



SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES) - REMOTE CONSULTATIVE MEETING

Consultative meeting to be held remotely* on
Tuesday, 19th July, 2022 at 1.30 pm

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

MEMBERSHIP

- C Anderson - Adel and Wharfedale;
- S Burke - Middleton Park;
- L Farley - Burmantofts and Richmond Hill;
- J Gibson - Cross Gates and Whinmoor;
- N Harrington - Wetherby;
- C Hart-Brooke - Rothwell;
- M Iqbal - Hunslet and Riverside;
- W Kidger - Morley South;
- A Marshall-Katung (Chair) - Little London and Woodhouse;
- E Taylor - Chapel Allerton;
- E Thomson - Guiseley and Rawdon;

Co-opted Member (Non-voting)

Dr J Beal - Healthwatch Leeds

Note to observers of the meeting: To remotely observe this meeting, please click on the 'To View Meeting' link which will feature on the meeting's webpage (linked below) ahead of the meeting. The webcast will become available at the commencement of the meeting. [Scrutiny Board \(Adults, Health and Active Lifestyles\) Consultative Meeting - 19 July 2022](#)

*This is being held as a remote 'consultative' meeting. While the meeting will be webcast live to enable public access, it is not being held as a public meeting in accordance with the Local Government Act 1972.

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Produced on Recycled Paper

A G E N D A

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1			<p>DECLARATION OF INTERESTS</p> <p>To disclose or draw attention to any interests in accordance with Leeds City Council’s ‘Councillor Code of Conduct’.</p>	
2			<p>MINUTES - 21 JUNE 2022</p> <p>To note for information the draft minutes of the Adults, Health and Active Lifestyles Scrutiny Board meeting held on 21 June 2022.</p>	5 - 12
3			<p>VISITING POLICIES AND PATIENT ADVOCACY WITHIN LOCAL HEALTH CARE AND CARE HOME SETTINGS ACROSS LEEDS</p> <p>To consider a report from the Head of Democratic Services introducing a range of information associated with visiting policies and patient advocacy arrangements within local health care and care home settings across Leeds.</p>	13 - 28
4			<p>MATERNAL HEALTH PROVISION IN LEEDS</p> <p>To consider a report from the Head of Democratic Services introducing a range of information in relation to maternal health and associated service provision in Leeds.</p>	29 - 70
5			<p>WORK SCHEDULE</p> <p>To consider and discuss the Scrutiny Board’s work schedule for the 2022/23 municipal year.</p>	71 - 92
6			<p>DATE AND TIME OF NEXT MEETING</p> <p>Tuesday, 20 September 2022 at 1:30pm (pre-meeting for all Board members at 1:00pm).</p>	

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 named on the front of this agenda.

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- 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, 21ST JUNE, 2022

PRESENT: Councillor A Marshall-Katung in the Chair

Councillors C Anderson, S Burke, L Farley,
J Gibson, N Harrington, M Iqbal, E Taylor
and E Thomson

Non-voting co-opted members

Dr John Beal (after being appointed to the
Board (Minute 8 refers)).

1 Opening Remarks

The Chair opened the meeting, welcoming members of the Board, those presenting items on the agenda, and those observing the meeting in person and via the webcast to the first meeting of the new municipal year, 2022/23, of the Scrutiny Board (Adults, Health and Active Lifestyles).

The Chair also thanked former Board members Councillor Cunningham, Councillor Dowson and Councillor Latty for their contribution to the Board during the previous municipal year.

Before continuing with the formal items of business, members of the Board were invited to introduce themselves.

2 Appeals Against Refusal of Inspection of Documents

There were no appeals.

3 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

4 Late Items

No formal items of late business were added to the agenda, however supplementary information in respect of Item 10 'Sources of Work' had been provided to members of the Committee and would be published to the Council's website. (Minute 10 refers)

Draft minutes to be approved at the meeting
to be held on Tuesday, 19th July, 2022

5 Declaration of Interests

No declarations of interest were made at the meeting.

6 Apologies for Absence and Notification of Substitutes

Apologies had been received from Councillor Hart-Brooke and Councillor Kidger. No substitute members were in attendance.

7 Minutes - 15 March 2022 and 26 April 2022

RESOLVED –

(a) That the minutes of the meeting held on 15 March 2022 be approved as an accurate record.

(b) That the meeting notes of the consultative meeting held on 26 April 2022 be noted.

8 Co-opted Members

The Head of Democratic Services submitted a report which sought the Board's consideration for the appointment of co-opted members in line with the arrangements detailed in the Council's Constitution.

In considering the report, members of the Board were reminded of Healthwatch Leeds' nomination of Dr John Beal as a non-voting co-opted member.

RESOLVED –

That Dr John Beal, representing Healthwatch Leeds, be appointed to the Scrutiny Board as a non-voting co-opted member for 2022/23:

9 Scrutiny Board Terms of Reference

The Head of Democratic Services submitted a report that set out the Board's Terms of Reference for Members' information.

The report also set out details relating to the Health and Care Act 2022. This included some implications for the Council, specifically relating to local authority health scrutiny powers and functions relative to the new Secretary of State intervention powers introduced through the Act.

RESOLVED –

(a) That the Board's terms of reference be noted.

(b) That the likely future impact of the Health and Care Act 2022, as set out in the report and will be reported to the Board in due course, be noted.

10 Local Authority Health Scrutiny

The Head of Democratic Services submitted a report that set out details associated with the discharge of the Board's special responsibility to fulfil the Council's statutory health scrutiny function and scrutinising any matter relating to the planning, provision and operation of local health services.

The report presented:

- (1) The Department of Health guidance 'Local Authority Health Scrutiny' (2014) to support local authorities and partners deliver effective health scrutiny.
- (2) Draft Terms of Reference for the Health Service Developments Working Group – to provide a forum for health partners to present proposed service changes or developments at an early stage to help determine the level of engagement and/or consultation with the Scrutiny Board.
- (3) Details of the West Yorkshire Joint Health Overview and Scrutiny Committee and sought the Boards nomination for two members to serve as the Board's representatives on the Joint Committee for 2022/23.

RESOLVED –

- (a) That the content of this report, alongside the associated appendices, information and guidance presented, be noted.
- (b) That the re-establishment of the Health Service Developments Working Group, in line with the Terms of Reference as presented at Appendix 2, be agreed.
- (c) That Councillor Marshall-Katung and Councillor Harrington be appointed as the Board's representatives to serve on the West Yorkshire Joint Health Overview and Scrutiny Committee (JHOSC) for the municipal year, 2022/23.
- (d) That the existing JHOSC arrangements as detailed in the report, and that may be subject to further review and amendments as a result of the local implementation of the Health and Care Act 2022, be noted.

11 Sources of work for the Scrutiny Board

The Head of Democratic Services submitted a report on potential sources of work and areas of priority within the Board's terms of reference. The following information was appended to the report:

- The Best City Ambition

Draft minutes to be approved at the meeting
to be held on Tuesday, 19th July, 2022

- Leeds Health and Wellbeing Strategy (2016-2021)
- A summary of the Council's 2022/23 budget proposals relevant to the remit of the Scrutiny Board (Adults, Health and Active Lifestyles).

The following were in attendance:

- Councillor Fiona Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Councillor Salma Arif, Executive Member for Public Health and Active Lifestyles
- Cath Roff, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Shona McFarlane, Deputy Director, Social Work and Social Care Service
- Steven Baker, Head of Active Leeds
- Rob Newton, Associate Director of Policy and Partnerships, Leeds Teaching Hospitals NHS Trust
- Joanna Forster Adams, Chief Operating Officer, Leeds and York Partnership NHS Foundation Trust
- Dr Lucy Clement, Liaison Officer, Leeds Local Medical Committee representative

Apologies had been received from Councillor Helen Hayden, Executive Member for Infrastructure and Climate.

NHS Leeds Clinical Commissioning Group and Leeds Community Healthcare NHS Trust had also sent apologies, with no suitably senior representatives available to attend. Board members expressed their disappointment in this regard.

The Chair invited those present to introduce themselves, then to outline key issues and potential areas of work for the Scrutiny Board to undertake during the current municipal year.

In summary, the following key areas were highlighted as potential areas of focus:

- Continued oversight of the Integrated Care System development and progression.
- Impact of the cost of living crisis.
- The health and housing breakthrough project linked to the Best City Ambitions.
- Health inequalities – including a specific focus on gypsy and travellers' health outcomes.
- Implications of the commitment to Leeds becoming a Marmot city.
- Exploring barriers to accessing the Council's Leisure Centres.
- Social Care reform – including fair cost of care reform, charging reforms, and the re-introduction of the Adult Social Care inspection regime
- Introduction of the Liberty Protection Safeguards.
- Health impact of climate change.

- Learning from COVID and the Council's long-term trusted relationship with its communities
- Elective (planned) care recovery within health services – waiting lists and waiting times.
- Non-elective (emergency) care and patient flow.
- LTHTs new hospitals programme.
- Responding to and managing increases and changes in demand for mental health services – for example adolescent eating disorders and primary care referrals.
- Workforce Strategy – including workforce challenges, wellbeing and diversity.
- The role of health estate and investment in estate in providing the right care in the right place for patients
- Health equity in physical and mental health.
- Targeted accessibility to mental health services.
- Using patient experience within services.
- Capacity and access to GP services and the relationship between primary and specialist (secondary) care services.
- Service access criteria and expedite letters.
- The Council's Physical Ambition
- Active travel
- Engagement with the Care Quality Commission as the health and care regulator.
- Focusing on specific areas of influence and outcomes.
- Supporting people to maintain a healthy diet and healthy weight.
- Specific neurodiversity mental health pathways.

The Chair thanked those present for their input and contributions to the discussion.

RESOLVED –

That the contents of the report and the suggested areas of work, as set out above, be noted.

Following consideration of this item, there was a short adjournment at 2:42pm. The meeting recommenced at 2:50pm.

Councillor Iqbal left the meeting following consideration of this item.

12 Performance Update

The Director of Adults and Health, the Director of Public Health and the Director of City Development submitted a joint report that provided a summary of performance information within the remit of the Scrutiny Board, covering Adult Social Care, Public Health and More Active Lifestyles

The following were in attendance:

- Councillor Fiona Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Councillor Salma Arif, Executive Member for Public Health and Active Lifestyles
- Cath Roff, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Shona McFarlane, Deputy Director, Social Work and Social Care Service
- Steven Baker, Head of Active Leeds
- Anna Frearson, Consultant in Public Health – Healthy Living and Health Improvement
- Janice Burberry, Head of Public Health (Children and Families)
- Rob Wood, Intelligence and Policy Manager, Adults and Health

In considering the performance details presented, the Board discussed a number of matters in more detail, across Adult Social Care, Public Health and More Active Lifestyles, including the following:

Adult Social Care

- The not unexpected, negative impact of COVID on many performance areas across Adult Social Care, while recognising comparative and benchmarking data will not be available until October 2022.
- The re-set of services for carers to help encourage uptake.
- Understanding and communicating the social care offer within some communities across Leeds.

Public Health

- Performance data starting to demonstrate the emerging impact of COVID across a range of public health measures, including life expectancy overall and across specific groups.
- General worsening of performance across population health indicators, alongside significant increases in the prevalence of severe mental health within adults, with the increased prevalence of obesity within Reception aged children being the starkest change on record.
- Activities related to healthy weight across all age ranges, the Council's healthy weight declaration and associated action plan.
- The health inequalities gap between least deprived communities and most deprived communities in Leeds and the general disproportionate impact of COVID in more deprived areas.
- Improvements within operational service performance, including the increase in the number of NHS Health Checks completed.

More Active Lifestyles

- Encouraging recovery across Active Leeds, with levels of activity rates near, and in some cases exceeding, pre-COVID levels. Performance levels also compared well against other local authorities locally, regionally and nationally.

- Recovery to pre-COVID activity levels currently slower within deprived communities and groups, also highlighting the inequalities between some of the least deprived communities and most deprived communities in Leeds.
- Levels of active gym memberships and physical activity as part of the social prescribing offer.
- The range of barriers that may impact on people being physical activity.

At the end of the discussion, the Chair thanked those present for their input and contributions to the discussion.

RESOLVED –

That the contents of the report be noted.

13 Work Schedule

The Head of Democratic Services submitted a report that presented a draft work schedule for the municipal year, 2022/23. Reflected in the work schedule were known items of scrutiny activity, such as performance and budget monitoring, as well as other areas of work recommended for progression by the former Scrutiny Board at the end of the previous municipal year, 2021/22.

In presenting the report and draft work schedule for 2022/23, the Principal Scrutiny Adviser reflected on the Board's wide-ranging remit, the number of partner and stakeholder organisations within scope and the earlier contributions and discussion on areas which the Board could focus on during 2022/23 – advising that many areas could be considered under the following broad themes:

- Health Inequalities
- Workforce
- Mental Health

There was general agreement around the identified themes, alongside the evolving partnership arrangements resulting from the future establishment of Integrated Care Boards and associated place-based arrangements.

RESOLVED –

That the Chair liaises with the Principal Scrutiny Adviser to consider how best to prioritise and incorporate identified areas of work into the work schedule, with a view to bringing an updated version to the Board's next meeting for consideration and approval.

14 Date and Time of Next Meeting

Tuesday, 19 July 2022 at 1:30pm (pre-meeting at 1:00pm)

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Review of visiting policies and patient advocacy within local healthcare settings and care homes

Date: 19 July 2022

Report of: Head of Democratic Services

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

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

- During the previous municipal year, the Scrutiny Board (Adults, Health and Active Lifestyles) identified reviewing the visiting policies and patient advocacy arrangements within local healthcare settings and care homes as a specific topic for consideration by the successor Board.
- This report and appendices presents a range of details provided by health and care providers and other partner contributions across Leeds, including:
 - Leeds City Council Adults and Health Directorate: Public Health and Integrated Commissioning
 - Leeds Teaching Hospitals NHS Trust (LTHT)
 - Leeds and York Partnership Foundation NHS Trust (LYPFT)
 - S Leeds Community Healthcare NHS Trust (LCH)t Gemma's Hospice
 - Sue Ryder Wheatfields Hospice
 - Martin House Children's Hospice
 - Leeds Care Association
 - Carers Leeds
 - Healthwatch Leeds

Recommendations

Members are asked to consider the details presented in this report and the associated appendices and determine any specific further scrutiny activity.

What is this report about?

- 1 During the previous municipal year, the Scrutiny Board (Adults, Health and Active Lifestyles) identified reviewing the visiting policies and patient advocacy arrangements within local healthcare settings and care homes as a specific topic for consideration by the successor Board.
- 2 In compiling this report, partner organisations were specifically asked to provide an outline of:
 - Current policies and procedures in place around visiting and patient advocacy – specifically including the current use and role of technology (such as video conferencing).
 - Processes for changing visiting and patient advocacy policies and procedures if/when infection control and protection guidance dictates.
 - Collaboration across the health and care system to help simplify visiting and patient advocacy policies and procedures for patients and their families or carers, helping them navigate different arrangements across the local health and care system.
- 3 Appended to this report, are details provided by a range of details provided by health and care providers and other partner contributions across Leeds, specifically:
 - Leeds City Council Adults and Health Directorate: Public Health and Integrated Commissioning
 - Leeds Community Healthcare NHS Trust (LCH): Infection Prevention & Control Team (IPC)
 - Leeds Teaching Hospitals NHS Trust (LTHT)
 - Leeds and York Partnership Foundation NHS Trust (LYPFT)
 - St Gemma’s Hospice
 - Sue Ryder Wheatfields Hospice
 - Martin House Children’s Hospice
 - Leeds Care Association
 - Carers Leeds
 - Healthwatch Leeds

What impact will this proposal have?

- 4 The details presented in this report and the associated appendices will assist the Scrutiny Board in examining in more detail a specific aspect of health and care services in Leeds, identified by the former Board in 2021/22.
- 5 This report also assists the Scrutiny Board in its discharge of its health scrutiny functions, a special responsibility delegated to the Scrutiny Board by Council.

How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing

Inclusive Growth

Zero Carbon

- 6 The terms of reference of the Scrutiny Board promotes a strategic and outward looking Scrutiny function that focuses on best city objectives. The Scrutiny Board also has special responsibility for discharging the Council's statutory health function, which includes any matters associated with the planning, delivery and operation of local health services.
- 7 Considering the details within this report and its appendices helps the Scrutiny Board fulfil its responsibilities to discharge its general and specific responsibilities.
- 8 Details within this report and its appendices also form part of the delivery of health and care services across Leeds that directly impact on the health and wellbeing of Leeds citizens and its communities.

What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted? Yes No

- 9 Any specific consultation and engagement arrangements associated with establishing and reviewing visiting policies and patient advocacy arrangements, are the responsibility of the health and care organisations that have provided the details within this report and appendices.
- 10 In considering the information presented in this report, the Scrutiny Board may wish to consider the levels of involvement, engagement and consultation undertaken by the appropriate health and care bodies.

What are the resource implications?

- 11 There are no specific resource implications associated with providing these details to the Scrutiny Board. Any proposed recommendations identified by the Scrutiny Board may have resource implications that require a full assessment.

What are the key risks and how are they being managed?

- 12 There is a requirement on the Council's Scrutiny Officer to annually report to Council on how the authority has carried out its overview and scrutiny functions, as set out in Article 6 of the Council's Constitution.
- 13 Presenting the details within this report and its appendices, supports delivery of the Scrutiny Board's annual work schedule for 2022/23 and will assist in presenting the Scrutiny Annual Report for 2022/23 to Council.

What are the legal implications?

- 14 There are no specific legal implications associated with this report and its appendices. Any proposed recommendations identified by the Scrutiny Board may have legal implications that require a full assessment.

Options, timescales and measuring success

What other options were considered?

- 15 The details in this report and its appendices have been provided on the request of the Scrutiny Board. No other options have been considered.

How will success be measured?

- 16 The Scrutiny Board is recommended to consider the details presented in this report and its associated appendices and determine any further specific scrutiny activity.
- 17 There is also a requirement on the Council's Scrutiny Officer to annually report to Council on how the authority has carried out its overview and scrutiny functions, as set out in Article 6 of the Council's Constitution.

What is the timetable and who will be responsible for implementation?

- 18 The details in this report and the appendices presents factual information from a range of partners across Leeds' health and social care system. As such, there are no associated implementation requirements at this stage.
- 19 Any further activities and/or proposed recommendations identified by the Scrutiny Board may require a full assessment prior to implementation.

Appendices

- Visiting policies and patient advocacy within care homes – Appendix 1.
- Care Home Covid-19 Outbreak Guidance (NHS-LCH) – Appendix 2.
- Visiting policies and patient advocacy within Leeds Teaching Hospitals NHS Trust – Appendix 3
- Summary of details received from other in-patient health care providers in Leeds – Appendix 4
- Healthwatch Leeds submission – Appendix 5

Background papers

- None

Visiting policies and patient advocacy within care homes

1 **Current policies and procedures in place around visiting and patient advocacy – specifically including the current use and role of technology (such as video conferencing).**

- 1.1 The current guidance on visiting in care homes is that it should be encouraged and facilitated and there should be no restrictions, although some modifications will be required where a care home has an outbreak of Covid 19. Every care home resident should be able to have one visitor who can visit in all circumstances, including during periods of isolation and outbreak, and end-of-life visits should always be facilitated. The current policy and guidance is below:

[COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/781217/COVID-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care-2020-05-20.pdf)

[Summary of changes to COVID-19 guidance for adult social care providers - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/781217/COVID-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care-2020-05-20.pdf)

- 1.2 From the start of the pandemic care home managers and staff have been advised of the policies and procedures relating to visiting and advocacy. Policy and guidance on visiting changed on a number of occasions in response to the various phases of the pandemic. Throughout this time care homes have been supported by the Council's Public Health service and Leeds Community Healthcare's Infection Prevention and Control (IPC) Team to interpret and implement the national guidance. Specific and targeted advice and support have been provided to care homes when they have had an outbreak of an infection.
- 1.3 During the pandemic, care homes were invited to apply to NHSX (NHS Digital services) for iPads and a large number of care homes in Leeds were able to access one to add to their own technology already in place. These were initially provided with the aim of encouraging and supporting video conferencing with GPs and other health professionals, but they were also configured by NHSX so that they could be used by residents to maintain contact with family members and friends, and to support wellbeing activities with residents for example, with reminisce work or access to music. Some homes had been doing this prior to the pandemic, especially with families overseas, but with the addition of the NHS iPads and due to the pandemic the usage increased.
- 1.4 The Leeds 100% Digital Team ran training sessions with Barclays Digital Eagles for care home staff during the pandemic covering a range of IT related subjects. Feedback indicated that staff felt much more confident in using the technology to undertake a wide range of activities, especially supporting residents and families to make use of the technology following the training. Overall, the use of technology, including video conferencing, increased in most care homes dramatically during the pandemic and this remains the case.

