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Leeds CITY COUNCIL

SCRUTINY BOARD (ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Tuesday, 21st February, 2017 at 11.00 am

(A pre-meeting will take place for ALL Members of the Board at 10.30 a.m.)

MEMBERSHIP

Councillors

C Anderson	Adel and Wharfedale;
J Chapman	Weetwood;
M Dobson	Garforth and Swillington;
B Flynn	Adel and Wharfedale;
P Gruen (Chair)	Cross Gates and Whinmoor;
A Hussain	Gipton and Harehills;
J Pryor	Headingley;
B Selby	Killingbeck and Seacroft;
A Smart	Armley;
P Truswell	Middleton Park;
S Varley	Morley South;

Co-opted Member (Non-voting)

Dr J Beal - Healthwatch Leeds

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

Principal Scrutiny Adviser:
Steven Courtney
Tel: 24 74707

A G E N D A

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

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration. (The special circumstances shall be specified in the minutes.)	
4			**DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS** To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.	
5			**APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES** To receive any apologies for absence and notification of substitutes.	
6			**MINUTES - 24 JANUARY 2017** To confirm as a correct record, the minutes of the meeting held on 24 January 2017.	1 - 8
7			**MINUTES OF THE WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 23 JANUARY 2017** To receive for information purposes the minutes of the West Yorkshire Joint Health Overview and Scrutiny Committee meeting, held on 23 January 2017.	9 - 14
8			**MINUTES OF EXECUTIVE BOARD – 8 FEBRUARY 2017** To receive for information purposes the minutes of the Executive Board meeting held on 8 February 2017.	15 - 36

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9			**CHAIR'S UPDATE** To receive an update from the Chair on scrutiny activity, not specifically included on this agenda, since the previous Board meeting.	37 - 38
10			**THE 'ONE VOICE' PROJECT** To receive a report from the Head of Governance and Scrutiny Support providing the opportunity for the Scrutiny Board to consider and discuss the local Clinical Commissioning Group's 'One Voice' project.	39 - 40
11			**LEEDS TEACHING HOSPITALS NHS TRUST - UPDATE** To receive and consider a report from the Head of Governance and Scrutiny Support introducing a general update on key issues and progress update from Leeds Teaching Hospitals NHS Trust.	41 - 50
12			**LEEDS TEACHING HOSPITALS NHS TRUST - CARE QUALITY COMMISSION INSPECTION REPORT AND PROGRESS AGAINST ACTION PLAN** To receive and consider a report from the Head of Governance and Scrutiny Support introducing the most recent Care Quality Commission Inspection Report in relation to Leeds Teaching Hospitals NHS Trust, alongside a progress report against the recommendations and agreed improvement actions.	51 - 136
13			**WEST YORKSHIRE AND HARROGATE SUSTAINABILITY AND TRANSFORMATION PLAN - THE LEEDS PLAN** To receive a report from the Head of Governance and Scrutiny Support that provides a further opportunity for the Scrutiny Board to consider the Leeds placed-based elements of the West Yorkshire and Harrogate Sustainability and Transformation Plan (the STP).	137 - 144

Item No	Ward/Equal Opportunities	Item Not Open		Page No
14			**CARE QUALITY COMMISSION (CQC) - INSPECTION OUTCOMES** To receive and consider a report from the Head of Governance and Scrutiny Support introducing details of recently reported and published Care Quality Commission inspection outcomes for health and social care providers across Leeds. The report also introduces specific information in relation to Donisthorpe Hall and across home care providers.	145 - 180
15			**SCRUTINY BOARD INQUIRY: CANCER WAITING TIMES - RECOMMENDATION TRACKING** To receive and consider a report from the Head of Governance and Scrutiny Support introducing an update on the Scrutiny Board's previous recommendations in relation to Cancer Waiting Times in Leeds.	181 - 190
16			**BUDGET MONITORING** To receive and consider a report from the Head of Governance and Scrutiny Support introducing the most recent Financial Health Monitoring report, presented to the Executive Board at its meeting on 8 February 2017.	191 - 220
17			**WORK SCHEDULE (FEBRUARY 2017)** To consider the Scrutiny Board's work schedule for the remainder of the 2016/17 municipal year.	221 - 228
18			**DATE AND TIME OF NEXT MEETING** Tuesday, 28 March 2017 at 1:30pm (pre-meeting for all Board members at 1:00pm).	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
			THIRD PARTY RECORDING Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts on the front of this agenda. Use of Recordings by Third Parties – code of practice a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title. b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.	

SCRUTINY BOARD (ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)

TUESDAY, 24TH JANUARY, 2017

PRESENT: Councillor P Gruen in the Chair

Councillors C Anderson, J Chapman, C Dobson, B Flynn, A Hussain, J Pryor, B Selby, A Smart and P Truswell

Co-opted Member: Dr J Beal (Healthwatch Leeds)

110 Late Items

The following late and supplementary information was submitted to the Board:

- Agenda item 10: Delivering the Better Lives Strategy in Leeds Programme – Phase 3 update – additional correspondence.
- Agenda item 15: Proposed closure of the Blood Donor Centre in Seacroft – additional information.

111 Declaration of Disclosable Pecuniary Interests

There were no disclosable pecuniary interests declared to the meeting, however the following matters were brought to the attention of the Scrutiny Board for information:

- Dr J Beal advised that he was a member of NHS Leeds West CCG Primary Care Commissioning Committee.
- Councillor B Selby advised that a family member was employed within the local NHS.

The above Board Members remained present for the duration of the meeting.

112 Apologies for Absence and Notification of Substitutes

Apologies for absence were submitted by Councillors M Dobson and S Varley. Notification had been received that Councillor C Dobson was to substitute for Councillor M Dobson.

113 Minutes - 20 December 2016

RESOLVED – That the minutes of the meeting held on 20 December 2016 be approved as a correct record.

114 Matters arising from the minutes

Minute no. 106 – Draft West Yorkshire and Harrogate Sustainability and Transformation Plan: The Leeds Plan

The Board was provided with a brief update regarding a recent meeting of West Yorkshire Joint Health Overview and Scrutiny Committee. It was advised that discussions with Rob Webster in relation to development of the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP) were ongoing.

115 Minutes of Executive Board - 14 December 2016

RESOLVED – That the minutes of the Executive Board meeting held on 14 December 2016, be noted.

116 Chair's Update

The Chair provided a verbal update on recent scrutiny activity and points of discussion which had not been specifically included elsewhere on the agenda.

The following matters were raised and discussed:

- Air Quality
- LCH Response: Changes to location of Sexual Health Clinic in Beeston
- Aire View Care Home Leeds
- Discussions with all CCGs – important to maintain / develop relationships
- Visit to St Gemma's Hospice (5 January 2017)
- Meeting with Julian Hartley – Leeds Teachings Hospital NHS Trust (10 January 2017) – and specifically the temporary opening of intermediate care beds at Wharfedale Hospital to help alleviate demand pressures currently faced by the Trust
- Quality Accounts Session (12 January 2017)
- Letter from Susie Brown, Chief Executive of Zest to Director of Public Health
- Proposal to close Holt Park branch surgery of Abbey Grange Medical Practice
- Centre for Public Scrutiny event on Sustainability and Transformation Plans (2 February 2017)

RESOLVED – That the Chair's update be noted.

117 Care Quality Commission (CQC) - Inspection Outcomes

The Head of Governance and Scrutiny Support submitted a report which presented details of recently reported Care Quality Commission (CQC) inspection outcomes for health and social care providers across Leeds.

The following were in attendance:

- Councillor Rebecca Charlwood, Executive Member for Health, Wellbeing and Adults
- Cath Roff, Director of Adult Social Services
- Mick Ward, Chief Officer (Commissioning), Adult Social Services.

The key areas of discussion were:

- The information provided still provided a mixed picture in terms of quality of social care services across Leeds.
- The need to focus more closely on homecare services.
- An update on developments at Donisthorpe Hall. It was advised that discussions with the Board of Trustees were ongoing. It was suggested that a report be submitted to the February Board meeting to provide a more detailed update.

RESOLVED –

(a) To note the updated Care Quality Commission inspection outcomes provided.
(b) That the inspection outcomes for health and social care providers across Leeds, and the information discussed at the meeting, be noted.
(c) That a further report on developments at Donisthorpe Hall be submitted to the February Board meeting.

118 The 'One Voice' Project

The Head of Governance and Scrutiny Support submitted a report which introduced details regarding the local Clinical Commissioning Group's 'One Voice' project.

The Board was advised that it had been requested by Leeds CCGs that consideration of the 'One Voice' project be deferred to the February Board meeting to enable further discussions with staff to take place about the project.

RESOLVED – That consideration of the One Voice project be deferred to the February Board meeting.

119 Delivering the Better Lives Strategy in Leeds Programme - Phase 3 update

The Head of Governance and Scrutiny Support submitted a report which presented an update on delivering the Better Lives Strategy in Leeds Programme – Phase 3.

The following information was appended to the report:

- Briefing note submitted by the Director of Adult Social Services providing an update on progress
- Better Lives Residential and Day Project (Phase 3) – High Level Programme Plan.

The following were in attendance:

- Councillor Rebecca Charlwood, Executive Member for Health, Wellbeing and Adults
- Cath Roff, Director of Adult Social Services
- Shona McFarlane, Chief Officer (Access and Care Delivery), Adult Social Care
- Anna Clifford, Programme Manager (Better Lives), Adult Social Care.

The Board was advised that implementation of Phase 3 of the Better Lives Strategy was generally on track.

The Board was further advised that following discussions with the Executive Board Member (Health Wellbeing and Adults), it had been suggested that, initially, the issues raised in relation to The Green be considered at a working group meeting and then subsequently at a future formal Scrutiny Board meeting.

RESOLVED –

(a) That the update provided on delivering the Better Lives Strategy in Leeds Programme – Phase 3, be noted.
(b) That, initially, the issues raised in relation to The Green be considered at a working group meeting (date to be determined) and then subsequently at a future formal Scrutiny Board meeting.

120 Leeds and York Partnership NHS Foundation Trust - update

The Head of Governance and Scrutiny Support submitted a report which presented an update on key issues in relation to Leeds and York Partnership NHS Foundation Trust.

The following were in attendance:

- Dr Sara Munro, Chief Executive, Leeds and York Partnership NHS Foundation Trust
- Anthony Deery, Chief Nurse and Director of Quality Assurance, Leeds and York Partnership NHS Foundation Trust
- Mark Gallacher, Interim Head of Performance and Quality, Leeds and York Partnership NHS Foundation Trust.

A number of matters were raised and discussed with the Scrutiny Board, including:

- Development of the Trust Strategy – due to be launched in March 2017.
- An overview of the current and future financial and workforce pressures likely to face the Trust.
- Reduction in the number of Out of Area placements.

- Negotiations in relation to contracts for 2017/19.
- The Trust's contribution to the Sustainability and Transformation Plans.

RESOLVED –

(a) That the update provided on key issues in relation to Leeds and York Partnership NHS Trust, be noted.
(b) That the Board be kept updated regarding the development of incentives to support nursing staff with relocation.

(Councillor A Hussain joined the meeting at 2.25pm during the consideration of this item.)

121 Leeds and York Partnership NHS Foundation Trust - Care Quality Commission Inspection Report and Action Plan

The Head of Governance and Scrutiny Support submitted a report which introduced the Care Quality Commission (CQC) inspection report and recommendations for Leeds and York Partnership NHS Foundation Trust (LYPFT) and the associated Trust action plan.

The following information was appended to the report:

- The CQC Inspection report (published 18 November 2016)
- A summary note from Leeds and York Partnership NHS Foundation Trust
- A summary of 'must do' regulatory requirements
- A summary of the Trust's service areas, rated against each inspection domain
- A summary action plan for 'must do' and 'should do' recommendations.

The following were in attendance:

- Dr Sara Munro, Chief Executive, Leeds and York Partnership NHS Foundation Trust
- Anthony Deery, Chief Nurse and Director of Quality Assurance, Leeds and York Partnership NHS Foundation Trust
- Mark Gallacher, Interim Head of Performance and Quality, Leeds and York Partnership NHS Foundation Trust
- Kate Gorse-Brightmore, Inspection Manager, Care Quality Commission, Hospitals Directorate, Mental Health West Yorkshire Team
- Brian Cranna, Inspection Manager, Care Quality Commission, Hospital Directorate, Mental Health North East
- Mick Ward, Chief Officer (Commissioning), Adult Social Services.

The key areas of discussion included:

- Clarification sought regarding difficulties associated with achieving a 'good' or 'outstanding' rating in relation to 'safe' domain. It was acknowledged that there were challenging issues to consider, particularly affecting large organisations based across multiple locations / sites.
- The need to ensure compliance with mandatory training requirements. The Board was advised that there had been issues releasing some staff from their duties to attend training. The Trust was currently reviewing how training was to be delivered in future.
- An update on commissioning and contract monitoring arrangements.
- Staff training in relation to psychological interventions.
- The role of the Advocacy Service.

RESOLVED –

(a) That the Care Quality Commission (CQC) inspection outcome report published in November 2016, in relation to Leeds and York Partnership NHS Foundation Trust, be noted.
(b) That future monitoring of progress against the Trust's improvement / action plan be incorporated into the Trust's regular updates to the Scrutiny Board.

122 General Practice Forward View

The Head of Governance and Scrutiny Support submitted a report which introduced the General Practice Forward View for Leeds and how this related to the Board's inquiry into Primary Care.

The following information was appended to the report:

- NHS Leeds South and East CCG Primary Care Commissioning Committee – General Practice Forward View Development Plan (22 December 2016)
- General Practice Forward View – Delivering the GP Forward View in Leeds (7 December 2016)

The following were in attendance:

- Kirsty Turner, Associate Director of Primary Care (NHS Leeds West Clinical Commissioning Group)
- Lindsey Bell, Primary Care Commissioning & Contracts Manager (NHS Leeds North Clinical Commissioning Group)

The key areas of discussion were:

- The 6 ambitions outlined in the GP Forward View

- Concern that, while the Forward View sought to set the ambition for GP services, the potential risks failing to deliver those ambitions were not sufficiently realistic, including:
    - Issues associated with recruitment and retention of GPs.
    - The need for greater investment in general practice, particularly in relation to development of 7-day service.
    - The general availability of resources, particularly in terms of workforce and financial resources.
- The ability of GP services to respond to the development of the City, particularly in relation to the expanded housing growth across the City.
- The age profile of the existing workforce.

The Board also received an update that the West Yorkshire Joint Health Overview and Scrutiny Committee was considering the issue of access to dental services. It was suggested that Dr J Beal, as co-chair of HealthWatch Leeds and as a former dentist, be involved to offer expert input from a Leeds perspective.

RESOLVED –

(a) That the General Practice Forward View for Leeds, recently developed by local Clinical Commissioning Groups (CCGs) and submitted to NHS England, be noted and key issues be considered as part of the Boards ongoing consideration of Primary Care..
(b) That Dr J Beal be invited to become involved with the West Yorkshire Joint Health Overview and Scrutiny Committee's review of access to dental services.

123 Proposed Closure of the Blood Donor Centre in Seacroft

The Head of Governance and Scrutiny Support submitted a report regarding the proposed closure of the Blood Donor Centre in Seacroft.

The following information was appended to the report:

- Details of the exchange in correspondence between the Chair of the Scrutiny Board and NHS Blood and Transplant.

The Scrutiny Board considered the additional information provided and:

- Noted the intended closure of the Blood Donor Centre in Seacroft had been brought forward from the end of February 2017 to 27 January 2017 – due to the centre running at a reduced capacity.
- Noted evidence of attempts by NHS Blood and Transplant (NHSBT) to inform / engage with the local scrutiny process, however out of date contact details had been used and there were no details around how NHSBT may have tried to verify the information.
- Raised concerns around the lack of any formal public consultation regarding the proposed closure.

- Raised further concerns regarding the general lack of awareness of the proposals across Leeds' Health and Social Care economy (including both service commissioners and providers).
- Considered whether or not to refer the closure to the Secretary of State for Health.

After some deliberation, the Scrutiny Board agreed not to make a formal referral to the Secretary of State for Health but agreed that the Chair should write to NHSBT and other key stakeholders setting out the concerns of the Scrutiny Board regarding the process followed by NHSBT and seeking assurances that lessons would be learned.

The Scrutiny Board also agreed to request a further report from NHSBT to consider the impact of the closure on service users and the levels of blood donation across Leeds.

RESOLVED –

(a) That the update provided regarding the proposed closure of the Blood Donor Centre in Seacroft, be noted.
(b) That the Chair write to NHSBT and other key stakeholders on behalf of the Scrutiny Board, setting out the concerns of the Board and seek assurances that lessons would be learned for future processes.
(c) That a further report on the impact of the closure be submitted to the Scrutiny Board in September 2017.

124 Work Schedule (January 2017)

The Head of Governance and Scrutiny Support submitted a report which invited Members to consider the Board's work schedule for the 2016/17 municipal year.

RESOLVED – That, subject to comments raised during the meeting and any on-going discussions and scheduling decisions, the Board's outline work schedule be approved.

125 Date and Time of Next Meeting

Tuesday, 21 February 2017 at 11.00am (pre-meeting for all Board Members at 10.30am).

(The meeting concluded at 3.45pm)

WEST YORKSHIRE
JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MONDAY, 23RD JANUARY, 2017

PRESENT: Councillor P Gruen in the Chair

Councillors S Baines, Y Crewe, B Flynn, M Gibbons, C Pearson, B Rhodes and E Smaje

8 Late Items

There were no formal late items, but it was noted that a briefing note had been provided in relation to Autism, which was included as part of the Chairs Update item (minute 13 refers).

9 Declaration of Disclosable Pecuniary Interests

There were no disclosable pecuniary interests declared at the meeting, however the following matters were drawn to the attention of the Joint Committee:

- Councillor Pearson advised the Committee of his role as a Company Director of a company that delivered services on behalf of Calderdale Council, Adult Social Services, through a formal contract arrangement.
- Councillor Baines advised the Committee of his role as an elected member representative on NHS Calderdale and Huddersfield Members Council.
- Councillor Smaje advised the Committee that two close family members were currently in receipt of services for the treatment of cancer.

As the matters of interest were non-pecuniary, all members remained present for the meeting.

10 Apologies for Absence and Notification of Substitutes

Members were advised of the following changes to the substantive membership of the Joint Committee:

- Councillor S Baines, MBE (Calderdale Council) replaced Councillor C Pearson (Calderdale Council)

Apologies for the meeting were reported as follows:

- Councillor V Greenwood (Bradford Council), with no substitute member in attendance.

- Councillor J Hughes (Kirklees Council), with no substitute member in attendance.
- Cllr M Greenwood (Calderdale Council), with Cllr C Person attending as a substitute member.

Members were further advised of the attendance of Councillor J Clark (North Yorkshire County Council) in line with the outcome of the Joint Committee's previous discussions regarding the involvement/ participation of a suitable North Yorkshire County Council representative in relation to the West Yorkshire and Harrogate Sustainability and Transformation Plan and associated discussions.

The Joint Committee also noted apologies had been received from Merran Macrae (Chief Executive, Calderdale Council) – the nominated Chief Executive to lead on the West Yorkshire and Harrogate Sustainability and Transformation Plan on behalf of the five West Yorkshire local authorities – who had been invited to attend the Joint Committee.

11 Deputations from the public

The Joint Committee received deputations from members of the public representing a number of 'protect the NHS' campaign groups, opposing the West Yorkshire and Harrogate Sustainability and Transformation Plan.

On behalf of the Joint Committee, the Chair thanked those in attendance for their attendance and contributions to the meeting.

RESOLVED – To note the comments made at the meeting.

12 Minutes - 18 November 2016

RESOLVED – That the draft minutes from the meeting held on 18 November 2016 be agreed as an accurate record.

13 Chair's Update

The Joint Committee received a report from Leeds City Council's Head of Governance and Scrutiny Support, providing an opportunity for the Chair to provide an update on any specific actions or activity since the previous meeting on matters not presented elsewhere on the agenda.

Specific reference was made to a briefing note that had been circulated in relation to Autism Assessment and Diagnosis. The briefing note outlined:

- The commencement of a comprehensive scoping exercise to fully understand current arrangements position in relation to autism across West Yorkshire and Harrogate.
- The range of groups involved in the scoping exercise.
- Plans to conclude the scoping exercise by the end of March 2017.

In considering the information presented, the Joint Committee made a number of comments, including:

- Disappointment that local authority health overview and scrutiny committees did not feature as identified key stakeholders in the scoping exercise.
- Seeking clarification on the likely timescales.

