order to increase the number of employees from deprived areas each CSU will address this as part of the Joint Accountability Assurance Framework.
- We are working in partnership with LCC and continue to expand the Lincoln Green project with 2 planned cohorts this year targeting priority neighbourhoods across Leeds.
- Phase 2 of the LHCA progressing. A substantive team has been recruited and a 20/21 budget agreed.

Free From Discrimination

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Period: December 2019

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Chris Carvey (Deputy Director of HR)/Karen Vella (Deputy Director of HR)
Sub Group: None

	Measure	2018 Measure	2019 Target	RAG Nov 19
E&D Strategic Group	50% increase in the number of contacts to Freedom to Speak Up Guardian and Champions (reported to Audit Committee)	57	86	66
E&D Strategic Group	Improved performance against the 9 Workforce Race Equality Standard (WRES) indicators (Appendix 1) SELF ASSESS	Progress will be assessed following publication of Staff Survey results.		Survey
E&D Strategic Group	Improved performance against the 10 Workforce Disability Equality Standard (WDES) indicators (Appendix 1) SELF ASSESS	Progress will be assessed following publication of Staff Survey results.		Survey
	Improved Gender Pay Gap:			
E&D Strategic Group	• Mean Gender Pay Gap	27.30%	Reduction	Annual Measure Published 31/3/20
E&D Strategic Group	• Median Gender pay Gap	9.38%	Reduction	Annual Measure Published 31/3/20

There was a deep dive into Free From Discrimination at the November meeting of the Workforce Committee and the Committee received reports in relation to:

- The Equality Delivery System (EDS)
- The Workplace Race Equality System (WRES)
- The Workplace Disability Equality System (WDES)
- The Trust's targeted ambitions for Equality and Diversity

It was noted that the EDS, which is a peer assessed, is Green in relation to Goal 3: Empowered, engaged and well-supported staff. However, insufficient progress has been made in relation to WRES and the Trust's Targeted Ambitions. The WDES is a new measure and the data has not been previously submitted. The Committee reviewed the action plans for improvement for 2020/21.

It was noted that the current Trust's Targeted Ambitions end in 2020 and since they were agreed new national assurance frameworks have been introduced. It was agreed that a new assurance framework and outcome measure are required for this People Priority and this will be developed by the end of March.

Education and Training

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Period: December 2019

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Chris Carvey (Deputy Director of HR)/Karen Vella (Deputy Director of HR)
Sub Groups: None

	Measure	2018 Measure	2019 Target	RAG Nov 19
TBA	Improvement in student experience	85%	95%	90.73%
TBA	Increase Apprenticeship Levy spend	£1.18M	£1.29M	£1.40M
TBA	Staff Survey education and training questions:			
TBA	• Were any training, learning or development needs identified in your appraisal?	74.17%	77.8%	Staff Survey
TBA	• Have you had any training, learning or development in the last 12 months?	72.25%	75.8%	Staff Survey
TBA	• My manager supported me to receive this training, learning or development	60.37%	63.3%	Staff Survey

Background: Education and Training will develop our workforce to be able to meet future challenges head on and to enable the Trust to develop staff to meet the changing priorities and pressures of the health and care system. Our student experience data is moving in the right direction but we need to continue our focus in this area.

What does the chart show/context: The data demonstrates that the Trust's performance on the staff survey metrics around, identifying, receiving and been supported to receive learning and development continue to be important areas to focus on.

Underlying issues: Currently the staff survey data is embargoed, following its publication a benchmarking exercise requires completion to ascertain whether the downward trend is specific to Leeds Teaching Hospitals or is reflective of wider national issues.

Actions:

- The Trust continues to work with multiple apprenticeship training providers to maximise the use of the apprenticeship levy and improve the governance around accessing Levy funds to make sure these are being used appropriately to manage workforce skills gaps.
- Further engagement work is needed with CSU's and Corporate teams to identify skills gaps and learning needs within their service to ensure that the Trust learning & development offer is reflective of organisational needs.
- A new prospectus is being designed and will be promoted ahead of the 2020 Appraisal season to increase managers awareness of what development is on offer at the Trust.
- Managers will be encouraged through appraisal communications and training on how to support staff members to access learning and development interventions.
- The Trust is expanding its pre-employment programme to provide a pipeline for entry level roles. This is been done in conjunction with other employers within the city.

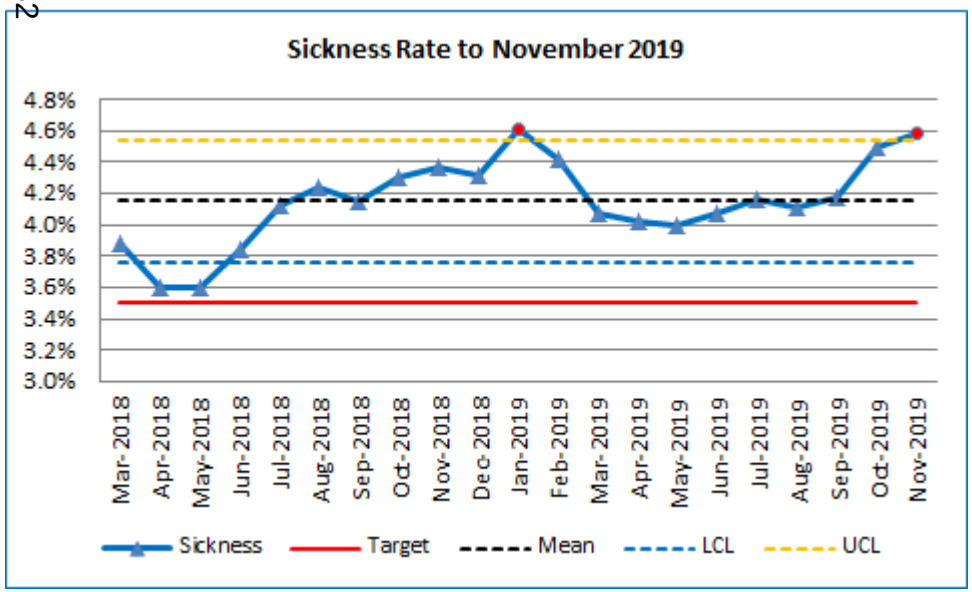
Health and Wellbeing

The Leeds Teaching Hospitals NHS Trust

Reporting Period: December 2019

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Chris Carvey (Deputy Director of HR)/Karen Vella (Deputy Director of HR)
Sub Groups: None

	Measure	2018 Measure	2019 Target	RAG Nov 19
H&W	Staff Survey Health and Wellbeing Questions:			
H&W	• My immediate manager takes a positive interest in my health and well-being	70.45%	73.9%	Staff Survey
H&W	• The organisation takes positive action on health and well-being	32.83%	34.5%	Staff Survey
H&W	Staff Survey Health and Wellbeing Questions:			
H&W	• My immediate manager takes a positive interest in my health and well-being	70.45%	73.9%	Staff Survey
H&W	• The organisation takes positive action on health and well-being	32.83%	34.5%	Staff Survey
H&W	Sickness Absence – NHS average target	4.14%	3.5%	4.25%



Sickness Absence:
A deep dive in relation to sickness absence was undertaken at the last Workforce Committee in November 2019. It was agreed to review the trajectory for improvement to ensure an appropriate balance between stretch and achievability.

In the last few months there has been an increase in sickness absence, mainly due to an increase in long term absence. The Nov 2019 rate is above the UCL and this last occurred in January 2019. The Operational HR Team is working with line managers to focus on long term sickness absence cases, seeking to support a return to work where possible at the earliest opportunity.

Most Engaged Workforce

The Leeds Teaching Hospitals NHS Trust

Reporting Period: December 2019

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Chris Carvey (Deputy Director of HR)/Karen Vella (Deputy Director of HR)
Sub Groups: None

	Measure	2018 Measure	2019 Target	RAG Nov 19
SE Group	Improvement in the staff engagement score in the annual Staff Survey	7.3	7.6	Staff Survey
SE Group	5-year target to be the best NHS Employer in the annual staff survey	7.3	8.2	Staff Survey
P G roup	Improve the percentage of staff who recommend the Trust as a place to work in the staff FFT	73%	85%	70%

In relation to Staff FFT, the Trust continues to compare well with both local Trusts in the ICS and peer Trusts in the North, however, the stretch improvement target is not being achieved. Results of the latest FFT have been shared with CSUs and action plans will be developed, incorporating the results from the latest staff survey when these are available.

In relation to the staff survey for 2019, the results are embargoed until 18th February 2020 when the national results will be published. National benchmarked and weighted data will be available to the Trust by 31 January 2020. The initial internal results of the staff survey have been shared with the Staff Engagement Group, Executive Group and the Trust Board. The results will also be shared with CSUs, corporate leads, staff representatives and staff networks. Arrangements will also be put in place to ensure all employees receive a personal communication explaining the survey results specific to their part of the organisation. CSUs and corporate teams will now commence a process of engagement with staff to develop action plans for improvement in response to the results.

The initial results suggests that the identified People Priorities agreed by the Board continue to be relevant to supporting our objective of being the Best Place to Work.

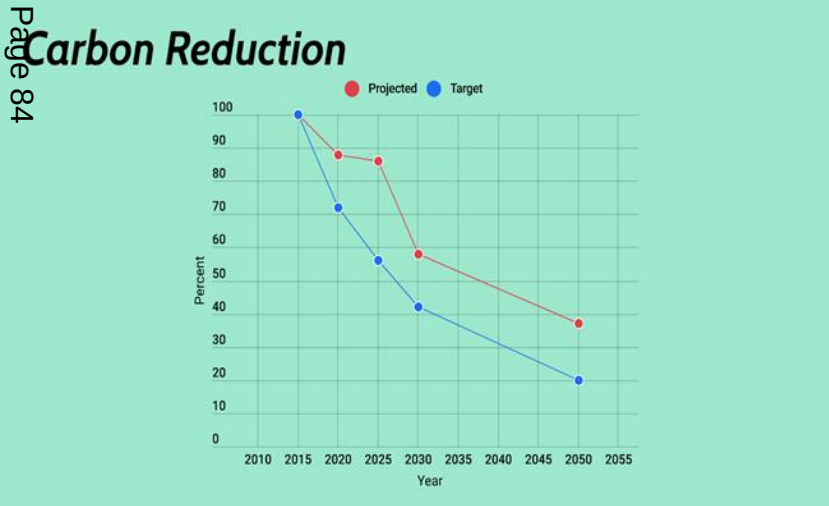
Estates - Sustainability

The Leeds Teaching Hospitals NHS Trust

Reporting Period: October 2019

Executive Owner: Craige Richardson (Director of Estates & Facilities)
Management/Clinical Owner: Jon Craven (Head of Estates – Compliance and Risk)
Sub Groups: F&P

Year	Reduction Target (%)	Target Emissions (tonnes CO_2e/annum)	Projected Emissions (tonnes CO_2e/annum)	Variance against target (%)
2020	28	71,614	89,576	18%
2025	50	49,732	85,577	46%
2030	64	35,807	59,099	23%
2050	80	19,893	36,364	16%



Background:
The Trust baseline for CO2 emissions was measured in 2013 at 99,464 tCO2e/a
The stated aim for the Trust is to achieve an 80% reduction by 2050.

What does the chart show/context:
The table above and chart to the left demonstrate that at current projections the Trust will achieve a reduction of 64% by 2050. some 16% short of our target. This is an external target.

Underlying issues:
This is a very ambitious Target and dependant on significant inroads being made across all new builds.
This chart does not take into account any likely increases in electrical demand at the LGI due to the construction of the hospitals of the future (BtLW).

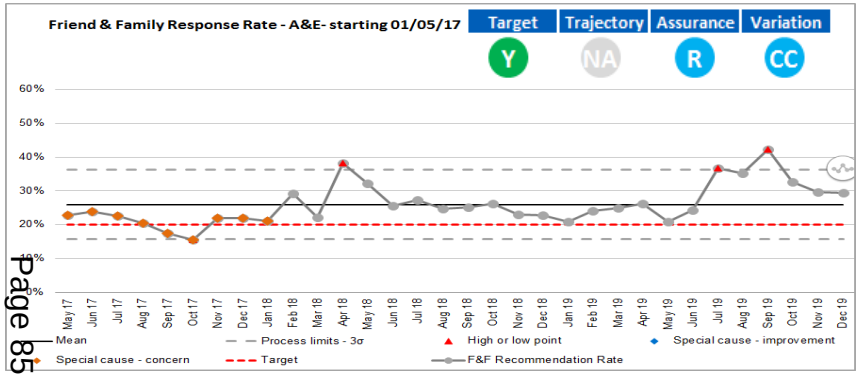
Actions:
This projection factors in the emission reduction, from work[s] currently being undertaken at the Trust (via the SDMP) as well as regional and national interventions that are proposed [to date]. Such interventions include the transition of the Leeds' gas grid network from a natural gas fuel to a zero-emission hydrogen fuel and the ban on sale of petrol and diesel vehicles by 2040. These planned interventions, if implemented, will achieve substantial CO2e emission reductions for the Trust. The remaining 16% reduction that needs to be achieved (according to projections) could be delivered through further decarbonisation of the grid (i.e. increase in renewable energy/nuclear energy provision) which is a stated aim of government.

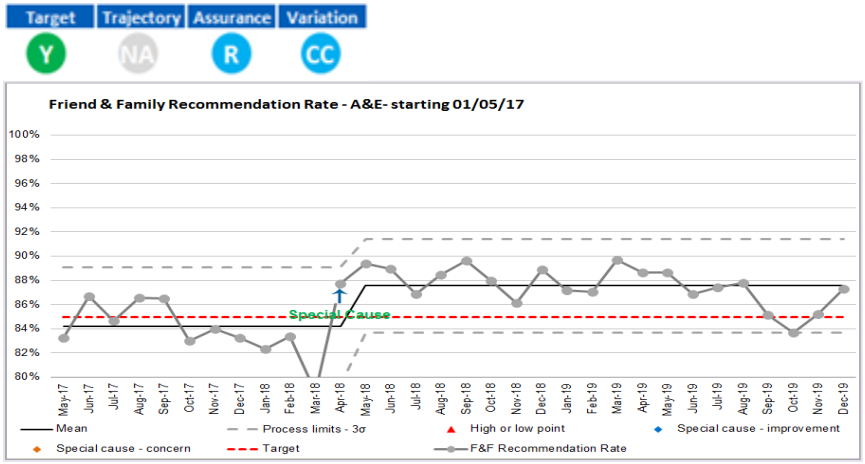
Friends and Family – ED

The Leeds Teaching Hospitals NHS Trust

Reporting Month: December 2019

Executive Owner: Lisa Grant (Chief Nurse)
Management/Clinical Owner: Krystina Kozlowska (Head of Patient Experience)
Sub Groups: QAC, QMG, SOAG, PESG





Background / target description:
ED has an internal FFT target to achieve a 20% response rate and a 85% recommendation rate.

What do the charts show/context:
The charts show FFT response and recommendation rates for ED and show common cause variation.

Underlying issues:

- The recommendation rate for ED has shown gradual improvement since October 2019; it is currently above target and is in line with previous performance.
- Response rate is significantly higher at SJUH ED than LGI ED. There has been successful implementation of digital feedback at SJUH ED and this feedback method will be rolled out at LGI ED.

Actions:

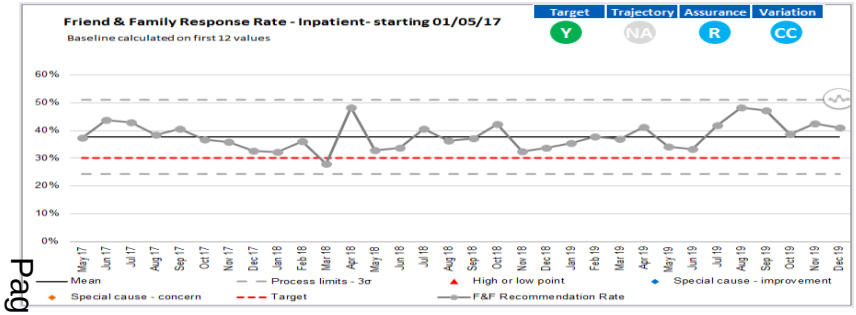
- Work is underway to convert LGI and Children`s ED to digital collection. This will continue as part of the 2020/21 FFT plan.

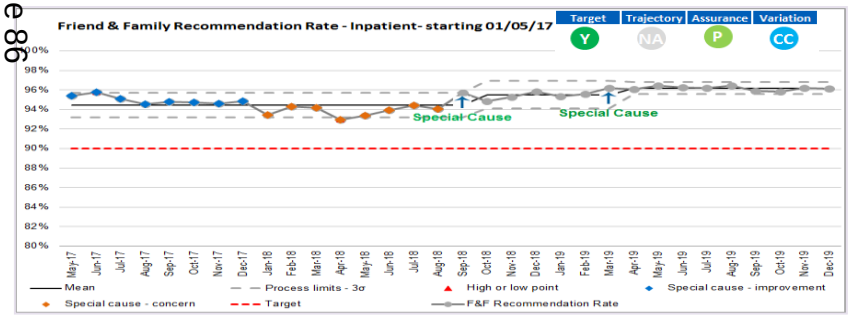
Friends and Family – Inpatient/DC & Outpatients

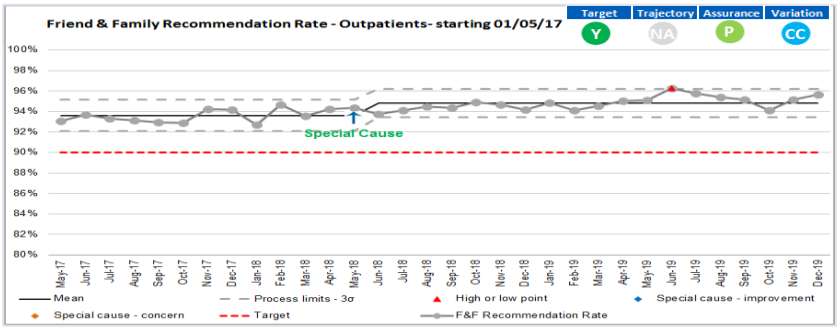
NHS The Leeds Teaching Hospitals NHS Trust

Reporting Month: December 2019

Executive Owner: Lisa Grant (Chief Nurse)
Management/Clinical Owner: Krystina Kozlowska (Head of Patient Experience)
Sub Groups: QAC, QMG, SOAG, PESG







Background / target description:

- Inpatient & Day Case services have internal FFT targets to achieve of 30% response rate and 90% recommendation rate.
- Outpatient services have an internal target to achieve of 90% recommendation rate with no response rate required.

What does the chart show/context:

- The charts show response and recommendation rates for Inpatient & Day Case services , which both demonstrate common cause variation.
- The recommendation rate for Outpatients also shows common cause variation.

Underlying issues:

- New FFT guidance is to be implemented in all areas from 1st April 2020. An action plan has been developed to achieve this. There are associated risks relating to cost of implementing new guidance and changes to data submission requirements which mean response rates will no longer be monitored. This could negatively impact on staff engagement with the process. These risks have been discussed at the Patient Experience Group.
- Outpatient teams: Work continues to build the IT capability for outpatients to submit feedback relating to a particular service. This will assist in implementation of the new guidance, by enabling outpatient areas to have easier access to comments that are specific to their areas.