2 **Processes for changing visiting and patient advocacy policies and procedures if/when infection control and protection guidance dictates.**

- 2.1 The Council's Public Health service leads the work programme across all health and care organisations to ensure a timely and consistent response to outbreaks of infection.

The multi organisational group prioritises its work in relation to those people most susceptible to infection, including people who are resident in care homes.

- 2.2 At the start of the Covid-19 pandemic, systems were established to ensure changes to any guidance, including guidance on visiting, that was being issued by NHS England and the Department of Health and Social Care, was disseminated to and discussed with key partners. This was in order to ensure there was clear interpretation and understanding of the guidance and its implications across the wider health and care system, and our respective roles and responsibilities in the implementation of the guidance. This work has been led by the Health Protection Team (HPT) within Public Health and has included input from the IPC Team, NHS Leeds CCG, Healthwatch Leeds, the Third Sector and Adult Social Care and Commissioning Teams. This has been particularly important in relation to visiting arrangements as the guidance has frequently changed as the pandemic has evolved, including following increased knowledge and awareness or changing circumstances, such as the wider availability of testing and the rollout of vaccination programme.
 - 2.3 From the start of the pandemic, there has been clear and timely health protection and infection prevention and control advice provided directly to care home managers and staff. As a result of this work and an increased focus on infection prevention and control, care homes are now well prepared to rapidly respond to other infections and limit the spread and impact as much as possible whilst at the taking a more proportionate approach to supporting and facilitating visiting.
 - 2.4 Throughout the pandemic visiting arrangements have been discussed with care homes in accordance with guidance from Central Government. Locally risk assessments have been used to ensure any restrictions are minimised, balancing safety with the wellbeing of all residents.
 - 2.5 The processes for working with and supporting care homes in relation to infection prevention and control are now well-embedded and this provides a mechanism for any future changes to government guidance, policy or practice to be discussed with care home providers.
- 3 Collaboration taking place across the health and care system to help simplify visiting and patient advocacy policies and procedures for patients and their families or carers, helping them navigate different arrangements across the local health and care system.**
- 3.1 Early on in the pandemic, city-wide Gold, Silver and Bronze Command Groups were set up as part of the health and care system response. This included a Care Homes Silver Command group and a Support to Care Homes and Care Providers Bronze Command group. The Silver meetings included representation from care home providers, Healthwatch Leeds, and Carers Leeds as well as NHS organisations and the Adults and Health Directorate. One of the key areas of focus and robust discussion was in relation to visiting arrangements and advocacy for care home residents especially after the strict lockdown measures began to ease.
 - 3.2 The Health Protection Team played a key role in system wide regular Care Home Silver and Bronze meetings ensuring the regularly updated national guidance was interpreted into useful guidance for care homes particularly once visiting was re-introduced. On behalf of the Director of Public Health, the HPT communicated the Covid 19 infection rates to care homes across the city enabling them to adequately risk assess their current visiting policies.

- 3.3 The Bronze Group in its role of providing support to care homes was the pivotal multi agency forum for the distribution of guidance including visiting guidance across adult social care. The group had representation from CCG, IPC, Public Health, and adult social care and, once visiting began again providers and the third sector. This allowed the group to look at the range of guidance, from Government, professional bodies, various care associations and advocacy groups, collate, discuss and where possible simplify that guidance to provide a consistent and clear Leeds message. That message was to safely promote visiting wherever possible, and to promote Essential Care Givers and End of life visiting. The multiagency nature of the group ensured that the message was understood and promoted by all partners and communicated to both providers and families and friends. Part of the work included the creation of an essential carer poster by the IPC Team in July 2021 (see Appendix 2).
- 3.4 From the on-set, a regular bulletin was issued to all care and support providers across the City, initially being circulated twice a week, containing the latest policy and practice guidance and advice with a primary focus on maintaining the safety and wellbeing of people receiving the care and support services. This information along with other guidance and best practice from across the system were then distributed via the Care Quality Team website (part of the LCC web site), tweets on social media accounts and ad hoc “virtual coffee” sessions for providers. The bulletin continues to be issued now on a fortnightly basis and covers topics such as good practice in relation to facilitating visiting when a care home has a Covid 19 outbreak.
- 3.5 As the pandemic progressed a Task and Finish ‘Visiting in Care Homes’ group was set up jointly chaired by Healthwatch Leeds and the Adult & Health Older People’s Commissioning Team. This group linked into a range of national advocacy work such as that of the Relatives and Residents Association and Rights for Residents and this subsequently informed the approach taken with care homes in Leeds. The group was actively attended by Carers Leeds, care home representatives, family members of service users, Public Health, CCG, IPC Team and initially CQC. Among a range of actions to promote visiting, the group helped develop a link on the Care Quality Team website specifically to provide information to family/carers and friends about their rights in terms of visiting and what to expect when visiting a care home. This was very useful to families but was also available to providers, so all stakeholders were aware of the consistent messages informed by the national work and referencing to their materials as a single point of information.
- 3.6 Through Task and Finish group Healthwatch Leeds colleagues produced a number of leaflets for care homes to provide directly to friends and families, being mindful that not everyone visiting care homes has access to the internet and e-mail. Links to these documents and additional information were placed on the Care Quality team (LCC) website with the links being sent out by both Carers Leeds, Leeds Care Association, the Adult Social Care provider bulletin, and social media to try and maximise coverage.
- 3.7 The health and wellbeing of care home residents has always been of paramount importance when balancing the risk of infection and the implementation of national policy. The approach of working closely with friends and family advocacy groups has brought a balance to visiting, providing clarity to both providers and families on the need for visiting and the importance of wellbeing being promoted. It has also enabled identification and sharing of best practice in terms of visiting both from care homes in Leeds and from national work.

Care home COVID19 outbreak visiting

Current guidance* recommends risk assessed visits should continue during an outbreak such as pod, window, garden, end of life



A nominated essential care giver is a visitor who:

- Has a personal relationship with the resident.
- Provides companionship and/or personal care to the resident.
- Is central to the health and wellbeing of the resident.
- Provides support (and the resident may deteriorate without it).



Essential care givers may visit the resident in all circumstances including during a COVID19 outbreak (unless the resident or essential care giver is COVID19 positive).

Contact the Infection Prevention and Control (IPC) Team if you would like support with your visiting risk assessments (or other IPC queries):

0113 843 4511 infectioncontrolleeds@nhs.net

*www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes

Visiting policies and patient advocacy within Leeds Teaching Hospitals NHS Trust

1. Visiting policies and changes during the Covid-19 pandemic

Governance and changes to guidance

- 1.1. Leeds Teaching Hospitals NHS Trust has kept visiting arrangements under constant review throughout the pandemic. The Trust has sought to maximise visiting where possible, recognising the significant emotional, social and advocacy benefits which visiting brings to inpatient settings. Throughout, these benefits have had to be assessed against the risks to individual patients, other patients within hospital, staff and broader community spread of Covid-19. The restrictions have been adjusted based on the local transmission rates, the number of hospital onset Covid cases within the Trust and national guidance from NHS England. NHS England have continually published guidance and principles for infection prevention and control and visiting arrangements. These have been followed by LTHT throughout. Decisions and matters of interpretation on visiting policies have been made by a Trust-wide clinical governance group which has membership including the Chief Medical Officer and Chief Nurse.
- 1.2. As restrictions have been relaxed, this has often been trialled in a select number of wards in order to test ways of working and establishing potential increased risks of transmission.
- 1.3. Visiting policies within acute settings have been compared across West Yorkshire via the West Yorkshire Association of Acute Trusts (WYAAT) network. Common principles have been shared, but standardised restrictions have not been possible across all acute settings. This is due to a number of factors, including the risks associated with ventilation in buildings, the physical space on different wards, the acuity of patients and the clinical vulnerability of patients (for example, as a tertiary centre LTHT has more patients who are immunocompromised or extremely clinically vulnerable).

Current visiting policy

- 1.4. The current visiting policy in LTHT is available on the Trust website: <https://www.leedsth.nhs.uk/patients-visitors/patient-and-visitor-information/visiting-times/>
- 1.5. At the time of writing, the most recent update to visiting restrictions was made at the end of May 2022, with a reintroduction of more visiting on all wards across the Trust. During the pandemic there have been special arrangements for visitors for patients with end of life care needs, children and maternity services. As there has become less restrictions on visiting, clinical teams have been encouraged to make risk assessments and judgements on visiting restrictions for individual patients and ward areas.

2. Initiatives for involvement of families and patient advocacy during visiting restrictions

Interpreting services

- 2.1. The Covid-19 pandemic significantly altered options for spoken language face-to-face interpreting, and increased staff and patient confidence in methods of interpreting other than using a face to face interpreter.

- 2.2. Restrictions which reduced the number of people in clinical areas, except in essential situations, meant that staff were required to adopt telephone or video interpreting to their patient consultations. Demand for this grew, as teams experienced video and telephone interpreting provision which do not require pre-booking, are available on demand and, in most cases, work effectively.
- 2.3. The interpreting team worked with a contracted provider to introduce 'interpreters on wheels' into the Trust (i-pads on wheels which support video and telephone interpreting calls). They supported the inclusion of a video interpreting app on i-pads on every ward in the Trust and have also supported the development of a process which ensures that it is possible for patients receiving a planned video consultation to have an interpreter present on the call.
- 2.4. These changes have resulted in improvements in patient experience and efficiency benefits. The number of assignments taking place has risen, as staff recognise the advantages of being able to talk to their patients using video or telephone methods on demand. This means patients are receiving an improved experience and are having more conversations in their native language. However, costs associated with this have been much lower, in line with the shift away from pre-booking face to face interpreters. Cost reduction has also been influenced by a reduction in short notice cancellation fees associated with face to face services.

Sign language interpreting and support for the d/Deaf and Hard of Hearing community:

- 2.5. During the pandemic the Trust received feedback on the inpatient experiences of d/Deaf people, which included reporting loneliness associated with the lack of interaction using their preferred method of communication. In response to this, the Trust worked with a contracted BSL provider to enable d/Deaf patients to connect with interpreters through a new Befriending Service, which was delivered via an app on ward devices. The interpreters where needed could also share key messages with ward staff to improve the care for the patient.
- 2.6. Feedback was additionally used to support the development of a staff training video, highlighting considerations to be take into account when caring for a person who is deaf or hearing impaired.
- 2.7. For people who lip read, work has taken place nationally to identify face masks which are safe to be used clinically, following feedback on how difficult face coverings have made communication for some patients. It had taken some time for a mask to be identified as suitable, however this has now been achieved and they are in place.

Letters to Loved Ones

- 2.8. Letters to Loved Ones was initiated by the LTHT Patient Experience Team in April 2020 and enabled family, carers and friends to write letters to patients who were in the care of the Trust whilst visiting restrictions were in place. The scheme continues today. The Patient Experience team supported by Trust volunteers, print the letters, and deliver them to patients on the wards. It has been well received by patients, families and staff across the Trust with around 4,000 letters delivered to date.

Talking to Loved Ones

- 2.9. The Patient Experience team sourced a supply of iPads which were configured with a video calling app called JusTalk and were distributed to all wards. The iPads were a source of support during the height of the pandemic as they enabled patients, with the support of staff, to video call their friends and families, which helped them stay connected.

2.10. Leeds CCG and Carers Leeds have supported funding Carer Support Workers to provide support and advice to carers in the Trust, as well as providing support to Trust staff in providing a better experience for carers. A support worker has now been recruited to the 0.66 WTE post by Carers Leeds and began work in the Trust from the beginning of June 2022. Carers Leeds support workers received 200 referrals between August 2021 and April 2022 to support carers of patients in the Trust.

Summary of details received from other providers of in-patient health care in Leeds

(1) Provide an overview of the current policies / procedures in place around visiting and patient advocacy – specifically including the current use / role of technology (such as video conferencing).	
Leeds and York Partnership NHS Foundation Trust	Throughout the pandemic we have updated our visiting guidance in line with NHSE’s changes. This consists of a set of guiding principles which services can then use to develop local procedure to reflect the individual needs of their service user population. The most up to date version can be found on intranet for staff and on the public facing website here https://www.leedsandyorkpft.nhs.uk/advice-support/wp-content/uploads/sites/3/2022/06/Visiting-guidance-June-2022.pdf . We also circulate the guidance in staff briefings.
Leeds Community Healthcare NHS Trust	<p>The Infection Prevention and Control (IPC) Team at Leeds Community Healthcare NHS Trust (LCH) have followed national guidance around visiting. The Trust only has one in-patient unit – Hannah House – which provides respite care for children with long term and complex needs. Normally, due to the nature of providing respite care, there is limited/ reduced footfall around visiting at Hannah House – as parents take a break from caring responsibilities. However, if there was a need for parents to visit, a digital approach will have been considered but essentially, as a children’s unit, nothing changed during COVID.</p> <p>The Trust does not have any other in-patient units; however, the Trust did support Care Homes, specifically when managing an outbreak. Ultimately, decisions in relation to visiting were made by the care home managers with support and specialists expertise provided around IPC.</p>
St Gemma’s Hospice	<p>St Gemma’s currently has open visiting for families/friends for all in-patients. They can stay overnight if a patient is thought to be close to death, as there is space in each of the individual rooms for one person to stay or a number of people to sit. A letter is given to every patients’ family on their admission to welcome them to the unit and to outline visiting and use of PPE.</p> <p>St Gemma’s has a strong emphasis on personalisation of care, working closely with the patient and their loved ones to meet their needs. If advocacy is required we have a team of social workers (Family Support Team) who can support families and who would support the ward staff to access an IMCA if required.</p> <p>We have used video conferencing when necessary – when visiting was restricted in the early phases of the pandemic or where family are abroad – but the requirement is lower now that visiting is open.</p>
Sue Ryder Wheatfields Hospice	Currently we have open visiting but maintain restrictions on the number of people in a patient's room at any one time. We also encourage visitors to come after 12:00pm if possible to allow for personal care / clinical review to take place. Visitors no longer have to test or book appointments. We will always discuss individual circumstances and put the patients best interests at the heart of any decision we make. We have always tried to support patients in the use of digital technology especially when our restrictions were more stringent.
Martin House Children’s Hospice	As a children’s hospice, we have allowed visitors throughout the pandemic and would always intend to do so. Following some engagement with families at the start of the pandemic, it became clear that parents simply would not use the hospice if they were unable to stay with their children. Where families were shielding and anxious about coming to the hospice, our medical and Clinical Nurse Specialist (CNS) teams did occasionally use video conferencing technologies to link with families and young people.

(2) Provide an outline of the process for changing visiting and patient advocacy policies/ procedures if/when infection control and protection guidance dictates.	
Leeds and York Partnership NHS Foundation Trust	Throughout the pandemic we have updated our visiting guidance in line with NHSE's changes. Changes to our visitor guidance was signed off at Silver Command. Updated versions to the guidance were made available on the intranet for staff and on the public facing website. We also circulated the guidance during staff briefings.
Leeds Community Healthcare NHS Trust	National guidance around visiting was followed and support provided via the Trust's Infection Prevention and Control (IPC) Team to internal services and care homes across the city. Hannah House provides respite care for children with long term and complex needs. If there was a need for parents to visit, a digital approach will have been considered but essentially, as a children's unit, nothing changed during COVID.
St Gemma's Hospice	Throughout the pandemic the senior clinical team (including staff from all clinical services) have met at least weekly (more often in the first phase) to agree any changes to visiting which is then shared with the wider clinical team and support staff (inc. reception, house-keeping, facilities etc). Visiting is a standard agenda item so has been reviewed every week since March 2020. This includes any restrictions on visiting for Covid +ve patients (or any other isolated patients). Advocacy arrangements have not changed, with all patients having access to support where needed – this includes in our community service.
Sue Ryder Wheatfields Hospice	During the height of the pandemic the senior management team met weekly to discuss all aspects of restrictions, including visiting. We always advised patients / carers to discuss any issues with the nursing team who were given support to be flexible with the restrictions to best meet the complex needs of the patients. Including - but not restricted to those at the very end of life. Sue Ryder nationally also met weekly to advise of restrictions, we had close contact with our local IPC provider at all times. This now happens bi-weekly as restrictions are lessening.
Martin House Children's Hospice	The process for changing visiting has been to respond to central guidance with an organisation-specific risk assessment and reissue of care guidance to our teams. That said, our visitor guidance has not been at any point restrictive of parents staying with their children.
(3) Provide an outline of collaboration across the health and care system to help simplify visiting and patient advocacy policies and procedures for patients and their families / carers and to help them navigate different visiting and patient advocacy policies and procedures across they local health and care system.	
Leeds and York Partnership NHS Foundation Trust	Early on in the pandemic LYPFT did reference LTHT guidance as a template for the level of detail included. In addition, LYPFT worked with all system partners to support the pandemic response. Examples of this included: <ul style="list-style-type: none"> • Leeds Health Protection Board • Leeds Vaccination Programme – we provided clinical leadership for the vaccine bus and various pop-ups • Leeds collective outbreak response meetings LYPFT is currently working with LCH and LTHT to create a more flexible offer to the workforce for flu and covid vaccination so that staff can gain easier access in a timely way.

(3) Provide an outline of collaboration across the health and care system to help simplify visiting and patient advocacy policies and procedures for patients and their families / carers and to help them navigate different visiting and patient advocacy policies and procedures across they local health and care system.	
Leeds Community Healthcare NHS Trust	Infection Prevention and Control (ICP) collaborative support has been provided specifically to care homes with representation at Care Home Bronze meetings. This has been often difficult to navigate, ensuring optimum patient safety is provided at all times. Daily contact has been provided to care homes when experiencing an outbreak and an enhanced training package has been provided from a specific IPC Clinical educator. Drop-in virtual sessions were held via the Echo platform at St Gemma's delivering IPC training / support during 2020/21 to help support care home staff. The Trust is now in a position to support care homes with implementation of RESTORE ¹ with the first Cohort starting in June 2022
St Gemma's Hospice	As an independent and 'small' organisation we have been able to be less restrictive than many other providers in the system. Although we have not aligned ourselves with other organisations' visiting policies due to the level of restrictions this would cause, we ensured that all those affected by our decisions were aware of our current position – so we routinely let Wheatfields and the acute Trust – LTHT – know of our current visiting status. This enabled them to have discussions with patients and/or their team to inform them of our current position (it was routinely cited by families as a reason to accept or decline a Hospice bed).
Sue Ryder Wheatfields Hospice	While we always do our best to work collaboratively across the system in all matters, we are also part of a national organisation and have to work with the policies and guidelines of Sue Ryder. We acknowledge that this has at times made things difficult for patients and relatives but have always tried to mitigate this with good communication of our restrictions and the reasons for these.
Martin House Children's Hospice	Our policies have been Martin House specific and, while we have shared information with colleagues, guidance has not been brought in line/"simplified" within our area. As a Children's Hospice, we are a unique organisation who service a very large footprint across West, North and East Yorkshire. We feel that it is vital to families who use us that we maintained an approach of compassion within the context of many of our caseload being children receiving End of Life care. We have often been much more willing to enable visitors to be present. Indeed, one family was discharged from a local hospital during the pandemic in order that visitors could attend the hospice to see the child in the end stages of life.