RESOLVED – That the Joint Committee receives an interim report on the autism scoping exercise by the end of March 2017, with a view to receiving the final scoping report and recommendations as soon as practicable.

14 West Yorkshire and Harrogate Sustainability and Transformation Plan Priority Area - Stroke Services

The Joint Committee received a report from Leeds City Council's Head of Governance and Scrutiny Support, introducing information in relation to the Stroke Services priority area within the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP).

The following were in attendance for consideration of this item:

- Jo Webster, Chief Officer, Wakefield CCG
- Linda Driver, West Yorkshire & Harrogate Stroke/Hyper Acute Stroke Project Lead
- Dr Pratap Singh Rana, Consultant Stroke Physician, Calderdale and Huddersfield NHS Foundation Trust
- Rory Deighton, Director, Healthwatch Kirklees
- Karen Coleman, Communications and Engagement Lead, West Yorkshire and Harrogate STP
- Jackie Crossley, Head of Clinical Effectiveness, Yorkshire Ambulance Service NHS Trust

In providing general background and introducing information within the report, a range of matters were highlighted, including:

- Context of the national review of stroke services.
- Emerging evidence on approaches to reduce strokes resulting in death and long-term conditions.
- Projections for an increase in the number of patients having a stroke.
- Consideration was being given to how hyper acute stroke and acute stroke care services could be improved across West Yorkshire.
- Plans for public and patient engagement in relation to improvements across the whole clinical pathway for stroke care, including prevention, first 72 hours of care, rehabilitation and community support.
- Public engagement work due to take place over 6-weeks, commencing 1 February 2017.
- Key drivers and the case for change/ review of services, which included:
    - Outcome of the resilience review undertaken (based on 2012 data);

    - Increasing demand for services;
    - Levels of morbidity for those suffering a stroke;
    - An ageing population with complex health and social care needs;
    - Workforce sustainability.
- The potential impact of other stroke engagement and consultation work taking place in surrounding areas, including South Yorkshire and Bassetlaw and North Derbyshire.

Members of the Joint Committee discussed the information presented and raised a number of specific points / questions, including:

- The contractual relationship between HealthWatch Kirklees and the STP Programme Office, in undertaking the public engagement activity.
- Assurance sought around the independence of HealthWatch Kirklees in undertaking the public engagement activity on behalf of the STP Programme Office.
- Assurance sought around any pre-determined reduction in the current number of stroke care units across the West Yorkshire and Harrogate STP footprint, and the language used in the STP document.
- The likely decision-making timeline and governance arrangements.
- A request for details of the recommendations identified by the Clinical Senate, and the evidence base/ working assumptions used at that time.
- A request for the outcome of the public engagement work to be reported to the Joint Committee, prior to any potential reconfiguration decisions.
- Assurance sought around the contribution of 'stroke services' in helping address the gaps identified in the West Yorkshire and Harrogate STP

On conclusion of the discussion, the Chair thanked the Clinical Director for his attendance and contribution to the discussion.

RESOLVED –

(a) To note the information presented and discussed at the meeting.
(b) To receive and consider details of the resilience review and recommendations of the Clinical Senate referred to at the meeting.
(c) To receive and consider details of the planned public engagement activity referred to at the meeting.
(d) To consider the outcome of the public engagement activity at an appropriate future meeting of the Joint Committee.

15 West Yorkshire and Harrogate Sustainability and Transformation Plan Priority Area - Cancer

The Joint Committee received a report from Leeds City Council's Head of Governance and Scrutiny Support, introducing information in relation to the

Cancer priority area within the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP).

The following were in attendance for consideration of this item:

- Professor Sean Duffy, Clinical Director and Alliance Lead, West Yorkshire and Harrogate Cancer Alliance

In providing general background and introducing information within the report, the Clinical Director outlined the following five priority areas within the Cancer workstream:

- Approach to prevention and awareness-raising;
- Achieving earlier diagnosis;
- Patient experience;
- Supporting people living with and beyond cancer;
- Modern, high quality services.

Members of the Joint Committee discussed the information presented and raised a number of specific points / questions, including:

- The role of primary care in helping achieving earlier diagnosis and detection rates.
- How patients broader health and social care needs will be considered as part of the 'supporting people living with and beyond cancer' workstream.
- System pressures experienced in maintaining performance against the national indicators.
- Performance levels of individual hospitals across the West Yorkshire STP footprint, and the associated relationships.
- The impact of delays in diagnosis and/or access to treatment on patients and their families.

On conclusion of the discussion, the Chair thanked the Clinical Director for his attendance and contribution to the discussion.

RESOLVED –

(a) To note the information presented and discussed at the meeting;
(b) To identify key milestones within the identified priority areas, alongside the development of any potential substantial service changes, and incorporate these into the future work programme of the Joint Committee.

16 Scrutiny of Access to NHS Dental Services - draft terms of reference

The Joint Committee received a report from Leeds City Council's Head of Governance and Scrutiny Support, introducing draft terms of reference in

relation to the scrutiny of 'Access to NHS Dental Services across West Yorkshire'.

The draft terms of reference set out proposed key lines of enquiry; an indicative list of interested parties; key documents and indicative arrangements and timescales.

During consideration of the draft terms of reference, the Joint Committee discussed the merits of potentially expanding and broadening the scope of the inquiry to include actions to help promote good oral health, including potential fluoridation of the local water supply. The Joint Committee subsequently agreed to maintain the focus of the inquiry on 'Access to NHS Dental Services'.

RESOLVED – To agree the 'Access to NHS Dental Services across West Yorkshire' terms of reference, as presented.

17 Work Programme

The Joint Committee received a report from Leeds City Council's Head of Governance and Scrutiny Support on the development of the Joint Committee's future work programme.

The Principal Scrutiny Adviser addressed the meeting, setting out proposals to structure the Joint Committee's future work programme around the nine work streams identified in the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP), but also reflecting earlier discussions during the meeting, including:

- Autism;
- Access to NHS Dental Services across West Yorkshire; and,
- Governance arrangements / proposals in relation to the STP.

RESOLVED – That officers continue to work towards developing a proposed future work programme for presentation, discussion and agreement at a future meeting of the Joint Committee.

18 Date and Time of Next Meeting

RESOLVED – That the date and time of the next meeting be agreed in consultation with the Chair of the Joint Committee.

The meeting closed at 11:50am

EXECUTIVE BOARD

WEDNESDAY, 8TH FEBRUARY, 2017

PRESENT: Councillor J Lewis in the Chair

Councillors A Carter, R Charlwood, D Coupar, S Golton, R Lewis, L Mulherin, M Rafique and L Yeadon

APOLOGIES: Councillor J Blake

131 Chair of the Meeting

In accordance with Executive and Decision Making Procedure Rule 3.1.5, in the absence of Councillor Blake who had submitted her apologies for absence from the meeting, Councillor J Lewis, as Deputy Leader, presided as Chair of the Board for the duration of the meeting.

132 Exempt Information - Possible Exclusion of the Press and Public

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

(a) Appendix 1 to the report entitled, 'Long Term Leases for Third Sector Affordable Housing Associations', referred to in Minute No. 144 is designated as exempt from publication in accordance with paragraph 10.4(3) of Schedule 12A(3) of the Local Government Act 1972 on the grounds that it contains information relating to the financial or business affairs of any particular person (including the authority holding that information). As this report relates to the granting of leases to 3rd sector affordable housing providers it is considered that the public interest in maintaining the content of Appendix 1 as exempt from publication outweighs the public interest in disclosing the information;

(b) Appendix 1 to the report entitled, 'Design and Cost Report for the Acquisition of Unit 5, Landmark Court for Council Accommodation', referred to in Minute No. 146 is designated as exempt from publication in accordance with paragraph 10.4(3) of Schedule 12A(3) of the Local Government Act 1972 on the grounds that the information contained within it relates to the financial or business affairs of a particular of a person and the Council. This information is not publicly available from the statutory registers of information kept in respect of certain companies and charities. It is considered that since this information relates to a financial offer that the Council has submitted to purchase

the property in a one to one negotiation it is not in the public interest to disclose this information at this point in time. Also it is considered that the release of such information would or would be likely to prejudice the Council's commercial interests in relation to other similar transactions in that prospective purchasers of other similar properties would have access to information about the nature and level of consideration which may prove acceptable to the Council. It is considered that whilst there may be a public interest in disclosure, much of this information will be publicly available from the Land Registry following the completion of this transaction and consequently the public interest in maintaining the exemption outweighs the public interest in disclosing this information at this point in time;

(c) Appendix 2 to the report entitled, 'Relocation of the Medical Needs Teaching Service from the Grafton Centre' referred to in Minute No.151 is designated as exempt from publication in accordance with paragraph 10.4(3) of Schedule 12A(3) of the Local Government Act 1972 on the grounds that the information within it relates to the financial or business affairs of the Council. It is considered that the release of such information would, or would be likely to prejudice the Council's commercial interests in relation to the potential future disposal of the site in question by prospective purchasers having access to information about the nature and level of consideration which may prove acceptable to the Council. It is considered that whilst there may be a public interest in disclosure, much of this information will be publicly available from the Land Registry following completion of any disposal transaction and consequently the public interest in maintaining the exemption outweighs the public interest in disclosing this information at this point in time.

133 Late Items

No formal late items of business were added to the agenda, however, prior to the meeting, Members were in receipt of supplementary information to agenda item 17 (Leeds Site Allocations Plan Submission Draft Stage (Including Advertisement of Pre-Submission Changes to the Plan)) which sought the Board's approval to recommend that full Council agrees to provide the necessary authority to the independent inspector appointed to hold Public Examination in order to enable the Inspector to make modifications to the Submission Draft of the Aire Valley Leeds Area Action Plan.

In addition, regarding the same agenda item, prior to the meeting Members were also in receipt of an updated version of a plan concerning Site Reference: MX2-39 (5372) – Parlington Estate, Aberford (Phase 1) which formed part of appendix 2 to the submitted report. (Minute No. 148 refers).

In addition to this, Members were also in receipt of an addendum to agenda item 24 (Update on the Green Care Home), which updated paragraph 3.2 of the submitted report and provided Members with the latest position on this matter. (Minute No. 136 refers).

134 Declaration of Disclosable Pecuniary Interests

There were no declarations of interest made at the meeting.

135 Minutes

RESOLVED – That the minutes of the previous meeting held on 14th December 2016 be approved as a correct record.

HEALTH, WELLBEING AND ADULTS

136 Update on The Green care home

Further to Minute No. 99 of the Executive Board meeting held on 16th November 2016, and also further to Minute No. 68(b) of the Council meeting held on 11th January 2017, the Director of Adult Social Services submitted a report which provided an update regarding The Green residential care home, following a previous decision about its future as part of the Better Lives Phase Three review of services.

In receiving the submitted report, Board Members were also in receipt of an update on the current position in the form of an addendum to paragraph 3.2 of the submitted report. The update presented to Members notified the Board that further to the written commitment in principle, the Council had now received written confirmation that all three CCGs had committed to supporting up to 37 beds for intermediate / recovery services. It was intended that the 37 beds would be provided at The Green.

In presenting the report, the Executive Member paid tribute to all concerned for the extensive work which had been undertaken on this issue to date. In addition, emphasis was placed upon the high levels of demand for intermediate care in the city and how this proposal looked to maximise the use of resource in order to help to address such demands. Furthermore, it was noted that a transition plan for The Green would be submitted to the Board in due course, with it also being reiterated that individual residents of The Green, and their families, would be supported throughout any transition process.

In receiving and responding to concerns raised regarding the process by which the Council had reached the current position, the Board received reassurances: specifically noting that in terms of funding for the 37 bed provision, this had been secured as part of the wider NHS development of intermediate care beds and the Council and CCG intended to draw up a funding agreement for the service as part of the Better Care Fund arrangements. In addition, reassurance was also provided on next steps, the process by which any transition would be progressed and received further information on the associated timescales.

RESOLVED – That the contents of the submitted report, including the updated information provided to Board Members in the form of an addendum to paragraph 3.2 of the submitted report, be noted.

(Given that the substantive decisions taken on such matters were the subject of a previous Call In, the matters referred to within this minute were not eligible for Call In)

ECONOMY AND CULTURE

137 Leeds European Capital of Culture 2023 and Leeds Cultural Strategy

Further to Minute No. 178, 18th March 2015, the Director of City Development submitted a report providing an update on the timescale of Leeds' bid to become European Capital of Culture 2023, and also providing details on the development of the new Culture Strategy for Leeds 2017-2030.

In addition, the Board also received a presentation from the Chief Officer and the Principal Officer (Culture and Sport) which accompanied the submitted report. In receiving the presentation, it was noted that a formal consultation exercise in respect of the proposed Culture Strategy was to be undertaken, following which the Strategy was scheduled to be submitted to the Board in June 2017 for consideration.

Responding to the presentation, the engagement process undertaken to date was welcomed, with Members highlighting the importance of continuing to liaise with children and young people and those groups representing them as part of the process to develop the strategy and the bid.

RESOLVED – That the contents of the submitted report, together with the accompanying presentation, be noted.

138 Revenue Budget Proposals and Capital Programme

Further to Minute No.130, 14th December 2016, the Deputy Chief Executive submitted a report regarding the proposals for the City Council's Revenue Budget for 2017/2018 and the Leeds element of the Council Tax to be levied in 2017/2018.

The Board noted that the final Local Government Finance Settlement was still to be received from Government, and as such, the submitted reports were based upon the provisional Settlement, with Members discussing the implications of such matters when considering the overall budget setting process.

Members also highlighted the high level of demand which existed in respect of adult social care provision, and the limited resources available to meet such demands.

(A) Leeds City Council Revenue Budget and Council Tax 2017/2018

RESOLVED –

(a) That Executive Board recommends to Council the adoption of the following:

i. That the revenue budget for 2017/18 totalling £492.67m be approved. This means that the Leeds element of the Council Tax for 2017/18 will

increase by 1.99% plus the adult social care precept of 3%. This excludes the Police and Fire precepts which will be incorporated into the report to be submitted to Council on the 22nd February 2017;

ii. That approval be given for grants totalling £75k to be allocated to parishes;

iii. That approval be given to the strategy at appendix 9 of the submitted report in respect of the flexible use of capital receipts;

iv. That, in respect of the Housing Revenue Account, Council be recommended to approve the budget with:

- A reduction of 1% in dwelling rents in non-Private Finance Initiative areas.
- An increase of 2% in dwelling rents in PFI areas.
- A 5% increase in garage rents.
- A 2% increase in district heating charges.
- That service charges for multi-storey flats be increased by £2 per week.
- That service charges for low/medium rise properties be increased by £1 per week.
- That the charge for tenants who benefit from the sheltered support service currently paying £2 a week be increased to £4 per week.

(b) That officers be authorised to begin consultations without delay on the proposals to introduce new fees and charges and increases to existing fees and charges;

(c) That the Executive Board's thanks be extended to Scrutiny Boards for their comments, and in considering the specific recommendations made:

i) The Board agrees that, during 2017/18, there should be further review of fees and charges, including revisiting the previous report and recommendations from Scrutiny Board (Strategy and Resources) in order to help ensure that the Council maximises its income streams;

ii) The Board agrees that, as part of the development of the 'Leeds £' approach, there should be a review of joint funding arrangements in order to help ensure a consistent and strategic approach that is fair and equitable to all partners involved;

iii) The Board agrees that, where any directorate is anticipating a significant budget overspend, support be given to the need for the section 151 Officer and the relevant Director to work closely and proactively with the relevant Scrutiny Board in order to provide suitable assurance that there is robust financial risk management and transition planning in place;

iv) The Board agrees that for all proposed budget savings, there is a clear narrative that explains how the savings will be achieved, including (but not limited to) service redesign and service commissioning/ decommissioning;

v) The Board notes the comments of the Scrutiny Board (Adult Social Services, Public Health, NHS) in respect of the Adult Social Care precept and the assurances provided through the submitted report on the justification and how the additional funding will be utilised.

(d) That the update to the 2017/18 to 2019/20 medium-term financial strategy, and the intention to present a fully updated financial strategy to the Board at its meeting in July 2017, be noted.

(B) Capital Programme Update 2017 – 2020

The Deputy Chief Executive submitted a report setting out the proposed Capital Programme for the period 2017-2020.

RESOLVED –

(a) That Executive Board recommends to Council:
   (i) the approval of the Capital Programme for 2017-20 totalling £1,282.4m, including the revised projected position for 2016/17, as presented in Appendix F to the submitted report;
   (ii) the approval of the revised Minimum Revenue Provision (MRP) policy for 2016/17, as set out in Appendix D to the submitted report.

(b) That Executive Board approval be given to the list of land and property sites shown in Appendix B of the submitted report to be disposed of in order to generate capital receipts for use in accordance with the MRP policy;

(c) That Executive Board approval be given to the following injections into the capital programme:
   - £116.2m, of annual programmes as set out in Appendix A(iii) of the submitted report to be funded by £37.2m LCC borrowing, £8.5m HRA Borrowing, £64.5m of HRA specific resources and £6.0m of general fund specific resources;

   - £20.3m, of pressures as set out in Appendix A(iii) to the submitted report funded by £14.3m of net borrowing and £6.0m of general fund specific resources.

   (With it being noted that the above resolutions to inject funding of £136.5m will be implemented by the Chief Officer (Financial Services)).

(d) That Executive Board approval be given to the delegation of the future injections and 'authority to spend' of the acquisition of strategic assets in support of the Council's financial strategy, to the Director of City Development and the Chief Finance Officer in consultation with the relevant Executive Board Member for Regeneration, Transport and Planning and Group Leaders of Executive Board.

(C) Treasury Management Strategy 2017/2018

The Deputy Chief Executive submitted a report setting out the Treasury Management Strategy for 2017/2018 and which provided an update on the implementation of the 2016/17 strategy.

RESOLVED –

(a) That the Treasury Strategy for 2017/18, as set out in Section 3.3 of the submitted report be approved, and that the review of the 2016/17 strategy and operations, as set out in Sections 3.1 and 3.2, be noted;

(b) That full Council be recommended to set the borrowing limits for 2016/17, 2017/18, 2018/19 and 2019/20 as detailed in Section 3.4 of the submitted report, and to note the changes to both the Operational Boundary and the Authorised limits;

(c) That full Council be recommended to set the treasury management indicators for 2016/17, 2017/18, 2018/19 and 2019/20 as detailed in Section 3.5 of the submitted report;

(d) That full Council be recommended to set investment limits for 2016/17, 2017/18, 2018/19 and 2019/20 as detailed in Section 3.6 of the submitted report;

(e) That full Council be recommended to adopt the revised Treasury Management Policy Statement.

(The matters referred to in Minute Nos. 138(A)(a)(i)-(iv)(Revenue Budget and Council Tax); 138(B)(a)(i)-(ii)(Capital Programme) and 138(C)(b)-(e)(Treasury Management Strategy), given that they were decisions being made in accordance with the Budget and Policy Framework Procedure Rules, were not eligible for Call In)

(Under the provisions of Council Procedure Rule 16.5, Councillors A Carter and Golton both required it to recorded that they respectively abstained from voting on the decisions referred to within this minute)

RESOURCES AND STRATEGY

139 Best Council Plan 2017/18 Proposals

Further to Minute No. 120, 14th December 2016, the Deputy Chief Executive submitted a report which presented the Best Council Plan 2017/18 for consideration and approval that it be recommended for adoption by Council on 22nd February 2017.

Members discussed some key areas of performance and priority for the Council, how they were covered as part of the Best Council Plan and the actions being taken to monitor progress in such areas.

RESOLVED –

(a) That full Council be recommended to adopt the Best Council Plan for 2017/18, as detailed at Annexe 1 to the submitted report;

(b) That it be noted that further development and graphic design work will take place prior to the publication of the refreshed Best Council Plan 2017/18 at end March 2017.

(The matters referred to within this minute, given that they were decisions being made in accordance with the Budget and Policy Framework Procedure Rules, were not eligible for Call In)

140 Financial Health Monitoring 2016/17 - Quarter 3 (Month 9)

The Deputy Chief Executive submitted a report which set out the Council's projected financial health position for 2016/17, as at month 9 of the financial year.

In considering the submitted report, Members received further information regarding proposals in respect of the Council's Minimum Revenue Provision (MRP) Policy with regard to debt repayment, noted the levels of income which had been received by the Council to date arising from the New Homes Bonus initiative, and also discussed the budgetary pressures within Children's Services.

RESOLVED – That the projected financial position of the authority, as at month 9 of the financial year, be noted.