Actions:

- An audit of all areas across the Trust , including Inpatient & Day Case and Outpatient areas , is in progress to assist in the implementation of the new FFT guidance.
- The aim is for the outpatient IT build to be completed by 1st March 2020.

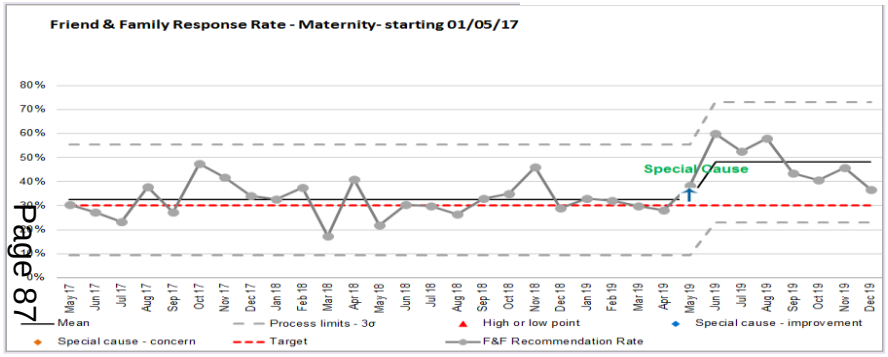
Friends and Family – Maternity

The Leeds Teaching Hospitals NHS Trust

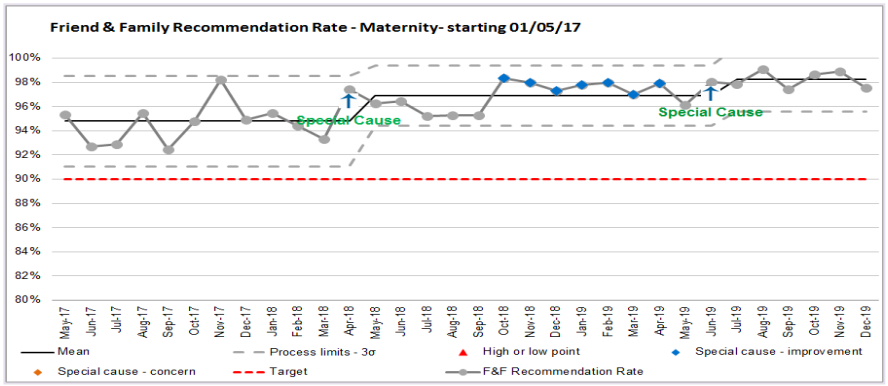
Reporting Month: December 2019

Executive Owner: Lisa Grant (Chief Nurse)
Management/Clinical Owner: Krystina Kozlowska (Head of Patient Experience)
Sub Groups: QAC, QMG, SOAG, PESG

Target	Trajectory	Assurance	Variation
Y	NA	R	SC



Target	Trajectory	Assurance	Variation
Y	NA	P	SC



Background / target description:
Maternity services have an internal target to achieve of 30% response rate and 90% recommendation rate .

What does the chart show/context:
The charts show common cause variation for both response and recommendation rates.

Underlying issues:

- Although the overall performance within Maternity meets the required targets, there is variation within teams.

Actions:

- The FFT team is working with Maternity services to ensure successful implementation of the new FFT guidance.
- This is being aided by an FFT Audit to ensure that the complexities of offering Maternity feedback at different points in the patient pathway are addressed. This will include the implementation of digital feedback.
- Work continues to recruit FFT Champions in Maternity.
- The FFT team attending maternity team meetings to offer help with lower performing areas.

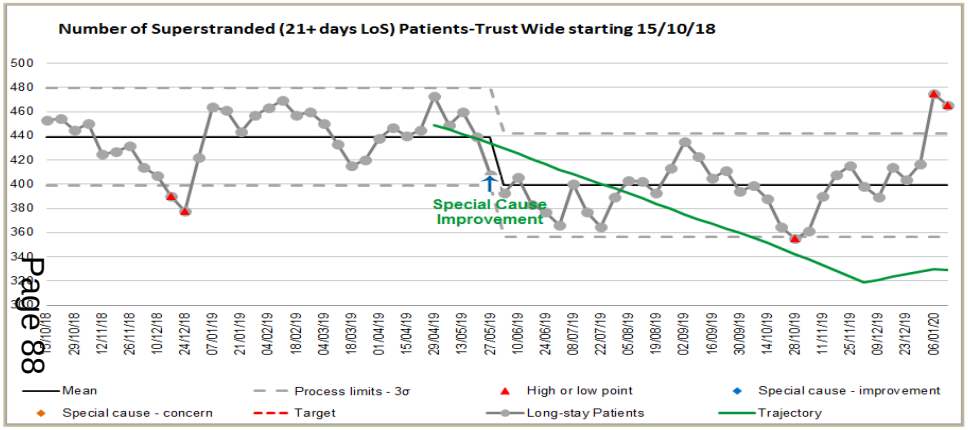
Super-Stranded

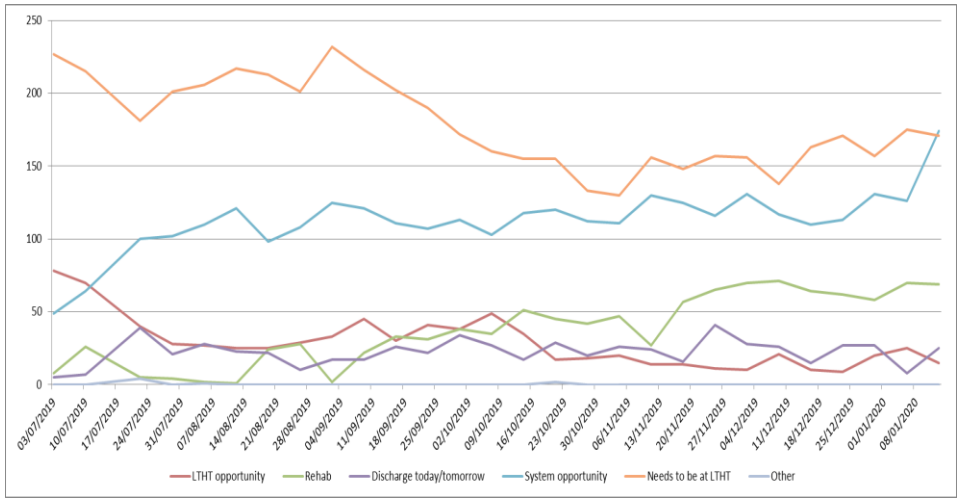
The Leeds Teaching Hospitals NHS Trust

Target	Trajectory	Assurance	Variation
N	N	F	SC

Reporting Month: December 2019

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Angie Craig (ADOP)
Sub Groups: F&P





Background / target description:

- In April 2019, NHSE/I allocated LTHT a target of reducing its super-stranded patients by 42% (from a baseline of 550 at March 2018) by 1st March 2020, and maintaining that number through March 2020 - a target of 319 super-stranded patients.
- The 42% super-stranded target is one of the workstreams of the Unplanned Care Improvement Programme.
- Each bed holding CSU was allocated a trajectory to contribute to the overall target, and since April 2019 CSUs have been regularly attending super-stranded review meetings with an ADOP.

What does the chart show/context:

- Following a run of 11 points below the mean, a special cause improvement occurred from 27th May 2019.
- Since the mean and control limits were recalculated following the special cause improvement, performance has been within normal process control limits.
- W/C 30/12/2019 and 06/01/2020 are at a high point and are above the upper control limits.

Underlying issues:

- There are still some internal delay reduction opportunities, around alternate pathways and timely /appropriate escalation.
- The largest proportion of patients have been those requiring care at LTHT to date, however as at 8th Jan, those requiring on-going care outside LTHT has overtaken this for the first time
- For the first 2 weeks in January, there was a significant increase in superstranded patients at LTHT, with main growth areas being for:
    - care outside LTHT
    - Needing LTHT care (sick/ high acuity patients)
    - Rehabilitation

Actions:

- Increased frequency of CSU super-stranded review meetings to weekly from 13th November 2019.
- Escalation of themes from super-stranded review meetings to the Operational Delivery Group, and the Decision Making Workstream.
- Consistent application of TOC policy.
- Further focus on small internal areas (e.g. IV antibiotics and daycase rehab)
- From 1st week in January, Ward social work team leaders joining weekly review process to further support work regarding external delays
- Operational Delivery Group to focus on <21 day Medically Optimised for Discharge and Superstranded review meeting to focus on >21 days patients weekly

Achieving Reliable Care for Safety (ARCS)

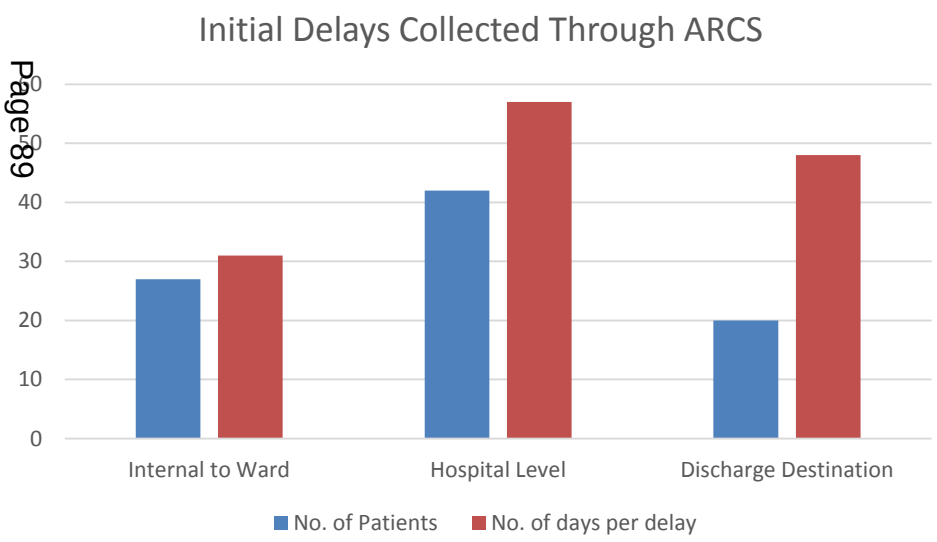
The Leeds Teaching Hospitals NHS Trust

Reporting Month: January 2020

Target	Trajectory	Assurance	Variation
NA	NA	NA	NA

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Dawn Marshall
Sub Groups: None

ARCS aims *to 'reduce variability and focus on patients getting what they need when they need it, putting the patient and their needs at the heart of delivering good quality, safe care'*



**The graph shows early data collection, more detail will follow as ARCS becomes fully established on wards*

Background / target description:
Aims

- To increase the reliability of processes of care across the patient journey in LTHT.
- To deliver a demonstrable and significant reduction in length of stay and patient harm at both ward and organisational level – and to celebrate the results.
- To improve multi-professional team working, safety climate, job satisfaction and patient experience.

What does the chart show/context:
The ARCS project is on track against the project plan and delays data is starting to be collected by the wards involved

- The early data collection shows 65% of delay days are either internal to the ward or at the hospital level.
- Issues relating to the discharge destination for patients make up the remaining 35% of delays

Progress:

- Completed training of ward coaches for cohort 1 & cohort 2
- Nearing completion of implementation on 6 wards in cohort 1 & 2 (J29, J15, J12, J08, J84, J92)
- Starting to capture the delays data for the cohort 1 wards
- Started engagement of ward coaches in cohort 3 (J91, J07, J14, J17, L18 & L15)
- Developed plan for the analysis of patient and staff experience

Next steps

- Establish delays data collection from all wards in cohort 1 &2
- Establish relevant task and finish groups to address emerging delays
- Start to track the KPI for the wards that have implemented ARCS (length of stay, patient harms, readmissions, patient and staff experience)

CQUIN Tracker

The Leeds Teaching Hospitals NHS Trust

Reporting Period: Quarter 2

Executive Owner: Yvette Oade (Chief Medical Officer)
Management/Clinical Owner: Craig Brigg (Director of Quality)
Sub Groups: None

National - CCG CQUINs 2019/20: Update 14 November 2019

	CQUIN	Value	Year-end Target*	Quarter 1 Performance	Quarter 1 CCG Feedback	Quarter 2 Local Trajectory	Quarter 2 Performance
1	**CCG1: Antimicrobial Resistance (AMR)**						
	CCG1a: Antimicrobial Resistance - Lower Unrinary Tract Infections in Older People	£504,155	Achieve ≥ 90% Fail <60%	53%	✓	60%	46%
	CCG1b: Antimicrobial Resistance - Antibiotic Prophylaxis in colorectal surgery	£504,155	Achieve ≥ 90% Fail <60%	50%	✓	60%	79%
2	**CCG2: Staff Flu Vaccinations**						
	Staff Flu Vaccinations - uptake of flu vaccinations by frontline clinical staff	£1,008,311	Achieve ≥ 80% Fail <60%	Not applicable until Q4			
3	**CCG3: Alcohol & Tobacco (National Targets apply from Q1)**						
	CCG3a: Alcohol and Tobacco - Screening	£336,104	Achieve ≥ 80% Fail <40%	89%	Met in Full	N/A	90%
	CCG3b: Alcohol and Tobacco - Tobacco Brief Advice	£336,104	Achieve ≥ 90% Fail <50%	38%	Not Met	N/A	36%
	CCG3c: Alcohol and Tobacco - Alcohol Brief Advice	£336,104	Achieve ≥ 90% Fail <50%	65%	Partially Met	N/A	68%
4	**CCG7: Three High Impact Actions to Prevent Hospital Falls**						
	1. Lying & standing BP 2. No hypnotics etc OR rationale for giving 3. Mobility assessment	£1,008,311	Achieve ≥ 80% Fail <25%	30%	✓	40%	48%
5	**CCG11: Same Day Emergency Care (SDEC)**						
	CCG11a: SDEC - Pulmonary Embolus	£336,104	Achieve ≥ 75% Fail <50%	100%	✓	60%	90%
	CCG11b: SDEC - Tachycardia with Atrial Fibrillation	£336,104	Achieve ≥ 75% Fail <50%	90%	✓	60%	69%
	CCG11c: SDEC - Community Acquired Pneumonia	£336,104	Achieve ≥ 75% Fail <50%	89%	✓	60%	91%
	CCG Total	**£5,041,556**					

* Except Alcohol and Tobacco CQUIN where national targets apply throughout year. This CQUIN has continued from 2018/19.

CQUIN Tracker

The Leeds Teaching Hospitals NHS Trust

Reporting Period: Quarter 2

Executive Owner: Yvette Oade (Chief Medical Officer)
Management/Clinical Owner: Craig Brigg (Director of Quality)
Sub Groups: None

NHSE Specialist Commissioning CQUINs 2019/20: 14 November 2019

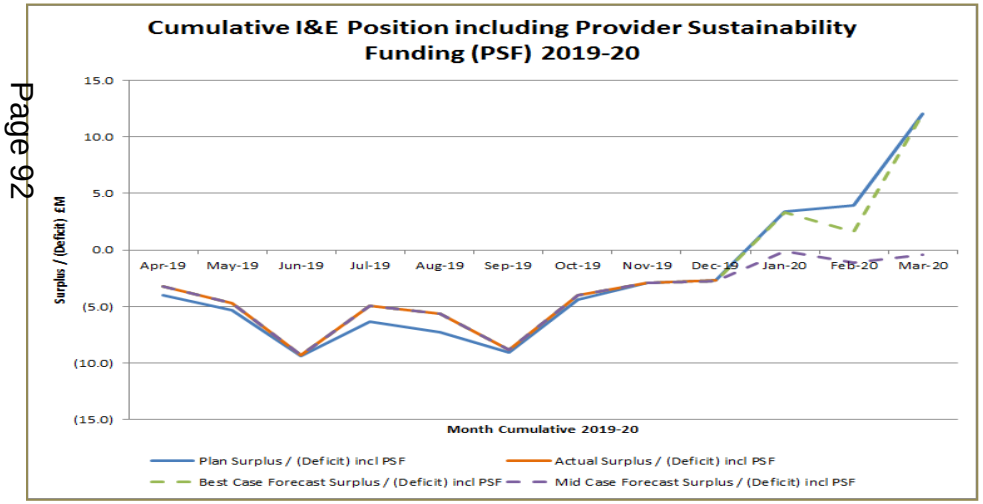
				Quarter 1		Quarter 2
	CQUIN	Value	Target	Performance	Feedback	Performance
1	**Hepatitis C**					
	Trigger 1 - Minimum Activity	£1,955,000	40 per month	166	Awaiting feedback from national team	203
	Trigger 2 - ODN average expected treatment cost per patient		Follow guidance on drugs to use	Not applicable		Submitted
	Trigger 3 - Completeness and Data Quality on the national Arden Regsitry		85%	Not applicable		Not applicable
	Governance & Partnership Working - Quarterly reports		Evidence activities to eliminate HCV	Submitted		Submitted
2	**Medicines Optimisation**					
	Trigger 1 - Improving efficiency in the IV chemothrapy pathway from pharmacy to patient	£277,000	Use waste calculator tool	Report Submitted	✓	Report Submitted
	Trigger 2 - Managed access agreement compliance	£101,000	Use Med Opt tool			
	Trigger 3 - Supporting national treatment criteria through accurate completion of prior approval proformas	£352,000	Audits & action plan if variation			
	Trigger 4 - Faster adoption of prioritised best value medicines & treatment	£453,000	New pts 90% Existing pts 80%			
	Trigger 5 - Anti-fungal stewardship	£477,000	Reduce inappropriate use			
3	**Immunoglobulin Stewardship**					
	Trigger 1 - Support admin payment to support panel • Panel operating with agreed clinical and admin support	£260,000	Submit minutes of meeting	Report Submitted	✓	Report Submitted
	Trigger 2 100% new patients reported to SRIAP. Confirmation at meeting of 100% usage reported on MDSAS.		Minutes and summary of data			
	Trigger 3 - 65% of long-term patients, as at 31/3/2019, reviewed by the member (individual trust level) IAP and efficacy outcomes. Annual review recorded on the MDSAS database by the end of Q4; to include 100% neurology patients		MDSAS SRIAP report incl. data summary			
	Trigger 4 - Improved comms between NHSE Spec Comm, Commercial Medicines Unit (CMU), IAPs and acute trust providers (100% returns to stock taking and forecasting requirements)		% response to any stock take or forecasting request			
	Trigger 5 - Not applicable in year 1					
4	**Spinal Surgery**					
	Trigger 1 - Infrastructure (only where not already established)	£1,022,000	Already established	Report Submitted - BSR figures missing from the Q1 submission	✓	Report Submitted - apart from Trigger 3 which is being finalised
	Trigger 2 - MDT Oversight		Network MDT to agree elect surg			
	Trigger 3 - Data Entry		All data input to registry			
	Trigger 4 - Concentration of Specialised Surgery		Ensure only takes place in spec. centres			
	Trigger 5 - Avoidance of Unnecessary Interventions		Baseline of surgical activity & WL monitored.			
5	**Enabling Thrombectomy**					
	Trigger 1 - One trainee recruited and started training	£150,000	Evidence of consultants in training to be provided. Date and time of commencement of training. Anticipated completion. Detail on qualification and background. Detail on registry to RCR training programme. Employing Trust and evidence of backfill payment	Report Submitted	✓	Q2 submission being finalised.
	Trigger 2 - Backfill payment for first trainee transferred to parent hospital					
	Trigger 3 - Second trainee recruited and started training					
	Trigger 4 - Backfill payment for second trainee transferred to parent hospital					
	NHSE Total	**£5,047,000**				

I&E Position

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Month: December 2019

Executive Owner: Simon Worthington (Director of Finance)
Management/Clinical Owner: Jonathan Gamble (Associate Director of Finance)
Sub Groups: F&P



What does the chart show/context: The Trust has signed up to achieving an overall surplus of £12.0M in 2019-20 which includes Provider Sustainability Funding (PSF) of £17.2M. The best case from the month 9 risk range results in a surplus of £12.0M. achieving the Trust's control total. The mid case scenario results in a £0.4M deficit.