¹ RESTORE is a training package to help staff in care homes look for the soft signs of deterioration that could potentially lead to sepsis.

Healthwatch Leeds Submission

Care Home Visiting Working Group - 5 key messages

June 2022

Although the cross-sector working group chaired by Healthwatch Leeds has recently stopped meeting for now, we've agreed on 5 key messages that we want the city to hear around care home visiting. These could equally apply to hospital settings.

1. To learn from the past two years so that visiting restrictions are always proportionate and never happen again to the extent that they cause more harm than good.
2. We want care homes to return to 'business as usual' where unrestricted visiting and family contact is seen as central to residents' wellbeing and sense of home.
3. Families often play an integral part in supporting their relatives in care and visiting should be seen in this context. They should be seen as important a part of the care as that provided by the care home. Families provide practical and emotional support and informal advocacy. But more importantly, they contribute to a person's quality of life and wellbeing and bring meaning and purpose to their lives. They also act as a reference to their lives and memories before they were in a care home (particularly important for the 70% people living in care homes who have dementia).
4. Get the messaging from Public Health right as a city, especially going into winter with the risk of another wave or pandemic.
5. It is important that monitoring around visiting is maintained, to ensure that care homes are complying with current guidance.

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Maternal health provision in Leeds

Date: 19 July 2022

Report of: Head of Democratic Services

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

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

- During its meeting in April 2022, the previous Scrutiny Board (Adults, Health and Active Lifestyles) discussed proposals to utilise the July Scrutiny Board meeting to receive an update on maternal health provision, including:
 - An update on the Leeds Maternity Strategy work;
 - The current position of the Leeds Fertility IVF service; and,
 - The implications of the Ockenden Review findings and how any recommendations are being taken forward across the local maternity system in Leeds.
- This report sets out details to provide a maternal health provision update.

Recommendations

Members are asked to consider and note the details presented in this report, the associated appendices and discussed at the meeting, recommending any specific further scrutiny activity to the Scrutiny Board (Adults, Health and Active Lifestyles).

What is this report about?

- 1 During the previous municipal year, the Scrutiny Board (Adults, Health and Active Lifestyles) identified the July Scrutiny Board meeting to receive an update on maternal health provision, including an update on the Leeds Maternity Strategy work; the current position of the Leeds Fertility IVF service; the implications of the Ockenden Review findings and how any recommendations are being taken forward across the local maternity system in Leeds.

Leeds Maternity Strategy

- 2 In March 2021, the Adults, Health and Active Lifestyles Scrutiny Board had received a report on women's health in Leeds, which included a focus on maternal health and referenced the work being undertaken by the Maternity Strategy Programme Board to refresh the Leeds Maternity Strategy based around the following five key priorities

- Preparation for parenthood;
- Personalised care;
- Perinatal mental health;
- The maternity reconfiguration; and
- Reducing health inequalities.

Leeds Fertility IVF service

- 3 During this same meeting in March 2021, the Board also considered a report on the Leeds Fertility IVF service which included proposals to explore and test the market for opportunities to grow and sustain the service in light of a changing competitive market in Leeds.

Ockenden Report (2022)

- 4 In March 2022, the [final report](#) into maternity services at Shrewsbury and Telford Hospital NHS Trust was published. Referred to as the Ockenden Review, the report covers a review of services spanning the period from 2000 to 2019. The review was originally commissioned by the then Secretary of State for Health Jeremy Hunt MP at the end of 2016, with Donna Ockenden being asked to lead the review, which in the summer of 2017, comprised 23 families. Emerging findings and recommendations were published in the [first report](#), in December 2020.
- 5 The March 2022 report builds on the December 2020 report, emphasising the importance of progressing the identified local actions for learning (LAfL) and immediate and essential actions (IEAs) to be implemented at the trust and across the wider maternity system in England. However, it also identifies a number of new themes to be shared across all maternity services in England as a matter of urgency to bring about positive and essential change.

Ockenden Assurance

- 6 At its meeting on 31 March 2022, the Leeds Teaching Hospitals NHS Trust (LTHT) Board received and considered an assurance report, outlining the Trust's response to the Ockenden report and associated recommendations.
- 7 The LTHT report and associated appendices, together with the minutes from that meeting are appended to this report for members consideration.

Updates to the Scrutiny Board

- 8 In addition to the details presented above and set out in the appendices to this report, representatives from LTHT will be in attendance at the meeting to provide specific updates on the above matters and address any queries from members of the Scrutiny Board.

What impact will this proposal have?

- 9 The details presented in this report and the associated appendices will assist the Scrutiny Board in examining in more detail a specific aspect of health and care services in Leeds, identified by the former Board in 2021/22.
- 10 This report also assists the Scrutiny Board in its discharge of its health scrutiny functions, a special responsibility delegated to the Scrutiny Board by Council.

How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing Inclusive Growth Zero Carbon

- 11 The terms of reference of the Scrutiny Board promotes a strategic and outward looking Scrutiny function that focuses on best city objectives. The Scrutiny Board also has special responsibility for discharging the Council's statutory health function, which includes any matters associated with the planning, delivery and operation of local health services.
- 12 Considering the details within this report and its appendices helps the Scrutiny Board fulfil its responsibilities to discharge its general and specific responsibilities.
- 13 Details within this report and its appendices also form part of the delivery of maternal health services across Leeds that directly impact on the health and wellbeing of Leeds citizens and its communities.

What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted? Yes No

- 14 In considering the information presented in this report and outlined at the meeting, the Scrutiny Board may wish to consider the levels of involvement, engagement and consultation undertaken by the appropriate health and care bodies.

What are the resource implications?

- 15 There are no specific resource implications associated with providing these details to the Scrutiny Board. Any proposed recommendations identified by the Scrutiny Board may have resource implications that require a full assessment.

What are the key risks and how are they being managed?

- 16 There is a requirement on the Council's Scrutiny Officer to annually report to Council on how the authority has carried out its overview and scrutiny functions, as set out in Article 6 of the Council's Constitution.
- 17 Presenting the details within this report and its appendices, supports delivery of the Scrutiny Board's annual work schedule for 2022/23 and will assist in presenting the Scrutiny Annual Report for 2022/23 to Council.

What are the legal implications?

- 18 There are no specific legal implications associated with report, however any proposed recommendations identified by the Scrutiny Board may have legal implications that require a full assessment.

- 19 In addition, and more generally, under current legislation, NHS bodies must consult with the appropriate local authorities where there are any proposed substantial developments or variations in the provisions of health services (substantial service reconfiguration) in the area(s) of a local authority under consideration.
- 20 As such, in considering the information presented in this report and outlined at the meeting, the Scrutiny Board may wish to consider the levels of involvement, engagement and consultation undertaken by the appropriate health and care bodies

Options, timescales and measuring success

What other options were considered?

- 21 The details in this report and its appendices have been provided on the request of the Scrutiny Board. No other options have been considered.

How will success be measured?

- 22 The Scrutiny Board is recommended to consider the details presented in this report, the associated appendices and discussed at the meeting, in order to determine any further specific scrutiny activity.
- 23 There is also a requirement on the Council's Scrutiny Officer to annually report to Council on how the authority has carried out its overview and scrutiny functions, as set out in Article 6 of the Council's Constitution.

What is the timetable and who will be responsible for implementation?

- 24 The details in this report the associated appendices and discussed at the meeting, present factual information in relation to maternal health provision in Leeds. As such, there are no associated implementation requirements at this stage.
- 25 Any further activities and/or proposed recommendations identified by the Scrutiny Board may require a full assessment prior to implementation.

Appendices

- LTHT Ockenden Assurance Report and Appendices (31 March 2022) – Appendix 1.
- LTHT Trust Board minutes from 31 March 2022 – Appendix 2

Background papers

- None

Trust Board
Ockenden Assurance
31 March 2022

Presented for:	Information and Assurance
Presented by:	Sue Gibson, Director of Midwifery
Author:	Rebecca Musgrave, Head of Midwifery
Previous Committees:	None

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	✓

Trust Risks (Type & Category)				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Risk
Workforce Risk	✓	Workforce Supply - we will deliver safe and effective patient care through having adequate systems and processes in place to ensure the Trust has access to appropriate levels of workforce supply	Cautious	↔ (same)
Operational Risk			Choose an item	Choose an item.
Clinical Risk	✓	We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients	Cautious	↔ (same)
Financial Risk			Choose an item	↔ (same)
External Risk	✓	Regulatory Risk - we will comply with or exceed all regulations, retain its CQC registration and always operate within the law	Averse	↔ (same)

Key points	
Provide assurance following analysis of the LTHT Ockenden evidence submission by the regional maternity team there were no immediate safety concerns raised with any of the seven Immediate and Essential Actions.	Information and Assurance
Provide assurance the maternity services are working collaboratively with the Local Maternity Systems across the Yorkshire and Humber network to establish and implement the maternal medicine centres	Information and Assurance
Provide assurance strategies are being developed to support engagement with harder to reach communities and increasing the available evidence to support assurance of service user choice, involvement and engagement in care	Information and Assurance
Provide assurance the Birthrate+ review has been completed which identified some gaps in clinical and non-clinical/specialist areas. Recurrent funding will be provided from NHSEI via the Local Maternity System on a fair share basis which will facilitate closure of these gaps	Information and Assurance
Provide assurance the senior midwifery leadership structure has been reviewed and aligned with RCM leadership manifesto to incorporate Director, Head and Deputy Head of Midwifery posts.	Information and Assurance

1.0 Summary

This paper provides information and assurance to the Trust Board with regard to the Immediate and Essential Actions identified in the Interim Ockenden report published in December 2020. The service continues to monitor compliance with the safety actions through internal governance frameworks.

2.0 Background

The first draft of the Ockenden Report was published in December 2020, with detailed failings in the maternity and neonatal care provided by Shrewsbury and Telford NHS Trust over a number of years. Seven 'Immediate and Essential Actions' (IEA's) were identified, for all Maternity care providers in England, with twelve clinical priorities requiring immediate implementation.

A need for critical oversight of maternity services was also recognised with increased need for system and partnership working. In view of this, increased accountability and authority was given to Local Maternity Systems to ensure safety and quality in the Maternity Services they represent. The PMO from the West Yorkshire and Harrogate LMS now attends the regional perinatal Quality Assurance Group chaired by the regional Chief Midwifery Officer to provide assurance and identify opportunities for shared learning. Internally the maternity services provide assurance of the quality and safety of services through scheduled attendance and presentations at the Quality Assurance Committee and the Trust Board.

All maternity services received a letter on the 25th of January 2022 from NHSEI (see Appendix 1) asking that they re-evaluate their position in relation to the seven IEA's to monitor progress and prepare for further publication of reports into the maternity services in the coming months. The letter asks that a discussion of progress with implementation of the seven IEAs and maternity services workforce plans is undertaken at Trust Public Board by the end of March 2022. It further stipulates that ensuring local system oversight of maternity services is a key element in the Ockenden review and therefore Trusts should ensure

progress is shared and discussed with their LMS and ICS and progress reported to the regional maternity team by 15 April 2022.

3.0 Assessment of Evidence

LTHT maternity services benchmarked against the seven IEA's in January 2021. The service self-assessed as compliant with the recommendations from the Ockenden report bar the advocacy role. The advocate element now sits at a national level with the job description under review by the national team and will be implemented locally at the earliest opportunity. An assurance self-assessment tool was completed and presented to LTHT Quality Assurance Committee on 4/2/21, and submitted to NHSE North East & Yorkshire Regional Chief Midwifery Officer on 15/2/21. The initial feedback from the regional team was provided via a RAG rated report. This highlighted some areas as amber and red as the service had provided a summary as requested rather than a detailed narrative including supporting evidence.

In June 2021 all maternity units were asked to provide supportive evidence of their self-assessments via a national portal to facilitate external review. A process was developed nationally for the regional maternity teams to analyse the data and assess providers' ability to provide evidence of compliance with the seven IEA's. The minimum evidence was quality assured by the regional maternity team following submission. LTHT received the analysis of the evidence submission in October 2021 (see Appendix 2) and subsequently the leadership team met with the regional midwifery team to review the findings of the Ockenden evidence submission. This meeting was also attended by the Chief Nurse, Director of Quality and Safety, the link Patient Quality Safety Manager for the Women's CSU and the PMO for the West Yorkshire and Harrogate LMS. There were some areas highlighted where the service needs to strengthen the available evidence to support assurance, but overall there were no immediate safety concerns raised. It is anticipated that the delivery of the action plan (as detailed in appendix 3) will provide evidence to support full compliance with all seven IEA's. This will result in green ratings across the full spectrum of the evidence submission by April 2022. The remaining areas identified for further development to facilitate full assurance are implementation of the maternal medicine centre and informed choice and involvement in decision making processes.

As the chosen provider host for implementing the Maternal Medicine service, the maternity team are meeting regularly with colleagues in the South Yorkshire LMS and Humber, Coast and Vale LMS to progress plans. The NHSE Specialised Commissioning service specification has been published. Benchmarking against the service specification has been undertaken and plans are in place to address the identified gaps in provision. The responsibility and accountability for maternal medicine is shared between the PMO's for each of the Local Maternity Systems (LMS) within Yorkshire and the Humber. The implementation group is led by Karen Poole the PMO for West Yorkshire and Harrogate LMS. There are three defined work-streams focusing on workforce, pathway development and implementation of the maternal medicine centres. Recruitment into the posts aligned with the maternal medicine centre is anticipated in the next one to two months. At this stage the maternal medicine centres will be in a position to move to the implementation phase.

The leadership team are working closely with the Leeds Maternity Voices Partnership to develop strategies to engage and collaborate with the harder to reach communities to ensure representation of the local population in co-producing and co-designing maternity services. Strategies are also being developed to explore further methods of evidencing women's choice and involvement in their care. Personalised care and support plans have recently been launched throughout the service which enables service users to document their wishes/preferences and use as a working document to facilitate conversations with health care providers. The uptake of these is monitored on the maternity clinical dashboard.

5.0 Embedding and Monitoring the Immediate and Essential Actions

It is imperative that continued compliance with the IEA's is regularly monitored and responsive actions initiated as appropriate. An assurance paper detailing key performance indicators associated with the IEA's is developed quarterly and reviewed at the Women's CSU overarching governance assurance group. In addition to CSU oversight, the quality and safety of the maternity services including compliance with the Ockenden recommendations is a standing agenda item on corporate governance meetings. Maternity services present an assurance paper monthly to the Quality Safety and Assurance Group which details:

- Progress against national agendas
- Oversight of compliance/progress with the seven Ockenden IEA's
- Compliance with Maternity Incentive Scheme and any areas at risk
- Compliance with Key Performance Indicators
- A breakdown of all reported incidents within the service
- Oversight of on-going investigations
- Summary of external referrals to HSIB and Early Notification Scheme (ENS)
- Summary of Perinatal Mortality Review Tool (PMRT) findings and feedback

Additionally the maternity services report directly to the Quality Safety and Assurance Group, and Quality Assurance Committee, a committee of the Trust Board. The Clinical Director and the Director of Midwifery presented the LTHT Ockenden position and areas for further development at Board workshop in November 2021. All fetal, neonatal and maternal mortality, serious incidents and moderate or above harm incidents are presented bi-monthly to the Trust Board via the IQPR pack.

The LTHT Executive and Womens CSU leadership teams met virtually with the National Maternity Leaders on the 8th March 2022 as part of a programme of engagement events with all maternity providers in England. Jacqueline Dunkley-Bent (CMO) delivered a presentation on safer sustainable maternity care. The presentation highlighted the historic issues around the safety of maternity services and the ambition to reduce variation in services and embed sustainable change. Key questions were posed for consideration from the Trust board regarding assurance of safe quality services. A revised safety self-assessment tool was discussed and a link provided. The tool has been designed to enable maternity providers to self-assess whether their operational service delivery meets national standards, guidance and regulatory requirements. The tool can be used by organisations to inform the Trust's maternity quality improvement and safety plan and support communication and triangulation with the Trust Board and all other relevant stakeholders. There was an opportunity for questions and feedback from the Trust. There were no concerns raised regarding the quality and safety of LTHT maternity services.

6.0 Maternity Workforce Update

As part of the safer staffing requirements for maternity services an establishment review was commissioned by Birthrate+ (BR+). The use of BR+ has been recommended in all recent Department of Health Maternity Policy; is endorsed by the Royal College of Midwives and is incorporated within CNST standards issued by the NHS Litigation Authority. It is the only

validated maternity workforce tool and has a 24 year history of application in 100+ trusts in the UK and Ireland.

BR+ provides the intelligence and insights required to support leaders of maternity services and Trust Boards to model midwifery numbers, skill mix and deployment required to support safe and sustainable maternity services. The use of BR+ enables Trusts to calculate their specific workforce needs based on activity, case mix, demographics and skill mix. It also takes account of the contribution to the quality of services by non-clinical staff such as managers, governance teams and other non-clinical specialist roles.

The BR+ review identified gaps in the staffing establishment from a clinical and non-clinical/specialist perspective. Recurrent funding to support compliance with the IEA's including the workforce element is being provided by NHSEI. This funding will be allocated to the West Yorkshire and Harrogate LMS and distributed on a fair share basis. The available funding will enable the gaps identified in the BR+ report to be closed.

The importance of strong sustained leadership within maternity services is echoed throughout all of the national reports evaluating the safety of maternity services. Elements of ineffective leadership and lack of oversight of key processes to maintain a safe quality service is highlighted in these reports. The structure of the LTHT leadership team has been evaluated and support provided to implement a structure comprising of a Director, Head and Deputy Head of Midwifery. Recruitment processes have been undertaken and substantive appointments made for all of these roles.

7.0 Recommendation

The Trust Board is asked to:

- i) To receive this paper
- ii) To note progress with the Ockenden Immediate and Essential Actions
- iii) To note areas for continued improvement
- iv) To note the recurrent funding stream to support full compliance with all 7 IEA's
- v) To note the workforce plans

Supporting Information

Appendix 1 CNO Letter

Appendix 2 National Analysis of LTHT Ockenden Evidence

Appendix 3 LTHT Ockenden Action Plan

Sue Gibson

Director of Midwifery - Women's CSU.

Maternity Safety Champion

Dr Kelly Cohen

Clinical Director - Women's CSU / Consultant in Fetal Medicine & Obstetrics.

Maternity Safety Champion.

Rebecca Musgrave

Head of Midwifery/ Head of Nursing - Women's CSU.

Maternity Safety Champion

March 2022

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To: NHS Trust and Foundation Trust Chief Executives

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

cc. Trust Chairs and Directors of Nursing
ICS, CCG, LMS Leaders,
Regional Directors,
Regional Chief Nurses,
Regional Chief Midwives,
and Regional Obstetricians

25 January 2022

Dear colleagues,

Ockenden review of maternity services – one year on

Thank you for all your efforts in response to the [Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust](#) published in December 2020, and for your continued focus on the Immediate and Essential Actions (IEAs) despite the sustained pressure on your services throughout the pandemic. As well as ensuring progress continues, we need to prepare for the publication of further reports into maternity services during 2022.

The national response to the Ockenden report included a £95.6M investment into maternity services across England including funding for:

- 1200 additional midwifery roles,
- 100 wte equivalent consultant obstetricians,
- backfill for MDT training
- International recruitment programme for midwives
- Support to the recruitment and retention of maternity support workers

In our letter of [14 December 2020](#), we asked you to use the [Assurance Assessment Tool](#), which includes the recommendations from the Morecambe Bay investigation report and the Ockenden report, to support a discussion at your trust public Board. One year on, we are asking that you again discuss progress at your public Board before the end of March 2022.