141 Safeguarding the Integrity of the Elections Process

The Chief Executive submitted a report detailing the actions which had been taken to date by the Council's Electoral Services in response to the 50 recommendations contained within the "Securing the Ballot' paper published in August 2016. In addition, the report also identified any further actions which could be taken to ensure that the Council continued to develop the integrity of the election process in Leeds. The submission of the report was in response to a resolution of full Council on 14th September 2016 (Minute No. 44 of that meeting refers).

Members welcomed the contents of the submitted report.

RESOLVED –

(a) That the contents of the submitted report, together with the comments of the Electoral Services Manager, as detailed within Appendix A to the submitted report, be noted;

(b) That the Board be reassured that the Electoral Services Manager will ensure that the Electoral Services Section will continue to provide a high level of service to the electorate, delivering an accessible, transparent and secure election process for the people of Leeds.

REGENERATION, TRANSPORT AND PLANNING

142 Storm Eva Flood Investigation Section 19 Report

Further to Minute No. 86, 19th October 2016, the Director of City Development submitted a report which presented for the Board's approval the Storm Eva Flood Investigation Section 19 Report.

The Board welcomed the comprehensive piece of work which had been undertaken in compiling the 'Section 19' report. In addition, responding to Members' comments, the Board noted the ongoing work which continued in order to develop appropriate flood alleviation measures, and the joined up and multi-agency approach which was being taken on such work.

RESOLVED –

(a) That the Storm Eva Flood Investigation Section 19 Report, as appended to the submitted report, be approved;

(b) That agreement be given for a copy of the approved Section 19 report to be sent to the Secretary of State for the Department of the Environment, Food and Rural Affairs (DEFRA), drawing particular attention to the recommendations contained within it;

(c) That it be noted that the Chief Officer Highways and Transportation will be responsible for the implementation of resolution (b) (above).

143 The Housing Growth and High Standards in all Sectors Breakthrough Project

The Director of City Development and the Director of Environment and Housing submitted a joint report providing an update on the 'Housing Growth and High Standards in all Sectors' Breakthrough Project, which aimed to deliver new housing through direct investment in new housing stock in the public and private sectors, bringing empty homes back into use and enabling delivery through a programme of intervention and support for housing associations, third sector partners and private sector land owners and developers.

In considering the report, Members noted the disparity which existed between the level of planning permissions which had been granted in Leeds and the number of new homes delivered. The Board also discussed the important role played by small and medium sized house builders in the delivery of new homes in Leeds, whilst also noting the discussions which were taking place with Government on the ways in which housing delivery in the city could be increased.

In discussing the provision of extra care housing and the significant demand which existed, it was noted that a report regarding extra care housing was scheduled to be submitted to the Board over the course of the next few months.

RESOLVED –

(a) That the progress of the 'Housing Growth and High Standards in all Sectors' Breakthrough Project, be noted;

(b) That the subsequent production of an Annual Report within a wider approach towards stakeholder engagement, be approved.

144 Long Term Leases for 3rd Sector Affordable Housing Organisations

The Director of City Development and the Director of Environment and Housing submitted a joint report which sought approval to the surrender of existing lease arrangements between the Council, GIPSIL, Canopy and Unity Housing Association, and which also sought approval to delegate authority to the Director of City Development in order to approve terms of new 99 year leases and nomination agreements for the 66 subject properties, at £1 per property per annum.

Following consideration of Appendix 1 to the submitted report, designated as exempt from publication under the provisions of Access to Information Procedure Rule 10.4 (3), which was considered in private at the conclusion of the meeting, it was

RESOLVED –

That the following be approved:-

i) The surrender of existing lease arrangements, as listed in exempt Appendix 1 to the submitted report, between the Council, GIPSIL, Canopy and Unity Housing Association;

ii) That the Council enters into new 99 year leases and nomination agreements for all 66 council owned properties, as listed within exempt Appendix 1 to the submitted report, with GIPSIL and Canopy, at Less Than Best consideration;

iii) That the Council enters into nomination agreements on any new properties acquired by GIPSIL or Canopy;

iv) That the necessary authority be delegated to the Director of City Development in order to approve the terms of the new leases at 'Less than Best' consideration, based on a peppercorn rent of £1 per annum per property.

145 Revised Leeds District Heating Network Local Development Order (Revised LDO 3)

Further to Minute No. 159, 9th March 2016, the Director of City Development submitted a report on proposals to adopt a revised Leeds District Heating Network Local Development Order (Revised LDO 3A) with the aim of supporting the development of district heating provision in the city.

Members highlighted the importance of the district heating initiative and its potentially significant contribution towards the cutting carbon agenda.

The Board received an update on the development of the business case for the district heating scheme, whilst also receiving further information on the practical procedures involved around the mitigation against disruption from any associated road works.

RESOLVED –

(a) That the adoption of the Revised Leeds District Heating Network Local Development Order (Revised LDO 3A), as set out in Appendices 1 and 2 to the submitted report, be approved;

(b) That approval be given for the Chief Planning Officer to submit a copy of the Leeds District Heating Network Local Development Order (Revised LDO 3A), together with the updated statement of reasons, to the Secretary of State for the Department of Communities and Local Government (DCLG), and that the relevant authority be provided to the Chief Planning Officer in order to make any minor modifications to the Order whilst being taken through that submission process.

146 Design and Cost Report for Acquisition of Unit 5 Landmark Court for Council Accommodation

The Director of City Development submitted a report which sought approval to the acquisition of Unit 5, Landmark Court, in order to deliver revenue savings to contribute towards the Council's Medium Term Financial Plan.

Following consideration of Appendix 1 to the submitted report, designated as exempt from publication under the provisions of Access to Information Procedure Rule 10.4 (3), which was considered in private at the conclusion of the meeting, it was

RESOLVED –

(a) That the contents of the submitted report, and specifically the progress made to deliver revenue savings through asset rationalisation, be noted;

(b) That the acquisition of Unit 5, Landmark Court, on the terms identified within exempt appendix 1 to the submitted report, be approved;

(c) That the necessary authority be delegated to the Director of City Development in order to agree the final detailed terms for the acquisition;

(d) That the injection of the sum, as identified within exempt Appendix 1, into the Capital Programme be approved, and that the relevant authority to spend the monies, as required, also be approved;

(e) That it be noted that the Head of Land and Property is responsible for the implementation of such matters.

147 Core Strategy Selective Review

Further to Minute No. 65, 17th September 2014, the Director of City Development submitted a report which sought approval to commence the formal steps for a selective review of the Core Strategy, to agree the suggested scope of that review and also to commence the first regulatory stage of preparation.

A specific request was made for a further resolution to be agreed in order to ensure that a review of the employment growth projections used in the current Core Strategy (in relation to the Objectively Assessed Needs for Housing) was included within the Selective Review process.

The Board considered the challenges faced by the Local Authority in adapting to population growth across the city and the actions which were being taken by the Council in a bid to meet such challenges. Emphasis was also placed on the need to ensure that the Council fully contributed towards any consultation process associated with the Government's recently published housing White Paper.

Members discussed the objectives of the Selective Review, the timing of it, and highlighted the need for such a review process to be commenced at the earliest opportunity.

RESOLVED –

(a) That approval be given to the initial scope of the Core Strategy Review, as follows:-

(i) Update the housing requirement in Policy SP6, considering and making any necessary consequent revisions to other parts of the Plan and considering any implications for the spatial strategy;

(ii) Extend the plan period to 2033;

(iii) Update the wording for Policies EN1 and EN2, arising from the Government's withdrawal of the Code for Sustainable Homes in March 2015, which is currently set out in the document "Implementation of Core Strategy Policies EN1 and EN2" on Leeds City Council's website;

(iv) Update Affordable Housing Policy H5 in response to anticipated proposals in the forthcoming Housing White Paper and amend the policy as necessary in response to findings of the SHMA (Strategic Housing Market Assessment) and viability assessment of policy;

(v) Amend Greenspace Policy G4 as necessary in response to findings of viability assessment of the policy;

(vi) Respond to policy implementation issues, which have arisen through Plan delivery;

(vii) Incorporate the Housing Standards policy work into the Core Strategy Review instead of undertaking it in a separate development plan document;

(viii) That a review of the employment growth projections used in the current Core Strategy (in relation to the Objectively Assessed

Needs for Housing) be included as part of the Core Strategy Selective Review process.

(b) That it be noted that the Head of Strategic Planning is responsible for the implementation of such matters.

(Under the provisions of Council Procedure Rule 16.5, Councillor Golton required it to be recorded that he abstained from voting on the decisions referred to within this minute)

148 Leeds Site Allocations Plan Submission Draft Stage (Including Advertisement of Pre-Submission Changes to the Plan)

Further to Minute No. 73, 21st September 2016, the Director of City Development submitted a report which sought approval to advertise a consolidated set of proposed pre-submission changes to the Site Allocations Plan (Publication Draft Site Allocations Plan and Revised Publication Draft for Outer North East HMCA). In addition, the report also sought Executive Board to recommend that full Council approves the Submission Draft Plan for submission to the Secretary of State for the purposes of independent examination.

Board Members were in receipt of supplementary information in the form of an addendum to the submitted cover report which sought the Board's approval to recommend that full Council provided the necessary authority to the independent inspector appointed to hold Public Examination to make modifications to the Submission Draft of the Aire Valley Leeds Area Action Plan. In addition, Members were also in receipt of an updated version of a plan concerning Site Reference: MX2-39 (5372) – Parlington Estate, Aberford (Phase 1) which formed part of appendix 2 to the submitted report.

Members discussed the level of land proposed to be allocated for development as part of this process within the green belt, discussed specific sites Meanwood (HG2-49) and Tingley (HG2-169), whilst also considering the associated timescales regarding the submission of the Site Allocations Plan, together with the relationship between the Site Allocations Plan and the Selective Review of the Core Strategy.

RESOLVED –

(a) That the request from Development Plan Panel (10th January 2017) that Executive Board receive further information on two housing allocations at Weetwood (HG2-49) and Tingley (HG2-169) in light of the recent withdrawal by the Cricket and Rugby Clubs of their planning applications for housing development at Weetwood be noted, together with the information on such matters, as detailed within the submitted report. Also, having considered this information, and having considered the implications and risks of removing the sites at this stage with any necessary changes to the Pre-Submission Changes made, both sites remain within the Submission Draft Plan, as currently presented;

(b) That the Board approves and recommends that full Council approves the pre-submission changes to the Publication Draft Site Allocations Plan, as set out in Appendix 1 to the submitted report;

(c) That the Board approves and recommends that full Council approves the Submission Draft of the Site Allocations Plan (comprising the Publication Draft Plan, the Revised Publication Draft Plan for the Outer North East and the Pre-Submission Changes – together known as the "Submission Draft Plan") for the purposes of Submission to the Secretary of State for independent examination, pursuant to Section 20 of the Planning and Compulsory Purchase Act 2004 as amended;

(d) That the Board approves and recommends that full Council approves the Sustainability Appraisal Report, as detailed at Appendix 3 to the submitted report, in support of the Plan, for Submission to the Secretary of State for independent examination pursuant to Section 20 of the Planning and Compulsory Purchase Act 2004 as amended;

(e) That full Council be recommended to grant authority to the independent inspector appointed to hold the Public Examination, in order to make modifications to the Submission Draft Plan, pursuant to Section 20 (7C) of the Planning and Compulsory Purchase Act 2004 as amended;

(f) That agreement be given that a further period of advertisement on the pre-submission changes to the Publication Draft Site Allocations Plan is provided, and that any further comments received be submitted to the Secretary of State at the time the Submission Draft Plan is submitted for independent examination;

(g) That agreement be given and that it be recommended to full Council that it delegates authority to the Chief Planning Officer, in consultation with the relevant Executive Member, to make any factual and other minor changes to the pre-submission changes, prior to advertisement;

(h) That the necessary authority be delegated to the Chief Planning Officer, in consultation with the relevant Executive Member, to: a) approve the detail of any further technical documents and supporting evidence required to be submitted alongside the plan for consideration at Public Examination; b) continue discussions with key parties and suggest to the Inspector any edits and consequential changes necessary to be made to the Submission Draft Plan following Council approval up to and during the Examination; and c) prepare and give evidence in support of the Plan at Examination;

(i) That full Council be recommended to grant authority to the independent inspector appointed to hold the Public Examination, in order to make modifications to the Submission Draft Aire Valley Leeds Area Action Plan, pursuant to Section 20 (7C) of the Planning and Compulsory Purchase Act 2004, as amended.

(Under the provisions of Council Procedure Rule 16.5, Councillors A Carter and Golton both required it to be recorded that they respectively abstained from voting on the decisions referred to within this minute)

(The matters referred to within this minute, given that they were decisions being made in accordance with the Budget and Policy Framework Procedure Rules, were not eligible for Call In)

149 East Leeds Orbital Road (ELOR): Land Assembly and Procurement

Further to Minute No. 129, 10th February 2016, the Director of City Development submitted a report setting out the next steps in bringing forward housing development and related infrastructure in the East Leeds Extension, with particular reference to the procurement exercise now required to support the delivery of the East Leeds transport package and associated land assembly to secure the site for its delivery.

Members highlighted the importance of ensuring that the correct infrastructure was established as part of this initiative, whilst the Board also discussed the timing and process by which housing development would take place in this area.

RESOLVED –

(a) That approval be given that the Chief Officer for Highways and Transportation commences procurement of the East Leeds transport package, as set out at paragraphs 3.2 – 3.4 of the submitted report, and that authority be given for the invitation of tenders for a single contract;

(b) That approval be given for the Director of City Development to be authorised to acquire land by agreement for ELOR, in accordance with his existing delegated authority;

(c) That approval be given for the Head of Land and Property to progress all work necessary in order to establish a case for compulsory purchase of land required for the ELOR scheme;

(d) That approval, in principle, be given for the use of compulsory purchase powers for the acquisition of the land outlined in red on the draft map, as detailed at Appendix 3 to the submitted report, together with the making of an Side Roads Order (SRO) in order to facilitate the construction of ELOR, as set out within paragraphs 3.11 – 3.27 of the submitted report;

(e) That approval be given for the Board to receive a further report at the earliest opportunity, which sets out the detailed case for the making of a Compulsory Purchase Order (CPO) for the acquisition of land and for the making of an SRO in order to facilitate the delivery of ELOR;

(f) That it be noted that the Council's Red Hall site will be marketed for sale later in 2017 in order to support the Capital Receipts Programme.

150 Leeds City Centre Cycle Superhighway - City Connect 2 Proposals (Design and Cost)

The Director of City Development submitted a report which sought approval for the Leeds City Centre Cycle Superhighway (City Connect 2) proposals and also to gain authority to progress the delivery of the Phase 1 scheme at a total estimated cost of £6,497,000, to be to funded by the West Yorkshire Combined Authority (WYCA) City Connect programme, with support from a Department for Transport grant.

The Board discussed the levels of usage of City Connect 1 and the lessons learned which would be taken forward into the proposed next phase of the initiative, whilst responding to an enquiry, Members received further information regarding the provision of funding for future elements of the scheme.

RESOLVED –

(a) That the design and cost to implement Phase 1 of the City Connect 2 ambition (as set out in section 3.6 of the submitted report) be approved, and that authority be provided to incur expenditure of £6,497,000: comprising works costs of £4,634,000 and design/ supervision costs of £1,862,000, funded by the WYCA City Connect programme budget which is funded through a Department for Transport grant;

(b) That the principle of the Leeds City Centre Cycle Superhighway (City Connect 2) ambition proposals, as set out in section 3.1 of the submitted report, be agreed, subject to further design and development;

(c) That approval be granted for the invitation of tenders for works, as set out in resolution (a) (above), and that subject to the tender sums being within the tendered budget, approval and authorisation be given to the award of the Contract to undertake the construction of the scheme.

(Under the provisions of Council Procedure Rule 16.5, Councillors A Carter required it to recorded that he voted against the decisions referred to within this minute)

151 Relocation of the Medical Needs Teaching Service from the Grafton Centre

The Director of Children's Services and the Director of City Development submitted a joint report which sought approval to a programme of capital works at Queenswood Education Centre in order to enable the relocation of the Medical Needs Teaching Service from the Grafton Centre to the Queenswood Education Centre, with the subsequent disposal of the Grafton Centre site.

Following consideration of Appendix 2 to the submitted report, designated as exempt from publication under the provisions of Access to Information

Procedure Rule 10.4 (3), which was considered in private at the conclusion of the meeting, it was

RESOLVED –

(a) That the contents of the submitted report be noted;

(b) That capital works at Queenswood Education Centre be approved in order to enable the relocation of Medical Needs Teaching Service from the Grafton Centre and subsequent disposal of the site, as per the monetary values as detailed within exempt appendix 2 to the submitted report;

(c) That the injection of funds into the Capital Programme, as outlined within exempt appendix 2 to the submitted report, be approved;

(d) That it be noted that the authority to spend the capital budget at Queenswood Education Centre will be sought from the Director of City Development, in-line with the Council's scheme of delegation;

(e) That it be noted that the Head of Asset Management is the officer responsible for the implementation of such matters.

HEALTH, WELLBEING AND ADULTS

152 Making Leeds the Best City to Grow Old In Annual Report

The Director of Public Health and the Director of Adult Social Services submitted a joint report providing an update on the 'Best City to Grow Old In' breakthrough project.

Responding to an enquiry, Members were provided with information on and examples of the actions being taken as part of this initiative to provide targeted support to vulnerable older people.

RESOLVED –

(a) That the information presented within the Annual Report, as detailed at Appendix A to the submitted report, be noted;

(b) That it be noted how the Breakthrough Project is a good example of cross directorate working which looks to maximise impact and outcomes on a key issue for the city.

153 Refresh of the Better Lives Strategy

The Director of Adult Social Services submitted a report presenting a refreshed and updated 'Better Lives Strategy' for the Board's consideration and comment.

RESOLVED –

(a) That the refreshed 'Better Lives Strategy', as outlined within the submitted report, be noted;

(b) That approval be given for the strategy to be the subject of a period of comment, feedback and consultation with a view to reporting back to Executive Board in July 2017 for final approval;

(c) That it be noted that the Director of Adult Social Services is responsible for the implementation of such matters.

154 Better Lives, Better Living: Black and Minority Ethnic Older People's Day Services Review

The Director of Adult Social Services submitted a report which provided an update regarding the progress made in respect of the review of Black and Minority Ethnic (BME) Older People's Day Services. As such, the report provided details of the proposed new service model, future management of the service, proposed Partnership Board and the outcome of the extensive consultation which had taken place.

RESOLVED –

(a) That the proposed new service model for future delivery of BME Older People's Day Services, which includes the following, be approved:

- Adult Social Care continuing to manage the service, supported by a Partnership Board consisting of third sector, health partners, community organisations and service users and carers;
- Retain Frederick Hurdle Day Centre as an expanded BME Older People's Communities Health and Wellbeing Hub and decommissioning of the Apna Day Centre building; and
- Increased outreach work from the Health and Wellbeing Hub to older people from BME communities across the city.

(b) That the use of prudential borrowing of £130,000 to fund the refurbishment of the Frederick Hurdle centre in order to enable it to deliver its enhanced role as a BME older people's communities health and wellbeing hub, be approved, and that the repayment costs will be met from the existing budgets of Apna day centre, with a delegated decision on such matters being submitted in due course;

(c) That consultation be undertaken on changing the name of Frederick Hurdle Day Centre in order to support its enhanced role as a BME Older People's Communities Health and Wellbeing Hub for a wider range of BME communities in the city;

(d) That it be noted that the lead officer responsible for the implementation of such matters is the Director of Adult Social Services.

155 A Break with Tradition: Transforming Short Breaks in Adult Social Care

The Director of Adult Social Services submitted a report highlighting that Adult Social Care was to enter into a 12 week period of formal consultation in order to support the transformation of short breaks provision in Leeds.

Members noted the key areas of the proposed consultation exercise. Also, responding to a Member's enquiry, officers undertook to provide the Member

in question with anonymised data regarding the number of registered carers and those in receipt of the short breaks service located within their local community.

The Board also discussed the ways in which the short breaks service could be used more creatively, in order to enable such provision to further meet the interests of individuals and maximise the benefit provided.

Also, it was suggested that a report could be submitted to a future cycle of Community Committees in respect of short breaks provision and the locality approach which could be taken.

RESOLVED –

(a) That it be noted that Adult Social Care is to enter into a period of consultation in order to support the transformation of short breaks provision;

(b) That a further report setting out the conclusions and recommendations from the consultation exercise be presented to a future Executive Board meeting.