Underlying issues: Throughout the year £8M of risks have been identified including international recruitment of nurses, bank costs associated with review of nursing staff levels and medical pay award costs greater than plans.
The Trust is eligible for PSF provided that it meets a control total before PSF of £5.2M deficit. If this target is not achieved the full amount of PSF, £17.2M, will not be awarded.

Action:

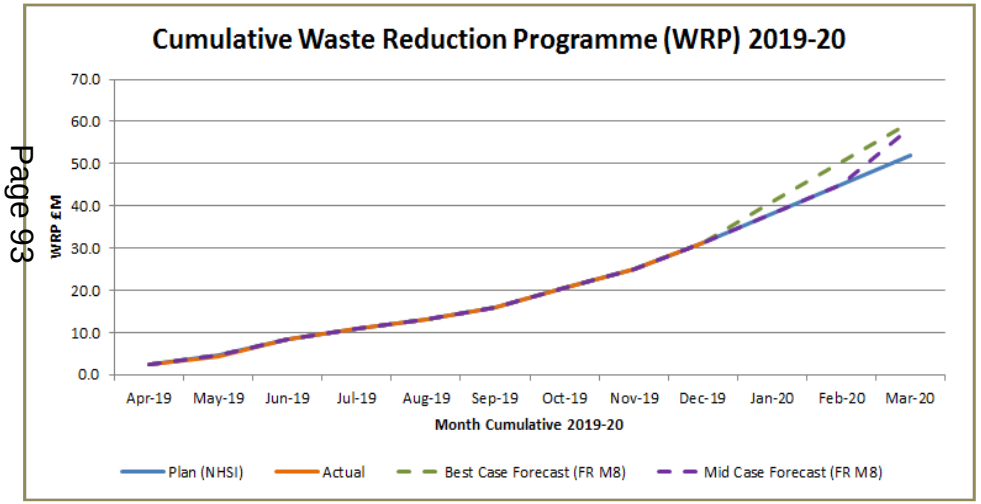
- Continued use of the Finance Performance Framework to support achievement of CSU control totals.
- Contain the cost of winter and long waiters within plan.
- Contain the cost of international nurse recruitment to £0.3M in year.
- No additional corporate spending decisions to be committed in year.

Waste Reduction Programme

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Month: December 2019

Executive Owner: Simon Worthington (Director of Finance)
Management/Clinical Owner: Jonathan Gamble (Associate Director of Finance)
Sub Groups: F&P



What does the chart show/context:

To achieve an overall best case surplus of £12.0M the Trust must deliver £59.8M of savings through the Waste Reduction Programme (WRP). At the end of December WRP savings are in line with plan.

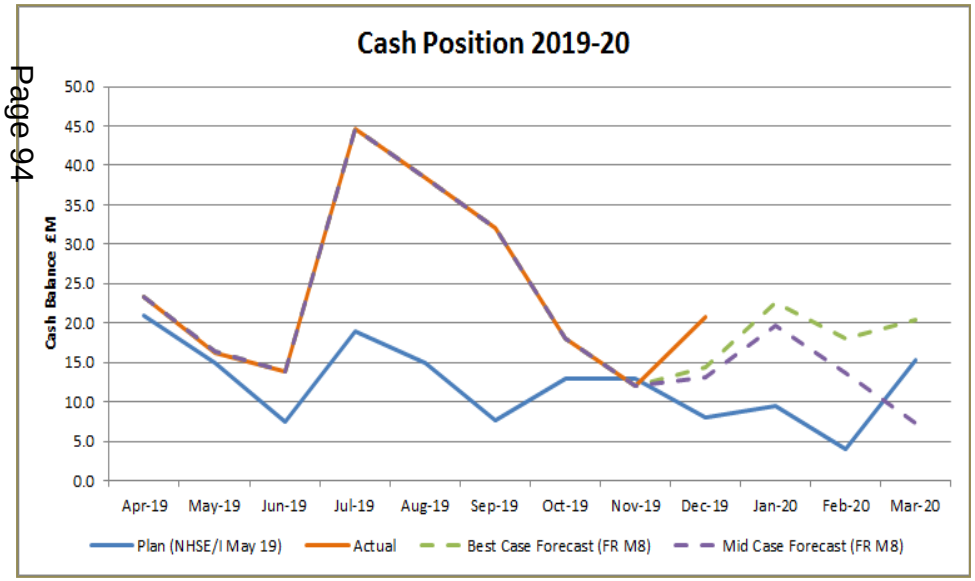
Underlying issues:
The target of £59.8M, 4.6%, is challenging although the estimated delivery has improved considerably in the mid case since the August and November fundamental reviews and continues to improve.

Cash Position

The Leeds Teaching Hospitals NHS Trust

Reporting Month: December 2019

Executive Owner: Simon Worthington (Director of Finance)
Management/Clinical Owner: David Hay (Associate Director of Finance)
Sub Groups: F&P



What does the chart show/context:

The Trust came into 2019-20 with a cash balance of £30.2M. The best case forecast (fundamental review month 8 / November risk adjusted) shows a year end forecast balance of £20.3M and includes £14.5M to be used in 2020-21 to fund capital investment.
At the end of December the cash balance stood at £20.7M ahead of the latest NHSI monthly forecast submission of £13.3M including the receipt of quarter two Provider Sustainability Funding (PSF). Additional receipts from NHS England and several provider organisations were the main reasons for the increased balance.
There has been no revenue borrowing throughout the year to date.
The mid case forecast has a cash balance of £7M at the end of 2019-20.

Underlying issues/Actions:

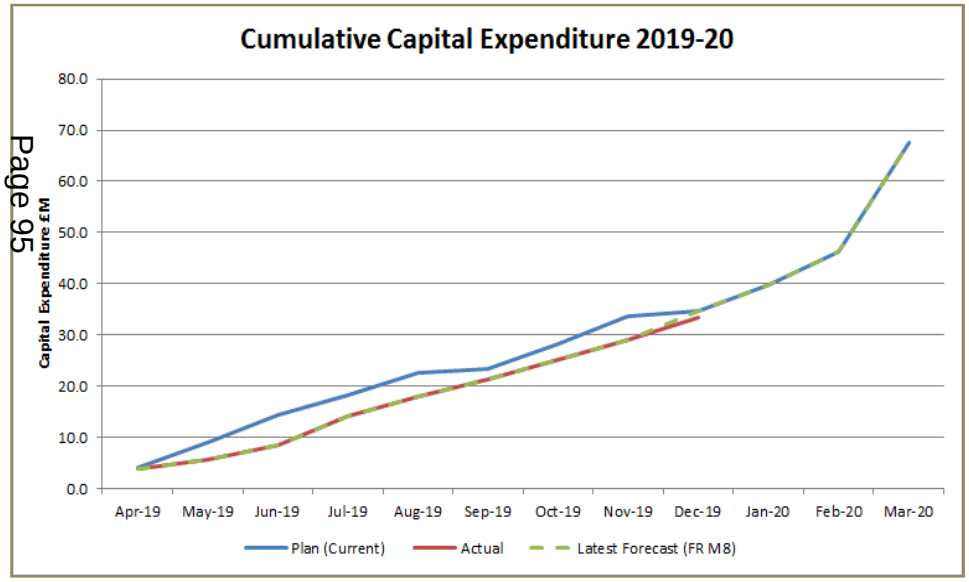
To deliver the capital programme and ensure that we do not need to resort to applying for any form of temporary cash funding the Trust's income and expenditure plan must be delivered.
A revenue loan due for repayment in February 20 has been extended until August 20.

Capital Expenditure

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Month: December 2019

Executive Owner: Simon Worthington (Director of Finance)
Management/Clinical Owner: David Hay (Associate Director of Finance)
Sub Groups: F&P



What does the chart show/context:

At the end of December the Trust has spent £33.3M, behind the latest forecast by £1.4M. Forecast capital expenditure for the year has been revised to £67.5M following confirmation from NHS England/Improvement that previous reductions to meet national funding constraints could be reversed.

Underlying issues:

£5M of the programme is funded from the surplus the Trust is planning to make in 2019-20 and is therefore at risk if the surplus is not delivered.

£1.5M is funded from the planned disposal of property assets. One asset has now been sold however there is a risk of £1m if the other sale does not proceed.

Updates from Regulators

Regulators	**Provider regulation – NHS Improvement** regulates NHS foundation trusts and trusts on their financial stability, operational performance, care quality, leadership, improvement capability and their ability to deliver strategic change. It does this through the Single Oversight Framework which combines powers previously exercised by Monitor and the NHS Trust Development Authority (TDA). **Quality regulation –** Quality regulation has risen up the agenda in recent years. As a result, the Care Quality Commission (CQC) has undergone significant reform. The CQC sets the fundamental standards of quality and safety for healthcare services and monitors and inspects providers to ensure standards are upheld. The CQC's five year strategy for 2016-21 sets out how its regulatory model will develop following the first inspection of all NHS providers.
NHS Improvement: Join the conversation on workforce (February 2019)	NHS Improvement launched five discussion pages on Talk Health and Care asking: • How can we better support our clinical workforce? • How do we ensure the NHS is a great place to work? • How do we develop compassionate, effective and diverse leaders in the NHS? • The future medical workforce: How do we get the balance right? • How can we enable the delivery of the NHS Long Term Plan by improving skills and education in using new technology? Each week they post new questions via workforce bulletin. Share your views at: https://dhscworkforce.crowdicity.com/category/browse/
NHS Improvement Provider Bulletins	Further in formation on the NHS Provider Bulletins is available on the NHS Improvement Website at: https://improvement.nhs.uk/news-alerts/?articletype=provider-bulletin
Care Quality Commission: State of Care 2017/18 (October 2018)	State of Care is our annual assessment of health and social care in England. This year's State of Care finds that most people receive a good quality of care, but that people's experiences are often determined by how well different parts of local systems work together. Further information and the full report is available on the CQC Website at: https://www.cqc.org.uk/news/stories/state-care-201718-published
Care Quality Commission: Quality improvement in hospital trusts (September 2018)	The CQC's have published a report that explores how a number of high performing hospital trusts have used a systematic approach to quality improvement (QI) to ensure better patient outcomes and performance. Further information and the full report is available on the CQC Website at: https://www.cqc.org.uk/news/stories/how-hospital-trusts-are-embedding-quality-improvement-deliver-high-quality-sustainable
Care Quality Commission: Latest News	The latest news articles published by CQC can be found on the CQC Website at: http://www.cqc.org.uk/search/site/news

Glossary

Job Title	Abbreviation
General Manager	GM
Chief Operating Officer	COO
Assistant Director of Operations	ADOP
Director of Nursing	DoN
Medical Director	MD
Chief Medical Officer	CMO
Head of Nursing	HoN

Sub Groups	Abbreviation
Finance & Performance	F&P
Quality Assurance Committee	QAC
Quality Management Group	QMG
Safety & Outcomes Sub-Committee	SOSC
Patient Experience Sub-Group	PESG
Mortality Improvement Group	MIG
Quality Improvement Steering Group	QISG

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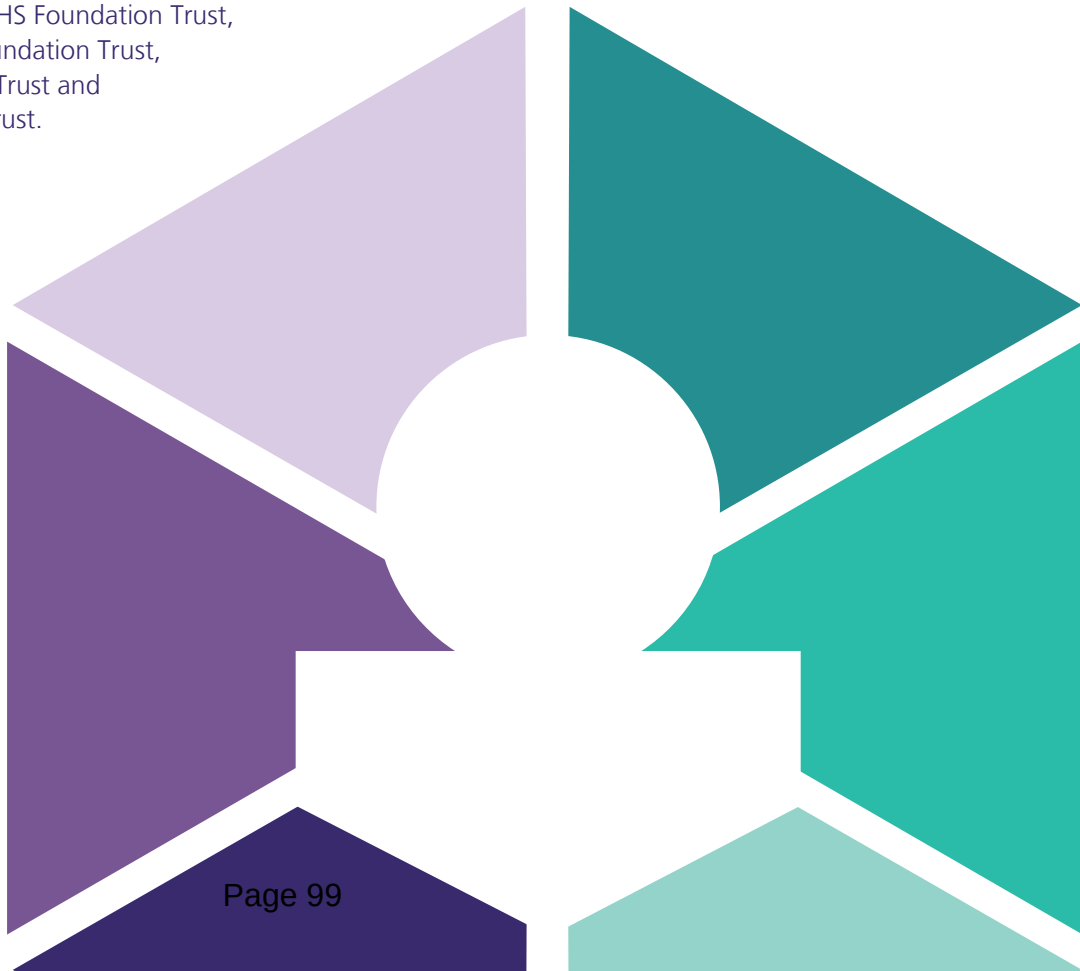
ANNEX B

West Yorkshire Association of Acute Trusts

Annual Report 2018/2019

A collaboration between Airedale NHS Foundation Trust,
Bradford Teaching Hospitals NHS Foundation Trust,
Calderdale and Huddersfield NHS Foundation Trust,
Harrogate and District NHS Foundation Trust,
Leeds Teaching Hospitals NHS Trust and
Mid Yorkshire Hospitals NHS Trust.



Published September 2019

Contents

Introduction from the Trust Chairs

In 2016 the six acute trusts in West Yorkshire and Harrogate (WY&H) decided to work together because we recognised that we are stronger together. We set ourselves the purpose "to work together on behalf of patients and the population to deliver the best possible experience and outcomes within the available resources for corporate and acute services across the West Yorkshire Association of Acute Trusts (WYAAT) service area" and we agreed principles for how we will work together and our approach to collaboration. Since that initial decision we have made good progress towards our objective, and those principles have become central to how we work together. The areas of collaboration and partnership have grown substantially such that working together through WYAAT is now part of our everyday business. Our philosophy is that WYAAT is the combination of the trusts, not a separate organisation; WYAAT does not deliver programmes for the trusts, the trusts deliver them together supported by the WYAAT programme management office.

We are all hugely committed to WYAAT as demonstrated by the £2m budget the trusts fund and the extensive time the Chairs, Chief Executives, Executive Directors and senior managers and clinicians spend on collaborative work through the Association. As the Association has developed and matured we have focussed on two main aims: taking a leading role as a partner in the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP); and delivering a collaborative portfolio of system wide change programmes.

In 2018/19 the programmes have continued to progress with key developments in:

- Vascular: making a unanimous recommendation to NHS England on our preferred option for the configuration of arterial centres in West Yorkshire and agreeing to create a single vascular service for the region; appointment of the leadership "triumvirate" for the single service and, with NHS England, moving towards public consultation on the arterial centres reconfiguration.
- Orthopaedics (Hip and Knee Replacement): standardisation of the pre-surgery pathway including helping patients prepare themselves for surgery; developing an "optimised surgical list" to increase capacity, and, with Getting it Right First Time (GIRFT), starting a national pilot on procurement.
- Pharmacy: completing the regional supply chain procurement process

- Pathology: gaining approval for the Case for Change and Options Appraisal
- Yorkshire Imaging Collaborative: gaining Business Case approval to seek release of £6m capital funding for a shared radiology reporting system and go live of the Agfa Picture Archiving and Communications System (PACS) in Harrogate & District Foundation Trust (HDFT) and North Lincolnshire and Goole Foundation Trust (NLAG).
- Scan4Safety: gaining Business Case approval to seek release of £15m capital funding.
- Workforce: a portability agreement to allow all WYAAT staff to work in any WYAAT trust

WYAAT has also cemented its position in the WY&H Health and Care Partnershi (HCP), making important contributions to the development of the Memoranda of Understanding, achieving Integrated Care System status and influencing national discussions, for instance on the Long Term Plan. WYAAT's value to the HCP has been demonstrated by the significant level of transformation funding allocated to it.

We are very proud of the work we are doing together through WYAAT. We believe that the decisions we have been able to take together, the progress our programmes are making and the strength of the WYAAT voice nationally and within the HCP demonstrate that an association of trusts is an effective alternative to mergers and other organisational structure changes to achieve collaboration and system working. We hope you will agree and will find this short annual report on our work interesting and informative.