We expect the discussion to cover:

- Progress with implementation of the 7 IEAs outlined in the Ockenden report and the plan to ensure full compliance,
- Maternity services workforce plans,

Ensuring local system oversight of maternity services was a key element in the Ockenden review and therefore you should ensure progress is shared and discussed with your LMS and ICS. Progress must also be reported to your regional maternity team by 15 April 2022.

As you will no doubt agree, women and families using our maternity services deserve the best of NHS care. We recognise the huge efforts being made across the system and thank you for your continued commitment and support in driving the improvements required.

Yours faithfully

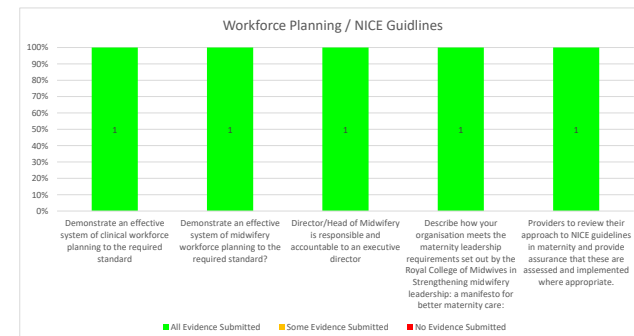
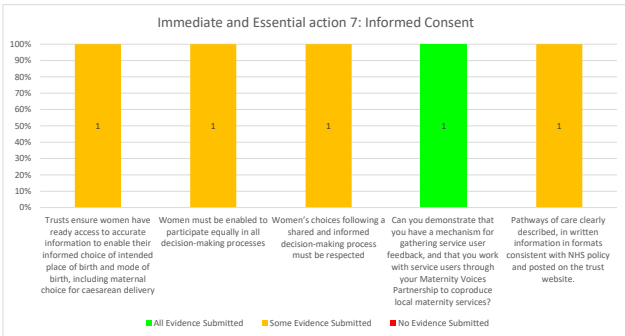
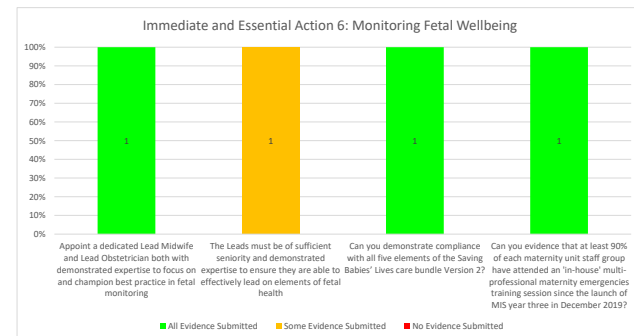
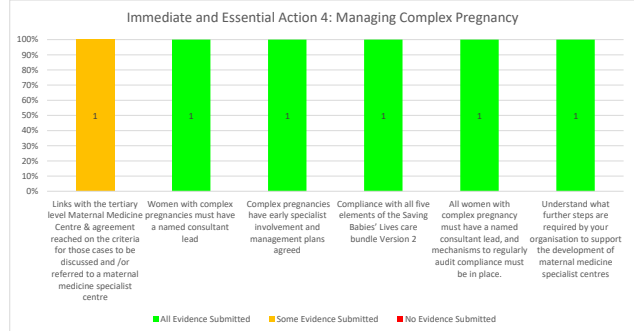
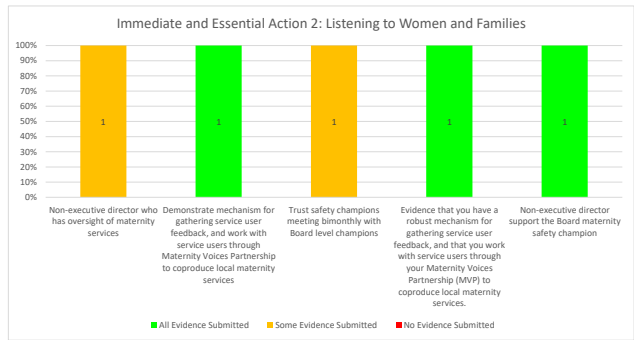


Sir David Sloman
Chief Operating Officer
NHS England and NHS Improvement



Ruth May
Chief Nursing Officer, England
NHS England and NHS Improvement

Question Number	Category	Question Number	All Evidence Submitted	Some Evidence Submitted	No Evidence Submitted
IEA1	Q1	Maternity Dashboard to LMS every 3 months	1		
IEA1	Q2	External clinical specialist opinion for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death	1		
IEA1	Q3	Maternity SI's to Trust Board & LMS every 3 months	1		
IEA1	Q4	Using the National Perinatal Mortality Review Tool to review perinatal deaths	1		
IEA1	Q5	Submitting data to the Maternity Services Dataset to the required standard	1		
IEA1	Q6	Reported 100% of qualifying cases to HSIB / NHS Resolution's Early Notification scheme	1		
IEA1	Q7	Plan to implement the Perinatal Clinical Quality Surveillance Model	1		
IEA2	Q11	Non-executive director who has oversight of maternity services		1	
IEA2	Q13	Demonstrate mechanism for gathering service user feedback, and work with service users through Maternity Voices Partnership to	1		
IEA2	Q14	Trust safety champions meeting bimonthly with Board level champions		1	
IEA2	Q15	Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your	1		
IEA2	Q16	Non-executive director support the Board maternity safety champion	1		
IEA3	Q17	Multidisciplinary training and working occurs. Evidence must be externally validated through the LMS, 3 times a year.	1		
IEA3	Q18	Twice daily consultant-led and present multidisciplinary ward rounds on the labour ward.	1		
IEA3	Q19	External funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only	1		
IEA3	Q21	90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session	1		
IEA3	Q22	Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.	1		
IEA3	Q23	The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which m	1		
IEA4	Q24	Links with the tertiary level Maternal Medicine Centre & agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine sp		1	
IEA4	Q25	Women with complex pregnancies must have a named consultant lead	1		
IEA4	Q26	Complex pregnancies have early specialist involvement and management plans agreed	1		
IEA4	Q27	Compliance with all five elements of the Saving Babies' Lives care bundle Version 2	1		
IEA4	Q28	All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in	1		
IEA4	Q29	Understand what further steps are required by your organisation to support the development of maternal medicine specialist centr	1		
IEA5	Q30	All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the m	1		
IEA5	Q31	Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.	1		
IEA5	Q33	A risk assessment at every contact. Include ongoing review and discussion of intended place of birth. This is a key element of the Pe	1		
IEA6	Q34	Appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice	1		
IEA6	Q35	The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on elements of fetal health		1	
IEA6	Q36	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?	1		
IEA6	Q37	Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity eme	1		
IEA7	Q39	Trusts ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choi		1	
IEA7	Q41	Women must be enabled to participate equally in all decision-making processes		1	
IEA7	Q42	Women's choices following a shared and informed decision-making process must be respected		1	
IEA7	Q43	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users throug	1		
IEA7	Q44	Pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website.		1	
WF	Q45	Demonstrate an effective system of clinical workforce planning to the required standard	1		
WF	Q46	Demonstrate an effective system of midwifery workforce planning to the required standard?	1		
WF	Q47	Director/Head of Midwifery is responsible and accountable to an executive director	1		
WF	Q48	Describe how your organisation meets the maternity leadership requirements set out by the Royal College of Midwives in Strength	1		
WF	Q49	Providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented	1		



IEA	Question	Action	Evidence Required	Leeds Teaching Hospitals NHS Trust	
IEA1	Q1	Maternity Dashboard to LMS every 3 months	Dashboard to be shared as evidence.	100%	
			Minutes and agendas to identify regular review and use of common data dashboards and the response / actions taken.	100%	
				SOP required which demonstrates how the trust reports this both internally and externally through the LMS.	100%
				Submission of minutes and organogram, that shows how this takes place.	100%
		Maternity Dashboard to LMS every 3 months Total		100%	
	Q2	External clinical specialist opinion for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death	Audit to demonstrate this takes place.	100%	
			Policy or SOP which is in place for involving external clinical specialists in reviews.	100%	
		External clinical specialist opinion for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death Total		100%	
	Q3	Maternity SI's to Trust Board & LMS every 3 months	Individual SI's, overall summary of case, key learning, recommendations made, and actions taken to address with clear timescales for completion	100%	
			Submission of private trust board minutes as a minimum every three months with highlighted areas where SI's discussed	100%	
			Submit SOP	100%	
		Maternity SI's to Trust Board & LMS every 3 months Total		100%	
	Q4	Using the National Perinatal Mortality Review Tool to review perinatal deaths	Audit of 100% of PMRT completed demonstrating meeting the required standard including parents notified as a minimum and external review.	100%	
			Local PMRT report. PMRT trust board report. Submission of a SOP that describes how parents and women are involved in the PMRT process as per the PMRT guidance.	100%	
		Using the National Perinatal Mortality Review Tool to review perinatal deaths Total		100%	
	Q5	Submitting data to the Maternity Services Dataset to the required standard	Evidence of a plan for implementing the full MSDS requirements with clear timescales aligned to NHSR requirements within MIS.	100%	
				100%	
	Submitting data to the Maternity Services Dataset to the required standard Total		100%		
Q6	Reported 100% of qualifying cases to HSIB / NHS Resolution's Early Notification scheme	Audit showing compliance of 100% reporting to both HSIB and NHSR Early Notification Scheme.	100%		
			100%		
	Reported 100% of qualifying cases to HSIB / NHS Resolution's Early Notification scheme Total		100%		
Q7	Plan to implement the Perinatal Clinical Quality Surveillance Model	Full evidence of full implementation of the perinatal surveillance framework by June 2021.	100%		
		LMS SOP and minutes that describe how this is embedded in the ICS governance structure and signed off by the ICS.	100%		
		Submit SOP and minutes and organogram of organisations involved that will support the above from the trust, signed off via the trust governance structure.	100%		
			100%		
	Plan to implement the Perinatal Clinical Quality Surveillance Model Total		100%		
IEA1 Total				100%	
IEA2	Q11	Non-executive director who has oversight of maternity services	Evidence of how all voices are represented:	0%	
			Evidence of link in to MVP; any other mechanisms	0%	
			Evidence of NED sitting at trust board meetings, minutes of trust board where NED has contributed	0%	
			Evidence of ward to board and board to ward activities e.g. NED walk arounds and subsequent actions	100%	
			Name of NED and date of appointment	100%	
			NED JD	0%	
		Non-executive director who has oversight of maternity services Total		33%	
	Q13	Demonstrate mechanism for gathering service user feedback, and work with service users through Maternity Voices Partnership to coproduce local maternity services	Clear co-produced plan, with MVP's that demonstrate that co production and co-design of service improvements, changes and developments will be in place and will be embedded by December 2021.	100%	
			Evidence of service user feedback being used to support improvement in maternity services (E.G you said, we did, FFT, 15 Steps)	100%	
			Please upload your CNST evidence of co-production. If utilised then upload completed templates for providers to successfully achieve maternity safety action 7. CNST templates to be signed off by the MVP.	100%	
		Demonstrate mechanism for gathering service user feedback, and work with service users through Maternity Voices Partnership to coproduce local maternity services Total		100%	
	Q14	Trust safety champions meeting bimonthly with Board level champions	Action log and actions taken.	100%	
			Log of attendees and core membership.	100%	
			Minutes of the meeting and minutes of the LMS meeting where this is discussed.	100%	
			SOP that includes role descriptors for all key members who attend by-monthly safety meetings.	0%	
		Trust safety champions meeting bimonthly with Board level champions Total		75%	
	Q15	Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services.	Clear co produced plan, with MVP's that demonstrate that co-production and co-design of all service improvements, changes and developments will be in place and will be embedded by December 2021.	100%	
			100%		
	Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services. Total		100%		
Q16	Non-executive director support the Board maternity safety champion	Evidence of participation and collaboration between ED, NED and Maternity Safety Champion, e.g. evidence of raising issues at trust board, minutes of trust board and evidence of actions taken	100%		
		Name of ED and date of appointment	100%		
		Role descriptors	100%		
	Non-executive director support the Board maternity safety champion Total		100%		
IEA2 Total				71%	
IEA3	Q17	Multidisciplinary training and working occurs. Evidence must be externally validated through the LMS, 3 times a year.	A clear trajectory in place to meet and maintain compliance as articulated in the TNA.	100%	

		LMS reports showing regular review of training data (attendance, compliance coverage) and training needs assessment that demonstrates validation describes as checking the accuracy of the data.	100%
		Submit evidence of training sessions being attended, with clear evidence that all MDT members are represented for each session.	100%
		Submit training needs analysis (TNA) that clearly articulates the expectation of all professional groups in attendance at all MDT training and core competency training. Also aligned to NHSR requirements.	100%
		Where inaccurate or not meeting planned target what actions and what risk reduction mitigations have been put in place.	100%
	Multidisciplinary training and working occurs. Evidence must be externally validated through the LMS, 3 times a year. Total		100%
Q18	Twice daily consultant-led and present multidisciplinary ward rounds on the labour ward.	Evidence of scheduled MDT ward rounds taking place since December, twice a day, day & night. 7 days a week (e.g. audit of compliance with SOP)	100%
		SOP created for consultant led ward rounds.	100%
	Twice daily consultant-led and present multidisciplinary ward rounds on the labour ward. Total		100%
Q19	External funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only	Confirmation from Directors of Finance	100%
		Evidence from Budget statements.	100%
		Evidence of funding received and spent.	100%
		Evidence that additional external funding has been spent on funding including staff can attend training in work time.	100%
		MTP spend reports to LMS	100%
	External funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only Total		100%
Q21	90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session	A clear trajectory in place to meet and maintain compliance as articulated in the TNA.	100%
		Attendance records - summarised	100%
		LMS reports showing regular review of training data (attendance, compliance coverage) and training needs assessment that demonstrates validation describes as checking the accuracy of the data. Where inaccurate or not meeting planned target what actions and what risk reduction mitigations have been put in place.	100%
	90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session Total		100%
Q22	Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.	Evidence of scheduled MDT ward rounds taking place since December 2020 twice a day, day & night; 7 days a week (E.G audit of compliance with SOP)	100%
	Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week. Total		100%
	The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented. In the meantime we are seeking assurance that a MDT training schedule is in place		
Q23		A clear trajectory in place to meet and maintain compliance as articulated in the TNA.	100%
		LMS reports showing regular review of training data (attendance, compliance coverage) and training needs assessment that demonstrates validation described as checking the accuracy of the data.	100%
	The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented. In the meantime we are seeking assurance that a MDT training schedule is in place Total		100%
IEA3 Total			100%
IEA4			
Q24	Links with the tertiary level Maternal Medicine Centre & agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre	Audit that demonstrates referral against criteria has been implemented that there is a named consultant lead, and early specialist involvement and that a Management plan that has been agreed between the women and clinicians	0%
		SOP that clearly demonstrates the current maternal medicine pathways that includes: agreed criteria for referral to the maternal medicine centre pathway.	100%
	Links with the tertiary level Maternal Medicine Centre & agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre Total		50%
Q25	Women with complex pregnancies must have a named consultant lead	Audit of 1% of notes, where all women have complex pregnancies to demonstrate the woman has a named consultant lead.	100%
		SOP that states that both women with complex pregnancies who require referral to maternal medicine networks and women with complex pregnancies but who do not require referral to maternal medicine network must have a named consultant lead.	100%
	Women with complex pregnancies must have a named consultant lead Total		100%
Q26	Complex pregnancies have early specialist involvement and management plans agreed	Audit of 1% of notes, where women have complex pregnancies to ensure women have early specialist involvement and management plans are developed by the clinical team in consultation with the woman.	100%
		SOP that identifies where a complex pregnancy is identified, there must be early specialist involvement and management plans agreed between the woman and the teams.	100%
	Complex pregnancies have early specialist involvement and management plans agreed Total		100%
Q27	Compliance with all five elements of the Saving Babies' Lives care bundle Version 2	Audits for each element.	100%
		Guidelines with evidence for each pathway	100%
		SOP's	100%
	Compliance with all five elements of the Saving Babies' Lives care bundle Version 2 Total		100%
Q28	All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place.	SOP that states women with complex pregnancies must have a named consultant lead.	100%
		Submission of an audit plan to regularly audit compliance	100%
	All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place. Total		100%
Q29	Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres	Agreed pathways	100%
		Criteria for referrals to MMC	100%
		The maternity services involved in the establishment of maternal medicine networks evidenced by notes of meetings, agendas, action logs.	100%
	Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres Total		100%
IEA4 Total			93%


IEA5	All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional	Q30	How this is achieved within the organisation. Personal Care and Support plans are in place and an ongoing audit of 1% of records that demonstrates compliance of the above. Review and discussed and documented intended place of birth at every visit. SOP that includes definition of antenatal risk assessment as per NICE guidance. What is being risk assessed.	100% 100% 100% 100% 100%
	All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional Total			100%
	Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.	Q31	Evidence of referral to birth options clinics Out with guidance pathway. Personal Care and Support plans are in place and an ongoing audit of 1% of records that demonstrates compliance of the above. SOP that includes review of intended place of birth.	100% 100% 100% 100%
	Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture. Total			100%
	A risk assessment at every contact. Include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PCSP). Regular audit mechanisms are in place to assess PCSP compliance.	Q33	Example submission of a Personalised Care and Support Plan (It is important that we recognise that PCSP will be variable in how they are presented from each trust) How this is achieved in the organisation Personal Care and Support plans are in place and an ongoing audit of 5% of records that demonstrates compliance of the above. Review and discussed and documented intended place of birth at every visit. SOP to describe risk assessment being undertaken at every contact. What is being risk assessed.	100% 100% 100% 100% 100%
	A risk assessment at every contact. Include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PCSP). Regular audit mechanisms are in place to assess PCSP compliance. Total			100%
IEA5 Total				100%
IEA6	Appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring	Q34	Copies of rotas / off duties to demonstrate they are given dedicated time. Examples of what the leads do with the dedicated time E.G attendance at external fetal wellbeing event, involvement with training, meeting minutes and action logs. Incident investigations and reviews Name of dedicated Lead Midwife and Lead Obstetrician	100% 100% 100% 100%
	Appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring Total			100%
	The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on elements of fetal health	Q35	Consolidating existing knowledge of monitoring fetal wellbeing Ensuring that colleagues engaged in fetal wellbeing monitoring are adequately supported e.g clinical supervision Improving the practice & raising the profile of fetal wellbeing monitoring Interface with external units and agencies to learn about and keep abreast of developments in the field, and to track and introduce best practice. Job Description which has in the criteria as a minimum for both roles and confirmation that roles are in post Keeping abreast of developments in the field Lead on the review of cases of adverse outcome involving poor FHR interpretation and practice. Plan and run regular departmental fetal heart rate (FHR) monitoring meetings and training.	0% 0% 0% 0% 100% 0% 0% 0%
	The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on elements of fetal health Total			13%
	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?	Q36	Audits for each element Guidelines with evidence for each pathway SOP's	100% 100% 100%
	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2? Total			100%
	Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?	Q37	A clear trajectory in place to meet and maintain compliance as articulated in the TNA. Attendance records - summarised Submit training needs analysis (TNA) that clearly articulates the expectation of all professional groups in attendance at all MDT training and core competency training. Also aligned to NHSR requirements.	100% 100% 100%
	Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019? Total			100%
IEA6 Total				61%
IEA7	Trusts ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery	Q39	Information on maternal choice including choice for caesarean delivery. Submission from MVP chair rating trust information in terms of: accessibility (navigation, language etc) quality of info (clear language, all/minimum topic covered) other evidence could include patient information leaflets, apps, websites.	0% 100%
	Trusts ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery Total			50%
	Women must be enabled to participate equally in all decision-making processes	Q41	An audit of 1% of notes demonstrating compliance. CQC survey and associated action plans SOP which shows how women are enabled to participate equally in all decision making processes and to make informed choices about their care. And where that is recorded.	0% 100% 100%