CHILDREN AND FAMILIES

156 Outcome of Statutory Notice to increase learning places at Carr Manor Community School

Further to Minute No. 95, 19th October 2016, the Director of Children's Services submitted a report detailing the outcomes from the Statutory Notice regarding proposals to expand primary provision and establish Special Educational Needs (SEN) provision at Carr Manor Community School. In addition, the report also sought a final decision in respect of such proposals.

RESOLVED –

(a) That the proposal to permanently expand primary provision at Carr Manor Community School from a capacity of 210 pupils to 420 pupils, with an increase in the admission number from 30 to 60 with effect from September 2018 be approved, and that approval also be given to the establishment of provision for pupils with Complex Communication Difficulties including children who may have a diagnosis of ASC (Autistic Spectrum Condition) for approximately 12 pupils (6 primary, 6 secondary) with effect from September 2018;

(b) That it be noted that the responsible officers for the implementation of such matters are the Head of Learning Systems and the Head of Complex Needs.

COMMUNITIES

157 Community Asset Transfer of Bramley Community Centre to Bramley Elderly Action

The Director of City Development and the Assistant Chief Executive (Citizens and Communities) submitted a joint report which sought approval for the Community Asset Transfer of Bramley Community Centre to Bramley Elderly Action by way of a 25 year lease.

RESOLVED –

(a) That the community asset transfer of Bramley Community Centre to Bramley Elderly Action by way of a 25 year full repairing and insuring lease for a peppercorn consideration, be approved;

(b) That the necessary authority required to finalise the terms of the disposal to Bramley Elderly Action be delegated to the Director of City Development;

(c) That the necessary authority required to finalise the terms of any sub-lease to the Council from Bramley Elderly Action for Housing staff, (should such a sub-lease be required), be delegated to the Director of City Development;

(d) That it be noted that the Chief Officer (Economy and Regeneration) will be responsible for ensuring the implementation of such matters, with it also being noted that it is expected that the transfer itself will take place by 1st June 2017.

ENVIRONMENT AND SUSTAINABILITY

158 Memorial Woodland

The Director of Environment and Housing submitted a report which outlined a proposal regarding a potential partnership agreement with a registered charity, 'Life for a Life' Memorial Forests, in order to create a memorial woodland at a site of just over 2 hectares adjacent to the Leeds-Liverpool canal near Kirkstall Abbey.

RESOLVED –

(a) That support be given to enter into an agreement with 'Life for a Life' Memorial Forests with a view to establishing a 30 year lease on the land, as identified within paragraph 3.1 of the submitted report and for the purposes as described in the report;

(b) That it be noted that the Chief Officer (Parks and Countryside) is responsible for the implementation of such an agreement, which is anticipated to be in place during 2017.

159 The proposed Retail and Hospitality Skills Centre of Excellence

The Director of Children's Services submitted a report regarding the Council's ambition to create a Retail and Hospitality Skills Centre of Excellence, in partnership with the business community through the Leeds Business Improvement District (the Leeds BID).

Members welcomed the proposals detailed within the submitted report, and highlighted the key importance of the retail and hospitality sector to the regional and national economy.

RESOLVED –

(a) That the decision to enter into partnership with the Leeds BID in order to create a Retail and Hospitality Skills Centre of Excellence be supported, and that approval be given to undertaking the initial stage of a business planning and sustainability study to be delivered by March 2017, with approval also being given to the commitment of the Council providing a maximum of £195,000 towards the project, subject to the outcomes of the study.

(b) That it be noted that the officer responsible for the implementation of such matters is the Head of Employment Access and Growth.

DATE OF PUBLICATION: FRIDAY, 10TH FEBRUARY 2017

LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS: 5.00 P.M. ON FRIDAY, 17TH FEBRUARY 2017

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Report author: Steven Courtney
Tel: 247 4707

Report of Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adult Social Services, Public Health, NHS)

Date: 21 February 2017

Subject: Chairs Update – February 2017

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

1 Purpose of this report

1.1 The purpose of this report is to provide an opportunity to formally outline some of the areas of work and activity of the Chair and other members of the Scrutiny Board since the last meeting.

2 Main issues

2.1 Invariably, scrutiny activity can often take place outside of the formal monthly Scrutiny Board meetings. Such activity may involve a variety of activities and can involve specific activity and actions of the Chair and/or other members of the Scrutiny Board.

2.2 In 2015/16, the Chair of the Scrutiny Board established a system whereby the Scrutiny Board was formally advised of scrutiny activity between the monthly meeting cycles. This method of reporting / updating the Scrutiny Board has continued during the current municipal year, 2016/17.

2.3 The purpose of this report is, therefore, to provide an opportunity to formally update the Scrutiny Board on any scrutiny activity and actions, including any specific outcomes, since the previous meeting. It also provides an opportunity for members of the Scrutiny Board to identify and agree any further scrutiny activity that may be necessary.

2.4 The Chair and Principal Scrutiny Adviser will provide a verbal update of recent activity at the meeting, as required.

3. Recommendations

3.1 Members are asked to:

a) Note the content of this report and the verbal update provided at the meeting.
b) Identify any specific matters that may require further scrutiny input/ activity.

4. Background papers[1]

4.1 None used

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

Report author: Steven Courtney
Tel: 247 4707

Report of Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adult Social Services, Public Health, NHS)

Date: 21 February 2017

Subject: One Voice Project

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

1 Purpose of this report

1.1 The purpose of this report is to provide an opportunity for the Scrutiny Board to consider Leeds Clinical Commissioning Groups (CCGs) 'One Voice' Project.

2 Main issues

2.1 During the previous municipal year (2015/16), the Scrutiny Board received and considered a range of evidence associated with the planning and provision of Primary Care across the City.

2.2 Part of the discussions included consideration of the transfer of commissioning responsibility from NHS England to local CCGs; the development of primary care strategies and the development and operation of Primary Care Committees. The opportunity to discuss these aspects in more detail is included elsewhere on the agenda.

2.3 However, the extension of primary care commissioning responsibilities represented a further development in the role of local CCGs since formally coming into existence in April 2013, following the abolition of Leeds Primary Care Trust on 31 March 2013.

2.4 More recently, there have been ongoing discussions around closer collaboration between Leeds three CCGs, with some details outlined in a recent national publication. This collaborative project is referred to locally as 'One Voice'.

2.5 The Scrutiny Board was scheduled to receive an update on the project at its meeting in January 2017; however the discussion was deferred to allow further discussions to take place with staff likely to be affected by the outcome of the project.

2.6 Suitable senior representatives from Leeds CCGs have been invited to attend and discuss the 'One Voice' project in more detail and address questions from the Scrutiny Board.

3. Recommendations

3.1 Members are asked to consider the information provided at the meeting and determine any further scrutiny actions and/or activity.

4. Background papers[1]

None used

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

Report author: Steven Courtney
Tel: (0113) 247 4707

Report of Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adult Social Care, Public Health, NHS)

Date: 21 February 2017

Subject: Leeds Teaching Hospitals NHS Trust – update

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. The purpose of this report is to introduce a general update on key issues and progress update from Leeds Teaching Hospitals NHS Trust. The latest Chief Executive's report prepared to be presented to the Trust Board is appended to this report.

2. Appropriate senior representatives have been invited to the meeting to discuss the details of the report and address questions from members of the Scrutiny Board.

Recommendations

3. That the Scrutiny Board considers the details presented and agrees any specific scrutiny actions or activity that may be appropriate.

Background documents[1]

4. None.

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

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The Leeds Teaching Hospitals NHS
NHS Trust

Chief Executive's Report

Public Board

26 January 2017

Presented for:	Information and discussion
Presented by:	Julian Hartley, Chief Executive
Author:	Julian Hartley, Chief Executive
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	✓

Key points	
1. To provide an update on news across the Trust and the actions and activity of the Chief Executive since the last Board meeting	Discussion and information
2. To ratify the delegated authority for the appointment of consultants	Approval

1. Urgent care pressures

Since the last Board meeting the Trust has been experiencing a period unprecedented urgent care pressure and our staff have been at the forefront of managing this demand. I want to recognise their outstanding efforts and commitment, ensuring that our patients receive the best possible care.

We have seen A&E attendances increase by 9% at our St James's site and 6% at our LGI site compared with last year and this has been exacerbated by diminishing capacity out of hospital in particular reductions in the number of care and nursing home beds in Leeds. In managing this demand there have been a number of unit moves at St James's to help us manage our capacity better and improve efficiency.

The minor injuries unit in the emergency department at St James's has been moved downstairs to floor -1 in Chancellor's Wings, adjacent to the physiotherapy department. St James's Medical Assessment Area (JAMAA), has moved into the old minor injuries area. The current JAMAA unit on the third floor in Chancellor's Wing will become part of J27.

This new way of working will improve the flow of patients through ED and JAMA allowing teams to assess patients promptly and more efficiently. This will help to reduce avoidable admissions to hospital and ensure that any patients who do require admission have an early treatment plan in place and are directed to the most appropriate speciality.

As an executive we have been working with our partners in the System Resilience Assurance Board to try and mitigate these pressures and ensure that the clinical risks they present are collectively owned across the Leeds Health & Care System. Along with our health and social care partners we have also written to all private care homes in the city asking them to support us during this busy time. In particular, we have asked them to be as responsive as possible in accepting discharges from our hospitals, including doing assessments as soon as possible and facilitating transfers when a patient becomes medically fit for discharge (appendix 1).

We also continue to work with our partners in the West Yorkshire Association of Acute Trusts to deliver the West Yorkshire Acceleration Zone and I have recently written to Trust CEOs seeking their support to repatriate patients in a timely way, I'm pleased to say this was well received and we are working together to ensure patient flow across our organisations.

These last few weeks I have seen just how well everyone in this organisation works together so that we can continue to provide our services for our patients during these difficult times. I am incredibly proud to work at Leeds Teaching Hospitals.

2. The Bilberry Unit at Wharfedale Hospital

Access to appropriate step down care is a fundamental issue in supporting patient discharge, flow and urgent care demand in A&E. I'm therefore extremely pleased to report that we have opened the Bilberry Unit at Wharfedale Hospital which will provide 26 dedicated step down beds for patients who are awaiting ongoing care but do not need to be in hospital. This follows correspondence with our commissioners and a lot of hard work from our operational team to mobilise the unit along with our partner Villacare. I visited the unit earlier this month and it is a fantastic facility, providing a great environment and I was impressed with the efforts to make the unit as homely as possible. It should make a real difference in relieving some of the intense pressure on acute beds, and the first patients have now been transferred.

3. The Leeds Way the next stage - A Year of Improvement

In March we will launch our Year of Improvement with a series of staff engagement events designed to embed our commitment to the Leeds Way, Trust vision, values and goals and help us deliver against these using the Leeds Improvement Method. Participants at the events will have an opportunity to learn the improvement tools and techniques that they need to reduce waste and

increase value for patients including a focus on waste walks and five S methodologies as part of our plan to accelerate the spread of the Leeds Improvement Method. Staff will then be supported to apply these techniques in a structured way within their CSUs over the course of the year and we will be reporting out on and celebrating the improvement work as crucial to our future sustainability.

4. Nursing Associates

Earlier this month we welcomed we welcomed 30 Nursing Associates to the Trust. Along with our healthcare and education provider partners across Leeds and Bradford, we are facilitating a pilot training programme for this new role.

This is a two-year programme where support staff can learn the clinical skills needed to develop their roles while working as part of a ward team to deliver the best possible patient care and experience. On completing the programme they will receive a Foundation degree and can apply for Band 4 Nursing Associate positions in the Trust.

Our trainee Nursing Associates will undertake placements in a number of areas across our sites while completing their studies at university. This will include Outpatients, the Emergency Departments, Critical Care, Community, Mental Health and End of Life Care. I am sure you will make them all feel very welcome during their time with you.

5. Hybrid Theatre

It is tremendous news that our Charitable Trustees have agreed to provide £3.5m funding for a hybrid theatre at Jubilee Wing, LGI. This is an important clinical facility that we have wanted for some time so we are very grateful for this incredibly generous donation.

A hybrid theatre is a combined surgical theatre and radiology suite which can work either as a conventional operating theatre or as a radiology facility with intra operative and post-operative imaging and intervention. It will give us much needed flexibility in our Jubilee theatre suite and increased capacity for plastic surgery, spinal surgery and in-patient neurosurgery. It will support simultaneous open and interventional procedures to be performed on very high risk patients seen by the Vascular team and the Major Trauma Centre.

6. Visit by Baron Carter of Coles

On Thursday the Board hosted a visit from Lord Carter to hear about the work we are doing in response to his review of NHS Productivity as well as our wider work on the Leeds Improvement Method and in the West Yorkshire Association of Acute Trusts. It was a great afternoon and I was really proud of the work that LTHT teams showcased including our progress on e-rostering, procurement, productive operating theatres and elective orthopaedics at Chapel Allerton Hospital. Lord Carter commented that the progress LTHT is at the forefront of Trusts nationally due to the progress we are making across the piece. It was also a good opportunity to update Lord Carter on our collaboration with the other acute trusts in west Yorkshire including our recently signed Committee in Common agreement and the programme of work across clinical and corporate services which will support our future sustainability.

7. Consultant appointments

I am pleased to report that I have, under delegated authority, approved the following appointments:

- Mrs Maftei - Consultant in Vascular Surgery
- Dr Scott - Consultant in Anaesthetics (ICU)
- Dr Randhawa - Consultant in Anaesthetics (ICU)
- Dr Sira - Consultant in Anaesthetics (ICU)
- Dr Aslam - Consultant in Rheumatology

- Dr Barr - Consultant in Rheumatology
- Dr Nam - Consultant in Rheumatology
- Dr Hassan - Consultant in Emergency Medicine
- Dr Boyton - Consultant in Emergency Medicine
- Dr Goody - Consultant in Clinical Oncology (UGI)
- Dr Htwe - Consultant in Acute Medicine
- Dr Tcherveniakov - Consultant in Thoracic Surgery
- Mr Drimtzias - Consultant in Paediatric Ophthalmology

8. Listening and learning

I visited C1 at Chapel Allerton to hear how they have received the prestigious Level 2a status as a rehabilitation unit from the United Kingdom Rehabilitation Outcomes Collaborative. This makes us one of only 13 units in the UK offering this level of rehabilitation and this is thanks to the skill and dedication of the whole team. Well done to you all.

I met with colleagues on J11 who now have an additional nine beds following their move from J16 and I was really impressed at how well they have all adapted to this transition. I also spent some time visiting teams on J10 and J12, as well as JAMA and both of our EDs. I was able to speak to staff and patients about their experiences and, while things are difficult, it is obvious that staff are all working as hard as they can to make sure our patients are cared for with kindness, compassion and the best possible care day in day out.

I was pleased to visit the Radiology Department at Chapel Allerton, to meet staff who told me how the Leeds Way is helping the team work together to deliver safe and effective care for patients. There are huge pressures on the MSK service and like many other areas in the trust the team is seeing a continuing increase in demand.

Staff have worked innovatively and collaboratively to meet these pressures, with a strong focus on the provision of clinically effective and safe care whilst delivering an excellent patient experience. The team showed great pride in their work and told me of the solutions they have put in place, their plans for the future and how they use feedback from the Friends & Family test to boost staff morale and spread learning.

I had the privilege of joining the Chaplaincy team for part of their away day at Hinsley Hall. I enjoyed the opportunity to share my vision for the future of LTHT with this important group of staff and volunteers who, day-in day-out, really help to enhance the quality of our patients' experience. It was really good to get feedback from the service and their continuing role within the Trust.

9. Celebrating success

I was really pleased to hand out the latest round of Commending Excellence in the Emergency Department (CEED) Awards at the LGI Emergency Department (ED). These awards reflect how ED staff always go that extra mile and demonstrate the values of The Leeds Way.

Many congratulations to cardiac physiologist Maria Paton who has been awarded an NIHR Clinical Doctoral Research Fellowship to research how long-term pacemaker use is related to heart muscle weakness. This is an exceptional achievement and awards like this help allied health professionals to have a career incorporating both clinical and research skills.

Well done to respiratory consultants Daniel Peckham and Tim Lee who have been awarded funding as part of the Cystic Fibrosis Clincal Trials Accelerator Platform. The award will fund a new

CF research co-ordinator who will improve access for children, young people and adults to clinical trials of breakthrough treatments for this severe and life shortening inherited condition. It is a tribute to the team's work and demonstrates that Leeds CF centre is right at the forefront of innovation in therapy for this disease.

Congratulations to Dr Agam Jung, Consultant in Neurology, who has been named Associate International Director for International Medical Graduates with the Royal College of Physicians. This is a great achievement and I am sure Dr Jung will make an impressive contribution in the role.

Well done to Roslyne Armitage, reception manager for the Leeds Sexual Health Centre - a partnership between LTHT, Leeds Community Healthcare (LCH) and MESMAC. Roslyne was nominated by a colleague for LCH's Thank You Event 2016: "Roz regularly goes the extra mile...Roz creates an atmosphere where everyone feels valued; she is an active listener and provides timely feedback to staff. In a time of change and a newly integrated service Roz is a shining light and deserves recognition for her positivity, enthusiasm and commitment."

Congratulations to Dawn Marshall who has been appointed as the new Deputy Chief Nurse to support Suzanne. This is alongside her current role as Nurse Director (Operations) and I am sure that Dawn will do a fantastic job.

I received a letter from the wife of a patient who sadly passed away and was treated on one of our stroke wards, L21. She wrote to praise all the staff on the ward and thanked them for their "professionalism, dedication and excellent care" and for showing "the highest standards of their codes of professional conduct". A huge well done to the team on L21 for this great feedback!

Congratulations to Yorkshire Cancer Centre (YCC) fundraisers and staff at Leeds Cancer Centre in reaching another fundraising milestone. YCC raised £160,000 to purchase a new NanoKnife, which offers an alternative treatment for tumours when surgery and radiotherapy are not possible. A celebratory event was held on Tuesday to thank donors for their generous contributions towards the new machine.

10. Publication under the Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000.

11. Recommendation

The Board is asked to receive this paper for information and to ratify the delegated authority for the appointment of consultants.

Julian Hartley
Chief Executive

Appendix 1 Letter to Care Homes

Date: 13 January 2017

Re: Care Home Proposal

Dear Colleague,

As you may be aware Leeds is now facing increasing urgent care demand that is placing unprecedented pressure on both Leeds Teaching Hospitals and Leeds Community Healthcare services.

A&E attendances and admissions have increased recently compared to the same period last year and more frail elderly and acutely unwell patients are being admitted into hospital.

The main issue in Leeds at the moment is the difficulties in getting patients out of hospital and back into the community. We seem to see longer lengths of stay for care home patients than other groups and so are contacting all care homes in Leeds to seek your support.

As a Health and Social Care system in Leeds, we appreciate the support of our city partners of which care homes play a vital role. The purpose of this letter is to ask you to consider various actions which will make a difference to the system's ability to meet patient/residents needs at the present time.

Specifically we would like you to consider as a care home:

1. To be as responsive as possible to facilitate hospital discharge. If this requires assessment prior to returning home or a new placement, that this is undertaken as quickly as possible and that transfer is then supported the in the shortest timeframe possible once the person is medically fit for discharge.

2. To consider all possible options for keeping a person in the care home before they are sent to A&E. for example:

    a. Follow emergency care plans where these have been written by specialist nurses e.g. to help manage COPD when a persons need change
    b. Ensure anticipatory medicines are available
    c. Contact 111 or GP for advice first

d. Adhered advanced care plan where individuals are indicates no further treatment and respects end of life care plan

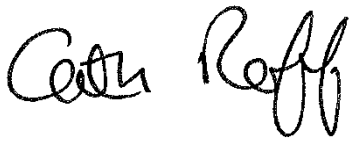
We are asking for your help and support at this extremely difficult time. We may be seeking additional interim bed placements to alleviate hospital bed capacity whilst people are supported into long term care.

The CCG are also proposing a 'care home resilience grant' be made available until the end of February 2017. This would be a one off payment of £100 per patient discharge back to a care home (existing residents and new) to support with overtime costs or backfill. The grant would be for undertaking timely assessments within 24 hours of request and facilitating discharge next day or the day after the patient is declared fit for discharge. This may also involve accepting transfers later into the evening or at weekends. If you would be interested in taking part in this grant scheme, please email ss.contracts@leeds.gov.uk and include "Resilience Grant" in the title. We will then send further details of the scheme to you.

We remain extremely grateful for your continued support to ensure the health and social care system in the city can operate as effectively and safely as possible.