September 2019

@WYAAT_Hospitals

https://wyaat.wyhpartnership.co.uk

Airedale NHS Foundation Trust

Andrew Gold
Chair

Brendan Brown
Chief Executive

Bradford Teaching Hospitals NHS Foundation Trust

Maxwell Mclean
Chair

John Holden
Acting Chief Executive

Calderdale & Huddersfield NHS Foundation Trust

Philip Lewer
Chair

Owen Williams
Chief Executive

Harrogate & District NHS Foundation Trust

Angela Schofield
Chair

Steve Russell
Chief Executive

Leeds Teaching Hospitals NHS Trust

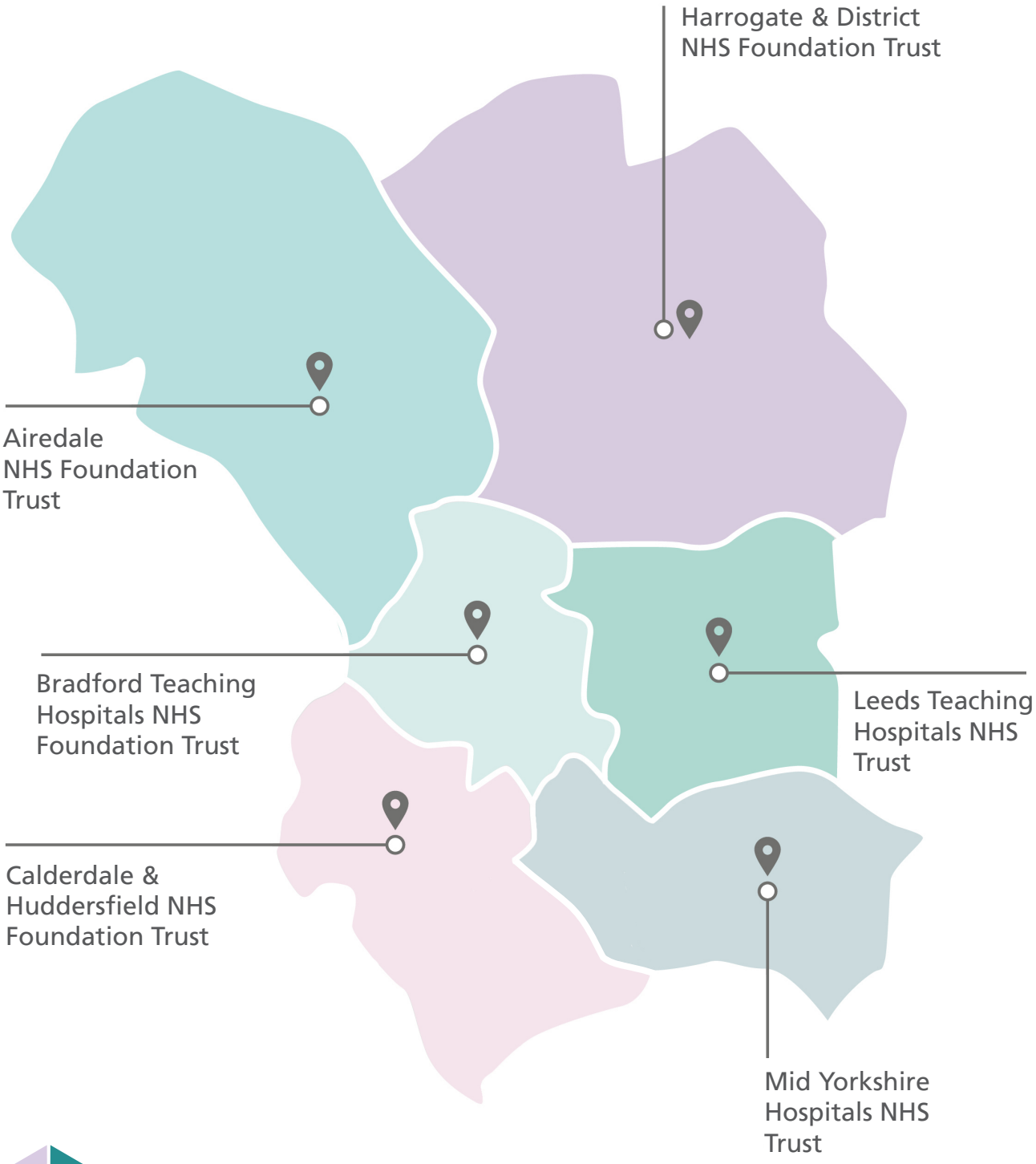
Linda Pollard
Chair

Julian Hartley
Chief Executive

Mid Yorkshire Hospitals NHS Trust

Keith Ramsay
Chair

Martin Barkley
Chief Executive



The West Yorkshire Association of Acute Trusts is made up of six trusts working closely together to plan health and care services across the area.

1. Introduction

The West Yorkshire Association of Acute Trusts was established in 2016 with the first formal meeting of the Committee in Common (CiC) on 12 December 2016. The purpose of the association, as set out in the Memorandum of Understanding (MoU), is for the trusts to work together on behalf of patients and the population to deliver the best possible experience and outcomes within the available resources for corporate and acute services across the WYAAT service area. The aim is to organise around the needs of the West Yorkshire and Harrogate (WY&H) population rather than planning at individual organisational level so as to deliver more integrated, high quality, cost effective care for patients.

Since the end of 2016, WYAAT has established a portfolio of programmes covering corporate support, clinical support and clinical services, each of which is led by a Chief Executive and Executive Director, supported by a programme manager from the WYAAT Programme Management Office. WYAAT acts as the delivery mechanism for the WY&H Health and Care Partnership's (WY&H HCP)) Acute Collaboration programme and also provides a strong voice for the acute trusts into the HCP.

This Annual Report provides an update on WYAAT's progress and development over the last year - April 2018-March 2019. In addition to summarising each programme, it also describes WYAAT's contribution to the development of the Partnership. It concludes with a summary of governance developments and the financial position for 2018/19.

2. Programmes

WYAAT's primary purpose is to deliver a portfolio of collaborative programmes which support the association's aims as described above. The CiC is specifically charged in the MoU with "overseeing a comprehensive system wide collaborative programme to deliver the objective of an acute provider transformation to a more collaborative model of care for the WYAAT service area, the intention being to deliver a system model, operating as a network, that is coherent, integrated, consistent (reducing unwanted variation) and focused on quality and value for the population and patients". The current portfolio consists of eleven programmes covering corporate support services, clinical support services and clinical services.

The programmes are explained in more detail on the following pages.

2.1 Procurement

SRO: Brendan Brown
Executive Lead: Chris Slater
Programme Manager: Jon Edwards

Aims & Objectives

To deliver procurement savings and standardise regional product usage.

Achievements in 2018/19

In 2018/19 the procurement workstream identified a further £400k savings whilst continuing to implement an additional £400k of previously identified procurement savings across the WYAAT trusts.

To date £1,000,000 of savings have been achieved by aggregating regional demand, standardising products across all six WYAAT trusts and using the leverage from that increased volume to obtain better prices from suppliers. This has included standardisation of products such as anti-embolism stockings, film dressings and wound drainage.

The standardisation of surgeons' gloves to Ansell across the region has ensured that clinical staff can access the same range of gloves as they move across sites and provided a saving of over £200k by working with the supplier to plan volumes and demand. The trusts have already met the required 80% of the total volume, with Airedale NHS Foundation Trust (ANHSFT) and HDFT still to fully complete the changeover.

Savings from national contracts during this year have been limited as the national procurement function has seen the advent of the Future Operating Model and savings opportunities are still being scoped at this level.

With the move to the Future Operating Model for NHS procurement of products, the workstream is increasingly focussing on reviewing services for opportunities for regional collaboration to avoid duplication and improve service quality. A regional tender management solution for WYAAT is being implemented that will enable each trust to issue regional contracts.

The programme has also begun to develop a future regional procurement model in which some functions are shared between the trusts. This approach will complement the national Future Operating Model for procurement.

To support the programme, both standardisation of products and services and the future regional collaboration model, and to provide procurement support to other WYAAT programmes, a WYAAT Procurement Lead has been appointed on a fulltime basis to replace the support received from Attain. This has increased capacity and reduced cost.

Plans for 2019/20

- Complete implementation of regional services for tender management and interpreter services.
- Continue to identify and deliver savings through standardisation of products and, increasingly, services.
- Complete the development of a future regional procurement model and a business case for its implementation.
- The procurement teams will work closely with the Scan4safety workstream (see section 2.2) in 2019/20 to implement a standard regional inventory management solution.

2.2 Scan4Safety

SRO: Julian Hartley

Executive Lead: David Berridge

Programme Manager: Stuart MacMillan

Aims & Objectives

To implement Scan4Safety across all WYAAT trusts building on the success of the Leeds Teaching Hospitals Trust (LTHT) demonstrator site. Scan4Safety implements the GS1 barcode standard and scanning technology to improve patient safety and experience by ensuring "right patient, right product, right place, right treatment". It also provides automated data capture which improves data quality in patient records and administrative systems, for instance stock control. Based on Department of Health (DH) estimates the programme is estimated to deliver annual financial savings of £7-10m across WYAAT.

Achievements in 2018/19

In April 2018, WYAAT was allocated £15m capital to implement Scan4Safety. In May 2018 the Programme Executive agreed to establish Scan4Safety as a new WYAAT programme. The overall programme and trust executive leads have been identified and the programme board has been established. LTHT hosted a live demonstration of the systems in use and the benefits delivered in September 2018.

In order to release the funding, a business case was developed, approved through all WYAAT governance and delivered to NHS England/Improvement (NHSE/I) in December 2018. Work has begun across each trust to build the required teams, develop implementation plans and procure a common inventory management system, for when the capital is released.

Plans for 2019/20

- Appoint project managers at each trust to deliver the programme

Once funding is released;

- Build internal trust teams
- Barcode physical locations (as required, implement a location management system)
- Procure and begin implementation of an access point, catalogue and inventory management system
- Work with each trust to build point of care scanning into current processes

2.3 Information Management & Technology

SRO: Owen Williams

Executive Lead: Richard Corbridge

Programme Manager: Dawn Greaves

Aims & Objectives

To work together on a range of projects to deliver operational productivity and performance benefits, support new models of care, provide financial benefits and respond to workforce challenges.

Achievements in 2018/19

The programme has faced challenges and has changed direction from the original vision. The following areas of collaboration have been progressed:

- Common Email Solution. All trusts needed to review their email systems to ensure they are GDPR compliant. A common email solution would help collaboration between staff from different trusts (eg shared address books, calendars) and offer efficiencies and improved resilience in the support team. Airedale NHS Foundation Trust (ANHSFT), Harrogate and District Foundation Trust (HDFT) and Mid Yorkshire Hospitals Trust (MYHT) are all progressing with migration to NHSmail, which Leeds Teaching Hospitals (LTHT) already uses. Calderdale and Huddersfield Foundation Trust (CHFT) decided to move to Microsoft Office 365 which includes an email solution and Bradford Teaching Hospitals Foundation Trust (BTHFT) is updating its own system to be GDPR compliant. CHFT and BTHFT will, however, federate to NHSmail to provide the same benefits as a common system.
- eRostering Solution. In collaboration with the WYAAT Workforce Programme, work has started to understand requirements for a regional eRostering solution with an appropriate regional licensing agreement.
- Local Health Care Record Exemplar (LHCRE). The Yorkshire and Humber region has been designated as one of five LHCRE sites to deliver the technology to share health and social care data across all organisations. In addition, LHCRE will provide a patient held record and deliver the technology for population health management analysis. Supported by the WYAAT IM&T programme manager, current state assessments have been completed for each trust to understand their current level of interoperability and any blocks to data sharing.
- VMware. All of the WYAAT trusts use VMware for their virtual server infrastructure and the licensing of this technology can be costly. The programme manager is negotiating a regional licensing agreement that would give extra capacity in the region to deliver some services differently. A first proposal was received from the supplier, who is now developing a second proposal based on feedback.

- **Windows 10.** A national agreement has been negotiated with Microsoft and Windows 10 licences are available for organisations to implement. A proposal has been developed to procure additional resources centrally to support migration and meet the deadline of April 2020. By recruiting centrally, the costs would be lower, and it would be easier to recruit on a longer-term contract that covers all the organisations.

In July 2018 an architecture workshop was held, to understand the digital requirements for the other WYAAT schemes, as well as linking with the LHCRE deliverables. It was agreed to subsequently develop a Clinical and Technical Design Authority at a Yorkshire and Humber level to support these activities.

In August 2018, NHS England announced the Health System Led Investment fund aimed at providing funding to support the further digitisation of provider organisations. WY&H were given approximately £18m of funding over three years. In year one (2018/19) four of the WYAAT trusts secured funding to progress the development of their electronic patient records and improve identification of patients. These schemes will all support work ongoing across the other WYAAT programmes relating to improving patient pathways.

Plans for 2019/20

- Complete migrations for ANHSFT, HDFT, MYHT to NHSmail, along with four of the local CCGs. Federate CHFT and BTHFT to NHSmail.
- Support trusts to progress with LHCRE.
- Develop a regional approach to eRostering, potentially including procurement of a regional solution.
- Review the second VMware proposal and discuss with organisations whether they would want to progress.
- Support the WY&H Pathology Network with the procurement of a common Laboratory Information Management System for WY&H (see section 2.6).
- Review the governance of the WYAAT IM&T programme to consider closer alignment with the overall WY&H Digital Programme.

2.4 Workforce

SRO: Martin Barkley

Executive Lead: Nick Parker, Pat Campbell, Phillip Marshall

Programme Manager: Madi Hoskin

Aims & Objectives

The programme consists of three projects:

- Clinical Support Role Alignment which aims to maximise the productivity of the workforce by redesigning and standardising roles to ensure the right role is doing the right task.
- Staff portability which will establish the infrastructure, processes and policies to enable staff to work in and on behalf of all WYAAT trusts.
- Collaborative medical bank which will enable bank staff to work across WYAAT and reduce bank and agency costs.

Achievements in 2018/19

- All WYAAT Human Resources directors signed a portability agreement in January that made it easier for staff to work across WYAAT for their own personal development and to provide the best possible services for our patients.
- WYAAT organisations now have a paragraph in all their job descriptions describing how their trust is part of a collaboration; "By bringing together the wide range of skills and expertise across West Yorkshire and Harrogate we are working differently, innovating and driving forward change to deliver the highest quality care".
- Standard job descriptions for band two and three Clinical Support Workers have been completed for approval by the Chief Nurses.
- Work has continued on the collaborative medical bank. Data has been collected on all trusts medical bank and agency usage over an extended period, plus trust payment rates and variation orders. Detailed analysis of this data is being undertaken to enable implementation of an aligned payment rate, supported by transparency on variations and clear escalation criteria.
- A draft regional policy and pay framework for apprenticeships, to make the most of this route to train staff for our clinical and non-clinical services, has been developed and is being reviewed by HR directors.
- The provision of a single occupational health system across (and connected beyond) our organisations is now underway. Work is also underway to build a regional approach to e-rostering using our combined buying power and sharing our system developments to get best value and ensure regional best practice (see IM&T programme, section 2.3).

Plans for 2019/20

- Chief Nurses to agree standard job descriptions for band two and three Clinical Support Workers in Quarter 1 2019/20.
- Regional policy and pay framework for apprenticeships agreed by HR directors in Quarter 1 2019/20.
- We are also working with NHS Improvement (NHSI) and researchers at Huddersfield University regarding new nursing roles in Medical Admissions Unit (MAU) ward environments, the models are being explored at Airedale on behalf of WYAAT as part of a research project to evaluate the effectiveness and wider impact of the introduction.
- We will engage with the global learners programme and Health Education England (HEE) to attract more ready to qualify candidates to the region by working together.
- It is planned that we will have an aligned medical bank payment rate, and the governance processes in place to monitor against it, in early 2019/20. It will enable us to work towards the provision of a collaborative bank across all of our organisations, giving our staff the opportunity to fill bank shifts at other WYAAT trusts.
- We will continue to build on the national and regional streamlining workstreams, and the Local Workforce Action Board (LWAB) "Working in different places" project to implement the necessary policies and systems rapidly for WYAAT.

2.5 Pharmacy

SRO: Martin Barkley

Executive Lead: Liz Kay

Programme Manager: Ric Bowers

Aims & Objectives

The aim of this collaborative project is to improve the medicines supply chain serving the six WYAAT trusts plus the three Humber Coast & Vale (HCV) acute trusts. Specific objectives include reducing operational costs, improving service levels, managing supply chain risk, driving further innovation and ensuring the medicines supply chain is fit for the future.

Achievements in 2018/19

Phase 3 of an Official Journal of the European Union (OJEU) tender process, commenced in December 2017 using the 'Competitive Dialogue' procurement route which it was agreed would give the project the maximum opportunity to consider innovative solutions and evolve the requirements through the process.

Six commercial organisations responded, and subsequently engaged in a series of formal dialogue meetings and information exchanges throughout 2018 with Project Board members and supporting subject matter experts. The process included a series of milestones where solutions were submitted for scoring, to narrow down the number of suppliers at each stage.

This process resulted in a single remaining supplier, who submitted their Best and Final Offer in December 2018. The Project Board undertook a validation and value for money assessment, and subsequently prepared a Full Business Case for circulation through WYAAT and trust approval processes.

The full business case explained the benefits of this proposed innovative operating model, associated efficiencies and potential future opportunities. Although there is recognition that the model proposed is the right model for the long-term future pharmacy supply chain, the business case demonstrated that the supplier's offer did not provide sufficient value for money at an acceptable level of risk. The Project Board, WYAAT Programme Executive and Committee in Common (CiC) all decided that the procurement should be terminated, and the programme closed. While it is disappointing that the market was unable to provide an acceptable proposal, the programme has demonstrated excellent programme management and mature decision making.

This project has also demonstrated the value and potential opportunity of a shared approach to operating pharmacy services across organisations and benefits were realised during the programme. A future programme of collaborative work between pharmacy services will be developed building on the lessons and relationships from the programme.

Plans for 2019/20

- Identify opportunities for future collaboration within pharmacy services and develop them into a new Pharmacy Programme.

2.6 Pathology

SRO: Martin Barkley

Executive Lead: Simon Neville

Programme Manager: Emma Godfrey (to March 2019), Lucy Cole (from April 2019)

Aims & Objectives

The aims of the WYH Pathology Network are to establish the highest quality, most efficient pathology service WYAAT can provide, building on the WYAAT principles of standardisation, collaboration and economies of scale.

Achievements in 2018/19

The main achievement for the Pathology programme in 2018/19 was approval of the Case for Change and Options Appraisal (equivalent to NHS Improvement's Strategic Outline Case) by the CiC in January 2019. Key points set out in the case were:

- NHS Improvement has set out a clear case for change for pathology services nationally and the same drivers for change apply to WY&H.
- WY&H pathology services need to work together in a single network to improve quality and productivity. A more formal network model, with stronger governance and increased resources, was agreed for the next phase of the programme when recommendations on future organisational and commercial models, and service configuration will need to be made.
- Clear principles of collaboration, specific to pathology, were agreed to enable the services to work together successfully as a network.
- An executive level programme board, a clinical lead and full time programme manager will strengthen the governance and increase the programme resources
- There are a number of potential organisational and commercial models which could be adopted. Further work, with legal and commercial advice, is required to determine the optimum model which must take into account the existence of the ANHSFT/BTHFT pathology joint venture and the different legal regimes for NHS and Foundation Trusts.
- Three service configuration scenarios have been identified for each of blood sciences, microbiology and cellular pathology. Further work is needed to analyse the scenarios in full and make robust recommendations on the preferred configuration.