	Women must be enabled to participate equally in all decision-making processes Total		67%
Q42	Women's choices following a shared and informed decision-making process must be respected	An audit of 5% of notes demonstrating compliance, this should include women who have specifically requested a care pathway which may differ from that recommended by the clinician during the antenatal period, and also a selection of women who request a caesarean section during labour or induction. SOP to demonstrate how women's choices are respected and how this is evidenced following a shared and informed decision-making process, and where that is recorded.	100%
	Women's choices following a shared and informed decision-making process must be respected Total		0%
Q43	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?	Clear co produced plan, with MVP's that demonstrate that co production and co-design of all service improvements, changes and developments will be in place and will be embedded by December 2021. Evidence of service user feedback being used to support improvement in maternity services (E.G you said, we did, FFT, 15 Steps) Please upload your CNST evidence of co-production. If utilised then upload completed templates for providers to successfully achieve maternity safety action 7. CNST templates to be signed off by the MVP.	100%
	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services? Total		100%
Q44	Pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website.	Co-produced action plan to address gaps identified Gap analysis of website against Chelsea & Westminster conducted by the MVP Information on maternal choice including choice for caesarean delivery. Submission from MVP chair rating trust information in terms of: accessibility (navigation, language etc) quality of info (clear language, all/minimum topic covered) other evidence could include patient information leaflets, apps, websites.	100%
	Pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. Total		100%
IEA7 Total			75%
WF Total			71%
Q45	Demonstrate an effective system of clinical workforce planning to the required standard	Consider evidence of workforce planning at LMS/ICS level given this is the direction of travel of the people plan Evidence of reviews 6 monthly for all staff groups and evidence considered at board level. Most recent BR+ report and board minutes agreeing to fund.	100%
	Demonstrate an effective system of clinical workforce planning to the required standard Total		100%
Q46	Demonstrate an effective system of midwifery workforce planning to the required standard?	Most recent BR+ report and board minutes agreeing to fund.	100%
	Demonstrate an effective system of midwifery workforce planning to the required standard? Total		100%
Q47	Director/Head of Midwifery is responsible and accountable to an executive director	HoM/DoM Job Description with explicit signposting to responsibility and accountability to an executive director	100%
	Director/Head of Midwifery is responsible and accountable to an executive director Total		100%
Q48	Describe how your organisation meets the maternity leadership requirements set out by the Royal College of Midwives in Strengthening midwifery leadership: a manifesto for better maternity care:	Action plan where manifesto is not met Gap analysis completed against the RCM strengthening midwifery leadership: a manifesto for better maternity care	100%
	Describe how your organisation meets the maternity leadership requirements set out by the Royal College of Midwives in Strengthening midwifery leadership: a manifesto for better maternity care: Total		100%
Q49	Providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented where appropriate.	Audit to demonstrate all guidelines are in date. Evidence of risk assessment where guidance is not implemented. SOP in place for all guidelines with a demonstrable process for ongoing review.	100%
	Providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented where appropriate. Total		100%
WF Total			100%

Appendix 3

LTHT Maternity Ockenden Action Plan December 2021

Immediate Essential Action	Action required	Evidence Required from national team	Local evidence	Timescale	Lead
2: Listening to women and families	Q 11: Non- executive director to oversight of Maternity Services	Evidence of how all voices are represented Evidence of link to MVP: any other mechanisms	Meeting Arranged for 24/1/22 with MVP chair to identify plans for moving forward re service user engagement specifically harder to reach communities. Safety champions action notes demonstrating links Quarterly report for submission to be developed and shared with safety champions	April 2022	SG LW
	Q 14: Trust safety champions meeting bimonthly with Board Level safety champions	Evidence of NED sitting at trust board meetings, minutes of trust board where NED contributed NED JD SOP that includes role descriptors for all key members who attend bi-monthly safety meetings	Trust Board minutes detailing attendance and discussions. N/A - see email from Chair Develop SOP for floor to board feedback which includes role descriptors	April 2022	JB (Jo Bray) LW/BM
4: Managing complex pregnancy	Q 24: Links with the tertiary level Maternal Medicine Centre & agreement reached on the criteria for	Audit that demonstrates referral against criteria has been implemented that there is a named consultant lead and early specialist involvement and that a management plan that	Audits to be completed monthly once maternal medicine team in place with monthly audits to support compliance	April 2022	MR/ SG

	those cases to be discussed and / or referred to a maternal medicine specialist centre	has been agreed between the woman and clinicians			
6: Monitoring fetal wellbeing	Q: 35 the leads must be of sufficient seniority and demonstrated experience to ensure they are able to effectively lead on elements of fetal health	<p>Consolidating existing knowledge of monitoring fetal wellbeing</p> <p>Ensuring that colleagues engaged in fetal wellbeing monitoring are adequately supported e.g. clinical supervision</p> <p>Improving the practice and raising the profile of fetal wellbeing monitoring</p> <p>Interface with external units and agencies to learn about and keep abreast of developments in the field, and to track and introduce best practice</p> <p>Keeping abreast of developments in the field</p> <p>Lead on the review of cases of adverse outcomes involving poor FHR interpretation and practice</p> <p>Plan and run regular departmental fetal heart rate monitoring meetings and training</p>	 Fetal Monitoring Team Progress Report The report covers all elements of outstanding actions	Complete	TF & Fetal Monitoring Team
7: Informed Consent	Q 39 Trusts must ensure women have ready access to accurate information to enable their informed choice of intended place of	Information on maternal choice including choice for caesarean delivery	https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-choosing-to-have-a-c-section.pdf Add to LTHT maternity website once	Feb 22	LW

	<p>birth and mode of birth, including maternal choice for caesarean delivery</p> <p>Q 41 Women must be enabled to participate equally in all decision making processes</p> <p>Q 42 Women's choices following a shared and informed decision making process must be respected</p> <p>Q 44 Pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website</p>	<p>An audit of 1% of notes demonstrating compliance</p> <p>SOP to demonstrate how women's choices are respected and how this is evidenced following a shared and informed decision making process, and where that is recorded</p> <p>Information on maternal choice including choice for Caesarean section</p>	<p>approved through internal governance</p> <p>Develop summary report detailing 'Participation in decision making processes', This will include a review of the PICKER results, Personalised Care and support plans and Induction of Labour survey</p> <p>Develop SOP to detail how women are involved in the decision making process and their choices respected.</p> <p>Review, VBAC, Antenatal, Screening, IOL and Breech Guidelines and ensure there is clear guidance re shared decision making and where to document the shared decision making process.</p> <p>https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-choosing-to-have-a-c-section.pdf Add to website one approved at WQAG</p>	<p>April 22</p> <p>March 22</p> <p>April 22</p> <p>Feb 22</p>	<p>LW</p> <p>LW/BM</p> <p>Matron's</p> <p>LW</p>
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**DRAFT MINUTES OF THE PUBLIC BOARD MEETING
Thursday 31 March 2022**

(Meeting held via Microsoft (MS) Teams)

Covid-19 Update - In light of the Infection Prevention & Control measures within our hospitals as we seek to keep our patients and staff safe, we are restricting groups of people meeting, therefore this meeting was held virtually via MS Teams.

Present:	Linda Pollard Suzanne Clark Phil Corrigan Lisa Grant Julian Hartley Paul Jones Tom Keeney Jenny Lewis Georgina Mitchell Jas Narang Bob Simpson Clare Smith Laura Stroud Gillian Taylor Craige Richardson Dr Phil Wood Rachel Woodman Simon Worthington	Trust Chair Non-Executive Director Associate Non-Executive Director Chief Nurse Chief Executive Chief Digital and Information Officer Non-Executive Director Director of Human Resources & Organisational Development Associate Non-Executive Director Non-Executive Director Non-Executive Director Chief Operating Officer Non-Executive Director Non-Executive Director Director of Estates and Facilities Chief Medical Officer Associate Non-Executive Director Director of Finance
In Attendance:	Jo Bray Helen Christodoulides Alison Conyers Becky Musgrave Rob Newton Jane Westmoreland	Company Secretary Deputy Chief Nurse (for agenda item 4) Trust Lead for Disabilities and Autism Head of Midwifery (for agenda item 12.3(i) and 12.3(ii)) Associate Director of Policy and Partnerships Associate Director of Communications
Apologies:	Chris Schofield	Non-Executive Director

Agenda Item		ACTION
1	Welcome and Introductions	
	The Trust Chair welcomed members to the meeting.	
2	Apologies for Absence	
	No apologies for absence were received however it was noted that Rachel Woodman would be exiting the meeting between 3pm-4pm, and that Jenny Lewis would be exiting to join a City call at 3pm.	
3	Declarations of Interest	
	There were no declaration of interests and the meeting was quorate.	
4	Patient Story – Sally’s Story	
	<p><i>In attendance:</i> <i>Helen Christodoulides, Deputy Chief Nurse and Alison Conyers, Trust Lead for Disabilities and Autism</i></p> <p>Helen Christodoulides provided supporting context to the video and referenced the regional CQC review into care for patients with learning disabilities and autism. She introduced the patient story video which shared Sally’s Story as told by her sister Jane; https://youtu.be/Nrgirg8rBHU</p> <p>Within the video she described the steps the Disabilities and Autism (D&A) team had taken to ensure that Sally’s experience was as positive as possible and to ease her journey; this had included steps such as enabling phone calls; familiarisation by the ward staff, providing insight into distraction tactics. The focus had been on Sally as an individual and making reasonable adjustments around her needs.</p> <p>Julian Hartley reflected further on the role of the team and commended the support they provided to patients. He referenced the staff Corporate Inductions and explained the reinforcement here of the people centred approach with this video being a great example of this. He suggested this could be a good training video for staff which would reinforce the importance of what we do and how do it.</p> <p>Laura Stroud highlighted this as a testament to the importance of personalised care and was positive to see this example of the Trust performing this well.</p> <p>Jenny Lewis was positive of the video and in addition referenced the LIM Report Out which Alison Conyers had delivered the previous week; their previous improvement process had been hampered by Covid and she commended how the team had turned this upon its head and taken the environment to patients.</p> <p>Th Board received the update and it was confirmed that a thank you letter would be circulated to Jane to thank her for sharing her sister’s story.</p> <p>Helen Christodoulides and Alison Conyers exited the meeting</p>	Jo Bray/ Linda Pollard
5.1	Draft Minutes of the Last Meeting	

	The draft minutes of the lase meeting held 27 January 2022 were confirmed to be a correct record.	
6	Matters Arising	
	There were no matters arising listed on the agenda and none were raised during the meeting.	
7	Review of the Action Tracker	
	The action tracker was reviewed, and progress noted.	
8	Chair's Report	
	<p>The report provided an update on the actions and activity of the Trust Chair since the last Board meeting.</p> <p>The Trust Chair noted the detail within her report and highlighted the amendments that had been made to the Trust's Standing Financial Instructions (SFI) and associated Scheme of Delegation (SoD). She noted the approval of the revised SFI's in January 2022 however explained that further clarity had been included on the approval limits and authority within the SoD.</p> <p>She drew attention to section 10 of the report and sought formal ratification of the following decisions which had been given Chair's action:</p> <ul style="list-style-type: none"> • Chairs action was granted to support the Ophthalmology Business Case (approved by the Finance and Performance Committee in January 2022) to maximize capital expenditure in the 2021/22 financial year to support the associated build and enabling packages. • Chairs action was given to progress with the Digital Pathology Strategy Options paper following confirmation of funding from NHS Digital (NHSD); a report was received by the F&P Committee in January which had noted and approved that the final decision to proceed would be taken via Chairs action. She continued that additional funding, over the amount required, had been received and therefore there were further opportunities to accelerate the vision and desired model which were set as outlined within the report. • Chairs action was given to expediate the Data Centre Services contract which would support the mitigation from clinical and administrative systems from on-site server rooms. <p>The Board received the report, ratified the Chairs actions taken and approved the clarifications within the SFI's and SOD.</p>	
9.1	Chief Executive's Report	
	<p>The report provided an update on news across the Trust and the actions and activity of the Chief Executive since the last Board meeting.</p> <p>Julian Hartley set context to the significant pressures the Trust and wider NHS continued to operate under noting the sustained challenges in unplanned care and within the Community which was leading to delays in care. He summarised the internal work taking place to ensure the Trust was doing all it could internally, and outlined the strong partnership working in place across the system. He referenced that Boards workshop meeting</p>	

	<p>in which the Board had discussed the Trust’s Operational and Transformational Plans. He informed of the visit by the national teams to review the Trusts discharge processes and the recognition these were strong, and the most significant challenges were in external pathways requiring partner intervention.</p> <p>He updated against the Multi-Agency Disciplinary Event (MADE) held across the City that week which had brought health and social care partners together to review barriers to discharge and target improvements.</p> <p>He highlighted the success within the Trust’s Research and Innovation (R&I) portfolio with the Trust receiving confirmation of funding to support the Clinical Research Facility for the next five years. He highlighted the benefit of a strong research portfolio to improved outcomes for patients.</p> <p>He highlighted the consultant appointments as listed at section 10 of the report and sought formal ratification of these which was agreed.</p> <p>He drew attention the appendix within his report which set out the Trusts’ Corporate Objectives for the coming year and were included for information.</p> <p>The Trust Chair was positive of the increased focus on R&I across the Trust’s portfolio.</p> <p>The Board received and noted the report.</p> <p>Jenny Lewis and Rachel Woodman exited the meeting</p>	
<p>10</p>	<p>Minutes of Meetings</p>	
	<p>Quality Assurance Committee</p>	
<p>10.1</p>	<p>Chair’s Summary Report</p>	
	<p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the Quality Assurance Committee (QAC) meetings held 3 February and 10 March 2022.</p> <p>Laura Stroud updated the Board on the Extra-Ordinary QAC meeting held 10 March 2022 which had been called to receive the findings following deep-dive into the SHMI. The review had provided assurance of the quality of work and had confirmed no care concerns present. Improvements in central storage and access were highlighted and were being implemented.</p> <p>She continued that Patient Voices continued to be a focal point for the Committee, both within the Ockenden follow up but also wider than this. She reiterated the importance of listening and responding to patients with patient’s stories continuing to be a regular item into the Committee.</p> <p>She highlighted the update received on the Patient Safety Incident Reporting Framework (PSIRF), reminding the Trust had been an early adopter of this with formal reporting to commence from 1 April 2022; The</p>	

	<p>Committee approved the PSRIF, noting the biannual assurance that would be provided to this Committee through the serious incident report. The Committee had also discussed the human factor impact within care outcomes and was monitoring thematic causes and triangulating with other data sets to provide assurance.</p> <p>Noting the further update that would be received at agenda item 12.3 she outlined the continued assurance the Committee continued to seek on the Ockenden Review and recommendations. She briefly updated on the local review that had taken place and commended the engagement from local teams.</p> <p>She noted the two items provided in the Blue Box and welcomed any comments outside of the meeting.</p> <p>The Board received and noted the report.</p>	
<p>10.1(i)</p>	<p>BLUE BOX ITEM – IPC Board Assurance Framework Update</p>	
	<p>The Infection Prevention and Control (IPC) Board Assurance Framework (BAF) update was provided in the Blue Box for information and was received and noted.</p>	
<p>10.1(ii)</p>	<p>BLUE BOX ITEM – Q2 Learning from Deaths Report</p>	
	<p>The Q2 Learning from Deaths report was provided in the Blue Box for information and was received and noted.</p>	
	<p>Research and Innovation Committee</p>	
<p>10.2</p>	<p>Chairs Summary Report</p>	
	<p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the R&I Committee meeting held 1 February 2022.</p> <p>Dr Phil Wood highlighted the update received from 3D LifePrints who had recently joined the Innovation Pop-Up; the update had showcased their work around pre-operative planning which had gained interest from clinicians and highlighted the benefit of co-location with the organisation.</p> <p>He continued that considerable progress had been made with the Innovation Team and Pop-Up over the last period and ref to the agreed six workstreams (underpinned by a wide range of collaborative programmes); Innovation and entrepreneurship training, Engagement across organisation, Business engagement, Events (virtual currently) to support community creation, Project development and Estates / Innovation District development</p> <p>The Committee had reviewed its membership and ToR; within this discussed overlap with ID Committee to ensure no duplication.</p> <p>He updated on the Research Operations Report received which had highlighted the strong recruitment performance in the year to date and the impact of the additional investment that has been secured to the end of the financial year from the Clinical Research Network to help address some of the challenges with the local setup and approval process. Further deep-dives were planned to try to resolve some capacity pressures.</p>	

	<p>With reference to the NIHR Clinical Research Facility (CRF) he informed that the Trust was waiting to hear on the outcome of the funding bid it had submitted. Deep-dive work into the study portfolio is continuing and the work shows that there has been a 6.4% increase in the number of studies since the beginning of the year.</p> <p>Referencing the National Pathology Imaging Co-Operative, he reported this was developing well despite some delays to Go Live dates on certain sites. He highlighted the assurance the Committee continued to receive with the programme considered stable and on track.</p> <p>He highlighted the continued success with NIHR awards informing the team had supported successful applications for four personal Fellowship Awards and one post-doctoral Fellowship Award in the last quarter. In total, that meant 15 NIHR personal Fellowship Awards had been secured in the last 12 months which was a fantastic achievement.</p> <p>The Committee had also received an update on the Trust’s developing partnership with Flatiron and he noted the update provided to the Board that morning.</p> <p>He concluded that the Committee had scheduled a deep-dive of R&I finances at a future meeting.</p> <p>The Board received and noted the report.</p>	
	<p>Workforce Committee</p>	
<p>10.3(i)</p>	<p>Chairs Summary Report</p>	
	<p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the Workforce Committee meeting held 16 March 2022.</p> <p>Tom Keeney updated the Board of the Committees review of the latest staff survey results and informed of the action plans developing from this. The Committee had also deep-dived the People Priorities dashboard and received an update on the latest CSU positions; important report for providing triangulation.</p> <p>He outlined the staff video received at the meeting which had highlighted the importance of the Charities staff fund and the support it provided.</p> <p>The Trust Chair referenced the staff HWB Board discussion that had been scheduled for May which would provide the Board an opportunity to deep-dive some of these areas (including flexible working) in more detail.</p> <p>The Trust Chair questioned the impact on staff of the withdrawal of free Lateral Flow Tests. Tom Keeney confirmed that the Committee had discussed the impact of the withdrawal of the vaccination mandate and within this further information on the impact of withdrawal of free testing on staff had been requested. Lisa Grant reported that the national team was creating a contingency for NHS Staff (recognising the vulnerable patients</p>	

	<p>they were in proximity to) she confirmed this was been worked through and an update would be provided when available.</p> <p>Post-meeting note: subsequent information received confirmed that NHS staff were still eligible to receive free testing; details had been circulated to all staff via email to confirm this.</p> <p>The Board received and noted the report.</p>	
	Digital and IT Committee	
10.4	Chairs Summary Report	
	<p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the Digital and IT (DIT) Committee meeting held 11 February 2022.</p> <p>Jas Narang highlighted the assurance received of the successful roll outs of the PAS Updates; both the hardware and software had been updated to provide increased functionality and seize on opportunity gains. He noted that the associated risk and score (contained within the DIT Risk Register) had reduced as a result of these upgrades.</p> <p>He continued that the Committee had reviewed and supported the DIT programme governance approach which now provided a clear commissioning route, lifecycle, review and governance process for all DIT projects.</p> <p>He noted the assurance received by the Committee against the Trust's cyber-security arrangements; he referenced the national cyber security Log4 apache vulnerability that had been highlighted and confirmed the assurance received against the Trust's systems.</p> <p>He summarised the update received on the Regional LIMS programme, which was a complex programme of work aligned with the Pathology managed equipment service renewal and the opening of the new laboratory in addition to replacing one of the Trust's core legacy systems. He reported progress was being made but there remained a significant amount of work to be planned.</p> <p>The Board received and noted the report.</p>	
	Audit Committee	
10.5	Chairs Summary	
	<p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the Audit Committee meeting held 3 March 2022.</p> <p>Suzanne Clark highlighted the assurance received against the controls in place for the Physical Asset and Change risks (as defined by the Risk Appetite Framework RAF She reported that the Committee had also received an update on the progress to align the BAF with the Strategic Goals of the Trust.</p>	

	<p>She updated on the progress made throughout the year by Internal Audit with the Committee receiving a number of final reviews as outlined in the report.</p> <p>She informed of the Committee's review of the basis for Single Site Valuation with members of Cushman & Wakefield in attendance; continued to support SJUH as the single site for estate valuation.</p> <p>She also noted the update received from the Counter Fraud Team who had reported good responses rates to the active 2021-22 Fraud Awareness Survey, and an update on the current position against the new NHS Counter Fraud Standards.</p> <p>The Board received and noted the report.</p> <p>Jenny Lewis re-joined the meeting</p>	
11	Risk	
11.1	Corporate Risk Register	
	<p>The Corporate Risk Register (CRR) was presented with an accompanying summary report providing an overview of developments. The Board was asked to consider, challenge and confirm the correct strategy had been adopted and advice on any further risk treatment required.</p> <p>Julian Hartley updated on the corporate risks reviewed by the Risk Management Committee (RMC) in February and March 2022.</p> <p>He was cognisant of the significant risk the organisation was currently carrying due to the impact of the pandemic, restricted capacity, pressures and external factors. He reminded that the RMC conducted a full review of all risks on the CRR in addition to the selected deep-dives each month.</p> <p>He noted the detail within the report with no changes proposed to any of the related risk scores. The Trust Chair referenced the discussion within the private portion of the Board meeting which had addressed risks in regard to staffing and system working. There was recognition of the increased risk across a pressurised system and would remain high priority for Board discussions.</p> <p>Suzanne Clark referenced the deep-dives of the strategic risks through the Audit Committee and updated on the intention to summarise these into a single report which would be shared with the Board for assurance.</p> <p>The Board received and noted the report.</p>	
11.2	BLUE BOX ITEM – Annual Fire Safety Report	
	The Annual Fire Safety Report was provided in the Blue Box for information and was received and noted.	
12	Quality and Performance	
12.1	Vaccination Programme	
	The report provided an update against the WY Covid-19 Vaccination Programme.	