Kind regards,

Nigel Gray	Cath Roff	Julian Hartley
Chief Officer, Leeds North Clinical Commissioning Group	Director Adult Social Services, Leeds City Council	Chief Executive, Leeds Teaching Hospitals Trust



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Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: (0113) 247 4707

Report of Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adult Social Care, Public Health, NHS)

Date: 21 February 2017

Subject: Leeds Teaching Hospitals NHS Trust – Care Quality Commission Inspection Report and Progress Against Action Plan

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. The purpose of this report is present the Care Quality Commission (CQC) inspection outcome report published in September 2016, in relation to Leeds Teaching Hospitals NHS Trust, alongside the agreed action plan and associated progress from the Trust.

2. Appended to this report are the following documents:
    - The CQC Inspection report (published September 2016);
    - A progress report prepared by the Trust.
    - The Trust's updated CQC Action Plan

3. Appropriate senior representatives from the Trust have been invited to the meeting, to discuss the information provided and address questions from the Scrutiny Board.

Recommendations

4. That the Scrutiny Board considers the details presented and agrees any specific scrutiny actions or activity that may be appropriate.

Background documents[1]

5. None.

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

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Leeds Teaching Hospitals NHS Trust

Quality Report

Great George Street
Leeds
West Yorkshire
LS1 3EX
Tel: 0113 2432799
Website: www.leedsth.nhs.uk

Date of inspection visit: 10 – 13 & 23 May 2016
Date of publication: 27/09/2016

This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust	Good
Are services at this trust safe?	Requires improvement
Are services at this trust effective?	Good
Are services at this trust caring?	Good
Are services at this trust responsive?	Good
Are services at this trust well-led?	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

Leeds Teaching Hospitals NHS Trust is one of the largest trusts in the United Kingdom and serves a population of around 780,000 in Leeds and up to 5.4 million in surrounding areas, treating around 2 million patients a year. In total the trust employs around 15,000 staff and provides 1785 inpatient beds across Leeds General Infirmary, St James's University Hospital, Leeds Children's Hospital and Chapel Allerton Hospital. Day surgery and outpatient services are provided at Wharfedale Hospital and outpatients services are also provided at Seacroft Hospital. The Leeds Dental Institute, although part of the trust, was not inspected at this inspection.

We carried out a follow up inspection of the trust from 10 to 13 May 2016 in response to the previous inspection as part of our comprehensive inspection programme in March 2014. We also undertook an unannounced inspection on 23 May 2016 to follow up on concerns identified during the announced visit.

Focussed inspections do not look across a whole service; they focus on the areas defined by information that triggers the need for an inspection. Therefore, we did not inspect all the five domains: safe, effective, caring, responsive and well led for each core service at each hospital site. We inspected core services where they were rated requires improvement. We also checked progress against requirement notices set at the previous inspection due to identified breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result of the March 2014 inspection, we issued a number of notices, which required the trust to develop an action plan on how they would become compliant with regulations. We reviewed the trust's progress against the action plan as part of the inspection.

We inspected the following locations:

At Leeds General Infirmary (LGI), we inspected the following domains:

- Urgent and emergency care (A&E) - safe and effective
- Medicine - safe, effective, responsive and well-led
- Surgery - safe, responsive and well-led
- Critical care - safe, responsive and well-led
- Maternity and gynaecology - safe
- End of life care - safe

We inspected the following domains for children's and young people's services at the Children's Hospital, which is reported in the LGI location report – safe, responsive and well-led.

At St James's University Hospital (SJUH), we inspected the following domains:

- Urgent and emergency care (A&E) – effective
- Medicine – safe, responsive and well-led
- Surgery - safe, responsive and well-led
- Critical care - safe, responsive and well-led
- Maternity and gynaecology - safe
- End of life care - safe

At Chapel Allerton and Wharfedale Hospitals, we inspected the safety domain within surgery.

We did not inspect the Leeds Dental Institute and we did not inspect the outpatients' services across the trust as these had previously been rated as good.

We did not inspect the caring domain across the trust as this was rated as good across all trust services at the previous inspection.

Overall, we rated the trust as good. We rated safe as requires improvement, effective, responsive and well-led as good. We rated Leeds General Infirmary and St James's University Hospital as requires improvement, Chapel Allerton Hospital as good and Wharfedale Hospital as good.

Our key findings were as follows:

- Since the last inspection, the trust had invested time, effort and finances into developing a culture that was open, transparent and supported the involvement of staff, and reflected the needs of the people who used the services.
- Changes such as the development of clinical service units and governance arrangements that were in their infancy at the last inspection had been further embedded and embraced by staff in the organisation.
- Each clinical service unit had clear direction and goals with steps identified in order to achieve them.

Summary of findings

- The leadership team had remained stable. Staff across the organisation were positive about the access and visibility of executives and non-executives, particularly the Chief Executive. There had been improvements to services since the last inspection.
- The leadership team were aware of and addressing challenges faced with providing services within an environment that had increasing demand, issues over patient flow into, through and particularly out of the organisation, including the impact this had on service provision; and the recruitment of appropriately skilled and experienced staff.
- The trust values of, 'The Leeds Way' were embedded amongst staff and each clinical service unit had a clear clinical business strategy, which was designed to align with the trust's 'Leeds Way' vision, values and goals. This framework encouraged ownership from individual CSUs.
- We saw strong leadership of services and wards from clinicians and ward managers. Staff spoke positively about the culture within the organisation.
- Staff reported across the trust that they were proud to work for the organisation and felt that they worked well as a team across the different sites.
- The trust invited all 15,000 staff to participate in the national staff survey, with a response rate of over 8,000 staff across the organisation. The survey showed that there was continuous improvement. The response rate for the NHS Staff Survey 2015 was 50%, this was better than the England average of 41%.
- At service level there were governance processes and systems in place to ensure performance, quality and risk was monitored. Each CSU met weekly and used the ward health check to audit a range of quality indicators including the number of falls, complaints, pressure ulcers, staffing vacancies and staff sickness. This information was then escalated to senior staff and through the trust's governance structure.
- There was a positive culture around safety and learning from incidents with appropriate incident reporting and shared learning processes in place. However, learning from Never Events was not consistent amongst all staff within theatres. All steps of the World Health Organisation (WHO) safety checklist were not consistently taking place: audit data and our observations supported this. The audit data provided by the trust did not assure us that national early warning score (NEWS) and escalation was always done correctly.
- There were occasions when nurse and care support worker staffing levels were below the planned number. Despite having a clear escalation process, non-qualified staffing levels did not always mitigate for the reduction in qualified nursing levels. Nursing, midwifery and medical staffing levels did not meet national guidelines in some areas, particularly surgery, theatres, critical care, maternity and children and young peoples' services. The trust was actively recruiting to posts and supporting a range of role development programmes to diversify the staff group, including supporting advance roles and role specific training for non-qualified staff.
- Arrangements and systems in place were not sufficiently robust to assure staff that the maintenance of equipment complied with national guidance and legislation.
- There were arrangements in place for assessing the suitability of patients who were appropriate to wait on trolleys on the assessment ward. However, these were not consistently applied, or risk assessments undertaken. There was a lack of robust assurance over the oversight of patients waiting on trolleys.
- Adherence to General Medical Council (GMC) guidance and the trust consent policy was not consistently demonstrated in patient records. In accordance with trust policy, a two stage consent process including two patient signatures was not consistently evidenced in patient records. However, we were assured that patients were well informed about their surgical procedure and had time to reflect on information presented to them at the pre-assessment clinic.
- There was a much improved mandatory training programme. However, there were still low completion levels in some training, particularly resuscitation and role relevant safeguarding.
- The Summary Hospital-level Mortality Indicator (SHMI) and the Hospital Standardised Mortality Ratio (HSMR) indicated there was no evidence of risk compared to the England average.
- There were suitable arrangements in place for the prevention and control of infections, including

Summary of findings

policies, procedures and a dedicated infection prevention control team. Areas visited were clean and staff generally adhered to good infection control practices.
- The trust responded to complaints and concerns in a timely manner. Improvements were made to the quality of care as a result of complaints and concerns.
- The trust took into consideration the needs of different people when planning its services and made reasonable adjustments for vulnerable patient groups.
- There was clear guidance for staff to follow within the care of the dying person's individual care plan when prescribing medicines at the end of their life. Patients' individual needs and wishes at the end of their life were represented clearly in the documentation.
- Policies and guidelines were based on the latest national and international guidelines such as from the National Institute for Health and Care Excellence (NICE) and Royal College of Emergency Medicine.
- On the whole, patients received pain relief in a timely manner and were able to access food and drinks as required.
- Arrangements were in place to alert staff when patients were in receipt of treatment or admitted with special needs or were vulnerable, including living with dementia and learning disabilities. Staff had received training on how to support patients and individualise care to meet specific needs.
- Staff understood their responsibilities in relation to the Mental Capacity Act (2005), restraint of patients and the treatment of detained patients, although there was some inconsistent practice over care of patients receiving rapid tranquilisation treatment.

We saw several areas of outstanding practice including:

- There were outstanding examples of record keeping in the care of the dying person care plan. We saw that staff recorded sensitive issues in a clear comprehensive way to enable safe care to be given.
- The development of Leeds Children's Hospital TV allowed families to explore the wards and meet the teams.
- Organ transplantation which included a live liver donation and transplant programme had been undertaken, which was the largest in the UK. Other aspects of the transplantation programme included Neonatal organ retrieval and transplantation, Life Port Trial, Kidney Transplantation, QUOD Trial, Quality in Organ Donation National Tissue Bank, Revive Trial, Organ Care System and Normothermic perfusion, Support for Hand Transplantation.
- Procedures such as minimally invasive oesophagectomies were being performed. The colorectal team were using sacral nerve stimulation for faecal incontinence.
- There is a consultant led virtual fracture clinic. This allows patients to be assessed without attending the hospital and then have the most appropriate follow up. This reduces unnecessary hospital attendances.
- Revolutionary hand transplant surgery had taken place within plastic surgery.
- Nurse-led wards for patients who were medically fit for discharge had been introduced to allow the service to adapt their staffing model to meet the needs of patients.
- In response to patient carer feedback the acute medicine Clinical Service Unit had introduced John's campaign. This allowed carers to stay in hospital with patients with dementia.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- The trust must ensure at all times there are sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patients' dependency levels.
- The trust must ensure all staff have completed mandatory training and role specific training.
- The trust must ensure staff have undertaken safeguarding training at the appropriate levels for their role.
- The trust must review the admission of critical care patients to theatre recovery areas when critical care beds are not available to ensure staff are suitably skilled, qualified and experienced.
- The trust must review how learning from Never Events is embedded within theatre practice.
- The trust must review the appropriateness of out of hours' operations taking place and take the necessary steps to ensure these are in compliance with national guidance.

Summary of findings

- The trust must review the storage arrangements for substances hazardous to health, including cleaning products and sharps disposal bins to ensure safety in line with current procedures.
- The trust must review and address the implementation of the WHO Five Steps to Safer Surgery within theatres.
- The trust must ensure that physiological observations and NEWS are calculated, monitored and that all patients at risk of deterioration are escalated in line with trust guidance.
- The trust must review the function of the pre theatre waiting area in Geoffrey Giles theatres and ensure that the appropriate checks and documentation are in place prior to patients leaving ward areas.
- The trust must ensure that all equipment used across core services is properly maintained and serviced.
- The trust must ensure that staff maintain patient confidentiality at all times, including making sure that patient identifiable information is not left unattended.
- The trust must ensure that infection prevention and control protocols are adhered to in theatres.

In addition the trust should:

- The trust should review and improve the consent process to ensure trust policies and best practice is consistently followed.
- The trust should review the availability of referral processes for formal patient psychological and emotional support following a critical illness.
- The trust should review the provision of post-discharge rehabilitation support to patients discharged from critical care.
- The trust should ensure that appropriate staff have access to safeguarding supervision in line with best practice guidance.
- The trust should continue to monitor the safe and correct identification of deceased patients before they are taken to the mortuary and take necessary action to ensure this is embedded in practice.
- The trust should continue to work towards improving the assessment to treatment times within the ED department. The trust should also continue to work towards improving ambulance handover times and reduce the number of handovers that take more than 30 minutes.
- The trust should ensure that systems and processes are in place and followed for the safe storage, security, recording and administration of medicines including controlled drugs.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Background to Leeds Teaching Hospitals NHS Trust

Leeds Teaching Hospitals NHS Trust was formed in 1998 bringing together two smaller hospital trusts under a single management and direction for the first time.

Leeds Teaching Hospitals NHS Trust is one of the largest trusts in the United Kingdom and serves a population of around 780,000 in Leeds and up to 5.4 million in surrounding areas, treating around 2 million patients a year. The trust has a budget of around £1 billion.

In total the trust employs around 15,000 staff and provides 1785 inpatient beds across Leeds General Infirmary, St James's University Hospital, Leeds Children's Hospital and Chapel Allerton Hospital.

Day surgery and outpatient services are provided at Wharfedale Hospital and outpatients services are also provided at Seacroft Hospital.

Leeds is the third largest city in England. The health of people in Leeds is varied compared with the England average. There were people living in a variety of communities. The age profile, health and level of deprivation of the population varied. Rural and semi-rural areas had a mix of people of a wide range of ages and backgrounds. Waterfront areas were made up of younger professionals. Inner city areas had mixed ages and larger culturally diverse populations.

Deprivation is higher than average in Leeds and over 21% (29,800) of children live in poverty. Life expectancy for both men and women is lower than the England average. There are higher than average rates of obesity, smoking and alcohol related health issues. There are more early deaths from cancer and heart disease than the England average. (Public health profile 2015).

Our inspection team

Our inspection team was led by:

Chair: Diane Wake, Chief Executive, Barnsley Hospital NHS Trust

Head of Hospital Inspections: Julie Walton, Head of Hospital Inspection, Care Quality Commission

The team included CQC inspectors and a variety of specialists including, medical, surgical and obstetric consultants, a junior doctor, senior managers, nurses, a midwife, a palliative care specialist and children's nurses.

How we carried out this inspection

To get to the heart of patients' experiences of care, we routinely ask the following five questions of services and the provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

As this was a focused inspection we did not look across the whole service provision; we focussed on the areas defined by the information that triggered the need for the focused inspection. Therefore not all of the five domains: safe, effective, caring, responsive and well led were reviewed for each of the core services we inspected. At this inspection we did not ask whether services were caring as these had been rated good at the previous inspection.

Prior to the announced inspection, we reviewed a range of information that we held and asked other

organisations to share what they knew about the trust. These included the clinical commissioning groups (CCG),

Summary of findings

NHS England, Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), and the local Healthwatch organisation.

We carried out the announced inspection visit from 10 - 13 May 2016, with an unannounced inspection on 23 May 2016. During the inspection we held focus groups with a range of staff including nurses, consultants, allied health professionals (including physiotherapists and occupational therapists) and administration and support staff. We also spoke with staff individually as requested. We talked with patients and staff from ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment. We also held focus groups with community groups who had experience of the trust services.

What people who use the trust's services say

The NHS Friends and Family Test (FFT) results between February 2015 and January 2016 indicated the percentage of patients who would recommend the trust's services was consistently worse than the England average each month in this period.

The Care Quality Commission In-Patient Survey (2014) asks questions such as ; 'Did a member of staff answer your questions about the operation or procedure?'; 'Did you feel you got enough emotional support from hospital staff during your stay?' and; 'Did doctors talk in front of you as if you weren't there?' The results showed this trust scored about the same as other trusts for all questions except for delays to discharge, where the trust was recorded as being within the worst performing trusts.

The Patient Led Assessments of the Care Environment (PLACE) showed the trust scored better than the England average from 2013-2015 in each of the four areas rated; cleanliness, food, facilities, privacy and dignity and wellbeing.

Facts and data about this trust

- Urgent and Emergency services: Between April 2014 and March 2015 the trust saw 222,968 patients in A&E. The conversion rate (percentage of those patients attending who were subsequently admitted) to a hospital ward at this trust was 18.4% in 2014/2015.
- Medical services: The trust has one of the highest numbers of admissions in the country. Between September 2014 and August 2015 there were 73,896 medical admissions to Leeds Teaching Hospitals NHS Trust (LTHT).
- Surgical services: The trust has one of the highest numbers of admissions in the country; between September 2014 and August 2015 there were 63,358 surgical admissions to LTHT.
- Critical care services: The total number of admissions to the critical care units within the LTHT between 1 April 2014 and 31 March 2015 was measured by the ICNARC case mix programme to be 1,153 patients. These numbers did not include all of the critical care units as data was not submitted by them all.
- Maternity and gynaecology services: The maternity service at St James's University Hospital delivered 4,726 babies between April 2014 and March 2015. The maternity service at Leeds General Infirmary delivered 5,014 babies between April 2014 and March 2015.
- Children's and young people's services: The trust had 18,868 episodes of care for children between July 2014 and July 2015, of which 42% were emergency admissions.
- End of life care: From September 2014 to August 2015 there had been 2851 deaths in the trust. Between April 2014 and March 2015 there had been 1255 referrals to the specialist palliative care team.
- Specialist services: The trust is one of the largest providers of specialist hospital services in the country, with almost 50% of the overall income from specialist commissioners, NHS England. Specialist services

Summary of findings

generally fall into five groups – specialist children's services, cancer, blood and genetics, neurosciences and major trauma, cardiac services and specialised transplantation and other specialised surgery.

- Between January 2015 and January 2016 there were seven reported case of Methicilin-resistent Staphylococcus Aureus and 42 cases of Clostridium difficile.

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe? We rated safe as requires improvement because: • Staffing across nursing and medical staff did not always meet the trust's planned numbers or were in line with national best practice, particularly in surgery, theatres, critical care, maternity and children's and young people's services. • Not all staff had completed their mandatory training, particularly for resuscitation and role specific safeguarding training. • The arrangements in place did not give sufficient assurance that equipment across services were maintained and serviced in line with legislation and national guidance. • Arrangements were not robust to give sufficient assurance that patients were appropriately assessed as suitable for waiting on trolleys, had risk assessments completed and gave the management team accurate oversight information. • General Medical Council (GMC) guidance and the hospital consent policy were not consistently adhered to. In accordance with trust policy, a two stage consent process including two patient signatures was not consistently applied. • The World Health Organisation's Five Steps to Safe Surgery were not consistently applied across the surgical services. There was inconsistent learning from Never Events in some theatre areas. • Generally, the identification of the deteriorating patient was well managed. However, there was some inconsistent practice identified at the LGI site. Within surgical services audit data showed that national early warning scores (NEWS) and escalation was not always correctly implemented. • Routine operations were regularly taking place out of hours. However, we found that: • There was a good safety culture across the trust with learning from incidents shared and appropriate incident reporting. • The trust had processes and systems in place to comply with the duty of candour and staff confirmed that there was an open and honest approach to incident reporting and involving patents and their carers/relatives in any investigations.	**Requires improvement** 

- There were robust safeguarding arrangements in place across the trust and staff were aware of how to deal appropriately with safeguarding issues.
- There were arrangements in place for the prevention and infection and control of infection. Environments were clean and staff generally adhered to trust infection prevention and control practices.
- The trust was actively recruiting to vacant posts, assessing staffing needs on a daily basis and putting in contingency arrangements for shortfalls.

Duty of Candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- The Duty of Candour was introduced as a statutory requirement for NHS trusts in November 2014. Prior to the introduction of the regulation, communications were sent out by the trust explaining its introduction and included presentations to raise awareness. This was supported by a trust wide Quality and Safety Matters briefing, which was circulated in April 2015 and recirculated again in March 2016.
- An e-learning tool was available for all staff to complete on the trust intranet. Quality and Safety matters posters were displayed informing staff about the duty of candour.
- The duty of candour had been included as part of the 'Being Open,' and the 'Serious Incident' procedures. It was also being included as part of the Root Cause Analysis training and Lead Investigator training.
- Staff told us, they understood the need to be open and honest with families when things went wrong.
- The trust used its electronic reporting system to report and record incidents. Each incident was investigated using Root Cause Analysis (RCA) to establish the factors leading up to the incident and what learning would result from this. Following a RCA we saw evidence of duty of candour letters, including an apology were sent to families along with the outcome of the investigation.