Following approval of the Case for Change and Options Appraisal, the programme board has been established and the appointment processes for the Clinical Lead and Progamme Manager have been started. In addition, the WYAAT Programme Executive agreed that a lead pathology scientist will also be appointed.

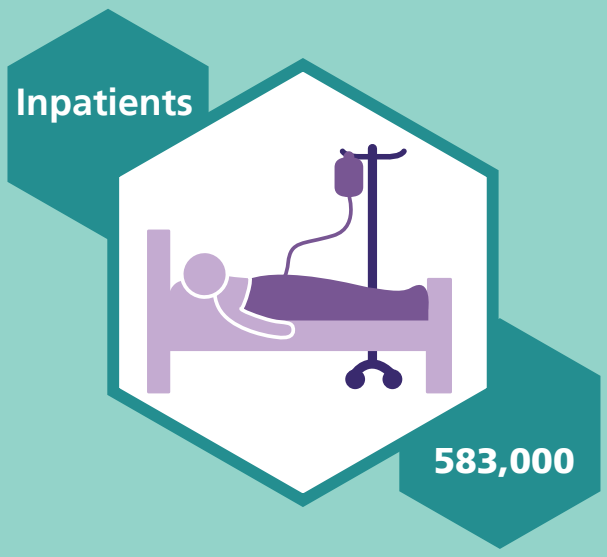
Work to develop the Outline Business Case, which will make recommendations on the future organisational and commercial models, and the configuration of services, has started. A communications plan has been developed and an initial briefing issued by CEOs to staff. A workforce strategy has also been developed.

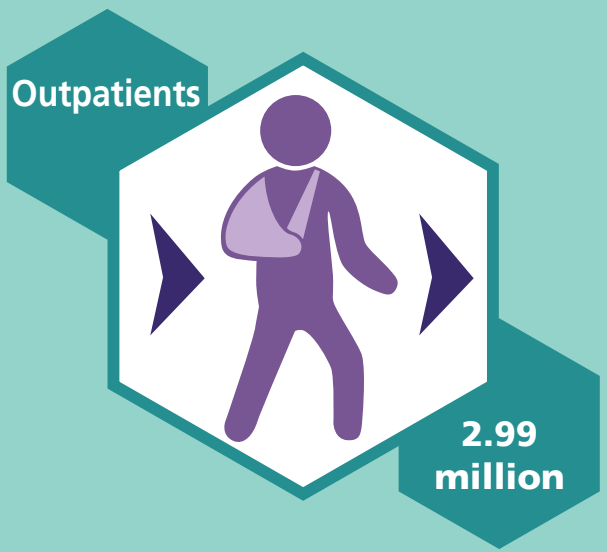
The second major development in 2018/19 was the successful bid for capital funding to rebuild the LTHT pathology laboratories, with a single main laboratory at St James's University Hospital. NHS Improvement gave permission for £27m capital spending, funded through loans (eg LIFT).

Plans for 2019/20

- Appointment of the Clinical Lead (May 2019), Programme Manager (September 2019) and lead Pathology Scientist (September 2019).
- Approval of the Outline Business Case.
- Completion of a business case for a common Laboratory Information Management System (LIMS) for all pathology services in WY&H.
- LTHT to complete the Strategic Outline Case for the new pathology laboratory.

Hospitals working together - for the benefit of our patients





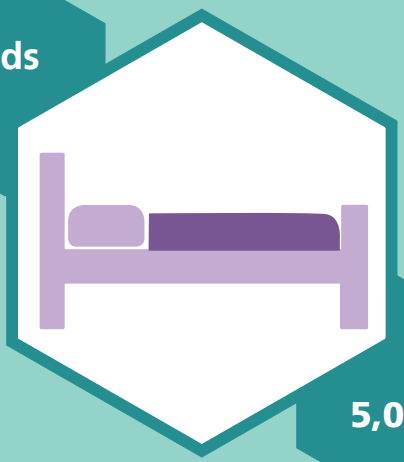
West Yorkshire
Association of Acute Trusts

£2.8 billion

A&E attendances

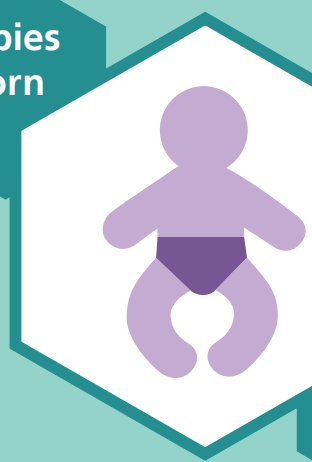
879,849

Beds



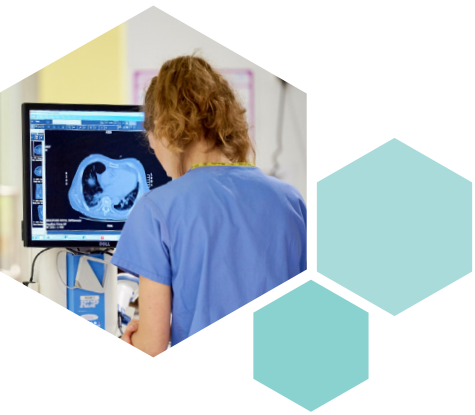
5,070

Babies born



31,044

All figures approximate



2.7 Radiology (Yorkshire Imaging Collaborative) - Transformation

SRO: Clive Kay

Executive Lead: Cindy Fedell

Programme Manager: Gary Cooper

Aims & Objectives

The Yorkshire Imaging Collaborative is a transformation programme enabled by technology made up of 28 hospitals across nine NHS trusts, supporting a population of 4 million, reaching across the WY&H and Humber Coast & Vale (HCV) HCPs. York Teaching Hospitals FT formally joined the collaborative in early 2019.

This collaborative will provide an integrated radiology service responsive to the current and evolving needs of patients and supporting the delivery of the Cancer Alliance goals. By adopting a common technical solution, radiology services over our whole area will be able to deliver images available on-demand and reports at the point of care, no matter where patients travel for care within the network.

Achievements in 2018/19

The CIC approved the Transformation Programme Case for Change in August 2017 and the Clinical Lead and Programme Management team were appointed in January 2018, allowing clinical engagement to commence.

Workshops on common practices, processes, workforce and shared core services were held in the early part of 2018/19, which were extremely well supported by trusts. Clinicians and managers generated a wide range of innovative ideas for improved ways of working. The ideas have been grouped into workstreams to be pursued. A workshop held on 3 July 2018 prioritised and proposed those work streams to be taken forward.

In April 2018, WY&H was allocated £6.1m capital funding to develop a shared radiology reporting system to enable shared workflow management and image reporting across the WYAAT trusts. Funding for a similar system was also allocated to the HCV trusts by the HCV Cancer Alliance. The programme submitted a business case for release of the funding from NHSI and is working closely with the HCV trusts to understand any lessons learnt from their procurement.

Work has begun on the common practices workstream at scale and it is being taken forward through the creation of 13 Special Interest Groups. The purpose of these groups is to assemble a regional group of experts to improve radiological practice around clinically important and difficult subjects, and statutory targets such as cancer and stroke. Paediatric and urology groups have been formed and work began on priority topics. An event to bring about the creation of the remaining groups was held on 22 January 2019, with the significant support of over 90 colleagues and key stakeholders from across the collaborative.

The Programme held a workshop with WYAAT HR Directors in October 2018, to build on the WYAAT workforce portability agreement and provide radiology staff with the ability to work seamlessly across the collaborative. This agreement will bring about cross member trust workflow once the shared reporting system is introduced.

The programme has also continued to implement its communications and engagement strategy. The programme team has visited all trusts, joining consultant radiologist meetings, and holding drop-in sessions for radiographers. The aim is to empower and encourage the workforce to help design their own future in order to increase the uptake of new technology and generate cultural change to a network model.

Plans for 2019/20

- Clinical fellow to join the programme team in September 2019.
- Fully establish and maintain 13 Special Interest Groups to create common imaging protocols, patient advice, post procedural and safety documents, imaging pathways and reporting standards to enable use of the shared technology.
- Complete the procurement work for the shared reporting solution across the WYAAT members of the collaborative for sharing of radiology images and reporting.
- Refresh the business case for the shared reporting solution with final negotiated supplier costs and obtain CIC and trust approval. This is targeted for February 2020 for submission to NHSI in March 2020.
- Continue the extensive communications and engagement activity to maintain clinical commitment to the programme.

2.8 Radiology (Yorkshire Imaging Collaborative) - Technology

SRO: Clive Kay

Executive Lead: Cindy Fedell

Programme Manager: Diane Rooney

Aims & Objectives

The aim of the Yorkshire Imaging Collaborative Technology Programme is to adopt a common radiology picture archiving and communications system (PACS) across the eight Member trusts in WY&H and part of HCV (YTHFT is not part of this programme). The system procured is Agfa's Enterprise Imaging (EI) solution incorporating the Xero (web based) viewer. There are 40 projects which will migrate trusts from their existing systems to Agfa EI. Whilst the Technology Programme is a key enabler for the Transformation Programme, it will deliver additional benefits such as reduced annual licence cost, improved analytical tools, electronic peer review and an optional radiation dose management module. In addition, Xero will provide access to a patient's radiology imaging and reports across collaborative trusts.

Achievements in 2018/19

HDFT successfully deployed the EI solution and Xero Viewer in June 2018. As the first site there were numerous post-verification issues to resolve for the benefit of all member trusts. NLAG also went live with the system in February 2019.

The deployment plan was revised in April 2018 for a variety of reasons and a revised "gateway" readiness process was implemented in early 2019. Throughout the year, the programme teams have made significant progress in preserving the overall timeframes, maintaining a completion date of February 2020. LTHT delayed its plan to go live in November 2018 to enable more testing, and whilst a revised deployment date has not yet been announced, the Trust is making significant progress with the project. Progress currently remains on track in the other trusts with five others expected to go live with EI before August 2019.

Plans for 2019/20

Deployments dates are:

- Calderdale & Huddersfield NHS FT - April 2019
- Airedale NHS FT - May 2019
- Mid Yorkshire Hospitals NHS Trust - June 2019
- Leeds Teaching Hospitals NHS Trust - possibly late summer 2019
- Bradford Teaching Hospitals NHS Trust - planned for September 2019
- Hull University Teaching Hospital Trust - planned for December 2019

In parallel, the Xero image viewer is being introduced across member trusts and integration of local Xero instances into a single system (allowing cross-trust image viewing) will take place.

A further piece of work is being implemented to agree standardisation and consolidation of naming conventions across member trusts, which will then allow workflow sharing.

2.9 Service Sustainability

SRO: Brendan Brown

Executive Lead: Matt Graham

Programme Manager: Dr Robin Jeffrey, Gary Cooper

Aims & Objectives

The aims of the programme are to identify the services most at risk of unsustainability and determine the most appropriate approach to addressing the risks.

Achievements in 2018/19

Following a prioritisation exercise by the WYAAT executives in early 2018, three services were identified as facing particular sustainability challenges: ophthalmology, dermatology and gastroenterology. An in depth diagnostic of these specialties was carried out across WYAAT in Quarter 1 2018/19 and the results were fed back to the executive and clinical teams. The conclusion was that further work was required and a programme should be developed in each specialty.

The first programme to be developed was ophthalmology. The results of the diagnostic showed that the programme needed to cover commissioning, acute and community provision because a very significant proportion of ophthalmology activity is delivered by community optometrists. As a result the WY&H HCP Planned Care programme agreed to fund a programme manager, hosted by WYAAT, to lead it. Following a recruitment process the programme manager started in post in March 2019.

In November 2018 WYAAT and the WY&H HCP Planned Care Programme hosted a system wide Ophthalmology GIRFT and RightCare event to launch the programme. The event was well attended by trusts, commissioners and community providers and set out a framework for the programme which will be the basis of delivery in 2019/20.

In gastroenterology, the diagnostic indicated that a more detailed analysis of capacity and demand is required and the NHS Improvement Intensive Support Team (IST) has been engaged to undertake it with the work starting in early 2019/20.

Support has been obtained from the Joint Committee of CCGs, the Clinical Forum and the WYAAT Programme Executive for a system-wide dermatology programme which would include hospital and community pathways. The Programme Management Office (PMO) is working with the WY&H HCP Planned Care programme to develop a Programme Initiation Document (PID) and identify programme management resources to lead this work.

During 2018/19, the WYAAT PMO was also successful in bidding for funding from NHS England to develop Clinical Service Networks. Six networks are being established: three will be linked to the ophthalmology, dermatology and gastroenterology programmes above; the other three will be in cardiology, urology and maxilla-facial surgery. The latter three will be used to test the idea that, with a small amount of support, explicit permission to collaborate and light-touch direction, networks of clinicians and service managers can build relationships and work together to improve their services.

Plans for 2019/20

- Establish the Ophthalmology programme, including an approved PID, governance and the clinical service network.
- Begin the development of a co-designed service model for ophthalmology across all care settings with staff and patients.
- Establish the Dermatology programme, including identifying programme management capacity, an approved PID, governance and the clinical service network.
- Hold a regional Dermatology GIRFT event.
- Complete the capacity and demand analysis, of gastroenterology by the NHS Improvement IST. Based on the analysis, determine whether a full programme is required.
- Establish clinical service networks in cardiology, maxillo-tacial surgery and urology
- Hold a regional Urology GIRFT meeting in September 2019.
- Undertake diagnostic reviews in Paediatric Surgery & Oncology following concerns about sustainability.

2.10 Elective Surgery (Orthopaedics)

SRO: Ros Tolcher
Executive Lead: Rob Harrison
Programme Manager: Madi Hoskin

Aims & Objectives

The Elective Surgery programme is a clinically led, data driven regional collaborative improvement programme to deliver clinical excellence, reduce regional variation and provide best value for money in alignment and collaboration with the WY&H HCP Standardising Commissioning Policies and Elective Care Programme.

The project goals are to deliver standardised elective pathways to maximise both efficiency and productivity which will increase capacity to ensure maximum NHS funds are spent in NHS organisations, and to ensure equity of care for patients across the region.

Achievements in 2018/19

- Commissioning Policies. WY&H commissioning policies for hips, knees and shoulders have been developed and agreed with our clinicians to provide the start of our standard WY&H pathways. The Joint Committee of CCGs is expected to approve the policies shortly.
- Theatre Productivity. All six orthopaedic theatre teams worked together to design a set of efficiency principles that took best practice and innovation and applied it to all trusts. "Optimised Theatre Lists" will increase capacity across the region, providing capacity for repatriation of some activity currently outsourced to the independent sector. We have also developed a regional theatre performance dashboard aligned to the model hospital and trust information.
- Pre-op Preparation. Our joint school leads, physiotherapists and patient information leads worked together to design a common approach to a single patient education journey. The team continues to rationalise patient information and design standard content including short patient education and information videos. We have engaged with technology companies about the potential for an "app" to support patient education and an options appraisal will be drawn up in early 2019/20.
- Procurement. The clinical leadership group worked with the GIRFT Procurement and Implementation teams to design a national pilot project for procurement of orthopaedic prostheses.

Plans for 2019/20

- Complete the implementation of standard patient education materials, including an options appraisal for an interactive digital patient education journey.
- Embed and expand the "Optimised Theatre Lists" in all trusts and model capacity, demand and costs to support the design of future services, launch regional performance dashboards that align with trust, GIRFT and Model Hospital data.
- Complete the post-surgical, therapy element of the pathway.
- Complete the orthopaedic procurement collaboration pilot with GIRFT to reduce product variation and save cost across the region.
- Hold a WYAAT Orthopaedic Summit on the 18 June.

2.11 WY Vascular Service

SRO: Yvette Oade
Executive Lead: Matt Graham
Programme Manager: Rebecca Malin

Aims & Objectives

To establish a single WY Vascular Service encompassing the current services in ANHSFT, BTHFT, CHFT, LTHT and MYHT, with two arterial centres in line with the recommendations of the Yorkshire and Humber Clinical Senate. Vascular services for Harrogate are provided with York Teaching Hospital NHS FT so HDFT is not part of the WY Vascular Service.

Achievements in 2018/19

2018/19 began with a unanimous decision from the WY&H Committee in Common (April 2018) to recommend Bradford Royal Infirmary (BRI) to NHS England as the preferred option for the location of the second arterial centre.

In July 2018 the West Yorkshire Vascular Service (WYVaS) Joint Board was established chaired by Yvette Oade (Chief Medical Officer, LTHT). The Joint Board has continued to meet monthly and oversees the development of a single service via the following workstreams led by Board members:

- Governance
- Workforce
- Operations and Performance
- Finance and Contracting
- Communications and Engagement
- Repatriation
- Standardisation.

A triumvirate (Clinical Director, General Manager and Head of Nursing) was appointed to oversee the development and running of the WYVaS. The team will take up their posts between April and June 2019. The WYAAT PMO also made a successful bid to HEE for a clinical fellow to work with WYVaS and a fellow has been appointed to start in September 2019.

In parallel, we have been working with NHS England to complete their assurance process and prepare for a public consultation on the proposal for BRI to be the second arterial centre in WY. Supported by WYAAT, NHS England completed their assurance process and confirmed that the proposal was ready for public engagement and

consultation in September 2018. NHS England then began to prepare for engagement with the WY Joint Health Oversight and Scrutiny Committee (WY JHOSC) and public consultation. NHS England and WYAAT, including the new WYVaS Clinical Director, attended the WY JHOSC in January and February 2019, to explain the intended changes and agree the approach to public consultation. NHS England has agreed with the WY JHOSC that a 12 week public consultation across the whole of West Yorkshire (including the Airedale part of North Yorkshire) is required. Following completion of the approval process in NHS England, the consultation eventually began in August 2019 and will run to the end of November 2019. This means NHS England's final decision on the CHFT/BTHFT arterial centre reconfiguration is not expected until early 2020 (dependent on the outcome of the public consultation).

Plans for 2019/20

- Management "Triumvirate" in post by June 2019, with a clinical fellow joining the team in September.
- Changeover of the WYVaS Joint Board chair from Yvette Oade (Chief Medical Officer, LTHT) to Bryan Gill (Medical Director, BTHFT) in July 2019.
- Continued work to design and implement an integrated, single service.
- Revise the capital bid for a hybrid theatre at BTHFT and discuss funding routes with the WY&H Capital and Estates Board.
- Complete public consultation on reconfiguration of CHFT/BTHFT arterial centres in May-August and obtain NHS England decision in September 2019 (subject to outcome of the public consultation).
- Complete planning for reconfiguration of the arterial centres so that implementation can begin immediately there is a decision from NHS England.
- Increased and ongoing communications and engagement with WYVaS staff.