	<p>Dr Phil Wood reported that over 1.5M doses of the vaccine had been delivered across Leeds;</p> <p>The focus of the WY programme was currently on the roll out for 12-15 year olds, and 5-11 year olds with vulnerabilities. Instruction had also been received to concentrate on the Booster programme for over 75's.</p> <p>He referenced the discussion by the Board that morning of the anticipated direction for the programme and the assumption that this would align with the seasonal influenza campaign.</p> <p>He noted that the Elland Road facility had now closed and informed that KPMG had completed an options appraisal on behalf of the City and had recommended a mixed model for the City which would be based on Primary Care Networks (PCN) and Community Providers, supported by school vaccination service and building on success of pop up sites.</p> <p>He reminded that a number of LTHT staff continued to be seconded to the vaccination programme and as this gained a more stable footing in the community it was anticipated they would be realised back to the Trust.</p> <p>The Board received and noted the report.</p>	
12.2(i)	Context - Current Operational Pressures	
	<p>Julian Hartley noted the update that had been provided as part of his CEO update at agenda item 9.1.</p> <p>In addition, he referenced the Operational Transformation Strategy which had been reviewed by the Board workshop that morning which would provide a clear roadmap to teams of recovery plans and ambitions. He continued that the Trust was also working hard to demonstrate to the public the actions it was taken to recover from the impact of the pandemic, referencing the recent British Social Attitudes Survey which had seen a decline in public satisfaction of the NHS.</p> <p>He commented on the importance of communications during this period of pressure and being transparent with patients and partners of the challenges faced by the Trust and across the wider NHS.</p> <p>He sought to provide assurance of the additional measures in place across the Trust to support the on-going reduction of the backlog with reference to the additional detail that would be provided in the next agenda item.</p> <p>Rachel Woodman re-joined the meeting</p>	
12.2(ii)	Integrated Quality and Performance Report (IQPR)	
	<p><i>In attendance:</i> <i>Becky Musgrave, Head of Midwifery</i></p>	

The IQPR was presented for discussion and assurance on quality and performance. Each of the Executives presented an update against their respective portfolio's (aligned against the domains set out within the CQC Well-led framework: Safe, Responsive, Effective, Well-Led, Caring and Use of Resources):

Clare Smith, reporting against Ambulance Handovers on page 6, reminded of the target for Handovers to take no more than 15 minutes and referenced the national pressures on this position. For the LGI site during February the average handover time was 13:10 minutes with 32.3% taking over 15 minutes; for the SJUH site the average handover was 16:39 minutes with 50.7% taking over 15 minutes. For the region, the mean ambulance handover time in February 2022 was 27.55 minutes and nationally this was 34.79 minutes.

She informed that the Trust had been used as a recent ambulance handover case study for the NHS Confederation in February 2022 due to having one of the lowest rates of handover delays in the country and as an exemplar of good practice. She reminded that this had been an area of priority across the Trust with recognition of the wider safety risks facing patients waiting in ambulances. She confirmed that work would continue to achieve further improvements and updated on a piece of work with the Yorkshire Ambulance Service which was being supported through the use of the Leeds Improvement Method (LIM).

Against the Emergency Care Standard (ECS) on page 7 she reported February performance at 72.2% (which was an improvement on the January position). She reported that there was further work to do on improving performance against this standard and explained that some areas were seeing specific pressures; the LGI site in particular was seeing greater attendances but with lower acuity needs and the Trust was thinking through how to use available resources to the maximum effect. She was positive of the impact of the Same Day Emergency Care (SDEC) pathway which was diverting some pressure. She updated on the appointment of an additional seven ED consultants to provide additional clinical support to the Team, and referenced the significant investment agreed by the Board in January to invest in the workforce for Urgent Care.

Drawing attention to the Referral to Treatment (RTT) performance on page 9, she reminded of the significant pressures on services throughout the pandemic. The Trust had continued to prioritise clinical urgent and longest waiting patients. Performance for February 2022 was at 67.9% (a decline on the previous months position).

Progress had been made against the trajectory for patients waiting longer than 52 weeks for treatment - a decrease of 193 patients on last month's position and this was 465 patients ahead of trajectory. On the 104ww position there were there were 462 patients who had waited over 104 weeks for treatment which was a decrease of 47 from the January 2021 position and 27 patients behind trajectory (predominantly because of Jan impact which was behind due to Omicron and sickness). She updated that

against the March position the trajectory had being exceeded by 40 patients which was reflective of the tremendous effort by staff.

Noting the Cancer Waiting Times (CWT) from page 12, she informed the Board of the detailed review of the recovery actions in place by the F&P Committee the previous day. As shown in the report, the Trust was not performing as it wished to be against these standards and she shared her assurance of the focus by teams and escalation/ support routes being explored. She highlighted the significant increase into the 2ww referral pathways which had knocked on to other areas; Breast was a key area of pressure and there were a number of actions in place including the extension of weekend activity and seeking support from WYAAT partners. She informed that she had a planned meeting with leadership teams in two weeks to review progress on recovery plans.

On the 62day position she reminded that there had been a lower level of operations in January due to the impact of the Omicron variant with performance reported at 30%. She reported that the February position had shown some improvements and reminded that the focus was on addressing the most urgent and longest waiting patients therefore performance against this standard would continue to be impacted as the backlog was cleared. She updated on positive interventions within the Radiography service including support to the workforce which should see capacity recovered by April. She also updated on the installation of an additional Surgical Robot that would be focussed on the backlog recovery specifically for neurological patients for first 6-8 weeks.

Moving to page 22 which set out performance against Readmissions (within 30 days) she reported that both Elective and Non-elective readmissions were within the Statistical Process Control (SPC) Chart Control Limits however were operating towards the lower level. She updated on the actions being taken which linked to the 'Reducing Delays and Improving Outcomes' workstream and included a review of all patient literature to ensure it was up-to-date and accessible.

Against Super Stranded Patients (SSP) on page 57 she reminded of the huge focus in this area which was one of the debilitating factors on the organisation. She referenced the MADE event held that week which had focussed on discharge pathways across the City. She updated on the national recognition that the Trust had received that it managed its hospital led discharge well however there were barriers in the Community. She updated on the weekly review of the patients with no RtR position;

- There were 235 patients with a stay of 21 days and over with a reason to reside on 27 February 2022.
- There were 194 patients with a stay of 21 days and over without a reason to reside on 27 February 2022.

The Trust Chair questioned if the new robot was operational. Responding, Clare Smith explained the robot was currently being collaborated and it was envisioned it would be live from April.

The Trust Chair questioned the recruitment progress within Radiology services recognising this was a traditionally difficult to recruit to area; Clare Smith explained that some progress had been made against some modalities however there remained challenges with specialist radiologist roles. She updated on work with local partners to create a pipeline of recruits and a more sustainable service for the organisation.

Lisa Grant drew attention to page 31 which summarised performance against the Perfect Ward metrics. She reminded that during the height of the pandemic some of the metrics had been reduced to reduce the burden on staff and ensure focus on the most value adding metrics. She updated that all metrics had now been reactivated, and whilst it would take CSU's a few weeks to get back in their stride – good trend against the control limits was anticipated.

Moving to Pressure Ulcers, she reported that the associated metrics were more in line with common cause variation however the Trust remained in the upper quartile of reporting. She updated that the City Wide Strategic Group had reverted back to its pre-pandemic schedule. The group had agreed on a standard education package and hoping for traction on this; also looking at a broader external review across the system.

She reported that the Trust had not achieved its PU trajectory for the year, primarily due to the impact of the pandemic, and advice was being sought from peer organisations on how they would be re-setting their trajectories for the coming year. She highlighted the Trust's ambition to create a realistic target for the coming year – balanced with pushing the boundaries.

She noted the Maternity Friends and Family Test results summary on page 56 and was pleased to report the consistently positive feedback.

Becky Musgrave drew attention to the Maternity metrics on page 35, she reported there had been a statistical increase in the trend for Still Births, across the region. She updated on the thematic analysis taking place across the region in response to this. In addition, she updated on the internal thematic review which had taken place and she explained that the results had highlighted that women from a BAME or higher deprivation background were more at risk. The team were also carrying out a further deep-dive looking into historic cases over the past five years. Findings to date evidenced that guidance had been followed throughout and the team was reviewing if any additional action would have led to a different outcome.

Phil Corrigan questioned if the Still Birth data accounted for social deprivation, and also asked what further action the Trust could take to support women in these areas. Responding, Becky Musgrave explained the social deprivation information received through the Birth Rate tools, she referenced the regional review taking place and explained the actions that would come out of this which would inform additional interventions and was looking at how to improve engagement with families in hard to reach areas/communities.

Laura Stroud referenced the interventions and learning identified through the Ockenden Report and explained the oversight of these through the QAC. She also noted her role as Maternity Safety Champion and engagement with the team. The Trust Chair sought clarity of the wider team in place across the Leeds Place with responsibility for maternity. Laura Stroud provided further detail and noted the involvement of Public Health.

Dr Phil Wood drew attention to the Mortality on page 23; he noted the higher than expected SHMI rate and referenced the subsequent review with assurance provided to the Extra Ordinary QAC meeting on 10 March 2022.

Moving to Serious Incidents (SI) on page 24 he reported there had been a total of 38 SI's reported during the last period and reminded of the additional detail and assurance of actions reported through the QAC. A portion of the increase was related to the new requirement to report hospital required-infections, PU and Falls continued to be the biggest reporting criteria. He reported that the PSIRF would go live from 1 April 2022. On page 25 he reported that two Never Events had been reported and again referenced the detail and assurance provided to the QAC Committee.

Drawing attention to the Venous Thromboembolism Risk Assessment on page 30 he was pleased to report that the Trust had achieved the 95% target for the second consecutive year.

Noting the suspension of the CQUIN Tracker (page 58) throughout the pandemic he reported that these would be reactive from 1 April 2022 and the Trust was currently engaging with the CCG on reporting requirements for the coming year. Following a query from the Trust Chair he updated on his understanding this would sit with ICB when CCG abolished.

Craige Richardson provided an update against the E&F metrics from page 37; against the Patient Environment, he reported that the Trust was in line or exceeding the associated national targets; he commended the team for maintain standards given the operational pressures and introduction of new standards.

He reiterated the Trust's zero tolerance approach to violence and reminded of the bolstering of the Security Service in response to increased incidents. He shared that the feedback from the ED Team showed that staff had welcomed this increased presence and there had been a decline in physical assaults and anti-social behaviour. He updated that the team had committed to extend this on a more sustained approach which gives reassurance to staff.

Paul Jones noted the digital metrics from page 41 and informed that one major incident had been reported in February related to PPM+. He reported that the incident had been resolved in full.

	<p>Jenny Lewis drew attention to the Workforce Planning metrics on page 43 and informed that the HR Team would be meeting with all CSU's in the coming weeks to review their alignments to central plans and stretch actions in plans to get through to delivery.</p> <p>She noted the positive trajectory on page 44 of the Registered Nurse Workforce against Scenario Planning.</p> <p>Free from Discrimination (FFD), on page 47-48 she was pleased to report that early signs of improvement were beginning to be evidenced within the data. She reminded of the triangulated approach that the Trust was taking to inclusion and diversity with a focus on culture and debiasing processes and policy etc.</p> <p>Against the HWB metrics on page 50, she asked the Board to note the increased levels of sickness and Bank and Agency Spend and reminded of the deep-dives and assurance provided through the Workforce Committee structure.</p> <p>Simon Worthington drew attention to the financial metrics from page 60; he highlighted that the Trust was forecasting it would close the year with a modest surplus of £6.4M. Against the capital position, he reported that all material orders had been placed and the capital programme had delivered on its plan for 2021-22 with full utilisation of its resources.</p> <p>He updated that the national planning guidance and confirmation of funding for 2022/23 had been received and incorporated into planning; the Trust would be forecasting a balanced position however significant material risk to the delivery of this was noted given the operational pressures and conditions of funding.</p> <p>He was pleased to report that the Finance Team had achieved their target, with over 3,000 NHS staff signing up to be part of the OneNHSFinance programme.</p> <p>The Board received and noted the report.</p>	
<p>12.3 (i)</p>	<p>Nursing & Midwifery Quality & Safety Staffing Report</p>	
	<p><i>In attendance:</i> <i>Becky Musgrave, Head of Midwifery</i></p> <p>The report provided the Board with key nursing and midwifery workforce data which described staffing levels in relation to the safety and quality of care provided; data in the report was provided for December 2021 and January 2022. The report included staffing information against all wards areas opened in month.</p> <p>Lisa Grant guided the Board through the quality and staffing data described within the report with a summary of key highlights listed below;</p> <ul style="list-style-type: none"> • In December, of the 88 inpatient areas reviewed, one area reported an average fill rate of less than 8% against their planned staffing levels; they had also reported an amber rating in the Ward 	

	<p>Healthcheck metrics and had therefore triggered further investigation [analysis of the ward quality indicators and further information was included at Appendix 2].</p> <ul style="list-style-type: none"> • In January, of the 90 inpatient areas reviewed, one area had reported an average fill rate of less than 8% against their planned staffing levels; one area (not the same as December) reported an average fill rate of less than 8% against their planned staffing levels; they had also reported an amber rating in the Ward Healthcheck metrics and had therefore triggered further investigation [analysis of the ward quality indicators and further information was included at Appendix 2]. • Blue Shifts (NSSR) – no Blue Shifts were reported in December 2021 or January 2022. • Red Shifts (Safecare Tool <u>only</u>) - 11 Red Shifts were reported in December and 42 in January (related to unmitigated safety concerns); all were subject to an immediate response and shared the same themes across CSU's of increased staffing absences; During January, the Trust extended the week day daily nurse staffing meeting to cover weekends, chaired by the on-call Head of Nursing and increased senior staff on site during out of hours periods to provide visible leadership and support during this time of particularly high pressure. • Red Flags - A total of 1,048 Red Flags were reported across the Trust in December 2021 and January 2022. All Red Flags were escalated to the Matron or Clinical Site Manager out of hours and mitigated or responded to where unable to entirely mitigate. • Vacancies - In January 2022 the Trust had a registered nursing, midwifery and operating department practitioner vacancy of 8.35% (this was an improvement of 3.11% when compared against the vacancy position in January 2021). The Clinical Support Worker (CSW) vacancy was 9.56% (it was noted that the Trust Board had recently approved an additional increase of 221 WTE CSW over the next three years). • The Trust had developed two new roles, Ward Environment and Mealtime/Bedtime Support Worker to enhance patient care. 33 healthcare students had been recruited and deployed into these new roles, working across a range of wards and specialities. • Increased bank and agency rates remained in use during December 2021 with the addition of an increased over-time rate for substantive staff in January 2022 to support the significant staffing shortfalls. <p>She asked the Board to note that on-going assurance against challenges would be sought through the QAC and Workforce Committees.</p> <p>Becky Musgrave presented an update against the maternity quality and staffing metrics (at section 4 of the report);</p> <ul style="list-style-type: none"> • The midwife to birth ratio remained consistent at 1:26 for December 2021 and January 2022. • Safe staffing levels have been maintained during the reporting period. One to one care in labour had been maintained at 100%. 	
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	<ul style="list-style-type: none"> • Maternity Red Flags - A total of 72 red flags were reported across the maternity services in December 2021 and January 2022 which was a significant reduction from the previous reporting period. • The BR+ staffing vs. workload tables were available in Appendix 3. Analysis of this data illustrated that overall workforce availability met acuity demands. <p>The Board received the report and confirmed its assurance of the processes in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.</p>	
12.3(ii)	<u>BLUE BOX</u> ITEM – Supplementary Information Quality & Safety Staffing Report and Annual Report	
	Supplementary information to support the Nursing and Midwifery Safer Staffing report at agenda item 12.3(i) was provided in the Blue Box for information and was received and noted.	
12.3(iii)	Ockenden Assurances	
	<p><i>In attendance:</i> <i>Becky Musgrave, Head of Midwifery</i></p> <p>The report sought to provide assurance to the Board with regard to the Immediate and Essential Actions (IEA) identified in the Interim Ockenden report (published in December 2020).</p> <p>Becky Musgrave reminded of the seven IEA's that had been issued to all maternity providers in England following publication of the interim Ockenden report. She referenced the self-assessment undertaken by the Trust in January 2021 with further supportive evidence submitted via the national portal in June 2021. This evidence was quality assured by the regional maternity team and LTHT received analysis of the evidence submission in October 2021; there were some areas highlighted where the service needed to strengthen the available evidence to provide assurance but overall there were no safety concerns raised. She highlighted the RAG rated charts within the report which visualised the assessment against each of the elements of the seven IEA's.</p> <p>She continued that in January 2022 all maternity providers had received a letter from NHSE asking that they re-evaluate their position in relation to the seven IEA's and workforce plans and share the findings with the Trust Board. She noted the detail provided within the reports appendices and highlighted the two key areas in need of further development as the establishment of the maternal medicine centres and increased engagement with service users (specifically harder to reach communities).</p> <p>She reported that compliance with the IEA's was monitored through CSU and corporate governance structures with formal reports received on a monthly basis. In addition, the Executive and CSU leadership team met with the national maternity leaders earlier this month as part of a national programme of engagement events. There were no concerns raised about the quality and safety of the maternity services at LTHT.</p>	