Safeguarding

- The executive lead for safeguarding adults and children was the chief nurse/deputy chief executive. In addition there was a full time head of safeguarding; who led the trust's safeguarding

adults and children's teams. The trust had moved to an integrated safeguarding team, which consisted of a named nurse for safeguarding children; two named doctors for safeguarding children; a named midwife; a lead professional for safeguarding adults and a lead professional for the Mental Capacity Act (2005), the Mental Health Act and vulnerable groups

- The safeguarding governance structures were robust. Policies reflecting the wider safeguarding agenda were in place, including training and plans on domestic violence and sexual exploitation.
- The trust had a safeguarding children policy that had regard to the statutory guidance Working Together to Safeguard Children (2013). However, this statutory guidance was updated in 2015. The safeguarding children policy had been written in 2013 and was due to be reviewed in September 2016. Therefore, there was a risk that staff were not working to current guidance.
- There was no specific mention of Female Genital Mutilation (FGM) or Child Sexual Exploitation (CSE) in the safeguarding children policy. In October 2015 a mandatory reporting duty was introduced which requires health professionals to report known cases of FGM in under 18 year olds to the police. The Department of Health (DH) had produced updated statutory guidance on FGM in April 2016.
- All staff we spoke with told us they received some training on CSE in their safeguarding training but did not receive any on FGM. However, information provided by the trust suggested that FGM was included in the safeguarding training. It is unclear therefore how much knowledge staff had about their responsibilities with regards to FGM.
- We saw a standard operating procedure (SOP) that the trust had recently developed for recording and reporting FGM.
- The Royal College of Nursing Guidance: Safeguarding children and young people – every nurse's responsibility, 2014 states that regular high-quality safeguarding supervision is an essential element of effective arrangements to safeguard children .The trust child protection supervision policy stated that staff should access supervision once every three months. However, nursing staff told us that they did not receive regular safeguarding supervision but would access supervision if they were involved with a safeguarding case.
- The safeguarding team were involved in a range of work city wide in influencing safeguarding. Internally issues such as identifying and understanding patients' vulnerability from pressure ulcers on admission had been well embraced and their connection to safeguarding was understood.

Summary of findings

- There was good evidence of the trust reaching out to the diverse communities in maternity, addressing patients with mental health illness and services. Services were adapted to meet patients' needs to reduce safeguarding issues.
- The Savile action plan had one outstanding action regarding children age 16 – 18 years, which was on track for completion with a range of options being considered at Board level.
- All volunteers had a disclosure and barring service (DBS) check. Staff on wards were given information about the volunteers before they came onto the wards.
- Following the Savile Enquiry volunteers now wore green polo shirts and they were identifiable on the ward.
- Following the Savile Enquiry all charities now had offices in a non- patient area of the hospital.
- Staff completed risk assessments for visiting clergy and community leaders and they would not be left unattended on the ward.
- To meet safeguarding training needs the trust had adapted the induction and mandatory training programme. It was recognised that it was a challenge for staff to achieve face to face training with the safeguarding team so the trust was exploring other ways of delivering this. Some staff groups for example, in the A&E, found it difficult to attend training and supervision. The trust was aware and actively taking steps to address this.
- Safeguarding vulnerable adult's Level 1 and 2, and safeguarding children Level 1 were included in the trust mandatory training programme. The trust target for mandatory training was 80%.
- The trust collected training data by Clinical Support Unit (CSU) and not by individual locations. There was a mixed completion figure across services. Generally, Level 1 adult safeguarding and children's training was completed, often above the trust target. For example, at trust level, 97% of urgent care staff had completed safeguarding children Level 1 training, and 81% had completed safeguarding children Level 2 training, compared to the trust target of 80%. However, in some Clinical Service Units (CSUs) there was variation. For example in the cardio-respiratory CSU staff had completed safeguarding vulnerable adults Level 1 training and safeguarding children Level 1 training. However, only 65.5% of staff had completed safeguarding vulnerable adults Level 2 training. In the neurosciences CSU only 70.4% of staff had completed safeguarding vulnerable adults Level 2 training; 69% of staff in

critical care had completed safeguarding vulnerable adults Level 2; 95% of maternity and gynaecology services had received Level 1 training and 74% had received Level 2/3 by the 9 May 2016.

- Training records submitted by the trust showed within the acute medicine CSU only 77% of staff had completed safeguarding vulnerable adult's Level 2 training; 72.5% of staff in the abdominal medicine and surgery CSU and 65.5% of staff in the cardio-respiratory CSU had completed safeguarding vulnerable adults Level 2 training. In maternity and gynaecology services 74.8% of staff had completed safeguarding adults Level 2 training. Relevant staff had face to face safeguarding training, which met both the requirements of the Level 2 and 3 training; 74% of staff had received this training. Most midwives we spoke with confirmed they had received Level 3 safeguarding training.
- The trust also confirmed midwives participated in initial case conference meetings with social care; follow up review meetings from case conferences; pre -birth planning meetings and strategy meetings on the wards. This participation contributed to the staffs' Level 3 safeguarding competencies.
- Figures provided by the trust showed that 95.3% of children's services staff had completed safeguarding children Level 1 training.

Incidents

- Never Events are serious, largely preventable patient safety incidents which should not occur if proper preventative measures are taken. Although each Never Event type has the potential to cause serious potential harm or death, harm is not required to have occurred for an incident to be categorised as a Never Event.
- Between October 2014 and September 2015 there had been four never events reported with three Never Events within surgery at the trust. Two were attributable to the SJUH site, one related to a retained swab following surgery and one related to a wrong site anaesthetic block. A second incident of wrong site anaesthetic block occurred within six months at Chapel Allerton Hospital. We reviewed the investigation reports and related action plans of the Never Events. They included a review of service delivery problems and contributory factors; a root cause was identified with associated recommendations and lessons learned. Areas of good practice were also noted and an action plan developed.

Summary of findings

- We reviewed the recommendations and action plans in relation to the retained swab Never Event. There was a focus on the impact of human factors and consistency with regards guidelines and processes within theatres. Accountable items and completion of the World Health Organisation (WHO) safety checklist were a particular focus.
- The staff we spoke with gave a mixed response with regards to learning from Never Events and some staff were not aware of any. However, other staff were able to give details of the different never events, saying never events were in the 'risky business' newsletter. Some staff also said their managers and team leaders attended monthly incident review meetings and following these they were provided with feedback about lessons learned.
- Whilst on inspection staff told us about a more recent never event of wrong site cataract surgery which occurred in January 2016. The investigation showed that appropriate processes had not been followed. Staff told us of changes in practice had been done and included in the development of standard operating policy guidance.
- Trust audit data and observation at inspection showed that the WHO safety check list had not consistently been embedded across the trust and more attention was needed to ensure that learning from Never Events prevented future re-occurrence of incidents.
- The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports. Serious incidents are incidents that require reporting and further investigation.
- There had been 100 serious incidents (SI) reported from October 2014 to September 2015, with pressures ulcers (those that met the serious incident criteria) being the main category reported.
- NRLS incidents per 100 admissions was higher than the England average. There had been 19,424 incidents for the same reporting period, 16,516 resulted in no harm to the patients and 2,598 resulting in low harm, 274 resulted in moderate harm.
- The most commonly reported incidents were pressure ulcers accounting for 1634 of all incidents reported. Falls, slips and trips accounted for 1435 of all incidents and staffing resources accounted for 309 incidents reported. Other themes of incidents included medication errors and access, admission, transfer and discharge.
- The trust had worked hard to reduce the number of falls. The service had introduced daily multidisciplinary safety huddles, educated staff on the importance of footwear, introduced falls bays to cohort high risk patients and increased the use of one

to one staffing for high-risk patients. In 2014/15 the trust saw a 32% reduction in the number of falls. Information was displayed on 'how to prevent falls' and certificates were awarded to ward teams for fall-free days.

- Staff, including junior doctors, understood their responsibilities to raise concerns and near misses and to report safety incidents using the electronic recording system.
- Staff received feedback on incidents reported. Any lessons learned from incidents were shared at team meetings, via a 'safety matters' electronic bulletin and in safety huddles.
- The 2015 National NHS Staff Survey showed the number of staff reporting errors, near misses or incidents witnessed in the last month was less than the previous year. In 2014, 92% of staff had reported incidents; this had dropped slightly to 88% in 2015. The national average for the same time period was 90%.
- The NHS safety thermometer is a nationally recognised NHS improvement tool for measuring, monitoring and analysing patient harms and 'harm free care'. It looks at risks such as falls, pressure ulcers, venous thromboembolism (blood clots), and catheters and urinary tract infections (UTIs). The trust collected this data monthly. The results of which were used to inform decisions about improvements needed or progress made against any safety concerns.
- All wards we visited held daily safety huddles. All members of the multidisciplinary team were encouraged to attend including medical staff, domestic staff and clinical support workers. The safety huddles were used to share any learning from incidents and identify any patient safety issues including, pressure ulcers, falls, high national early warning scores (NEWS), patients under a deprivation of liberty safeguard (DOLs) and any patients with a hospital acquired infection. Staff spoke positively about the safety huddles and felt they had created a sense of ownership amongst staff to improve patient safety.

Assessing and responding to patients at risk

- Midwifery staff identified women as high risk by using an early warning assessment tool known as the Modified Obstetrics Early Warning System (MOEWS) to assess their health and wellbeing. This assessment tool enabled staff to identify and respond with additional medical support if necessary.
- Children's services used the paediatric advanced warning score (PAWS) tool, an early warning assessment and clinical

observation tool. The charts, PAWS guidelines and deteriorating patient policy included information to assist nursing and medical staff as to the action to take in response to deteriorating scores.

- The neonatal units did not use the Newborn Early Warning Trigger & Track (NEWTT) assessment tool. Staff told us there was a plan to introduce NEWTT in the surgical new born unit located within the neonatal unit. When asked how they were assured that deteriorating patients are identified at the earliest opportunity we were told that safety huddles were used as a method of recognising deterioration. Staff identified which patients they were most concerned about to ensure that clinical review focused on these patients and the whole team was aware of staff concerns.
- The national early warning score system (NEWS) was used in each adult ward area as a tool for identifying deteriorating patients. Staff knew how to identify and respond if a patient was deteriorating. The score from the NEWS acted as a trigger to escalate concerns to medical staff on the ward.
- Generally, the documentation we reviewed across all ward areas showed accurate completion of NEWS scores and we saw evidence of raised NEWS scores being escalated appropriately.
- We reviewed audit data on deteriorating patients from April 2015 to February 2016, which looked at eight aspects including correct NEWS scoring and referrals for 'at risk' patients. This data was per CSU. The data showed an overall improvement for the eight areas. However, at LGI in surgical services we reviewed audit data on deteriorating patients from April 2015 to February 2016. This looked at eight aspects including a minimum of twice daily observations and correct scoring of NEWS. The data was collated per CSU. Within the centre for neurosciences and trauma and related services CSUs, there were some areas RAG rated amber and red. These related to correct NEWS scoring, 24 hour cumulative fluid balance completed and referrals for 'at risk' patients. The data showed an improvement in December 2015; however in January and February 2016, the percentages dropped (worsened). For example, in neurosciences the percentage of referrals for 'at risk' patients in December was 90%. In January this had dropped to 67%. This meant that not all patients who were deteriorating were referred to the medical team as per hospital policy.
- We discussed deteriorating patients with the senior management team who felt NEWS scoring had improved and

the deteriorating adult collaborative was having a positive impact. We were told patients with elevated NEWS were discussed at ward safety huddles and during handover. This was observed by the inspection team.

- The deteriorating patient intervention bundle was launched in June 2015 following collaborative working with 16 wards utilising the 'Model for Improvement' as a framework for testing new interventions. Following testing of these interventions and making changes in their areas the 'Deteriorating Patient Intervention Bundle' was launched in June 2015. This focused on patients with a serious infection (sepsis) and acute kidney injury. Part of the work with an external agency also focused initially on reducing the number of avoidable cardiac arrest calls by 70% on the pilot wards. This looked at things such as ensuring correct calculation and escalation of NEWS scores and timely identification of patients approaching end of life care.

Staffing

- The National Quality Board (NQB) published staffing guidance 'How to ensure the right people, with the right skills, are in the right place at the right time - A guide to nursing, midwifery and care staffing capacity and capability' in November 2013. Within this document the NQB detailed ten expectations trust boards were expected to follow. We reviewed nurse staffing against these expectations.
- Reports were submitted to the Trust Board on a regular basis, which gave information on staffing levels, issues related to staffing and vacancy rates.
- On some wards, the actual number of staff on duty were lower than the planned number. We reviewed the planned and actual information for all the medical wards. We found qualified nursing levels for the wards were not always achieved. For example on ward 28, between the 23 March 2016 and the 22 May 2016, we found 5 days when registered nursing staff was over 100%, 44 days when the levels were between 80% and 100% and 14 days when registered nursing levels were below 80% with one day when the registered nursing level was below 62%. We looked at the non-qualified staffing levels between the 23 March and 22 May we found 56 days when non-qualified staffing levels were above 100% and 6 days when they were between 80% and 95%. For 6 days both the registered nursing levels and the non-qualified staffing levels were below 100%. For example on the 5 April 2016 the registered nursing levels were 70.7% and the non-qualified staffing levels were 81%. Therefore the non- qualified staffing levels did not mitigate for the reduction in qualified nursing levels.

Summary of findings

- In surgery services, with the exception of the ophthalmology ward, all areas we visited had some nurse staffing vacancies. For example within the AMS CSU there were 103.1 whole time equivalent (WTE) vacancies. However, the feedback from staff on the wards was that there had been an improvement with regards to staffing levels. Comments such as 'less use of agency' and 'staffing much improved' were made.
- We reviewed overall bank and agency fill rates for the wards at St. James's University Hospital (SJUH) for February 2016 to April 2016. They were between 93% and 94% for registered staff and 91% and 94% for unregistered staff.
- We reviewed data relating to staffing fill rates for individual wards at SJUH from October 2015 to January 2016. For registered staff these were between 92% and 130% with the exception of ward J82, which was between 81% and 87%. Fill rates for the same time period for unregistered staff were 82% to 185%. We were informed that the electronic rostering system did not take into account flexible working to support some staffing gaps. For example if a staff member was used from another area to help for a couple of hours, such as on the surgical assessment unit, where they had access to surgical nurse practitioners. These figures meant staffing levels were safe and where there were gaps in registered staffing additional unregistered staff were used.
- Staffing was co-ordinated by matrons during the day and nurse practitioners at night. We were told it was fluid throughout the day so could flex as needed. Staff on the wards we visited told us they help each other out and sometimes sorted out staffing issues between themselves. Electronic rostering was in use which enabled staff to easily view staffing in other areas. If a ward/department was short of staff or needed some help for a period of increased activity, staff could see if other wards could support them without needing to escalate to a matron. In a focus group we were told by health care support workers they could be moved regularly to support other areas but staff had no issues with this.
- Within theatres and anaesthetics there were 63.7 WTE vacancies, this data was for SJUH and LGI. Data on fill rates for registered staff in theatre from February 2016 to April 2016 was 38%, 90% and 55% respectively. Staff reported challenges particularly in the post anaesthesia care unit (PACU), however staff did say the recent increase in the number of band six nurses had improved staffing skill mix. We were told PACU was run on four staff for eight theatres. We reviewed rotas for April 2016 and found that actual staffing levels were only slightly below planned (4085 and 3869).

- In David Beever theatres we were told five staff were currently going through induction and would soon be added to the rota.
- Staff confirmed that the majority of times, vacant shifts were covered. Staff also told us that the trust had their own secure intranet, staff social network site. They were able to send out a request at short notice for staff to cover shifts and they found this system was effective.
- The Board Assurance Framework for May 2016, showed the Trust Board had agreed and had in place, a five year investment plan for nurse staffing. They had identified the risks and had assurance and action plans to address the shortfalls.
- The A&E had recently employed a large number of newly qualified staff. To ensure that all staff had the appropriate skills to work in an A&E, the trust had designed a comprehensive 16 week induction programme, which consisted of theoretic and practical training. Staff were assessed by the two clinical educators in the department and had to demonstrate competency in key skills before being able to work unsupported. A number of nurses were undergoing training to become Advanced Care Practitioners.
- Between November 2015 and December 2016, an annual review of staffing was carried out by the Women's service Clinical Governance and Risk Management Forum. The Head of Midwifery presented it to the Maternity Services Clinical Governance, Governance, and Risk Management Forum. Six monthly further reviews were to take place in line with the National Institute for Health and Care Excellence (NICE 2014) guidance and staffing levels remained on the risk register.
- The data factored in the corporate guidance in terms of leadership, annual leave and study. The recommendations supported an increased establishment to 359 midwives and an increase of 10.8 maternity support workers to support a midwife to birth ratio of 1:28. Information provided by the trust stated the Trust Board had an agreed investment plan to support the midwifery staffing numbers incrementally, from a ratio of 1:33 in 2014, to the current average of 1:29.
- The RCN (2013) recommend a ratio of one nurse to three patients for under two's and one nurse to four patients for over two's. In the Children's Hospital these ratios were not achieved on every shift for some wards.
- For example on wards 31, 32 and 33 they should have had an establishment of three trained staff on an early and a late and two trained staff on nights. For April 2016 this establishment was met for 45 shifts. 17 shifts were one staff member below

and 21 shifts were one staff member above the establishment. The risk register highlighted nurse staffing on some wards as a risk. Activities were ongoing to encourage retention and recruitment.

- The paediatric intensive care unit (PICU) and High dependency unit (HDU) had the required ratio of staff to patients as set out by the Paediatric Intensive Care Society (PICS 2015).
- The senior leadership team identified nurse staffing levels as an area of concern and it was identified on the local and corporate risk register. Controls put in place by the trust to reduce the risk included a clear escalation process and discussion at daily operational performance (DOP) meetings, use of bank and agency staff, staff deployment from other clinical areas and projects focusing on recruitment, mentorship and the retention of staff.
- Staff were clear about the escalation process used if staffing levels fell below the planned number. Ward managers would book agency staff or offer staff additional shifts. Any unfilled shifts would be escalated to the matron and discussed at the DOP meetings. Matrons would review staffing throughout the day and move staff to support wards that were short staffed. Staff understood why this happened and appreciated the help they received from other wards when they were struggling.
- We saw evidence of the induction checklist agency staff completed.
- An executive was always accessible should any issues require escalation for senior advice or support. Staff reported that the DOP were highly productive meetings and communication had improved across all areas and between sites, which enabled them to work as one team and support each other. An adult inpatient pool had been developed, consisting of care support workers, mental health support workers and registered nurses. Feedback from staff was highly positive about this initiative.
- The NHS Staff Survey 2015 reported that the percentage of staff working extra hours was the same as the England average at 72%.
- Evidence based acuity tools were used in services across the trust applicable to the needs of the patients. In medicine the service used the Association of United Kingdom University Hospitals (AUKUH) acuity and dependency tool. The acuity and dependency tool was developed to help NHS hospitals measure patient acuity and/or dependency to inform evidence-based decision making on staffing and workforce. In surgery,

the service used three staffing acuity tools, including the safer nursing care tool, to review staffing establishments based on patient dependency. Professional judgement also formed an important part of this process.

- The maternity staffing levels were based on the birth rate-plus methodology and factored in the complex case mix of women in Leeds.
- A paediatric safer nursing care assessment tool was used to produce an overall recommended whole time equivalent for each area. However, service leads acknowledged that acuity and dependencies needed to be looked at again and staffing requirements reconsidered. There was no plan in place for this at the time of our inspection.
- Neonatal services used the DH toolkit for Neonatal Services (2009) and the British Association of Perinatal Medicine (BAPM) guidelines.
- There were twice daily DOP meetings where concerns could be raised about staffing levels and risks to patients.
- Staff shortages were reported on the trust's electronic incident reporting system. Staff confirmed and data examined showed that staff reported the occasions when staffing levels did not meet those planned.
- The NHS Staff survey 2015 reported that the score for staff satisfaction with the quality of work and care they are able to deliver was 3.85, which was worse than the England average of 3.93.
- Staff across the trust told us that they felt able to raise concerns with managers and there were a number of forums and meetings, where they could raise concerns.
- We found that there was consultation amongst different professionals taking place when discussing and identifying staffing levels.
- Staff reported that they struggled to access time to spend on administrative and managerial activities, particularly when they were short staffed. Managers and clinical educators were often part of the shift rota.
- There were twice yearly reviews of nursing and midwifery staffing in accordance with NICE guidance (2014). We saw Board reports from the Chief Nurse including the paper dated 26 January 2016, regarding details of areas where there were particular nursing workforce challenges / risks and Hard Truths (2014) data, which showed a summary of the number of wards where staff on duty were less than 80% of that planned.
- Information provided by the trust showed that considerable progress had been made in improving staff fill rates. Staffing data from March, April and May 2016 showed significant

reductions in the number of wards with fill rates of less than 80 percent, with levels over this time being well below the threshold to report when 40 percent or more of wards have fill rates below 80 percent.