3. West Yorkshire and Harrogate Health and Care Partnership

WYAAT's second role is to provide a strong and consistent acute trust voice into the WY&H HCP. Over the last year this has mainly been in two areas: the development of WY&H as an integrated care system (ICS) and the development of a clinical strategy for WY&H.

3.1 WY&H Integrated Care System

In May 2018, WY&H was announced by NHS England as one of the second wave of shadow ICS. Over the last year, the WYAAT trusts and senior leaders have played a significant part in the further development of the HCP by:

- Supporting the agreement of the MoUs between the HCP and NHS England, and between the partner organisations within the ICS.
- Taking senior leadership roles:

  Angela Schofield, chair HDFT: vice chair of the WY&H HCP Partnership Board

  Owen Williams: SRO for the WY&H HCP Capital & Estates programme

  Martin Barkley: SRO for the WY&H Innovation & Improvement programme

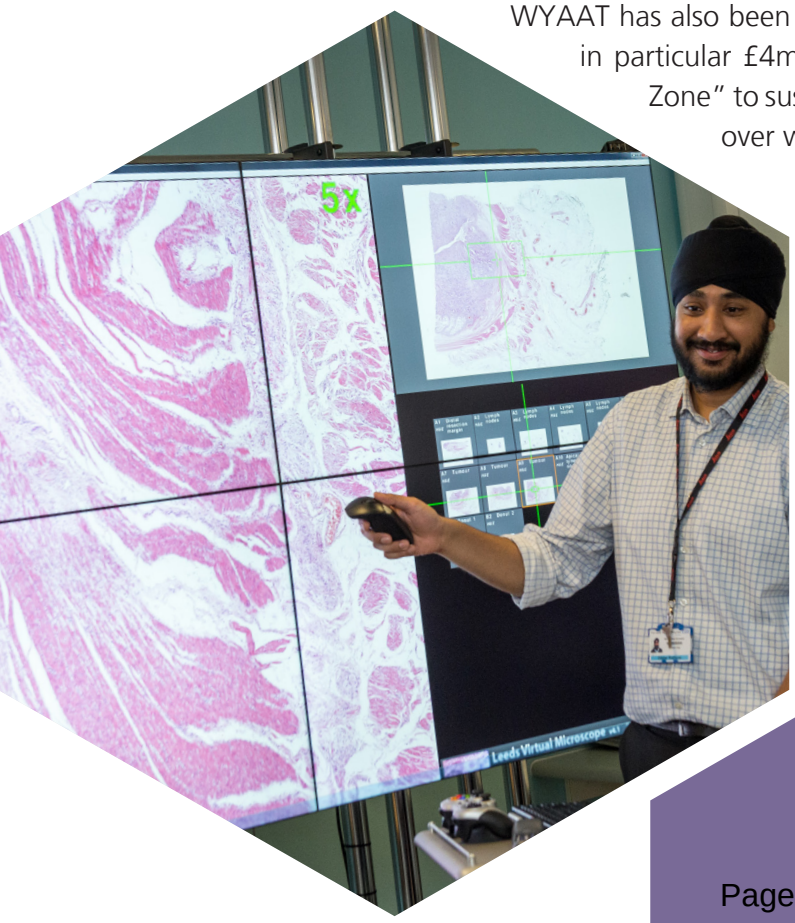
  Clive Kay: SRO of the WY Cancer Alliance

  Julian Hartley, Clive Kay and Bryan Gill: members of the System Oversight & Assurance Group

  Ros Tolcher: Chair of the Local Workforce Action Board

  Suzanne Hinchliffe: SRO of the Local Maternity System

WYAAT has also been allocated significant transformation funding, in particular £4m for a second "West Yorkshire Acceleration Zone" to sustain urgent and emergency care performance over winter 2018/19.



3.2 WY&H Clinical Strategy

The aim of the WY&H Clinical Strategy is to develop an outline description of the future WY&H health and care system which connects the vision and ambition to the programmes, and ensures coherence between WY&H and place plans - and between specialty level projects.

The WYAAT PMO agreed to lead this work on behalf of the whole WY&H system. The HCP provided funding to increase capacity and the HDFT business development team were commissioned to support the work. A Clinical Strategy Steering Group was established with representatives from all places and all sectors to guide the work.

The current phase of the work is about creating a better understanding of the current system and gaining an initial insight into future developments. It has consisted of three elements: investigation of patient journeys for frailty; for children, young people and families; and development of "Service Profiles on a Page" for acute hospital and acute mental health services. The findings will influence and be captured in the Partnership's five year strategic plan being developed in response to the NHS Long Term Plan - and due to be published in the autumn of 2019.

In autumn 2018 the PMO, supported by HDFT, held three clinical services workshops for medical and surgical specialties. From these workshops, service profiles on a page have been developed for 24 clinical specialties. The profiles describe the service from prevention and wellbeing, through primary and community care to tertiary hospital services. They capture the current shape of the services - their size, configuration and challenges - as well as an indication of future opportunities - including new technology and digital. We now have a better understanding of the health and care system in

WY&H, but have also identified lots of areas for further investigation. Looking across the profiles is generating potentially consistent ways to organise services and to think about the interfaces between parts of the system differently, particularly between acute hospital services and primary care networks. In individual specialties, they are identifying specific activity, currently in hospital, which with the right services and staff could be done closer to home, enabling the "left shift".

For the patient journeys, the team developed four (fictional but representative) patients and their families stories for frailty and another four for children and families. Over 200 professionals and service users, covering all our six local places and all sectors, were interviewed to describe the services and other assets available for each journey in each place. In March we held two workshops, each attended by over 50 professionals, to feedback the results of the research. A number of themes have been identified, such as the importance of taking an asset rather than a deficit-based approach - something we aspire to do, but in practice rarely achieve.

In early 2019/20 we will be pulling together all the work we have done and we will be reporting back to the Clinical Forum and System Leadership Executive in May with our findings and recommendations. A key recommendation is likely to be that we need to build on the work to date to refine our understanding of the current system and define the future more clearly, with further involvement and engagement with even more people across the system, including colleagues and of course the public. In conjunction with the HCP Planned Care programme and the Urgent and Emergency Care Board, we are also developing two further workstreams for 2019/20 to examine the organisation and structure of planned/elective care and urgent and emergency care across our system.

3.3 WY&H Cancer Alliance

The WYAAT trusts are key partners in the WY&H Cancer Alliance and have been involved in all elements of the Alliance's work. A particular focus has been on improving performance on the 62-day target for the start of treatment. Actions in 2018/19 have included:

- Agreement of an inter hospital provider transfer policy to streamline referral pathways and allocation of breaches for two provider pathways.
- Development of standardised pathways and clinical guidelines for the main tumour groups.
- Detailed analysis and improvement, supported by the NHS Improvement Intensive Support Team, of the prostate, colorectal and lung pathways.
- Recruiting three cancer advanced clinical practitioners for the prostate pathway.
- Detailed analysis of 62-day performance to understand what would be required from each trust to meet the standard in aggregate at WY&H level.

For 2019/20 the trusts have asked the Cancer Alliance to initiate a collaborative quality improvement programme focussing on the prostate and lung cancer pathways. This programme will use a rigorous quality improvement approach to engage clinicians and other staff in improving the quality of care for our cancer patients. We believe taking a quality improvement approach to the whole pathway will also improve 62-day performance more effectively than continuing the performance management approach which has not been successful so far.

4. WYAAT Governance

During 2018/19 the WYAAT governance system has been tested with a number of significant decisions. The most challenging was probably reaching a unanimous recommendation to NHS England on a preferred option for the future configuration of vascular arterial centres in WY (see page 30). In addition the trusts, through the Committee in Common, have also taken significant decisions on business cases for Scan4Safety and the Yorkshire Imaging Collaborative, and the case for change and options appraisal for the WY&H Pathology Network. The decision not to continue the Pharmacy Regional Supply Chain programme after it became clear, through the procurement process, that the risks outweighed the potential benefits, demonstrates the robustness of our programme management and governance. Our governance structures have also enabled the trusts to provide a single shared view to our partners in the WY&H HCP on its development as an ICS, to NHS Improvement on pathology networks and on the draft NHS Workforce Implementation Plan.

We believe that our ability to take collective decisions, the progress we are making on a wide range of programmes and the strength of WYAAT's voice nationally and within the HCP, demonstrates that, with the right governance structures, clarity of vision and purpose, and good relationships, an association of trusts is an effective alternative to mergers and other organisational structure changes to achieve collaboration and system working.

4.1 Programme Management Office

The WYAAT Programme Management Office (PMO) has continued to grow this year to have sufficient capacity to deliver its increasing portfolio of programmes. There are now 20 members of staff in post, with several additional staff due to start early in 2019/20 and some new roles being recruited. In addition we have engaged external support for the pathology, pharmacy and clinical strategy work.

5. 2018/19 Financial Position

The full-year expenditure for 2018/19 was £1,521k. This was lower than expected at the start of the year, mainly due to delays in appointing to permanent roles, in part offset by increased costs for agency roles and additional work on Wholly Owned Subsidiaries. This expenditure was funded in the main by the six trusts but additional funding was also secured from external sources:

- WY&H HCP to support development of the clinical strategy
- NHS England for development of clinical services networks
- WY Cancer Alliance for the Yorkshire Imaging Collaborative
- Local Workforce Action Board for the national "Streamlining" programme
- Partner Trusts in Humber, Coast and Vale for the Pharmacy and Imaging Collaborative programmes

A more detailed breakdown of expenditure is shown in Appendix A.

6. Conclusion

In 2017/18, WYAAT built on the firm foundations established through the MoU, initial programmes and PMO and matured into a strong partnership between the trusts with the capacity and capability to deliver a wide-ranging portfolio of programmes.

2018/19 has seen the programmes progress substantially with a number gaining key approvals and securing capital funding. The portfolio of programmes has grown, particularly in clinical services, with the trusts recognising the benefits of working together. WYAAT has also cemented its position at the heart of the WY&H HCP, attracting significant transformation funds and with key leadership roles being taken by WYAAT chairs and chief executives.

Appendices

Appendix A: WYAAT 2018/19 Income and Expenditure position

EXPENDITURE	£
Programme Management Office (PMO)	
Total Pay	(530,561)
Total Non Pay	(281,969)
Total Expenditure PMO	**(812,530)**
Programmes	
Estates & Facilities	(73,935)
IM&T	(37,687)
Imaging Collaborative - Technology	(98,695)
Imaging Collaborative - Transformation	(80,317)
Pathology	(123,593)
Pharmacy Supply Chain	(73,530)
Procurement	(111,884)
Scan for Safety	(111,878)
Vascular	(24,000)
Workforce	(13,269)
Total Expenditure Programmes	(748,788)
Total 18/19 costs	(1,561,318)
Non-recurrent benefits from 2017/18	39,921
TOTAL WYAAT PORTFOLIO	**(1,521,397)**

FUNDING	£
AHFT	84,311
BTHFT	181,030
CHFT	180,760
HDFT	84,311
LTHT	265,343
MYHT	181,030
Total WYAAT	976,785
Funding from regional partners	
WY&H ICS, HEE etc	522,000
HUTH & NLAG	11,679
Total	533,679
TOTAL ALL SOURCES	1,510,464
SURPLUS/(DEFICIT)	**(10,933)**

Appendix B: Glossary of terms

WYAAT – West Yorkshire Association of Acute Trusts

WY&H HCP – West Yorkshire and Harrogate Health Care Partnership

ANHSFT – Airedale NHS Foundation Trust

BTHFT – Bradford Teaching Hospitals NHS Foundation Trust

CHFT – Calderdale and Huddersfield NHS Foundation Trust

HDFT – Harrogate and District NHS Foundation Trust

LTHT – Leeds Teaching Hospitals NHS Trust

MYHT – Mid Yorkshire Hospitals NHS Trust

CCGs – Clinical Commissioning Groups

CiC – Committee in Common

DH – Department of Health

GIRFT – Getting It Right First Time

HEE – Health Education England

HUTH – Hull University Teaching Hospitals NHS Trust

IM&T – Information Management and Technology

LHCRE – Local Health and Care Record Exemplar

LIMS – Laboratory Information Management System

LWAB – Local Workforce Action Boards

MAU – Medical Assessment Unit

MoU – Memorandum of Understanding

NHSE – NHS England

NHSI – NHS Improvement

NLAG – North Lincolnshire and Goole NHS Foundation Trust

OJEU – Official Journal of the European Union

PACS – Picture Archiving and Communications System

PID – Programme Initiation Document

PMO – Programme Manager's Office

WYJHOSC – West Yorkshire Joint Health Oversight and Scrutiny Committee

WYVaS – West Yorkshire Vascular Service

West Yorkshire
Association of Acute Trusts

West Yorkshire and Harrogate
Health and Care Partnership

https://wyaat.wyhpartnership.co.uk

@WYAAT_Hospitals

Report author: Steven Courtney
Tel: 0113 37 88666

Report of Head of Democratic Services

Report to Scrutiny Board (Adults, Health and Active Lifestyles)

Date: 11 February 2020

Subject: Chairs Update – February 2020

Are specific electoral wards affected? If yes, name(s) of ward(s):	☐ Yes ☒ No
Has consultation been carried out?	☐ Yes ☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes ☒ No
Will the decision be open for call-in?	☐ Yes ☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes ☒ No

1. Purpose of this report

1.1 The purpose of this report is to provide an opportunity to formally outline some of the areas of work and activity of the Chair since the previous Scrutiny Board meeting in January 2020.

2. Background information

2.1 Invariably, scrutiny activity can often occur outside of the formal, regular Scrutiny Board meetings. Such activity may involve a variety of activities and can require specific actions of the Chair of the Scrutiny Board.

3. Main issues

3.1 This report provides an opportunity to formally update the Scrutiny Board on the Chair's activity and actions since the previous Scrutiny Board meeting held in January 2020. It also provides an opportunity for members of the Scrutiny Board to identify and agree any further scrutiny activity that may be necessary.

3.2 The Chair and Principal Scrutiny Adviser will provide a verbal update at the meeting on the above matters and any further issues that might arise, as required.

3.3 The Scrutiny Board is asked to consider the update provided and identify/ agree any matter where specific further scrutiny activity may be warranted, and therefore subsequently incorporated into the work schedule.

Developing the work schedule

3.4 As detailed elsewhere on the agenda; when considering any developments and/or modifications to the work schedule, effort should be undertaken to:

- Avoid unnecessary duplication by having a full appreciation of any existing forums already having oversight of, or monitoring a particular issue.
- Ensure any Scrutiny undertaken has clarity and focus of purpose and will add value and can be delivered within an agreed time frame.
- Avoid pure "information items" except where that information is being received as part of a policy/scrutiny review.
- Seek advice about available resources and relevant timings, taking into consideration the workload across the Scrutiny Boards and the type of Scrutiny taking place.
- Build in sufficient flexibility to enable the consideration of urgent matters that may arise during the year.

4. Corporate Considerations

4.1 Consultation and engagement

4.1.1 The update provided at the meeting is a factual report and therefore is not subject to consultation. However, it should be noted that matters often identified as part of the update can arise as a result of engagement activity with the Scrutiny Board that requires specific action from the Chair between the Scrutiny Board's formal meeting cycle.

4.1.2 Any specific consultation and engagement activity will need to be taken into account if/ when any additional scrutiny activity is deemed appropriate

4.2 Equality and diversity / cohesion and integration

4.2.1 The Scrutiny Board Procedure Rules state that, where appropriate, all work undertaken by Scrutiny Boards will '…review how and to what effect consideration has been given to the impact of a service or policy on all equality areas, as set out in the Council's Equality and Diversity Scheme'.

4.2.2 Matters set out in the Council's Equality and Diversity Scheme will need to be taken into account if/ when any additional scrutiny activity is deemed appropriate.

4.3 Council policies and the Best Council Plan

4.3.1 The terms of reference of the Scrutiny Boards promote a strategic and outward looking Scrutiny function that focuses on the best council objectives.

Climate Emergency

4.3.2 This report has no specific climate emergency implications at this time. Any appropriate matters will need to be taken into account if/ when any additional scrutiny activity is deemed appropriate.

4.4 Resources, procurement and value for money

4.4.1 This report has no specific financial implications at this time. Any appropriate matters will need to be taken into account if/ when any additional scrutiny activity is deemed appropriate.

4.4.2 Experience has shown that the Scrutiny process is more effective and adds greater value if the Board seeks to minimise the number of substantial inquiries running at one time and focus its resources on one key issue at a time.

4.4.2 The Vision for Scrutiny, agreed by full Council also recognises that like all other Council functions, resources to support the Scrutiny function are under considerable pressure and that requests from Scrutiny Boards cannot always be met. Consequently, when considering any additional detailed inquiry activity Scrutiny Boards should:

- Seek the advice of the Scrutiny officer, the relevant Director and Executive Member about available resources;
- Avoid duplication by having a full appreciation of any existing forums already having oversight of, or monitoring a particular issue;
- Ensure any Scrutiny undertaken has clarity and focus of purpose and will add value and can be delivered within an agreed time frame.

4.5 Legal implications, access to information, and call-in

4.5.1 This report has no specific legal implications. Any appropriate matters will need to be taken into account if/ when any additional scrutiny activity is deemed appropriate.

4.6 Risk management

4.6.1 This report has no specific risk management implications. Any appropriate matters will need to be taken into account if/ when any additional scrutiny activity is deemed appropriate.

5. Conclusions

5.1 All Scrutiny Boards are required to determine and manage their own work schedule for the municipal year. This update provides an opportunity to highlight any emerging issues for the Scrutiny Board to consider.

6. Recommendations

6.1 The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to note the content of this report and the verbal update provided at the meeting; and identify any specific matters that may require further scrutiny input or activity.

7. Background documents[1]

7.1 None.

[1] The background documents listed in this section are available to download from the council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

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Report author: Steven Courtney
Tel: 0113 37 88666

Report of Head of Democratic Services

Report to Scrutiny Board (Adults, Health and Active Lifestyles)

Date: 11 February 2020

Subject: Work Schedule – February 2020

Are specific electoral wards affected? If yes, name(s) of ward(s):	☐ Yes ☒ No
Has consultation been carried out?	☒ Yes ☐ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes ☒ No
Will the decision be open for call-in?	☐ Yes ☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes ☒ No

1. Purpose of this report

1.1 The purpose of this report is to consider the Scrutiny Board's work schedule for the remainder of the current municipal year.

2. Background information

2.1 All Scrutiny Boards are required to determine and manage their own work schedule for the municipal year. In doing so, the work schedule should not be considered a fixed and rigid schedule, it should be recognised as something that can be adapted and changed to reflect any new and emerging issues throughout the year; and also reflect any timetable issues that might occur from time to time.

3. Main issues

3.1 During the Board's initial meeting in June 2019, Members discussed a number of possible areas of work for the Board to undertake during the current municipal year. The work schedule for the current municipal year has evolved over the course of the year, with the latest iteration attached at Appendix 1.

Developments since the previous Scrutiny Board meeting

3.2 The latest iteration of the Board's work schedule is attached as Appendix 1 for consideration.

3.3 While there are no significant additions to report since the previous Scrutiny Board meeting in January 2020, some matters that may subsequently impact on the work schedule will also be outlined as part of the Chair's update report, considered elsewhere on the agenda.