<p>She informed that the maternity workforce had been reviewed following commissioning of a Birthrate+ report (BR+). The report had identified a gap between the current establishment and the recommendations. Recurrent funding was being provided by NHSEI and would be allocated to WY&H Local Maternity System and distributed on a fair share basis. The available funding would enable the gaps identified in the BR+ report to be closed. She continued that the leadership structure was now aligned with the RCM leadership manifesto.</p> <p>She noted that the final Ockenden report had been published the previous day and informed that the Maternity leadership team were reviewing the recommendations and would work collaboratively with all members of the MDT to develop an action plan in relation to the additional 15 recommendations for all maternity services. She continued that the leadership team were also reviewing the revised self-assessment document and confirmed findings would be shared with the Board at the earliest opportunity.</p> <p>Referencing the IEA action plan at Appendix 3, the Trust Chair questioned progress and timelines. Responding, Becky Musgrave confirmed that all actions with a February and March action date had been completed, and confirmed that those with an April date were on track for completion. She updated that a new Maternity Engagement Lead was joining the team to support service user engagement activities, and that adverts had gone out to recruit to a Maternal Medicines Team who would complete monthly audits to support compliance.</p> <p>Julian Hartley commended the team for the attention and pace they had given to responding to this review and providing assurances. He referenced the comments by Donna Ockenden on the continuity of careers and would like to explore this with Midwifery colleagues further outside of the meeting to understand their views on this and how to reflect in metrics. Becky Musgrave shared that the team was trying to ensure consistency where it could, she explained however that staffing levels and availability did not lend itself to being able to provide this in all cases. She recognised the importance of assuring that staff HWB was also supported and work/life balance protected. She explained that assurance of full staffing on every shift was challenging to provide under the current context. She agreed with the ethos of continued care however explained that the reality on the ground was that this may be better focussed during the anti-natal period rather than the full pathway. Julian Hartley supported this and recognised the safety first approach, he was mindful that this may signal a shift and confirmed the Trust would work through this in terms of guidance and policy.</p> <p>Laura Stroud shared her reflections as Board Maternity Safety Champion, she commended the leadership of Sue Gibson, Director of Midwifery and Kelly Cohen, Clinical Director and was positive of the aspects of collaboration she had seen which had provided assurance of the holistic view of the whole service. She had witnessed a positive culture within the service with trust and escalation routes to senior leadership and Board</p>	<p>Julian Hartley</p>
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	<p>when required. She shared her assurance from engagement meetings that the Leeds Way values were evident throughout and there was a clear focus on listening to women's voices.</p> <p>The Board received the report, noted the progress made with the IEA's and areas for continued improvement and noted the recurrent funding streams required to support full compliance with all IEA's.</p> <p>Becky Musgrave exited the meeting</p>	
13	Strategy and Planning	
13.1	Building the Leeds Way	
	<p>The report provided an update on progress against the Building the Leeds Way (BtLW) programme and investment plans.</p> <p>Simon Worthington noted the detail within the report and confirmed that the Trust continued to engage with the New Hospitals Programme on the development of the Hospitals of the Future project.</p> <p>He was pleased to report that Central approval and funding had been granted for the Pathology Facility project and enabling work would begin on the SJUH site in the coming weeks.</p> <p>Referencing the LGI Redevelopment Site project (Innovation District) he reported that the Innovation Pop Up had been well received and had been named by NHSE's Chief Scientific Officer as '2021 Excellence in Healthcare Science Research and Innovation' award winner. He continued that more than 11 companies had now joined the Pop-Up which was good progress in continuing to build a Leeds community of innovators.</p> <p>The Board received and noted the report</p>	
14	Governance and Regulation	
14.1	Fit and Proper Persons Register Compliance	
	<p>The report set out the requirements of the CQC Fit and Proper Person (FPP) Test with Board members asked to re-confirm their self-declaration of compliance for formal minuting and to update the FPP Register.</p> <p>All present Board members confirmed their self-declaration of compliance; it was noted that non-present Board members would be asked to make their self-declaration following the meeting.</p> <p><i>Post-meeting note – Chris Schofield confirmed his declaration via email following the meeting.</i></p>	
	Items for Information	
15.1	BLUE BOX ITEM - Forward Planner	
	The Board Forward Planner was provided in the Blue Box for information and was received and noted.	
16	Standing Agenda Items	
	Risk	
	There were no items arising from the meeting for escalation to the CRR.	
	Legal Advice	

	There were no item arising from the meeting that warranted the consideration of legal advice.	
	CQC or NHS England/ Improvement	
	There were no items arising from the meeting for escalation to the CQC or NHSE/I.	
	Communications	
	There were no specific items arising from the meeting that required further communications.	
17	Review of Meeting and Effectiveness	
	Comments on the meeting review and effectiveness were welcomed via email.	
18	Any Other Business	
	Jas Narang updated the Board on his appointment as Chair of the Organ Donation Committee.	
19	Date of next meeting: 26 May 2022	

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Work Schedule

Date: 19 July 2022

Report of: Head of Democratic Services

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

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

- 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. Rather, the work schedule should be recognised as a document 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.
- The Scrutiny Board Procedure Rules also state that, where appropriate, all terms of reference for work undertaken by Scrutiny Boards will reflect the requirement '*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*'.
- The latest iteration of the Board's work schedule for 2022/23 is appended to this report for the Board's consideration.

Recommendations

Members are requested to consider the Scrutiny Board's work schedule for the 2022/23 municipal year.

What is this report about?

- 1 During the Scrutiny Board's initial meeting on 21 June 2022, Members were presented with a draft work schedule for the current municipal year, which reflected known items of scrutiny activity, such as performance and budget monitoring, as well as other areas of work recommended by the former Scrutiny Board to be pursued during the 2022/23 municipal year
- 2 Other potential areas of interest also raised at the initial meeting included:
 - Continued oversight of the Integrated Care System development and progression.
 - Impact of the cost of living crisis.
 - The health and housing breakthrough project linked to the Best City Ambitions.
 - Health inequalities – including a specific focus on gypsy and travellers' health outcomes.
 - Implications of the commitment to Leeds becoming a Marmot city.
 - Exploring barriers to accessing the Council's Leisure Centres.
 - Social Care reform – including fair cost of care reform, charging reforms, and the re-introduction of the Adult Social Care inspection regime
 - Introduction of the Liberty Protection Safeguards.
 - Health impact of climate change.
 - Learning from COVID and the Council's long-term trusted relationship with its communities
 - Elective (planned) care recovery within health services – waiting lists and waiting times.
 - Non-elective (emergency) care and patient flow.
 - LTHTs new hospitals programme.
 - Responding to and managing increases and changes in demand for mental health services – for example adolescent eating disorders and primary care referrals.
 - Workforce Strategy – including workforce challenges, wellbeing and diversity.
 - The role of health estate and investment in estate in providing the right care in the right place for patients
 - Health equity in physical and mental health.
 - Targeted accessibility to mental health services.
 - Using patient experience within services.
 - Capacity and access to GP services and the relationship between primary and specialist (secondary) care services.
 - Service access criteria and expedite letters.
 - The Council's Physical Ambition
 - Active travel
 - Engagement with the Care Quality Commission as the health and care regulator.
 - Focusing on specific areas of influence and outcomes.
 - Supporting people to maintain a healthy diet and healthy weight.
 - Specific neurodiversity mental health pathways.
- 3 However, in recognition of the need to ensure that the work of the Scrutiny Board remains manageable, it was agreed that the Chair of the Scrutiny Board would liaise with the Principal Scrutiny Adviser to consider which of the above areas of interest would best warrant an in-depth piece of scrutiny work; which areas could potentially form part of the Board's general assurance activity and/or discussions when already tracking progress against relevant key strategic plans; and which are deemed less of a priority for this municipal year.
- 4 An analysis of the potential work areas raised during the discussion at the Board meeting and highlighted from other sources is presented at Appendix 1. An updated version of the Board's work schedule for 2022/23 that reflects the analysis is set out in Appendix 2 for the Board's consideration. There will be an opportunity to discuss these details in greater depth during the meeting.
- 5 Feedback on the updated draft work schedule is being sought from relevant Executive Board members and partners, alongside advice from relevant Directors. Any advice and/or feedback received will be provided to the Board at the meeting.

- 6 The latest Executive Board minutes from the meeting held on 22 June 2022 are also attached as Appendix 3. The Scrutiny Board is asked to consider and note the Executive Board minutes, insofar as they relate to the remit of the Scrutiny Board; and consider any matter where specific scrutiny activity may also be warranted.

Developing the work schedule

- 7 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.
- 8 The above working principals have been taken into account when undertaking the analysis of potential work areas, which in turn is reflected in the draft work schedule appended to this report.
- 9 It should be noted that 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 necessary and appropriate.
- 10 These approaches are reflected in the draft work schedule appended to this report. However, it should be noted that the work schedule remains a live document and this flexible approach may require further refinement, which may include additional formal meetings of the Scrutiny Board.

What impact will this proposal have?

- 11 All Scrutiny Boards are required to determine and manage their own work schedule for the municipal year.
- 12 Article 6 of the Council’s Constitution includes a requirement for the Council’s Scrutiny Officer to annually report to Council on how the authority has carried out and discharged its overview and scrutiny functions, The Boards work schedule will contribute to and support this requirement.

How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing Inclusive Growth Zero Carbon

- 13 The terms of reference of the Scrutiny Boards promote a strategic and outward looking Scrutiny function that focuses on the Best City Ambition.

What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted? Yes No

14 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. Relevant Directors and Executive Members were actively engaged in the initial meeting of the Board when considering sources of work and priorities for the Scrutiny Board for the current municipal year.

What are the resource implications?

15 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.

16 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.

17 Consequently, when establishing their work programmes Scrutiny Boards should:

- Seek the advice of the Scrutiny officer, relevant Directors and Executive Members 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.

What are the key risks and how are they being managed?

18 There are no direct risk management implications associated with this report..

What are the legal implications?

19 There are no specific legal implications associated with this report.

Appendices

- Appendix 1 – Analysis of potential work areas
- Appendix 2 – Latest work schedule of the Adults, Health and Active Lifestyles Scrutiny Board for the current municipal year, 2022/23.
- Appendix 3 – Draft minutes of the Executive Board meeting held on 22 June 2022.

Background papers

- None.

**SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
POTENTIAL WORK SOURCES FOR 2022/23 – ANALYSIS**

Potential work sources	Comments / suggested approach
1) Continued oversight of the Integrated Care System development and progression.	Included in the previous draft work schedule with updates in October 2022 and March 2023 ¹ .
2) Impact of the cost of living crisis.	Suggested activity / area of consideration for the West Yorkshire Joint Health Overview and Scrutiny Committee.
3) The health and housing breakthrough project linked to the Best City Ambitions.	Work being undertaken elsewhere. Progress to be included as part of performance reporting arrangements – next report January 2023
4) Health inequalities – including a specific focus on gypsy and travellers' health outcomes	Work being undertaken elsewhere. Progress to be included as part of performance reporting arrangements – next report January 2023
5) Implications of the commitment to Leeds becoming a Marmot city.	Consider in October 2022.
6) Exploring barriers to accessing the Council's Leisure Centres.	Consider outcomes of the work undertaken: Timing to be discussed with Head of Active Leeds
7) Social Care reform – fair cost of care reform.	Board briefing session/ consultative meeting: Timing to be discussed with Director of Adults & Health
8) Social Care reform – charging reforms.	Board briefing session/ consultative meeting: Timing to be discussed with Director of Adults & Health
9) Social Care reform – re-introduction of the Adult Social Care inspection regime	Board briefing session/ consultative meeting: Timing to be discussed with Director of Adults & Health
10) Introduction of the Liberty Protection Safeguards.	Included in the previous draft work schedule. Rescheduled to Feb 2023 to reflect Director advice.
11) Health impact of climate change.	<i>Plan for consideration in 2023/24.</i>
12) Learning from COVID and the Council's long-term trusted relationship with its communities	Consider in March 2023.
13) Elective (planned) care recovery within health services – waiting lists and waiting times	Report on waiting lists and waiting times to include whole system impacts across primary, secondary and tertiary care. To include ambulance response and waiting times. Provisionally scheduled for November 2022. ²
14) Non-elective (emergency) care and patient flow	Included in (13) above.

¹ National Audit Office (NAO) will report in Autumn 2022 on the progress made in establishing Integrated Care Systems across England, which may be helpful for the Board to consider. Details available [here](#)

² National Audit Office (NAO) report on national arrangements due in Autumn 2022, which may be helpful for the Board to consider. Details available [here](#)

**SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
POTENTIAL WORK SOURCES FOR 2022/23 – ANALYSIS**

Potential work sources	Comments / suggested approach
15) LTHTs new hospitals programme	Receive updates as and when required. May include additional working group / consultative meeting(s).
16) Responding to and managing increases and changes in demand for mental health services – for example adolescent eating disorders and primary care referrals.	Inquiry area: Scope and terms of reference to be considered in September 2022. ³
17) Workforce Strategy – including workforce challenges, wellbeing and diversity	Separate report item, to be considered in Nov. 2022 to coincide with the waiting lists item detailed at (13) above.
18) The role of health estate and investment in estate in providing the right care in the right place for patients	<i>Not a specific priority for the Board during the current year.</i>
19) Health equity in physical and mental health	Consider inclusion within the mental health inquiry area – detailed in (16) above
20) Targeted accessibility to mental health services	Consider inclusion within the mental health inquiry area – detailed in (16) above
21) Using patient experience within services	Incorporate how the patient / service user voice is informing the development of services when reporting developments to the Scrutiny Board.
22) Capacity and access to GP services and the relationship between primary and specialist (secondary) care services	Include as part of the waiting lists/ times whole system report – detailed in (13) above. Include as a specific/ targeted aspect within the mental health inquiry area – detailed in (16) above.
23) Service access criteria and expedite letters	Working group consideration of existing practice and impacts across primary and secondary care. Suggested timing September 2022.
24) The Council's Physical Ambition	Include with (6) above and how overcoming barriers can help achieve the Council's Physical Ambition.
25) Active travel	<i>Not a specific priority for the Board during the current year.</i>
26) Engagement with the Care Quality Commission as the health and care regulator	Consider as part of Social Care reform – re-introduction of the Adult Social Care inspection regime (ref.(9) above)
27) Focusing on specific areas of influence and outcomes	Reflected in general work schedule approach.
28) Supporting people to maintain a healthy diet and healthy weight	Consider outcome of partnership discussions following 2022/23 budget decisions in December 2022 (working group)

³ National Audit Office (NAO) will report on whether the government has achieved value for money in its efforts to date to expand and improve NHS-funded mental health services in Spring 2023. This may be helpful for the Board to consider. Details available [here](#)

**SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
POTENTIAL WORK SOURCES FOR 2022/23 – ANALYSIS**

Potential work sources	Comments / suggested approach
29) Specific neurodiversity mental health pathways	Consider inclusion within the mental health inquiry area – detailed in (16) above
30) Primary Care Access	Include as part of the waiting lists/ times whole system report – detailed in (13) above.
31) Children’s Mental Health – specifically in relation to Autism and ADHD	Consider inclusion within the mental health inquiry area – detailed in (16) above
32) Intermediate Care transformation	Included in the previous draft work schedule with workshop provisionally identified for October 2022.
33) Development of Urgent Treatment Centres (post pandemic)	Health Service Developments Working Group. Timing to be determined.
34) Scrutiny into waiting lists – whilst LCH does not have the high profile waits acute trusts have, LCH does have capacity issues associated with backlogs created during COVID and from higher referrals rates	Included in (13) above.
35) New developments in community services particularly around the Enhanced Community Response (including a 2hr target to respond to people in crisis in their own home), the Virtual wards and the remote monitoring clinical hub	Health Service Developments Working Group. Timing to be determined.
36) LCH’s newly launched Children’s Strategy	Briefing session for the Board as part of a Health Service Developments Working Group. Timing to be determined.
37) A whole system consideration of the impact of fuel and cost of living increases on health – people being unable to stay warm, to eat well etc	Included in (2) above.
38) Consultation on refreshed Leeds Health and Wellbeing Strategy to be launched in April 2023.	Link to Marmot City ambitions identified in (5) above. Consider in October 2022.
39) Innovation in health and care in Leeds	Report in March 2023.

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SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES) Work Schedule for 2022/2023 Municipal Year

June 2022	July 2022	August 2022
Meeting Agenda for 21/06/22 at 1.30 pm. Council and democracy (leeds.gov.uk)	Meeting Agenda for 19/07/22 at 1.30 pm. Council and democracy (leeds.gov.uk)	No Scrutiny Board meeting scheduled
Scrutiny Board Terms of Reference and Sources of Work (DB) Performance Update (PM)	Maternal health provision in Leeds (PSR) Review of visiting policies and patient advocacy within local healthcare settings and care homes (PSR)	
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 2022/2023 Municipal Year

September 2022	October 2022	November 2022
Meeting Agenda for 20/09/22 at 1.30 pm. Council and democracy (leeds.gov.uk)	Meeting Agenda for 18/10/22 at 1.30 pm. Council and democracy (leeds.gov.uk)	Meeting Agenda for 22/11/22 at 1.30 pm. Council and democracy (leeds.gov.uk)
<p>Access to local NHS dental services – update (PSR)</p> <p>Draft system strategy for Leeds Stroke Services (PDS)</p> <p>Community neurological rehabilitation service – update (PSR)</p> <p>Scrutiny Inquiry: Increases and changes in demand for mental health services – draft terms of reference</p>	<p>Update on the local Integrated Care System (PSR)</p> <p>Implications of the commitment to Leeds becoming a Marmot city (PSR)</p> <p>Consultation on refreshed Leeds Health and Wellbeing Strategy to be launched in April 2023 (C)</p>	<p>Whole system impacts report on waiting lists and waiting times (PSR).¹</p> <p>Whole system report on workforce strategy – including workforce challenges, wellbeing and diversity (PSR)</p>
Working Group Meetings		
<p>Service access criteria and expedite letters (PSR) – <i>timing to be confirmed</i></p> <p>Provision of non-invasive post-mortems (PSR) – <i>timing to be confirmed</i></p>	<p>Intermediate Care Transformation (PSR) – <i>timing to be confirmed</i></p>	
Site Visits / Other		

¹ National Audit Office (NAO) report on national arrangements due in Autumn 2022, which may be helpful for the Board to consider. Details available [here](#)

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 2022/2023 Municipal Year

December 2022	January 2023	February 2023
No Scrutiny Board meeting scheduled	Meeting Agenda for 17/01/2023 at 1.30 pm. Council and democracy (leeds.gov.uk)	Meeting Agenda for 21/02/23 at 1.30 pm. Council and democracy (leeds.gov.uk)
	Performance report (PM) Financial Health Monitoring (PSR) 2023/24 Initial Budget Proposals (PDS) Best City Ambition – Update (PDS)	Arrangements surrounding the implementation of Liberty Protection Safeguards (PDS) Leeds Safeguarding Adults Board Progress Report (PSR)
Working Group Meetings		
Options/ proposals for supporting people to maintain a healthy diet and healthy weight (PSR) – <i>timing to be confirmed</i>		
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 2022/2023 Municipal Year

March 2023	April 2023	Matters to be scheduled
Meeting Agenda for 21/03/23 at 1.30 pm. Council and democracy (leeds.gov.uk)	No Scrutiny Board meeting scheduled	
Update on the local Integrated Care System (PSR) Learning from COVID, with a specific focus on the Council's long-term trusted relationship with communities (PSR) Innovation in health and care in Leeds (PSR)		Exploring barriers to accessing the Council's Leisure Centres and achieving the Council's Physical Ambition. (PSR) Social Care reform – fair cost of care reform (PDS) Social Care reform – charging reforms (PDS) Social Care reform – re-introduction of the Adult Social Care inspection regime (PDS) LTHTs new hospitals programme updates (DB)
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

EXECUTIVE BOARD

WEDNESDAY, 22ND JUNE, 2022

PRESENT: Councillor J Lewis in the Chair

Councillors S Arif, A Carter, D Coupar,
S Golton, M Harland, H Hayden, J Pryor,
M Rafique and F Venner

- 1 Exempt Information - Possible Exclusion of the Press and Public**
There was no information contained within the agenda which was designated as being exempt from publication.
- 2 Late Items**
There were no late items of business submitted to the Board for consideration.
- 3 Declaration of Interests**
There were no interests declared at the meeting.
- 4 Minutes**
RESOLVED – That the minutes of the previous meeting held on 20th April 2022 be approved as a correct record.