- Information on staffing levels were displayed on wards and in departments. The trust also published this data and made it available within Board papers, which were posted on the trust web site.
- The trust was actively recruiting both nationally and internationally. In addition, the trust was working with universities and other organisations to support training initiatives and the development of alternative roles such as apprentice programmes and advanced nurse practitioners.
- Staff told us the trust was advertising for staff, but were struggling to recruit.
- The trust was working with the universities in the sponsoring of staff, with a view to the encouragement of more staff to work at the Leeds hospitals.
- Some new staff had not yet started work at the hospitals as they were working through the recruitment checks.
- The trust had regular engagement with commissioners about planning and the delivery of services. These discussions included the staffing levels and challenges faced by the trust and the actions taken to address these.

Medical Staffing

- In surgery services we reviewed medical staffing and spoke with consultants, middle grade and junior doctors. Medical cover was available on-site 24 hours a day. Consultants were available 24 hours, with on-call cover provided at evenings and weekends. The on-call rota for surgery provided two consultants each day; one consultant specialising in upper gastrointestinal surgery and the other in lower gastrointestinal surgery. Each consultant was present for a minimum of ten hours per day and had no other clinical commitments whilst on call. The consultants were on call for several days at a time to ensure appropriate continuity of care.
- The on call consultants were supported by two specialist registrars. One was for acute patients only, the second helped to support theatres and cover referrals from Leeds General Infirmary.
- In addition there was a resident surgical officer (RSO) who was based on the surgical assessment unit (SAU) and provided 24 hours a day, seven days a week cover.

- Foundation year doctors supported the wards and the SAU. Surgical nurse practitioners (SNP) were also available to provide support; a further four SNPs were due to qualify towards the end of the year (2016).
- The percentage of middle grade and junior doctors was below the England average. However the consultant and registrar group was higher. We discussed gaps in the middle grade rota with the senior management team as it had been highlighted as a concern from discussions with staff. We were assured gaps were covered using locums and some internal cover from consultants.
- We reviewed medical agency and locum use from January 2015 to March 2016 across the CSUs.
- Rates remained consistent, for example in theatres and anaesthetics percentages were between 7.4% and 12.4%.
- Medical staff were on the whole highly positive about working at the trust and appreciative of the work done by the executive team.
- Doctors reported concerns over level of medical staffing across some areas and in particularly filling junior doctor rotas. Concerns also included the impact of the cap on agency staff and use of locums on staffing levels in the trust.
- Some consultants expressed concerns over the split site working for maternity services and neonatal services, with the impact this had on medical cover arrangements.
- The CQC data pack showed there were 38% (82 WTE) consultants employed by the trust, compared to the England average of 35%. Three percent middle carer (at least 3 years at Senior House Officer (SHO) or a higher grade within their chosen specialty), 55% registrars and 4% junior doctors (foundation year 1-2). This compared with the England average of 8% middle grade doctors, 50% registrars and 7% junior doctors.
- From April 2014 to June 2015, the average number of hours per week consultant presence on delivery suite was 60 hours.
- At inspection consultants, doctors and midwifery staff confirmed there was 60 hours consultant presence on delivery suite each week.
- Cover was provided from Monday - Friday 8.30am to 6pm and an on-call consultant was present until 7pm each week day evening.
- Weekend consultant presence was from 8.30am until 12.30 mid-day. Outside of these hours, the consultants were non-resident on-call. However, the consultants told us that when on-call, several of them chose to provide onsite cover.

- Insufficient consultant obstetric staffing levels had been recorded on the risk register. The risk register identified there should have been 98 hours cover. This was in line with the size of unit and the Royal College of Obstetricians & Gynaecologists (RCOG) best practice standard for consultant labour ward cover. The trust had identified there was a deficit of 3.5 WTE consultants.
- Appointments had been made for two consultants and following the inspection the trust notified CQC that the two consultants were now in post. They told us the consultant's job plans were being reviewed and the rotas redesigned to improve consultant cover; this was in the process of consultation. They said these changes would achieve 83 hours planned consultant presence per week from January 2017.
- In the children's and young people's services medical staffing had been identified as a risk on the risk register, with gaps in junior doctor rotas. Data provided by the trust showed a 0.5% vacancy rate in children's medical staff. Medical staff we spoke to said that doctors were feeling the pressure with the difficulties in staffing.
- Medical staffing on PICU met the standards set by the Paediatric Intensive Care Society (PICS) (2015).

Medicines

- The trust has a Medicine Management and Pharmacy Clinical Service Unit (CSU). The pharmacy teams work across all the other CSUs supporting directly with service delivery, education and development. At trust level 80% of acute medicine staff had completed their medicines administration and safety training; this was in line with the trust target of 80%.
- We checked the storage of medications on the wards we visited. We found that medications were stored securely in appropriately locked rooms and fridges. However, we found that there was some variation on checking the temperatures of medication fridges. Medicines sensitive to certain temperature ranges may not be safe to use should they be kept outside of these ranges.
- Controlled drugs were appropriately stored with access restricted to authorised staff. Generally, staff kept accurate records and performed balance checks in line with the trust policy. However, not all staff were following trust policy. We found that there was some inconsistent practice with obtaining signatures.

- The chief pharmacist and the clinical governance pharmacist lead said there were robust systems in place for monitoring antibiotic use. We saw stickers in use to remind staff to review antibiotics on day three of them being prescribed. There were also prompts on the prescription charts.
- We saw information displayed on medicines in patient profile summaries (MAPPS) in ward areas. This is a way of accessing patient information about medication as well as providing them with reminders about when to take medications. This information could be printed off and given to patients on discharge.

Infection Prevention and Control (IPC)

- In the past 12 months there had been 4 cases of Methicillin Resistant Staphylococcus Aureus (MRSA) and 42 cases of Clostridium difficile (C. difficile). The trust identified 15 of these cases as being due to a lapse in care within medical services at SJUH. There had been seven cases of MRSA within the trust during 2015/2016, and one case since April 2016, which was within surgery. This was above the trajectory of zero.
- From February 2015 to February 2016 there had been 10 cases of Methicillin-Susceptible Staphylococcus Aureus (MSSA) within medical services across the trust.
- The trust had in place infection prevention and control (IPC) policies, procedures and an audit programme. The audit programme included hand hygiene, IPC practices, antibiotic prescribing, high impact interventions and surveillance data collection. There was a team, led by the director of infection and control (DIPC) dedicated to monitoring, supporting and training staff on effective IPC practices. The team had appropriate expertise and support from specialists such as microbiologists to ensure that appropriate steps were taken to prevent and control infection. IPC issues and progress against preventative measures were reported regularly to the Trust Board, sub-committees and with staff groups to foster shared learning and good practice. A root cause analysis was undertaken with each identified case of infection.
- Training on IPC was mandatory throughout the trust and there was good compliance with this.
- We found all areas visited visibly clean with appropriate cleaning and maintenance schedules in place. The patient led assessment of the care environment showed the trust scored 99% for cleanliness against an England average of 98% in 2015.
- A yellow tray system was used by staff when serving meals to identify patients that had a healthcare-associated infection.

- Clinical waste and domestic waste was appropriately segregated and disposed of correctly in accordance with trust policy. Separate bins for clinical and domestic waste were evident throughout all wards visited. However, we found that there was inconsistent practice with bins used for the disposal of sharps. Some were found to be accessible in patient areas and there was confusion in one of the operating theatres over the correct colour waste disposal bags to use.
- Each ward had an infection, prevention and control champion who was responsible for developing and sharing best practice in relation to infection prevention control.
- During the previous inspection concerns were raised about the number of cases of C difficile on ward 19. Between April 2013 and March 2014, 12 cases of C. difficile were reported. The trust investigated each individual case to identify any specific themes. Staff produced a video that was available on the trust intranet to share their experiences and discussing how lessons had been learnt. Changes to clinical practice included; a review of micro-bacterial prescribing, the introduction of stickers into medical notes to prompt a review of antibiotics after 3 days and discussion at daily safety huddles of patients with MRSA or C. difficile. Between 2014 and 2015, the number of cases of C. difficile on ward 19 had reduced to 2.

Equipment

- The trust had changed its appliance/equipment testing and servicing arrangements. These were now undertaken in house by the medical physics department. There was a replacement and procurement process in place for medical equipment; however, it was acknowledge that a back log had built up. There were systems in place for staff to obtain support for equipment or escalate concerns about specific pieces of equipment.
- Across services we inspected equipment for evidence of portable appliance testing (PAT) and found variable compliance with the testing of equipment.
- Across the trust we saw various pieces of equipment with out of date PAT. For example in Jubilee theatres at LGI we saw an intravenous contrast perfuser and an operating microscope which had a review date of December 2014. In the hands and plastics' day unit theatres, we found a fan dated January 2014 and a fridge dated 2011. This was raised with the trust at the time of inspection and we were told it would be looked at.
- In the neonatal unit at SJUH, 15 pieces of equipment had no indication of any testing having taken place at all. We could not be assured that testing had taken place.

- There was a rolling programme of equipment replacement. However, neurosurgical theatre equipment was on the departmental risk register as a range of equipment had been identified as needed to ensure the continuity of the service.
- In one of the maternity theatres at LGI, there were several disposable instruments out of date. This was brought to the attention of the theatre staff who removed them immediately.
- On wards 9, 11 and 16 at SJUH the defibrillators on the resuscitation trolleys had all passed their due date for servicing.
- Some of the wards we visited had a lack of space for the storage of equipment such as hoists, chairs and mattress.
- The children's assessment and treatment unit (CAT) was based on ward L9. This meant that space on both wards L9 and the CAT was limited. Triage of patients took place in the corridor within the entrance to the unit, which meant there was no privacy. Equipment was being stored in one of the bed bays of the assessment unit, as there was a lack of storage space. Intravenous fluids were stored in an unlocked cupboard in the urgent medical assessment room.
- McKinley syringe pumps with safety features were supplied by the equipment 'pool' and maintained by staff in the medical physics department. (Syringe pumps are used to administer subcutaneous medications to patients). Staff told us there were no problems in obtaining syringe pumps.

Are services at this trust effective?

Good

We rated effective as good because:

- Policies and care pathways were based on Royal College of Physicians guidelines and National Institute for Health and Care Excellence (NICE) guidance. The A&E department worked within up to date national and international guidelines and patient care pathways reflected these guidelines.
- Patients received pain relief in a timely manner. The medical service scored about the same as other trusts for staff doing all they could to help control pain in the CQC national survey of in-patients. In the A&E department pain levels were reviewed regularly as part of dignity rounds.
- Patients received care from competent staff who had received a comprehensive induction and were appraised regularly. There were processes in place to address poor performance and staff were encouraged to develop and improve their skills and knowledge.
- Staff were able to access information relating to patients and worked with other health professionals to ensure that patients received coordinated care and treatment.

- The A&E department provided a 24 hours, seven day a week service for patients.
- Patient outcomes were on the whole as expected or better than expected with only a few areas for improvement identified by national surveys and audits. Work was underway to make improvements and audits were planned and carried out to provide assurance of improvements.
- Staff understood the basic principles of the Mental Capacity Act (2005) and were aware of their responsibilities in relation to restraint and Section 136 of the Mental Health Act relating to detained patients. Patient outcomes were monitored through the CSU ward healthcheck.
- The trust participated in local and national audits.
- Multidisciplinary teams worked together to understand and meet people's needs.

However:

- The trust achieved an overall score of D (where A is the best and E is the worst) in the Sentinel Stroke National Audit programme (SSNAP).
- Fluid balance charts were not always fully completed.
- Staff were below the trust target for Mental Capacity Act (2005) Level 2 training.

Evidence based care and treatment

- Policies and care pathways were based on Royal College of Physicians guidelines and National Institute for Health and Care Excellence (NICE) guidance.
- Staff demonstrated awareness of policies, procedures and current guidance. They knew how to access this information on the trust intranet and on the ward. We reviewed clinical guidelines on the intranet. Of the three that we reviewed all had identified author/owner and all had review dates.
- Policies and guidelines used by the A&E department were based on the latest national and international guidelines such as from the National Institute for Health and Care Excellence (NICE) and Royal College of Emergency Medicine. Local audits showed that patients received care that was in line with evidence based guidance.
- The trust provided us with evidence of participation in Royal College of Emergency Medicine (RCEM) audits and local audit activity. We saw that when standards were not met, action had been taken to implement changes and re-audits had been planned. For example, the Procedural Sedation Audit had

identified poor completion of documentation and a new recording document had been designed and introduced. Similarly, the VTE (venous thromboembolism) Audit had led to the introduction of a new pathway of care for applicable patients.

- The IT system in the A&E had been adapted to ensure that consultants had final sign off of patients. This meant that patient cases were reviewed by a consultant before the patient was discharged from the system.
- Stroke pathways were in line with NICE guidance however, patients did not have access to a Neuropsychologist as recommended in NICE CG162 stroke rehabilitation.
- Each CSU had a yearly audit plan. We reviewed the audit plan for cardiology and found evidence of participation in a range of local audits from the trust's programme including audits of sepsis, consent and VTE thromboprophylaxis. The audit plan also included participation in national audits of guidelines and best practice for example stable angina, smoking and atrial fibrillation.
- The trust audited clinical coding for electrophysiology and device procedures. The trust identified that clinical coding for electrophysiology and device cases were inaccurate and had worked with the coding department to improve accuracy through introducing a tick sheet. The audit found that out of 95 devices, 77 (81%) were coded correctly and out of 76 electrophysiology procedures, 66 (87%) were coded correctly. The audit made recommendations to improve the results; however it did not have a timed action plan.
- All wards participated in the CSU ward healthcheck. Ward managers recorded and submitted data on performance and quality of care using nurse sensitive indicators including, incidents, falls, complaints, pressure ulcers, staffing vacancies, patient experience, healthcare acquired infections and staff sickness. Ward health check outcomes were red, amber, green rated. Staff reviewed the data at head of nursing and matrons meetings and at clinical governance meetings and results were shared with ward staff. Any wards that were rated red for three consecutive months were placed in escalation and got support from the corporate nursing team.

Patient outcomes

- Hospital Standardised Mortality Ratio (HSMR) compares the number of deaths in a trust with the number expected given age and sex distribution. HSMR adjusts for a number of other

factors including deprivation, palliative care and case mix. HSMR's are usually expressed using 100 as the expected figure based on national rates. Figures from May 2015 indicated no evidence of risk.

- The Summary Hospital-level Mortality Indicator (SHMI) reports on mortality at trust level throughout NHS hospitals in England. The SHMI indicates the number of patients who died following being in hospital, compared to the England average of the number who would be expected to die looking at the characteristics. The figures are represented at trust level and data as of February 2016 indicated there was no evidence of risk. For the latest reporting period, July 2014 to June 2015 the SHMI rate was 1.006 and the HSMR rate was 96.39. Both the SHMI and HSMR rates had consistently fallen within the expected range for the size and type of trust.
- The trust SHMI and HSMR rates were closely monitored by the Trust Mortality Improvement Group. The trust was also participating in the Improvement Academy Avoidable Mortality Project, which involved case note reviews.
- Each CSU had monthly mortality and morbidity meetings, individual cases were discussed and required actions were documented with timescales. Any lessons learned from mortality and morbidity meetings were shared via a 'lessons learnt bulletin' and across other specialities.
- The standardised relative risk of readmission for all non-elective admissions was higher than the England average for cardiology and stroke medicine. The risk of readmission was lower than the England average for neurology.
- The standardised relative risk of readmission for elective admission was below the England average for gastroenterology, but above the England average for cardiology and neurology.
- The average length of stay was below the England average for elective admissions, and was below or equal to the England average for non-elective admissions. Stoke medicine was an exception, the average length of stay for patients was 17.2 days, this was higher than the England average of 11.3 days. The trust was planning on implementing an early supported discharge team to reduce the length of stay for stroke medicine.
- The trust took part in the National Diabetes Inpatient Audit in 2015, and performed above the England average in 9 of the 16 scored indicators. The trust scored worse than the England average for visit by specialist diabetes team, able to take control of diabetes care and insulin errors. The trust identified it had an under-developed service for the care of diabetes patients who were admitted with conditions not directly related

to their diabetes. The trust identified a range of improvements including education and training for all front line staff, developing an IT system to flag all patients with known diabetes across the trust and introducing a diabetes in-reach service for wards.

- LGI took part in the 2013/14 Heart Failure Audit. The hospital had good results overall and scored above the England average for all but three of the indicators. The trust had the highest number of patients included in the audit (697 patients). 96% of patients had an echocardiography, 71% of patients were cared for on cardiology wards and 77% had input from a consultant cardiologist. The trust wanted to further improve the services and had appointed a third heart failure nurse and a full time consultant cardiologist who specialised in heart failure.
- LGI had good results in the 2013/14 Myocardial Ischaemia National Audit Project (MINAP) audit. The audit found that 100% of patients were seen by a cardiologist or member of their team, compared to the 94% England average, 97% of patients were admitted to a cardiac unit or ward, compared to an England average of 56% and 80% of patients were referred for or had an angiography, compared to the England average of 78%.
- In the MINAP audit, the trust was in the lower quartile for delivery of primary percutaneous coronary intervention (PPCI) within 150 minutes of a call for help. This reflected the geographical distribution of patients accessing the service and the complexity of patient's treatment. The trust said work was ongoing with the ambulance service to achieve rapid patient assessment and transfer to LGI.
- The trust took part in the Sentinel Stroke National Audit programme (SSNAP). Between July and September 2015, stroke services at the trust scored an overall score of D (where A is the best and E is the worst). One component, speech and language therapy remained at an E.
- Overall SSNAP data had improved from our previous inspection in 2014 when stroke services at the trust scored an overall score of E. Staff felt centralising the service at one site had helped improve the patient journey.
- The trust identified further areas for improvement including, introducing a new data collection tool that would allow for real time uploads of SSNAP data, putting together a business case for a neuro psychologist and implementing an early supported discharge team to improve patient flow and reduce patient's length of stay. A recent business case for an early supported discharge team had been turned down by the CCG's. The trust was meeting to discuss other options for providing the service.

- The trust had a SSNAP user group whose role was to streamline data collection processes to ensure high quality data was submitted. The group discussed and identified any challenges in the collection of SSNAP data, developed practical solutions to gather data whilst patients were still in hospital and aimed to keep up to date with national SSNAP updates.
- The trust took part in the national audit of inpatient falls 2015. The trust scored above average for assessment for the presence or absence of delirium, assessment for medications that increase the falls risk, measurement of lying and standing blood pressure and assessment of vision. The trust scored below the national average for the number of falls and the number of falls that cause harm. The trust had worked hard to reduce the number of falls. The service had identified steps to reduce falls by introducing daily multidisciplinary safety huddles, educating staff on the importance of footwear and increasing the use of 1:1 nursing for high-risk patients. In 2014/15 the trust saw a 32% reduction in the number of falls. The inpatient falls audit identified further areas for improvement including ensuring that all patients over 65 years identified as having continence issues had a care plan.
- The trust achieved JAG accreditation in June 2015 and was due to be reviewed in September 2016. JAG accreditation is a formal recognition that an endoscopy service has demonstrated competence against specific standards.
- All wards participated in the ward healthcheck. Ward managers recorded and submitted data on performance and quality of care using nurse sensitive indicators including, incidents, falls, complaints, pressure ulcers, staffing vacancies, patient experience, healthcare acquired infections and staff sickness. Staff reviewed the data at head of nursing and matrons meetings and at clinical governance meetings.

Multidisciplinary working

- There was effective multidisciplinary team working in wards and the A&E departments, for example by seeking advice and discussing patients, as well as making joint decisions about where patients should be admitted.
- There was good access to mental health clinicians within the A&E department with 24-hour telephone access to psychiatric liaison staff. In addition, there was a substance and alcohol misuse liaison team available by telephone to support patients and staff treating them.