3.4 Other specific matters to consider are detailed below.

Additional meetings

3.5 At its meeting in January 2020, the Board agreed to hold additional meetings in order to give specific consideration to the Leeds Safeguarding Adults Board Annual report (and associated progress) and the Outcome of Public Consultation in response to the proposed reconfiguration of maternity and neonatal services in Leeds. These additional meeting are reflected in the updated work schedule presented at Appendix 1.

3.6 The Board also agreed to hold a dedicated meeting to consider issues associated with Aireborough Leisure Centre (highlighted in the previous request for scrutiny). It is intended to hold this meeting in the vicinity of the Leisure Centre and work continues to finalise the meeting arrangements. Any further progress will be reported at the meeting.

Unscheduled matters

3.7 A number of matters remain unscheduled, with many unlikely to be considered during the current municipal year. Further consideration will need to be given to those matters the Board wish to propose as matters to be considered during the next municipal year (i.e. 2020/21).

Executive Board and Health and Wellbeing Board

3.8 Draft minutes from the Executive Board meeting held on 7 January 2020 are appended to this report (Appendix 2).

3.9 The Health and Wellbeing Board will next meet on 20 February 2020.

3.10 Insofar as the above minutes relate to the remit of the Scrutiny Board, Members are asked to consider and note the content; identifying any matters where specific scrutiny activity may be warranted, and therefore subsequently incorporated into the work schedule.

Developing the work schedule

3.11 When considering any developments and/or modifications to the work schedule, effort should be undertaken to:

- Avoid unnecessary duplication by having a full appreciation of any existing forums already having oversight of, or monitoring a particular issue.
- Ensure any Scrutiny undertaken has clarity and focus of purpose and will add value and can be delivered within an agreed time frame.
- Avoid pure "information items" except where that information is being received as part of a policy/scrutiny review.
- Seek advice about available resources and relevant timings, taking into consideration the workload across the Scrutiny Boards and the type of Scrutiny taking place.

- Build in sufficient flexibility to enable the consideration of urgent matters that may arise during the year.

3.12 In addition, in order to deliver the work schedule, the Board may need to take a flexible approach and undertake activities outside the formal schedule of meetings – such as working groups and site visits, where deemed appropriate. This flexible approach may also require additional formal meetings of the Scrutiny Board.

3.13 As mentioned above, the latest iteration of the Board's work schedule is attached as Appendix 1 for consideration. The Scrutiny Board is asked to consider the details in this report, the associated appendices and matters discussed at the meeting in order to agree its future work schedule for the remainder of the municipal year.

4. Consultation and engagement

4.1.1 The Vision for Scrutiny states that Scrutiny Boards should seek the advice of the Scrutiny officer, the relevant Director(s) and Executive Member(s) about available resources prior to agreeing items of work.

4.2 Equality and diversity / cohesion and integration

4.2.1 The Scrutiny Board Procedure Rules state that, where appropriate, all terms of reference for work undertaken by Scrutiny Boards will include ' to review how and to what effect consideration has been given to the impact of a service or policy on all equality areas, as set out in the Council's Equality and Diversity Scheme'.

4.3 Council policies and the Best Council Plan

4.3.1 The terms of reference of the Scrutiny Boards promote a strategic and outward looking Scrutiny function that focuses on the best council objectives.

Climate Emergency

4.3.2 When considering areas of work, the Board is reminded that Active Travel now forms part of the Health, Wellbeing and Adults portfolio area.

4.4 Resources, procurement and value for money

4.4.1 Experience has shown that the Scrutiny process is more effective and adds greater value if the Board seeks to minimise the number of substantial inquiries running at one time and focus its resources on one key issue at a time.

4.4.2 The Vision for Scrutiny, agreed by full Council also recognises that like all other Council functions, resources to support the Scrutiny function are under considerable pressure and that requests from Scrutiny Boards cannot always be met. Consequently, when establishing their work programmes Scrutiny Boards should:

- Seek the advice of the Scrutiny officer, the relevant Director and Executive Member about available resources;
- Avoid duplication by having a full appreciation of any existing forums already having oversight of, or monitoring a particular issue;

- Ensure any Scrutiny undertaken has clarity and focus of purpose and will add value and can be delivered within an agreed time frame.

4.5 Legal implications, access to information, and call-in

4.5.1 This report has no specific legal implications.

4.6 Risk management

4.6.1 This report has no specific risk management implications.

5. Conclusions

5.1 All Scrutiny Boards are required to determine and manage their own work schedule for the municipal year. The latest iteration of the Board's work schedule is attached as Appendix 1 for the Board's consideration and agreement – subject to any identified and agreed amendments.

6. Recommendations

6.1 Members are asked to consider the matters outlined in this report and agree (or amend) the overall work schedule (as presented at Appendix 1) as the basis for the Board's work for the remainder of 2019/20 and further discussion.

7. Background documents[1]

7.1 None.

[1] The background documents listed in this section are available to download from the council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

APPENDIX 1

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)

Work Schedule for 2019/20 Municipal Year (February 2020)

25 June 2019	23 July 2019	August 2019
Meeting Agenda for 25/06/19 at 1.30 pm.	**Meeting Agenda for 23/07/19 at 1.30 pm.**	**No Scrutiny Board meeting scheduled**
Appointment of Co-opted members (DB) Scrutiny Board Terms of Reference (DB) Request for Scrutiny – Health Impacts of 5G Performance Report (Adults, Health & Active Lifestyles) (PM) Quality of services for adults and older people, including CQC Inspection Outcomes (Feb– April 2019) (PM) Proposals for Community Dentistry (C)	Request for Scrutiny – Inquiry into Endometriosis NHS Integrated Performance Report (PM) Mental Health Services for Adults and Older People in Wetherby (PSR) Dementia Strategy (PSR) Adults & Health – Financial Outturn (2018/19) – (PM)	
Working Group Meetings		
Site Visits / Other		

Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)

Work Schedule for 2019/20 Municipal Year (February 2020)

17 September 2019	22 October 2019	26 November 2019
Meeting Agenda for 17/09/19 at 1.30 pm.	**Meeting Agenda for 22/10/19 at 1.30 pm.**	**Meeting Agenda for 26/11/19 at 1.30 pm.**
Development of Leeds Mental Health Strategy (PSR) Mental Health Crisis in Leeds – Healthwatch Leeds report (DB) Local Care Partnerships – progress report (PM) Bereavement Arrangements at LTHT – Action Plan (PSR)	Proposals for Community Dentistry – update on engagement / consultation and proposed next steps (C) IAPT – mobilisation arrangements (PM) Leeds Health and Care System Review – progress against action plan (PM) Leeds Health and Care Plan – Progress Report (PM)	Quality of services for adults and older people, including CQC Inspection Outcomes (May – Sept 2019) (PM) Urgent Treatment Centres – update (PSR) Winter Plans (PDS)
Working Group Meetings		
Site Visits / Other		
West Yorkshire JHOSC – 10 September 2019		West Yorkshire JHOSC – 19 November 2019

Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)

Work Schedule for 2019/20 Municipal Year (February 2020)

December 2018	7 January 2020	11 February 2020
No Scrutiny Board meeting scheduled	**Meeting Agenda for 7/01/20 at 1.30 pm.**	**Meeting Agenda for 11/02/20 at 1.30 pm.**
	Performance Report (Adults, Health & Active Lifestyles) (PM) Adults Health & Active Lifestyles Financial Health Monitoring (PM) 2019/20 Initial Budget Proposals (PDS) Best Council Plan Refresh (PDS) Mental Health Services for Adults and Older People in Wetherby – update on engagement / consultation and proposed next steps (C)	Maternity and Neonatal Services in Leeds – Proposed Reconfiguration of Services (C) LTHT report on access to specialist services, including dermatology and spinal surgery (PM)
Working Group Meetings		
Site Visits / Other		
		West Yorkshire JHOSC – 18 February 2020

Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)

Work Schedule for 2019/20 Municipal Year (February 2020)

31 March 2020	21 April 2020	19 May 2020
Meeting Agenda for 31/03/20 at 1.30 pm.	**Meeting Agenda for 21/04//20 at 1.30 pm.**	**Meeting Agenda for 19/05/20 at 1.30 pm.**
Quality of services for adults and older people, including CQC Inspection Outcomes (Oct 2019 – Jan 2020) (PM) Local Care Partnerships – progress report (PM) Get Set Leeds – progress update (PSR)	Leeds Safeguarding Adults Board Annual Report and Strategic Plan – mid-year review (PSR) NHS Integrated Performance Report (PM)	Maternity and Neonatal Services in Leeds – Outcome of Public Consultation on Proposed Reconfiguration of Services (C)
Working Group Meetings		
	24 April 2020 – Joint Workshop – Quality Accounts (TBC)	
Site Visits / Other		
	West Yorkshire JHOSC – 14 April 2020	

Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)

Work Schedule for 2019/20 Municipal Year (February 2020)

	UNSCHEDULED
	Dental Services in Leeds (PM) Response to the request for a Scrutiny Inquiry into Endometriosis (extended to include reproductive health). Aireborough Leisure Centre request for scrutiny – meeting date to be confirmed GP appointment availability Gaining an understanding of life as a career in Leeds Bereavement Arrangements at LTHT – Action Plan Review and developing access to non-invasive post mortems (PM/ PSR) Adult Social Care Annual Complements and Complaints Report (2018/19) (PM) – consider at the first meeting of the municipal year. Leeds Health and Care System Review – progress against action plan (PM) – incorporate into future performance reporting arrangements.
Working Group Meetings	
	Women's Health – One Year On: Progress Report (to coincide with / around International Women's Day (8 March 2020)
Site Visits / Other	

Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response

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EXECUTIVE BOARD

TUESDAY, 7TH JANUARY, 2020

PRESENT: Councillor J Blake in the Chair

Councillors A Carter, R Charlwood, D Coupar, S Golton, J Lewis, J Pryor, M Rafique and F Venner

APOLOGIES: Councillor L Mulherin

116 Exempt Information - Possible Exclusion of the Press and Public

RESOLVED – That, in accordance with Regulation 4 of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, the public be excluded from the meeting during consideration of the following parts of the agenda designated as exempt from publication on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the public were present there would be disclosure to them of exempt information so designated as follows:-

(a) That Appendix B to the report entitled, 'Capital Receipts Programme Update and Approval of Future Disposals', referred to in Minute No. 134 be designated as being exempt from publication in accordance with paragraph 10.4(3) od Schedule 12A(3) of the Local Government Act 1972 on the grounds that Appendix B contains information relating to the financial or business affairs of a particular person, and of the Council. This information is not publicly available from the statutory registers of information kept in respect of certain companies and charities. It is considered that since this information was obtained through the inviting of best and final offers for the property/land, then it is not in the public interest to disclose this information at this point in time as this could lead to random competing bids which would undermine this method of inviting bids and affect the integrity of disposing of property/land by this process. Also, it is considered that the release of such information would, or would be likely to prejudice the Council's commercial interests in relation to other similar transactions in that prospective purchasers of other similar properties would have access to information about the nature and level of offers which may prove acceptable to the Council. It is considered that whilst there may be a public interest in disclosure, much of this information will be publicly available from the Land Registry following completion of this transaction and consequently the public interest in maintaining the exemption outweighs the public interest in disclosing this information at this point in time.

117 Declaration of Disclosable Pecuniary Interests

There were no Disclosable Pecuniary Interests declared at the meeting.

118 Minutes

RESOLVED – That the minutes of the previous meeting held on the 25th November 2019 be approved as a correct record.

HEALTH, WELLBEING AND ADULTS

119 Leeds Safeguarding Adults Board Annual Report 2018/19

The Director of Adults and Health submitted a report presenting the Leeds Safeguarding Adults Board's Annual Report for 2018/19, together with an 'easy read' version and also a copy of the associated Strategic Plan. In summary, these documents summarised the Board's achievements over the past 12 months and set out its ambitions for the coming year.

The Board welcomed Richard Jones CBE, Independent Chair of the Leeds Safeguarding Adults Board to the meeting, who was in attendance in order to introduce the key points of the annual report and to highlight key priorities.

Together with the Independent Chair, Members discussed the key role of carers and the actions being taken to ensure that the correct balance was achieved when engaging with service users by seeking the views of both the carer and the vulnerable individual, with it being acknowledged that each case needed a tailored approach.

In response to an enquiry, the Board received details of the approaches being taken to ensure that elderly and vulnerable individuals continued to have channels of communication that they felt comfortable using when engaging the Local Authority and others, in order to avoid this area becoming a source of isolation.

RESOLVED –

(a) That the contents of the Leeds Safeguarding Adults Board Annual Report 2018/19, together with the Board's Strategic Plan, as appended to the submitted report, be noted;

(b) That the strategic aims and ambitions of the Leeds Safeguarding Adults Board to make Leeds a safe place for everyone, be supported.

CHILDREN AND FAMILIES

120 Leeds Safeguarding Children Partnership Annual Report 2018/19: Evaluating the Effectiveness of Safeguarding Arrangements in Leeds

The Director of Children and Families submitted a report presenting the annual report of the Leeds Safeguarding Children Partnership (LSCP) for 2018/19 which highlighted the areas of strength and progress as well as areas for development across the safeguarding structures.

The Board welcomed Dr. Mark Peel, the outgoing Independent Chair of the LSCP and Jasvinder Sanghera CBE, current Independent Chair as of October 2019 to the meeting, who were in attendance in order to introduce the key points of the annual report and to highlight key priorities.

Members discussed the emerging national issue of unregulated and unregistered provision for looked after children and care leavers. Members were informed that in Leeds all placements were quality assured and that there were robust arrangements in place to monitor and support looked after children. Also, it was reported that it was intended to request that a report be submitted to the LSCP on this matter.

Further to this, and in response to a specific enquiry, it was confirmed that the LSCP had not recently considered the issue of unregistered educational provision in Leeds, however, Members received further information on the actions being taken in this area, with reference being made to the work of the Area Inclusion Partnerships, and it was requested that further to this discussion, this wide ranging matter be taken away by the directorate with further information being reported to the Executive, as appropriate and in due course.

Also, in response to a specific enquiry regarding the practice of marriage between first cousins and the associated increased health risks, the Board was provided with information on the actions which were being taken to raise the awareness of such health risks across the relevant communities.

RESOLVED –

(a) That the contents of the Leeds Safeguarding Children Partnership's Annual Report for 2018/19, as appended to the submitted report, be noted and endorsed;

(b) That the safeguarding priorities for the city, as identified in the Leeds Safeguarding Children Partnership Annual Report for 2018/19, be noted and endorsed.

121 Inspection of Youth Justice Services in Leeds

The Director of Children and Families submitted a report which detailed the outcome and response to the inspection of the Leeds Youth Justice Service by Her Majesty's Inspectorate of Probation (HMIP) and which sought endorsement to working with the Inspectorate in a forthcoming review of the methodology applied to Out of Court Disposals.

As part of the introduction to the submitted report, the Executive Member for Children and Families invited the Board to request that this matter be referred to Scrutiny Board (Children and Families) in order to enable the outcomes and implications arising from this inspection to be considered in greater detail.

As part of a broad discussion on this matter, Members discussed:

- the inspection outcomes for Leeds;
- the new inspection framework;
- the approach being taken by Leeds in this area - with specific reference made to restorative work in discouraging young people from reoffending;

- how the Authority was responding to the judgement of the inspection – with reference being made to the action plan which had been established; and
- the involvement of Leeds in the national review which was being undertaken.

RESOLVED –

(a) That the results of the Youth Justice Service inspection, as detailed within Appendix 1 to the submitted report, together with the work that is underway to address areas for further development, be noted;

(b) That the intention for the Youth Justice Service in Leeds to work with Her Majesty's Inspectorate of Probation to support the review of the methodology applied to inspecting Out-of-Court Disposal, be endorsed;

(c) That the improvement and action plan, as detailed at Appendix 2 to the submitted report, be endorsed;

(d) That the inspection report of Youth Justice Services in Leeds together with the outcomes arising from the inspection be referred to Scrutiny Board (Children and Families) in order to enable the outcomes and implications arising from this inspection to be considered in greater detail.

LEARNING, SKILLS AND EMPLOYMENT

122 Outcome of statutory notice on the expansion of East SILC – John Jamieson onto two additional sites

Further to Minute No. 75, 18th September 2019, the Director of Children and Families submitted a report detailing a proposal brought forward to meet the Local Authority's duty to ensure a sufficiency of learning places including provision for children and young people with Special Educational Needs and Disabilities (SEND). Specifically, the submitted report presented the outcome of a Statutory Notice regarding a proposal to expand generic specialist school provision at East Specialist Inclusive Learning Centre (SILC) – John Jamieson to 400 places by expanding onto two new additional sites, creating an additional 150 places: 50 primary places at the Oakwood building and 100 secondary places at the former Shakespeare site.

RESOLVED –

(a) That the proposal to permanently expand specialist provision at East SILC – John Jamieson to 400 places, expanding onto two new additional sites: the former Shakespeare primary school and the Oakwood building, with effect from January 2020, be approved;

(b) That it be noted that the implementation of the proposals is subject to funding being agreed based upon the outcome of further detailed design work, as indicated at section 4.4.1 of the submitted report;

(c) That the recommendation to exempt the resolutions (a) – (d) from Call In for the reasons as set out at paragraph 4.5.2 of the submitted report, be approved;

(d) That it be noted that the responsible officer for the implementation of such matters is the Head of Learning Systems.

(The Council's Executive and Decision Making Procedure Rules state that a decision may be declared as being exempt from the Call In process by the decision taker if it is considered that any delay would seriously prejudice the Council's, or the public's interests. In line with this, the resolutions above were exempted from the Call In process, as per resolution (c) above, and for the reasons as detailed within section 4.5.2 of the submitted report)

COMMUNITIES

123 Investing in our Neighbourhoods - A Review of the Investment in Holbeck

Further to Minute No. 108, 16th November 2016, the Director of Resources and Housing submitted a report providing an update on the investment approved in July and November 2016 for the LNA (Leeds Neighbourhood Approach) in Holbeck and the investment in group repair, specifically in the Recreations. The report also provided details of other activities which have complemented the investment as part of the Council's and partners' activity in this area to address issues of deprivation.

The progress which had been made as a result of this initiative was welcomed, and the importance of continuing the positive work in that part of the city to complement ongoing major developments, was highlighted.

Responding to a Member's enquiry, it was noted that the submitted report contained details of how the actions taken had made tangible differences for those living and working in the area. Also, further to this, it was acknowledged that the submitted report focussed upon the housing led investment undertaken in the Holbeck area, however, with regard to the ongoing work in priority neighbourhoods it was intended that further reports would be submitted to the Board regarding the impact of that work, which would include reference to the latest Indices of Multiple Deprivation statistics.

RESOLVED – That the contents of the submitted report, be noted.

124 Community Asset Transfer of St. Matthew's Community Centre to 'Holbeck Together' (Previously known as 'Holbeck Elderly Aid')

The Director of City Development and the Director of Communities and Environment submitted a joint report which sought approval for the Community Asset Transfer of St Matthew's Community Centre to 'Holbeck Together' by way of a 6 year lease alongside an agreement to lease for a longer term period, subject to the future submission and approval of a business plan.