ECONOMY, CULTURE AND EDUCATION

- 5 Outcome of the statutory notice on a proposal to decommission the Resource Provision at Gledhow Primary School**
Further to Minute No. 131, 16 March 2022, the Director of Children and Families submitted a report presenting the outcomes from the publication of a statutory notice on a proposal to decommission the Speech and Language Resource Provision at Gledhow Primary School with effect from August 2022. Specifically, the report invited the Board to review the outcome of the statutory notice and approve the proposal to decommission the Resource Provision from end of the 2021/22 academic year.

In introducing the report, the Executive Member presented the key points of this proposal, and noted that there had been no responses received throughout the statutory notice period.

A Member made enquiries regarding the proposal when considering the wider provision of, and demand for speech and language services across the city moving forward. In response, the Board was provided with further detail on the actions which had been taken when drawing up the proposals, such as the associated consultation exercise and the work undertaken which had identified that the proposals would be better suited to providing good outcomes for the young people using the service. Also, it was noted that there was confidence that the new model would deliver sufficient provision in the

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city. Responding to a further enquiry on sufficiency of provision, officers undertook to liaise with health colleagues to provide the Member in question with further detail on this.

In agreeing the proposals detailed within the submitted report, Councillor A Carter reiterated the comments that he had made during the consideration of this item regarding sufficiency of service provision.

RESOLVED –

- (a) That the outcomes from the statutory notice, be noted, and that the proposal to decommission the Resource Provision from the end of the academic year 2021/22, as detailed within the report, be approved;
- (b) That it be noted that the responsible officer for the implementation of such matters is the Head of Learning Inclusion.

6 The New Discretionary Business Rate Relief Scheme

Further to Minute No. 19, 22 June 2016, the Director of Resources and the Director of City Development submitted a joint report regarding the review of the Discretionary Business Rates Relief policy which had been undertaken, and which presented proposals for a new scheme for the Board's consideration, which aimed to support the creation, retention and improvement of employment delivering inclusive growth in the city.

Responding to a Member's enquiry, the Board received further detail regarding the proposal to cap the total scheme value at £1.75m, which it was noted was a cap level that had been carried over from the previously agreed scheme. In addition, responding to a specific enquiry, clarification was provided that whilst the Council's Community Centres were charged Business Rates, the Council did not apply for those centres to be part of the Business Rates Relief scheme.

RESOLVED –

- (a) That the policy for the new Discretionary Business Rates Relief Scheme, as detailed within the submitted report, be approved;
- (b) That the decision to award discretionary business rate relief be delegated to the Director of City Development, together with authority to make any minor alterations to the approved scheme.

7 Securing the proposed new public artwork in memory of David Oluwale and for the City of Leeds, and Authority to enter into an Agreement with Leeds Culture Trust

The Director of City Development submitted a report which provided information on the collaborative work being undertaken to establish a new landmark public art commission for Leeds designed to commemorate the life of David Oluwale and to also provide representation and aspiration to the community he came from. The report sought approval regarding related expenditure, and also sought authority to enter into an agreement with Leeds

Culture Trust to set out the respective obligations between the parties with regard to delivering the project.

Responding to Members' enquiries, assurance was provided on the actions which were being taken to ensure that the Council was fully supporting Leeds 2023's fundraising strategy for the initiative and that Board Members would receive regular updates as appropriate in relation to this project and its financial position. In addition, it was noted that the £1.83m would be included within the overall fundraising aspirations of Leeds 2023 in the delivery of the year of culture, and during the year this project would be one of signature events.

RESOLVED –

- (a) That approval be given to Leeds City Council front funding the cost of the project, as detailed within the submitted report, up to £1.83m, to be held against the Capital Programme contingency reserve, with the amount being held against the reserve being reduced as the fundraising progresses;
- (b) That the authority required to enter into an agreement with Leeds Culture Trust in order to set out the respective obligations between the parties with regard to delivering the project, be approved;
- (c) That Board Members receive regular updates, as appropriate, in relation to this project and its financial position.

INFRASTRUCTURE AND CLIMATE

8 Submission of Round 2 Levelling Up Fund (LUF) Bids

Further to Minute No. 138, 20th April 2022, the Director of City Development submitted a report which provided an update on the current position regarding the Round 2 of the Levelling Up Fund (LUF). In addition, the report also sought approval of the submission of the proposed bids, and also sought approval of related expenditure, as detailed.

In introducing the report, the Executive Member provided an overview of the actions taken to date which had led to the proposed round 2 LUF bids, as detailed within the submitted report. The Executive Member thanked those officers who had progressed the proposed submissions to this stage in what had been a limited timeframe.

Members noted the approach which had been taken towards the bids in terms of the number of bids proposed and the broad range of projects that they covered. Responding to a Member's enquiries both on that approach and also on whether there was a prioritisation of the bids, it was noted that when submitted, each bid would be assessed in its own right and whilst the Council had not been asked to prioritise the bids, should a request be received from Government in relation to this, it was undertaken that a process would be established, as appropriate.

In conclusion, Members noted the role of the constituency MPs in the respective bids, the fact that it was unknown whether there would be any further LUF funding rounds in the future, that Government feedback on LUF bids whether they be successful or otherwise, would be welcomed, and that Leeds had been allocated 'priority status' for this second round, which had afforded the Council the opportunity to submit a bid for each constituency.

RESOLVED –

- (a) That agreement be given for the projects as listed in paragraphs 5-10 of the submitted report to be submitted as the Council's bids under Round 2 of the Levelling Up Fund, and that the necessary authority be delegated to the Director of City Development to enable the Director to undertake the necessary work to finalise and refine the bids in order to ensure submissions by the deadline of 6th July 2022;
- (b) That agreement be given for the use of the Council's Capital Programme contingency funds as a source of match funding to the LUF bids and/or that agreement be given to use such funds to underwrite the unknown outcome of other external funding bids relating to the LUF projects, as set out in paras 24-30 of the submitted report;
- (c) That in the event of bid success, agreement be given for the Director of City Development to undertake the further work necessary to progress all required planning and other statutory approvals that will need to be in place to enable delivery of the LUF-funded projects, in consultation with the Executive Member for Infrastructure and Climate and the Executive Member for Public Health and Active Lifestyles, as appropriate and as relevant in each case;
- (d) That the decisions taken in relation to this report be exempted from the Call In process, due to the risk that the deadline for bid submission on the 6th July 2022 is missed, as further detailed in paragraphs 34 – 35 of the submitted report.

(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 the matter is urgent and any delay would seriously prejudice the Council's, or the public's interests. In line with this, the resolutions contained within this minute were exempted from the Call In process, as per resolution (d) above, and for the reasons as detailed within sections 34 - 35 of the submitted report)

9 Leeds Station Sustainable Travel Gateway Scheme

Further to Minute No. 80, 17th October 2018, the Director of City Development submitted a report regarding the Leeds Station Sustainable Travel Gateway project (LSSTG) which was being delivered as part of the West Yorkshire Combined Authority (WYCA) Transforming Cities Fund programme. The LSSTG project, which was a joint undertaking with WYCA and Network Rail aimed to address issues of capacity, accessibility, health and safety, security and connectivity from the station's entrance on New Station Street to the City

Centre and South Bank. Specifically, the report sought required approvals for an injection into the Capital Programme and associated authority to spend.

In introducing the report, the Executive Member provided an overview of the development of the scheme to date, what the proposed works entailed, details of the associated timeframe and gave a brief summary of the consultation exercise undertaken. Detail was also provided on the latest trends in passenger numbers accessing the station. The Executive Member also highlighted that in order to meet the long term needs of Leeds Station it was proposed by Network Rail to create a pedestrian priority area on New Station Street which was owned by Network Rail, with it also being noted that the proposed works would predominately be delivered on Network Rail property and that Network Rail would manage and maintain the asset when completed.

A Member highlighted concerns from some taxi and private hire trade representatives and from some representing disability groups on the proposals which had been brought to his attention. It was noted that such concerns were specifically regarding disabled accessibility and the relocation of the taxi rank to Bishopgate Street and the potential for capacity related issues arising. In response, it was emphasised that whilst the Council would continue to work with partners on such matters and in acknowledging the related concerns which had been raised, it was reiterated that New Station Street was Network Rail property and the security decision to remove vehicles from New Station Street had been taken by Network Rail.

In relation to the concerns regarding disabled access, the Board received an overview of the breadth of consultation undertaken, and whilst the concerns raised as part of that consultation were acknowledged, the level of support which had been provided was highlighted. In addition, details were provided on how the proposals aimed to improve accessibility, including disabled access in the vicinity of the station. Finally, officers undertook to provide the Member in question with further detail / a briefing around the modelling and design work that had taken place and which had led to the proposals, should this be required.

RESOLVED –

- (a) That the previous injections and authority to spend of £9.737m up to the end of May 2022, specifically for development works and advanced works at Bishopgate East, Neville Street, and Dark Neville Street ahead of the main construction programme, be noted;
- (b) That the remaining injection of £25.912m from a total of £35.649m available funding into the Capital Programme be approved (which is subject to subsequent approval at the West Yorkshire Combined Authority (WYCA) Transport Committee on 1st July 2022 and entering into a subsequent Funding Agreement with WYCA); with such funding delivering the main construction element of Leeds Station Sustainable Travel Gateway (LSSTG) project;

- (c) That it be noted that approval to enter into the contracts associated with the delivery of the LSSTG will be subject to the approval of the Director of City Development, under delegated decision-making authority;
- (d) That the authority to spend £25.912m on the LSSTG programme in order to deliver the remaining main construction element of the LSSTG project, be approved, which will be funded by the Transforming Cities Fund and administered by WYCA, subject to the WYCA Transport Committee of 1st July 2022.

(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)

RESOURCES

10 Social Value Fund Proposal

The Director of Resources submitted a report, which further to the establishment of the Leeds Social Value Charter in 2016, presented the development of an outline proposal for a Social Value Fund, which involved charging suppliers/tenderers an annual fee to contribute towards social and economic value in Leeds, with the aim of the proposal being to provide a simple mechanism to generate a significant new income stream through which social value could be enhanced via procurement.

In presenting the report the Executive Member provided an overview of the proposals for the scheme, gave details of the consultation undertaken to date and noted that it was expected that the proposal could potentially generate more than £500,000 every year.

Whilst being supportive of the principle of raising funds for the promotion of social value, concerns were raised regarding this proposal in terms of the focus it placed upon the private sector, the timing of the proposals and the impact it may potentially have upon other existing fund raising schemes. In response, the Board received further detail regarding the Council's existing obligation to derive social value benefit from its procurement process, and how this scheme aimed to establish a simple and proportionate way of achieving that from the significant number of smaller contractors the Council had. In addition, further detail was provided on the positive response which had been received on the proposals to date.

RESOLVED – That the Social Value Fund proposal, as detailed within the submitted report, be approved for implementation by the Director of Resources.

(Under the provisions of Council Procedure Rule 16.5, Councillor A Carter and Councillor S Golton required it to be recorded that they both respectively voted against the decisions referred to within this Minute)

11 **Financial Performance – Outturn financial year ended 31st March 2022**

The Chief Officer (Financial Services) submitted a report presenting the Council's final outturn position for the 2021/22 financial year in respect of both the revenue and capital budgets and also the Housing Revenue Account. The report also included expenditure on schools. In addition, the report also sought approval of proposals regarding the creation of earmarked reserves and injections into the Capital Programme.

In introducing the report, the Executive Member extended her thanks on behalf of the Board to the Chief Officer Financial Services and her team for the work which had been undertaken in getting the Council to its outturn position, given the range and scale of challenges which continued to be faced, with it being noted that the final position on the General Fund shows an underspend of £1.5m.

In response to a Member's specific enquiry, the Board received further detail on the financial implications for the Council should any potential pay settlement in the current financial year be above what had already been budgeted for.

Responding to a Member's comments, the Board received an update on the current position in relation directorate budget reviews and the delivery of directorate budget action plans. Further to this, whilst acknowledging the financial support that the Council had received from Government during the pandemic, it was noted that the Authority had not been allocated further resource to deal with related backlogs, which had been the case in some other sectors. It was also noted that dialogue continued with the Government on such matters, however, when considering the significant financial challenges that continued to be faced by the Council, it was emphasised that all directorates would need to undertake financial reviews moving forward.

RESOLVED –

- (a) That the Council's outturn position for the 2021/22 financial year, as detailed within the submitted report, be noted;
- (b) That the creation of earmarked reserves, as detailed within Appendix 1 to the submitted report, be agreed, and that the release of such reserves be delegated to the Chief Officer Financial Services;
- (c) That it be noted that the Chief Officer Financial Services will be responsible for the implementation of the actions (detailed above/below) following the conclusion of the "Call In" period;
- (d) That the following injections into the Capital Programme be approved, as detailed at Appendix 5A (iii) to the submitted report:-
 - £63,116.9k of Basic Need and High Needs Provision Capital Allocation (HNPCA) Grants for Schools;
 - £27,743.7k of external contributions for the Connecting Leeds / Leeds Public Transport Investment Programme;
 - £2,499.3k of external contributions for Leeds Playhouse; and

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- £3,746.5k of other external contributions;
- (e) That the additional Capital Receipts Incentive Scheme (CRIS) allocations to Wards and Community Committees for the period October 2021 to March 2022 of £262.3k, be noted.

12 Treasury Management Outturn Report 2021/22

The Chief Officer (Financial Services) submitted a report which presented the Council's Treasury Management Outturn position for 2021/22.

Responding to a Member's enquiries, the Board received further detail on the actions taken within the treasury management strategy which had resulted in an overall saving to the revenue budget, information on why borrowing levels had reduced during the reporting period and also on the actions being taken to mitigate risk against the potential implications for the Council should interest rates continue to rise.

RESOLVED – That the Treasury Management outturn position for 2021/22, as detailed within the submitted report, be noted, together with the fact that treasury activity has remained within the Treasury Management strategy and policy framework.

ADULT AND CHILDREN'S SOCIAL CARE AND HEALTH PARTNERSHIPS

13 OfSTED Inspection Report

The Director of Children and Families submitted a report presenting the findings of the recent Ofsted inspection of Leeds' Local Authority Children's Services which had been carried out between 21st February to 4th March 2022. A copy of the full inspection report was appended to the submitted report for Members' consideration.

In presenting the report, the Executive Member highlighted the Council's significant achievement of maintaining its 'Outstanding' judgement following the recent Ofsted inspection of Leeds local authority children's services, particularly given the unprecedented challenges which had been faced as a result of the pandemic. The Executive Member then provided the Board with a detailed overview of the inspection's outcomes and it was underlined that the Council would not become complacent in light of this judgement, with emphasis being placed on the fact that outstanding did not mean perfection. It was also noted that senior leadership would develop an improvement plan based upon the inspection's findings and work with the Children and Families Scrutiny Board on the implementation of that plan was intended. In conclusion, the Executive Member paid tribute to and thanked the Director of Children and Families, together with his team of staff for their continued dedication to the children of Leeds, with it being highlighted that this 'Outstanding' outcome was a testimony to their efforts. Members of the Board and the Chief Executive echoed the Executive Member's thanks to the officers across the Children and Families directorate.

In considering the report, Members welcomed the Executive Member's comments about not becoming complacent and highlighted the importance of remaining vigilant in the protection of children, and also looked forward to further innovation and improvement in appropriate service areas to build upon that which had already been achieved.

Members highlighted that whilst the priority would always be the wellbeing of children in Leeds, there were benefits for the service in the sharing of best practice with other Authorities, where appropriate.

Responding to a specific enquiry, the Board received an update on the next steps in relation to a review into the notification of serious child safeguarding incidents following previous consideration of this matter by the Children and Families Scrutiny Board, with it being noted that a report was intended to be submitted from the Leeds Safeguarding Children Partnership Review Advisory Group to the Scrutiny Board in due course.

In response to a further enquiry, the Board received information on the range of actions being taken to address the impact upon Leeds arising from the national challenge currently faced in relation to social worker shortages which resulted in higher case loads. This was in addition to the information which had been provided on such matters by the Executive Member as part of her introductory comments.

In conclusion, the Executive Member provided an overview of the improvements which had been made following the Ofsted visit in 2021, which were reflected in the most recent Ofsted outcomes. It was also highlighted how a lot of Leeds practice was being recognised nationally. Finally, the Executive Member reiterated her thanks, on behalf of the Board, to the staff across the Children and Families directorate.

RESOLVED –

- (a) That the contents of the submitted report, in particular OfSTED's recognition that Leeds has maintained a relentless focus on prioritising services and support to children and families, be noted;
- (b) That it be noted that Leeds has maintained its 'Outstanding' rating and will address the identified areas for improvement;
- (c) That the Board's appreciation and thanks be formally recorded, for the following:-
 - Front line staff and managers whose often challenging day to day work has made such a difference to the lives of children and families in Leeds;
 - Elected Members and senior officers of the Council who have prioritised children despite significant challenges arising from the Covid-19 Pandemic and 12 years of austerity and cuts to Local Government funding;

- The support of our partners, third sector colleagues, businesses and communities across the city who have supported this work through Child Friendly Leeds, which enters its tenth year in 2022;
- (d) That it be noted that the officer responsible for the implementation of such matters is the Director of Children and Families.

ENVIRONMENT AND HOUSING

14 Approval of the updated Leeds Housing Strategy

The Director of Communities, Housing and Environment submitted a report which presented and sought approval of a new strategy for Leeds Housing for the period 2022 to 2027 which had been developed around six key themes. The report noted that the proposed new strategy built upon the previous Housing Strategy (2016 – 2021) and set out the city’s ambitions for housing over the next five years, whilst also reflecting the evolving priorities and changes to legislation which have occurred.

In presenting the report, the Executive Member highlighted how the proposed strategy was built upon its predecessor, but now reflected the evolving challenges currently being faced in this area which the strategy aimed to focus upon via the six key themes within it.

Responding to a Member’s enquiry, the Board received assurance and further detail on the performance monitoring against the key themes of the strategy that would be undertaken, with the key role of the Leeds Housing Strategy Board in this process being emphasised.

Also, the importance of partnership working with colleagues in planning services was highlighted and acknowledged in order to ensure the best outcomes for residents and communities across Leeds.

Similarly, in response to a Member’s comments, the importance of delivering appropriate levels of suitable housing in all communities across Leeds was acknowledged, with further information on the actions being taken in this area being provided, which again included the partnership working arrangements which were in place, as referenced above.

RESOLVED –

- (a) That the new Leeds Housing Strategy 2022-2027, as presented at appendix 1 to the submitted report, be approved;
- (b) That it be noted that the Director of Communities, Housing and Environment and the Chief Housing Officer will be accountable for the implementation of the new strategy and overseeing its delivery.

DATE OF PUBLICATION: FRIDAY, 24TH JUNE 2022

LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS: 5.00 P.M., FRIDAY, 1ST JULY 2022

Draft minutes to be approved at the meeting to be held on Wednesday, 27th July, 2022