RESOLVED –

(a) That the principle of a Community Asset Transfer of St. Matthew's Community Centre in Holbeck to 'Holbeck Together', be agreed, subject to the conditions precedent, as outlined in paragraph 3.4 of the submitted report being satisfied;

(b) That following the approval of resolution (a) above, a 6 year lease to 'Holbeck Together' as an interim proposal, be agreed;

(c) That the necessary authority be delegated to the Director of City Development to enable the Director to finalise the terms of the lease arrangements to 'Holbeck Together' for both the 6 year and longer term lease, as well as the agreement to lease;

(d) That it be noted that the Chief Officer, Asset Management and Regeneration will be responsible for ensuring that the resolutions arising from the submitted report are implemented;

(e) That revenue funding to 'Holbeck Together' (formerly known as 'Holbeck Elderly Aid') of up to £143,747 over a five year period, to be implemented by the Director of Communities and Environment, be approved.

125 Promoting Affordable Warmth

The Director of Resources and Housing and the Director of Communities and Environment submitted a joint report providing an update on the Council's approach towards tackling fuel poverty in the city.

In considering the submitted report, a Member highlighted the importance of ensuring that as part of this initiative, service users, specifically the elderly and vulnerable, had channels of communication that they were comfortable using when engaging the Local Authority on this issue.

RESOLVED –

(a) That agreement be given for the Director of Resources and Housing to invite the Leeds Poverty Truth Commission to become a member of the Affordable Warmth Partnership and act as consultee for Leeds Affordable Warmth Plan;

(b) That the Board endorse the approach being taken to continue to listen to people's lived experience of cold and damp housing conditions, better understand the barriers which people are facing, and wherever possible take action locally through co-production, such as improve service provision, or use the Council's influencing powers to change national policy and regulation;

(c) That the Board's endorsement be provided to ensuring that digital solutions to assess and alleviate fuel poverty do not lead to further marginalisation and exclusion of those most in need.

INCLUSIVE GROWTH AND CULTURE

126 Update on Leeds City Council's preparations for the UK's exit from the European Union

Further to Minute No. 103, 25th November 2019, the Chief Executive submitted a report providing a further update on the preparations that Leeds City Council has been making for the UK's exit from the European Union.

The Chief Executive provided an update regarding the dialogue which continued to be undertaken with representatives of different sectors and partners on the preparations being made in this area.

In considering this matter, the Board agreed to continue the cross-party Member working group, with a suggestion that a meeting be scheduled as appropriate, in order for the working group to further consider how best to progress such preparations.

RESOLVED –

(a) That the current national position, together with the Council's next steps to prepare the Council and the city for the UK's exit from the EU, be noted;

(b) That agreement be given for the cross-party Member working group to continue, with a suggestion that a meeting be scheduled as appropriate, in order for the working group to further consider how best to progress such preparations.

127 Northern School of Contemporary Dance

The Director of City Development submitted a report which set out the important role of the Northern School of Contemporary Dance as a cultural anchor institution in the city and detailed the collaborative work underway with the Council to secure its sustainability and growth as a key stakeholder based in Chapeltown.

Responding to a Member's enquiry, it was confirmed to the Board that the properties at 133-135 Chapeltown Road were in private ownership and that constructive talks with the owners of those properties and the Northern School of Contemporary Dance were ongoing.

RESOLVED –

(a) That the Board's support for the Northern School of Contemporary Dance (NSCD) as a key anchor cultural institution in the city and in its plans for expansion, be confirmed;

(b) That the Board's support in relation to assisting the NSCD to remain and meet its ambitions within the Chapeltown area, be confirmed, with the Board also recognising the NSCD's important role within the local community;

(c) That agreement be given for the Council to continue to work collaboratively with the NSCD in securing a site for expansion, and if appropriate, for the Board to receive a further report at the earliest opportunity setting out whether there is a case for the Council to use its statutory powers in land assembly.

128 Initial Budget Proposals for 2020/21

The Chief Officer (Financial Services) submitted a report which presented the Council's initial budget proposals for 2020/21, and which sought agreement for them to be submitted to Scrutiny for consideration, and also used as a basis for wider consultation with stakeholders.

Responding to a Member's enquiry, the Board received further information regarding the 'New Towns Fund', an initiative which had been announced by the Government.

RESOLVED –

(a) That the initial budget proposals for 2020/21, as detailed within the submitted report, be agreed, with the Board's agreement also being provided for them to be submitted to Scrutiny and also for the proposals to be used as a basis for wider consultation with stakeholders;

(b) That the initial budget position for 2021/22 and 2022/23 be noted, with it also being noted that savings proposals to address the updated estimated budget gaps of £47.4m and £29.9m for 2021/22 and 2022/23 respectively will be reported to a future meeting of the Executive Board;

(c) That it be noted that the proposal to approve the implementation of an additional Council Tax premium on any dwelling where the empty period is at least five years, from 100% to 200% premium, will be determined by Full Council in January 2020;

(d) That the Board's agreement be given for Leeds City Council to become a member of the new North and West Yorkshire Business Rates Pool for 2020/21 and act as lead authority for it, with it being noted that the establishment of this new Pool will be dependent upon none of the other proposed member authorities choosing to withdraw within the statutory period after designation;

(e) That with regard to the final year of Government funding to offer discretionary relief to businesses most impacted by the 2017 Business Rates Revaluation, the Board's agreement be provided for this to be distributed to childcare businesses in the city.

(Under the provisions of Council Procedure Rule 16.5, Councillors A Carter and S Golton both required it to be recorded that they respectively abstained from voting on the decisions referred to within this minute)

(The resolutions referred to within Minute No. 128 (a), (b) and (c) (above) given that these were decisions being made in accordance with the Budget and Policy Framework Procedure Rules, were not eligible for Call In, as Executive and Decision Making Procedure Rule 5.1.2 states that the power to Call In decisions does not extend to those decisions made in accordance with the Budget and Policy Framework Procedure Rules.

However, the resolutions referred to in Minute No. 128 (d) and (e) were eligible for Call In, given that these were decisions not being taken as part of the Budget and Policy Framework Procedure Rules)

ENVIRONMENT AND ACTIVE LIFESTYLES

129 Experimental Traffic Regulation Order to Facilitate the Unobstructed Passage of Waste Collection Vehicles

The Director of City Development and the Director of Communities and Environment submitted a joint report which set out key considerations for the principle of introducing an experimental citywide Traffic Regulation Order (TRO) to facilitate the safe passage of vehicles, primarily refuse wagons, at locations where access was currently a regular problem.

Responding to a Member's enquiry, the Board was assured that TRO restrictions would only be put in place on highways where Ward Members were supportive of such action, and due to the experimental nature of the TRO, it would allow the restrictions to be amended if appropriate, for example, in response to feedback received from Ward Members.

Members also received further information regarding the use and provision of experimental TROs.

RESOLVED –

(a) That the contents of the submitted report be noted;

(b) That the principle to introduce an Experimental Traffic Regulation Order to address obstructive and indiscriminative parking at numerous locations across the Leeds district, be approved, with a view to introducing various waiting restrictions to aid and facilitate the Council's safe and timely collection of household kerbside waste;

(c) That the following be noted:-
  (i) The design and implementation of the scheme is programmed to commence in January 2020, with completion by May 2020; and
  (ii) That the Chief Officer of Highways and Transportation will be responsible for the implementation of such matters.

130 Proposal for Woodland Creation

The Director of Communities and Environment submitted a report which set out proposals on how the Council could lead an ambitious initiative to combat climate change with a programme of education and community engagement focussed around tree planting and woodland creation.

Responding to a Member's enquiry, the Board received further information on the potential and capacity to grow and plant more mature trees in future and the most effective ways to establish mature tree canopies. Members also discussed the use of the planning process in promoting this agenda and the cross-directorate partnership working required to progress this.

The Board received further information on the longer term work being undertaken in this area including the potential to use land other than that owned by the Council for woodland creation and developing the scale of the initiative to include the wider region. Members also considered the raising of community awareness regarding woodland management, the development of the 'woodland economy' and the promotion of skills in this area.

The intention to submit a report to the June 2020 Executive Board regarding the proposed White Rose Forest strategy was noted.

Also, the Board highlighted the links between woodland creation and ongoing work regarding flood alleviation scheme provision, with a suggestion being made that further information be submitted to the Board in due course around the potential use of appropriate land located on the flood plain for tree planting and woodland creation.

RESOLVED –

(a) That the approach to education, conservation and tree planting, as detailed within the submitted report, be approved, and that support be provided for the initial allocation of a minimum of 25 hectares of Council land for woodland planting each year;

(b) That approval be given to inject £0.35m per year annually into the Capital Programme over the next 5 years, with it being noted that this will include external funding of £50k in the first year, with a target to increase this by a further £50k in each subsequent year;

(c) That the necessary authority be delegated to the Director of Communities and Environment, to enable the Director to agree the required 'authority to spend' approvals for the full scheme, subject to consultation with the Executive Member for Environment and Active Lifestyles;

(d) That it be noted that the Chief Officer, Parks and Countryside will be responsible for the implementation of this project, with an anticipated review each year to 2024/25.

RESOURCES

131 Best Council Plan Refresh 2020/21 to 2024/25

The Director of Resources and Housing submitted a report setting out proposals to update the Best Council Plan for the period 2020/21 –

2024/25, and which sought approval to undertake engagement with Scrutiny Boards on the proposals in accordance with the Budget and Policy Framework Procedure Rules.

RESOLVED – That the following be approved:-

(a) That engagement be undertaken with Scrutiny on the emerging Best Council Plan in accordance with the Budget and Policy Framework Procedure Rules;

(b) The approach set out within the submitted report to refresh the Best Council Plan for the period 2020/21 to 2024/25;

(c) That the Director of Resources and Housing will be responsible for developing the Best Council Plan for its consideration by this Board and Full Council in February 2020 alongside the supporting 2020/21 Budget proposals.

(The matters referred to within this minute, given that they were decisions being made in accordance with the Budget and Policy Framework Procedure Rules, were not eligible for Call In, as Executive and Decision Making Procedure Rule 5.1.2 states that the power to Call In decisions does not extend to those decisions being made in accordance with the Budget and Policy Framework Procedure Rules)

132 Financial Health Monitoring 2019/20 – Month 7

The Chief Officer, Financial Services submitted a report which set out the Council's projected financial health position for 2019/20 as at Month 7 of the financial year.

Responding to a Member's enquiry, the Board received further information on the current position regarding Business Rates appeals and the impact of this upon the Collection Fund.

RESOLVED –

(a) That the projected financial position of the Authority as at Month 7 of the financial year, as detailed within the submitted report, be noted;

(b) That with regard to the risk that the budgeted level of capital receipts may not be receivable in 2019/20, the progress made to date and the work which is ongoing to identify budget savings proposals that will contribute towards the delivery of a balanced budget position in 2019/20, be noted.

133 Capital Receipts Programme Update and Approval of Future Disposals

The Director of City Development submitted a report providing an update in relation to the Capital Receipts Programme, which sought support for the continued disposal of surplus property assets, and which recommended the disposal of a number of key sites.

Following the consideration of Appendix B to the submitted report, designated as being exempt from publication under the provisions of Access to Information Procedure Rule 10.4(3), which was considered in private at the conclusion of the meeting, it was

RESOLVED –

(a) That the contents of the submitted report, which provides an update on the Capital Receipts Programme, be noted;

(b) That the continued disposal of surplus property assets through the Capital Receipts Programme, be supported, and that the list of properties detailed in Appendix A to the submitted report which are currently scheduled for disposal in the next three years, be noted;

(c) That the schedule of sites, as detailed in Appendix A to the submitted report, be approved as the Council's Capital Receipts Programme of surplus land and property for disposal;

(d) That approval be given to the Director of City Development to enter into formal one-to-one discussions with the Taylor Wimpey and Redrow consortium on the sale of the Council's land in the Southern Quadrant of the East Leeds Extension, and that subject to the outcome of those negotiations, the Director of City Development be requested to bring back a report to Executive Board to either agree the terms of the sale negotiated, or alternatively agree proposals for the sale of the land on the open market;

(e) That separately, but in parallel with resolution (d) above, approval be given for the Director of City Development to negotiate and enter into a collaboration agreement with the Taylor Wimpey and Redrow consortium on the development of a single planning application for the Southern Quadrant of the East Leeds Extension and associated land equalisation issues, in consultation with the Executive Member for Resources and the Executive Member for Climate Change, Transport and Sustainable Development.

(Under the provisions of Council Procedure Rule 16.5, Councillors A Carter and S Golton both required it to be recorded that they respectively abstained from voting on the decisions referred to within this minute)

CLIMATE CHANGE, TRANSPORT AND SUSTAINABLE DEVELOPMENT

134 Climate Emergency Update

Further to Minute No. 202, 17th April 2019, the Director of Resources and Housing submitted a report presenting an update on the progress which had been made since the Climate Emergency declaration by the Council in March 2019. The report also detailed and sought approval of the proposed targets and related actions aimed at achieving the Council's and the city's ambitions in this area.

Members welcomed the submitted report and whilst the progress made in addressing the Climate Emergency by Leeds was acknowledged, the need to continue this ambitious programme of work was highlighted.

The scale of the public consultation undertaken to date, together with the ongoing engagement with a range of sectors and partners was also acknowledged, with emphasis being placed upon the need to continue such an inclusive approach. Members also highlighted the need to continue to make representations to Government about the establishment of further local powers and freedoms to help address this emergency.

Emphasis was also placed upon the importance of meeting the challenge of progressing the climate emergency agenda, whilst at the same time further promoting inclusive growth across the city, in order to continue to support the most vulnerable.

Members reiterated the need to ensure that in addition to working cohesively with partners and the various sectors across Leeds, the Council needed to ensure that the cross-directorate relationships within the Authority worked together to effectively progress this agenda.

In conclusion, it was highlighted that further detailed discussions would be undertaken on the Climate Emergency during the forthcoming 'State of the City' event.

RESOLVED –

(a) That an £800,000 injection of Capital to retrofit 7 Council buildings, be approved;

(b) That the target to move to 100% electricity provided by green sources immediately through entering into a power purchase agreement with the ambition to continually move to more locally produced renewables over the next ten years, be approved;

(c) That the aim to remove payment for the use of staff petrol and diesel cars by 2025, be approved;

(d) That the target to buy only low emission fleet vehicles by 2025, be approved;

(e) That the vision, principles, targets and investment plan for the emerging 'Connecting Leeds' Transport Strategy, be endorsed;

(f) That the 'asks' to national government to support the action required by the government, as summarised in Annex 1 to the submitted report, to achieve 'net zero', be endorsed;

(g) That a report be submitted to the Board in June 2020 regarding the proposed White Rose Forest Strategy for Leeds.

135 Connecting Leeds: A58 Beckett Street Bus Priority Corridor

The Director of City Development submitted a report providing an update on the progress of significant schemes which have made up the 'Connecting Leeds' programme during 2019/20 and which provided details regarding the proposal to establish a bus priority corridor on the A58, Beckett Street.

It was noted that local Ward Councillors were supportive of the proposals detailed within the submitted report.

RESOLVED –

(a) That the progress which has been made since April 2016 in developing proposals for the relevant projects benefiting from 'Connecting Leeds' funding, together with the subsequent public consultation responses, be noted;

(b) That the injection of £14.3m Department for Transport (DfT) funding into the Bus Infrastructure programme transferred from the Rail and Bus packages delivered by the West Yorkshire Combined Authority, be approved, with the potential for future transfers of DfT funding from the Rail and Bus packages being noted, which would be subject to their deliverability within the timescales set by the DfT;

(c) That the expenditure of £14.54m from the 'Connecting Leeds' Capital Programme to carry out detail design and construction of the A58 Beckett Street including York Street, be authorised;

(d) That the injections of S106 Developer contributions of £431,375 for the A58 Beckett Street scheme including York Street, be approved;

(e) That subject to ongoing consultation with the Executive Member as appropriate, it be noted that the Chief Officer, Highways and Transportation will approve the final version of the designs for construction.

136 Surface Access to Leeds Bradford Airport, the North West Leeds Employment Hub and Proposed Airport Parkway Station

The Director of City Development submitted a report, which following the conclusion of a comprehensive public consultation exercise and subsequent review, presented the associated conclusions and made recommendations on the preferred approach to progressing a connectivity and surface access package for Leeds Bradford Airport and the North West Leeds Employment Hub.

Members discussed various factors relating to the revised connectivity strategy, with comments relating to the following:

- The need for the proposals to be ambitious;
- Maximising the use of any potential funding which may become available;
- Prioritising the reduction of congestion and the promotion of the Climate Emergency agenda;

- The provision of parking;
- The aim of any proposals, including the provision of a Parkway Station, to facilitate as seamless access as possible to and from the airport and the North West Leeds Employment Hub;
- The need for public consultation to be undertaken on any such proposals.

Responding to an enquiry regarding current and future rail provision in that area of the city and any proposals relating to the potential development of a Parkway Station, the Board received an update regarding the ongoing dialogue which was taking place with the West Yorkshire Combined Authority, Northern and Network Rail.

In conclusion, in addition to public sector involvement in this process, Members highlighted the key role and contribution of the airport, and emphasised how continued dialogue with the airport, the Government and other partner organisations was key to progressing this matter without delay.

RESOLVED –

(a) That the contents of the submitted report together with the headline consultation responses regarding surface access improvements as detailed at paragraph 3.7 onwards of the submitted report, be noted;

(b) That a revised connectivity package for the airport and employment hub sites be adopted, which is developed to embrace the continued development of the proposed Parkway Station and associated highway linkages between these sites;

(c) That highway connectivity Options A, B and C as previously consulted upon, and as referenced within the submitted report, be discontinued;

(d) That agreement be given to a review of the local highway network being undertaken, including technical feasibility work, in order to understand future connectivity and traffic options and investments that may be required due to the new strategy, with such work to take into account any relevant findings from the connectivity studies undertaken to date;

(e) That agreement be given to further work taking place with the West Yorkshire Combined Authority in order to develop a funding strategy for the revised connectivity proposals, including a business case and delivery mechanisms that ensure the continued forward progress of the parkway station proposals;

(f) That agreement be given for further public engagement to take place during 2020 on the updated proposals, pending the outcome of the development of the feasibility work;

(g) That agreement be given for the Director of City Development to work with the Airport and other significant employers in this part of the city to

create an exemplary travel plan which has enhanced sustainability, carbon reduction and improved public transport connections at its core;

(h) That the Director of City Development be requested to report back on the progress being made on these matters in 2020 upon the completion of further technical due diligence, feasibility work and public engagement.

(Under the provisions of Council Procedure Rule 16.5, Councillor A Carter required it to be recorded that he abstained from voting on the decisions referred to within this minute)

DATE OF PUBLICATION: THURSDAY, 9TH JANUARY 2020

LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS: 5.00PM, THURSDAY, 16TH JANUARY 2020