- Allied health professionals such as physiotherapists and occupational therapists attended and worked closely with ward and department teams. This meant that patients who needed therapy input or assessment prior to discharge could be seen quickly and efficiently.
- The A&E departments worked closely with the ambulance trust, local GPs and the out of hours service to ensure that unnecessary attendances and admissions to the department were avoided.
- We saw that medical and nursing staff worked well together and communicated clearly and effectively about patients.
- The A&E offered a seven-day service staffed 24 hours a day, seven days a week by medical and nursing staff. Staff could access support from consultants throughout the 24-hour period.
- There was 24-hour seven-day access to diagnostic blood tests. The department had some point of care testing which meant that some blood tests could be carried out in the department. Radiology tests such as x-rays and scans were carried out as and when needed and were available 24 hours every day.
- All wards we visited held daily safety huddles. All members of the multidisciplinary team were encouraged to attend including medical staff, domestic staff and clinical support workers.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- The General Medical Council (GMC) guidance on consent: Patients and doctors making decisions together, states: “Give the patient time to reflect, before and after they make a decision, especially if the information is complex or what you are proposing involves significant risks”.
- We were told that consent to surgery was most often done on the day of surgery and that patients didn’t always get a copy of their consent form. From the 14 sets of notes we reviewed 11 of these required consent for surgery. We found three patient copies had been removed from the notes meaning they had been given to the patient. However, the remaining eight were still in the medical notes. All of the 11 patients had been consented on the day of surgery.
- We reviewed a further ten consent forms and all patients had been consented on the day of surgery. Six sets of notes contained patient copies of consent forms. Several of these patients were undergoing elective surgery.

Summary of findings

- We reviewed audit data provided by the trust on consent from October 2015 to December 2015 looking at 30 patients across three surgical specialities. It showed that two out of 30 patients were consented in advance of their procedure.
- We discussed this at the senior management meeting and with consultants. We were told elective patients were seen by a consultant several weeks prior to surgery and a follow up letter was sent explaining the procedure and associated risks. A full and frank discussion took place allowing patients to think about their intended procedure; there was no opportunity to provide a consultant at pre assessment to enable patients to sign their consent form. The trust felt assured that patients were adequately informed prior to surgery. However, the trust consent policy, which was a two stage consent process, was not consistently followed.
- We also discussed the observation regarding the majority of patients not being given copies of their consent form. The management team agreed this was something to be reviewed. The trust felt assured that the clinic letters patients were sent provided sufficient information about their surgery.
- Staff were aware of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards. Most staff understood the basic principles of the Act and were able to explain how the principles worked in practice.
- In the A&E departments training figures for MCA training were at 98% for Level one and 80% for Level two across all staff groups. The trust target was 95%.
- Staff understood the need to obtain consent from patients to carry out tests and treatments and told us that they implied consent when the patient agreed to a procedure and we saw evidence of staff explaining procedures to patients and patients agreeing to them.
- In the A&E departments an initial assessment of the patients' capacity was made at triage and where concerns were identified, a more detailed assessment would be made each time patients needed to make decisions.
- Wards and departments were able to access Independent Mental Capacity Advocates (IMCAs), independent patient advocates support patients who were deemed to lack or have fluctuating capacity.
- The trust policy on the use of restraint stated that staff would always use the least restrictive constraint and would only use physical restraint as a last resort. This was confirmed when we spoke with staff.

- In the A&E departments staff underwent conflict resolution training as a way to de-escalate situations and reduce the need for either physical or chemical restraint.
- Some staff said medication would be used to calm the patient if they were at significant risk of harm to themselves or others. As a last resort staff would use intramuscular rapid tranquilisation. Staff reported inconsistencies in the frequency of recording patient observations. The National Institute for Health and Care Excellence guideline on violence and aggression: short-term management in mental health, health and community settings (2015) states: after rapid tranquillisation the side effects should be monitored including the patient's pulse, blood pressure, respiratory rate, temperature, level of hydration and level of consciousness at least every hour until there are no further concerns about their physical health status. This should be monitored every 15 minutes if the maximum dose has been exceeded. Some staff said they would not change the frequency of patient observations from four hourly, some said they would do them hourly and others two hourly. All staff said they would have a staff member sitting with the patient.

Staff Training and Development

- The trust offered comprehensive mandatory training to staff. Modules included; equality and diversity, fire safety, infection, prevention and control, dignity at work, moving and handling, the Mental Capacity Act (2005) and risk and safety training. Staff could access their mandatory training record electronically. The training record used a traffic light system to notify staff when their training was due and staff received an alert. Managers received an email when staff had registered for training sessions.
- Mandatory training was highlighted as an area for improvement at the previous inspection. At this inspection, we noted significant improvements with most areas achieving above 90% compliance.
- The main exception to this was resuscitation training where compliance figures were between 69% and 74%. Some staff mentioned issues with availability of basic life support and immediate life support training. We were not told of a specific plan to address this, however we were told the training was provided by the hospital resuscitation team and the volume of people needing training was a challenge.
- Staff told us that the period between April and June was classed as appraisal season when the majority of staff

underwent appraisal. Any staff absent were given their appraisal on return to work. They told us that the appraisal was meaningful, supportive and enabled them to identify any training needs they had.

Are services at this trust responsive?

Good

We rated responsive as good because:

- Across the trust the majority of services were rated good for being responsive. Issues within this domain were limited to the core services of surgery and critical care.
- The services took the needs of people into consideration when planning and delivering services.
- The average length of stay was below the national average for the majority of elective and non-elective patients.
- The complaint policy and the procedures were well advertised and people told us they knew what to do if they were dissatisfied with the service. Concerns and complaints were investigated and responded to in a timely manner.
- We saw evidence of practices to meet individual needs of patients, such as those living with dementia or with a learning difficulty.
- Critical care services staff took into account the circumstances of each patient, their personal preferences and their coexisting conditions when planning and delivering care.
- Plans were in place to bring all of the children's services together in one location within the trust.
- A youth forum had been formed that promoted change within children's services. A teenage area was due to be opened shortly after our inspection.
- The CAT unit ensured that children could be assessed by a paediatrician without the need for admission. The Paediatric Ambulatory Near Discharge Area (PANDA) was an area that children and their families could wait, after discharge, for test results or medication. These units improved access and flow through the hospital.

However:

- Stroke medicine had challenges around patient flow. The average length of stay for stroke patients was significantly above the England average.
- Readmission rates for elective and non-elective admissions in surgery were higher than the England average.
- Only two specialities in surgical services were performing above 90% for referral to treatment time within 18 weeks.

- The trust provided specialist critical care services for a large geographical area therefore sometimes the demand for the service exceeded the resources they had, causing problems with the access and flow to the critical care units (CCUs). This resulted in cancellations of surgery and delays in admission to CCUs when patients were critically ill, discharging patients from the unit out of hours and the increase in the readmissions to the unit following discharge. The staff and the management held three times daily bed meetings within all the sites to enhance the flow and discharge of patients.
- In some children's specialities there were long waiting times for treatment.
- Some children requiring admission from the CAT unit waited a long time for an inpatient bed.

Service planning and delivery to meet the needs of local people

- Partnership working for service planning purposes included working with commissioners of services, the local authority, other providers, GPs and patient groups to co-ordinate care pathways. Integrated care was one aspect of the trust's five year strategy. This included working with the Health and Social Care Transformation Board looking at city-wide working to provide more 'joined up' care for patients.
- Another aspect of this was developing the Leeds Academic Health Partnership. This aimed to develop collaborative working between NHS trusts, universities and local authority, with the focus on improving patient outcomes.
- Minutes of meetings confirmed that regular discussions were held between the trust and the commissioners about the provision of services; for example this included the service level agreement for critical care services and the capacity for providing regional specialities.
- The trust worked closely with other stakeholders, patients and staff to plan and deliver services to meet the needs of local people.
- The trust strategy focused on developing ambulatory pathways, and avoiding unnecessary hospital admissions. The trust had held a workshop with key members across the organisation including lead clinicians, ward sisters, matrons and CCG's, to look at where medical assessments happen and look towards reorganising care pathways to improve efficiency.
- In a response to the increased demand on capacity and number of medical outliers, the trust worked closely with community partners. For a six month trial period, the trust took

over the running of ward 31 from another trust. The aim was to cohort patients who were awaiting rehabilitation and reduce the number of patients who were outlying on other wards within the hospital.

- The trust made further attempts to reduce the number of medical patients outlying on other wards by designating two wards in the hospital as 'medically fit for discharge' wards.
- Data provided by the trust showed in March 2016 there were 310 medical outliers and in April 2016 there were 290 medical outliers. In May 2016 the trust held a workshop with staff to explore ways to reduce admission rates with the overall aim of reducing the number of medical outliers. The workshop identified a process to reduce admission rates through the development of a frailty assessment model. However, the workshop identified the need for further collaborative working with other organisations.
- In addition, the trust was building partnership arrangements with other surrounding hospital trusts to be able to offer specialist care to patients closer to home.
- The AMS CSU formed in June 2015 following the merger of the Digestive Diseases and Hepatorenal CSU's. This enabled more collaborative working between medicine and surgery. In turn, the care and experience for patients was better with timelier access to services.
- The trust had signed up with NHS England to be an early implementer of seven day services. A seven day service was already provided for acute services. This included a full range of diagnostics, consultant-directed interventions and ward rounds.
- The trust had invested in a team to strengthen patient experience. The team had been in development over the last 18 months. The team actively worked with local communities, clinical business units and had introduced systems for sharing learning at ward and department level.

Meeting people's individual needs

- Use of information technology allowed patient information to be accessed more easily, for example, information produced by GPs. This meant the hospital was alerted to any risks prior to a patient's admission so staff could begin to plan ahead. For example if a patient had previously had any safeguarding referrals made.
- There was a lead nurse for learning disabilities, who held information on patients identified as having learning disabilities and where they were in the hospital or which

department they were receiving treatment in each month. This information then linked into the patient experience survey. On average the trust had around 16 in-patients a month with a learning disability.

- The trust had appointed 'Get me better' champions to support people with learning disabilities.
- There was an alert flag on the trust's electronic system to identify when a person had been admitted or was in receipt of treatment with a learning disability. This then sign posted staff to consider reasonable adjustments and to complete the 'hospital passport'. In addition, there was an information document that provided advice on what would be useful to consider supporting the person whilst receiving care and treatment, such as environmental issues, communication and individual needs. An advice document was also given to staff in wards and departments about what reasonable adjustments to consider. The trust also liaised with the community and GP services about patients' care and treatment.
- There were a range of good practices and arrangements in place to respond to the needs of patients with learning disabilities but there appeared to be little in way of monitoring how services were performing with these.
- To help identify patients with severe sensory loss, such as deafness or blindness, the A&E departments had a flag system; this was visible with subsequent patient visits to the department. All patients admitted were assessed and the documentation had specific triggers for deafness or blindness so that reasonable adjustments could be made.
- There were universal symbols used at the patient's bedside that identified patient safety needs or sensory loss. Information was available in large, easy read or braille typeset and there was an RNIB Eye Clinic Liaison officer available to support wards with aids, including audio aids. There was also an assisted listening device for use in an emergency for deaf patients. The trust had sign language interpreters available.
- The trust had set up a working group to develop a risk assessment for enhanced supervision for acute adult inpatients. Patients who were confused and wandering, and presented as a risk to themselves and others; displaying violent and aggressive behaviour; expressing intent to self-harm or were under a mental health section order were identified as high risk. Recommendations for these patients included, one to one care by either a care support worker, security or a mental health nurse. We saw examples of this taking place during the inspection across the trust.

- The A&E teams worked effectively with other specialty teams within the trust. There was good access to mental health clinicians with 24-hour telephone access to psychiatric liaison staff. There was a substance and alcohol misuse liaison team available by telephone to support patients and staff treating them. Allied health professionals such as physiotherapists and occupational health therapists attended the department. This meant that patients who needed therapy input or assessment prior to discharge could be seen quickly and efficiently. The department worked closely with the ambulance trust, local GPs and the out of hours' service to ensure that unnecessary attendances and admissions to the department were avoided.
- A critical care outreach team was available 24 hours a day, seven days a week at SJUH to support staff with patients who were at risk of deteriorating, patients whose NEWS score triggered a review and patients on non- invasive ventilation. Staff said the team were very responsive and patients could be escalated to Level 3 beds if required. A 24 hour, seven day critical care outreach team was due to be implemented at LGI in October 2016. In the interim, out of hours cover for deteriorating patients at LGI was provided via the existing on-call clinical arrangements.
- Staff completed risk assessments on patients. These risk assessments included moving and handling, falls, nutrition, tissue viability and VTE. When a patient was identified as 'at risk' staff completed the appropriate care plan.

Dementia

- A head of nursing has the corporate lead, who worked with an operational head of nursing to provide clinical leadership for caring for patients living with dementia. Training and education across the organisation was provided by the clinical educators. Most wards had an identified dementia champion who promoted the 'Forget me not' scheme and the 'Know who I am booklet,' with associated symbols used at the bedside to alert staff to patients' needs. There was no electronic flagging system in place to identify patients living with dementia.
- Patients were assessed at admission; this entailed questions over the person's memory. A more in-depth screening process took place for patients who were admitted acutely, were over 75 years or with a length of stay over three days. This assessment was recorded in the medical notes and included in discharge information.
- In addition, the trust had two carer support workers who supported carers and provided information and advice. Staff

said they could refer carers to the dementia carer support workers. They offered a variety of support including; listening to the carer, support with discharge and help with grants and benefits.
- The trust undertook carer surveys; the results of which were discussed at the dementia steering group and used to inform trust priorities over dementia issues across the trust.
- The trust had introduced a dementia audit as part of the 2016/17 audit programme, which was to be completed by the end of quarter 2.
- The trust was adopting the 'John's Campaign' and had undertaken a pilot with the support of NHS England to test if identifying patients by the use of coloured name bands reduced risk. John's Campaign, is a campaign that was developed in order to allow families and carers to stay on the ward with patients with conditions such as dementia. This was discussed at the older people's sisters meeting and was been rolled out across the wards.
- Some of the medical wards had been adapted to be dementia friendly.

Access and flow

- The trust was working closely with external partners and had good links with community services. The early discharge assessment team (EDAT) team worked on the acute assessment wards, seven days a week, to support discharges and identify patients who could be discharged with intermediate care.
- Wards had discharge coordinators to support discharge planning. Staff were proactive in commencing discharge planning and used daily board huddles to discuss patient discharges.
- Home planner documentation was being introduced to the wards. The document was completed by the discharge coordinator with patients and relatives and used to support hospital discharge.
- The trust had a team of hospital flow managers and bed managers who were responsible for patient flow throughout the hospital. The trust held daily operational performance meetings to discuss capacity within the hospital.
- In March 2016 the acute medicine CSU reported 140 delayed transfers of care. In April this had reduced to 129. Delayed transfers of care were patients who were medically fit for discharge and awaiting either a package of care, care home placement or further rehabilitation.

Summary of findings

- The trust had attempted to cohort delayed transfers of care. Ward 14 and 16 were allocated to patients deemed medically fit for discharge and who were waiting for a package of care or care home placement. Staff said the average length of stay could be up to six weeks.
- High bed occupancy levels, the high volume of medical outliers and patients who were medically fit for discharge with the impact on patient flow were identified on the acute medicine CSU's risk register.
- From the previous inspection in December 2013 concerns were raised about patients being transferred to wards prior to their bed spaces being ready. We found that all the assessment wards had 'trolley patients'. Each ward could take up to three patients. Patients were transferred to the assessment wards (wards 26, 27, 28 and 29) on trolleys and waited for a bed rather than waiting in accident and emergency.
- At a local level, ward 27 collected data on the number of patients waiting on trolleys and the length of time it took for patients to be moved into a bed space. The waiting time ranged from 2 to 3 hours. On the 10 May 2016, five patients waited on trolleys. The waiting times ranged from 2 hours 30 minutes to 5 hours. The clinical director was made aware of any trolley waits and all patients were discussed at the DOP meeting. We requested further data from the trust on the number of patients waiting on trolleys on the assessment wards and the length of time it took for patients to be moved in a bed space. The trust said they did not collect this data. However, the trust had established a task group to agree a process and governance framework to enable the trust to monitor and take any action.
- Between February 2015 and January 2016 the trust reported 73% of patients were not moved during their inpatient stay, 16% of patients were moved once, 6% were moved on two occasions, 4% were moved on three occasions and 2% were moved on four occasions or more. Staff said the number of bed moves reflected patient flow throughout the trust and was based on clinical need.
- The trust had 18 work streams focusing on improving patient flow. The work streams focused on reducing avoidable hospital admission, and reducing patient's length of stay. Two of the work streams had been completed and the remaining were ongoing. Examples of different work streams included concentrating consultant cover in the morning on the admission wards to improve timeliness of discharge,

conducting an audit of readmitted patients over the age of 70 years to identify any key themes and auditing the common delays in patient pathways and implementing any recommendations.

- The average length of stay for patients at SJUH was above the England average for elective and non-elective admission. For elective admissions the average length of stay was 5.5 days compared with the England average of 3.8 days. For non-elective admissions the average length of stay was 8.6 days compared with the England average of 6.8 days.
- The target referral to treatment time (RTT) is set within the NHS at 18 weeks from referral from general practitioner to treatment time. Between December 2015 and February 2016 all but one of the medical specialties was performing at 90% or above for the RTT. Each specialty within the service individually achieved the target with the exception of gastroenterology which achieved 83%.
- The trust told us they had signed up with NHS England as an early implementer of seven day services; a commitment to achieve four priority standards (2, 5, 6 and 8) for services by April 2017. A baseline evaluation had taken place which showed that most of the standards were compliant in a number of clinical services, for example standard 5 and 6, emergency diagnostic services and consultant-directed interventions. Further audits and evaluations were planned.
- LTHT provides specialist critical care service for a large geographical area therefore sometimes the demand for the service exceeded the resources they had, causing problems with the access and flow to the critical care units. This resulted in cancellations of surgery and delays in admission to CCU when patients were critically ill; discharging patients from the unit out of hours and the increase in the readmissions to the unit following discharge.
- SJUH performed worse than expectations for two indicators in the 2013/14 ICNARC case mix programme. They were out-of-hours discharges to the ward and unplanned readmissions within 48 hours. A peer review audit of the service was undertaken in November 2015 identified patient flow to be a key challenge for the CSU operationally.
- SJUH performed worse than expectations in out-of-hours discharges to the ward and unplanned readmissions within 48 hours. This was seen as a result of being a specialist centre.
- Emergency theatres were accessible seven days a week and elective lists ran six days a week. The ophthalmology day unit had between four and six lists a day, Monday to Friday.

Summary of findings

- Theatre one in the Giles theatres suite was an acute theatre and ran 24 hours, seven days a week. Theatre two was also an acute theatre and ran from 8am to 6pm. Morning sessions Monday to Friday were 'ring fenced' for urology, gynaecology and thoracic procedures. This theatre was also shared with the transplant team. We were told operations often took place after midnight by middle grade doctors, as there was not enough time during the day.
- The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) provides guidance and classification on surgical interventions. The categories are immediate, urgent, expedited and elective. The guidance is clear that these categories relate to the procedure being undertaken and not the theatre list which is being utilised.
- From the discussions we had and the data reviewed we were not assured that the operations being performed at night were always appropriate. We requested data from February 2016 to April 2016. The data showed 155 operations were performed between 10pm and 8am, 91 of which commenced prior to 1am. From 1am up to 7.59am, there were 64 cases.
- At SJUH 625 (1.5%) of the 42,331 scheduled operations between January 2015 and December 2015 were cancelled. This was higher (worse) than the England average of 0.8%. Of these cancelled operations, 63 were not treated within the 28 day target. At LGI, 553 (1.4%) of the 40,322 scheduled operations between January 2015 and December 2015 were cancelled. Of these, 39 were not treated within 28 days. Trust wide the percentage of patients whose operations were cancelled and were not treated within 28 days was better than the England average for Q2 and Q3 of 2015/16.
- We were told by several staff that a lack of critical care beds had had a significant impact on theatres. For example, operations being cancelled on the day and some patients requiring high dependency or intensive care having to remain in PACU. Twenty operations were cancelled due to lack of critical care beds from January to March 2016.
- The senior management team were aware of the issues with critical care capacity. There was a willingness to improve, however the ability to recruit nurses was identified as a challenge. The trust acknowledged the impact this was having on patient flow. Plans such as working with partners for repatriation, escalation and close team working had been implemented to work together to prioritise patient flow.

Summary of findings

- Overall trust performance for RTT for the surgery core service was 81.3%, which was above the England average of 75.8% in February 2016. RTT remained on the risk register for all CSUs with plans in place to review activity and report through trust performance meetings.
- Enhanced recovery programmes were in place for some elective surgical procedures such as hemicolectomies (bowel resections). Enhanced recovery is a programme to improve patient outcomes and focuses on optimal recovery and discharge for patients. We were told about, and saw work in progress, in relation to enhanced recovery for prostate cancer surgery. This work was being undertaken with an external agency which supports health care transformation. A number of initiatives had been introduced in theatres to improve start times and efficiency within the departments. This was having some positive impact.
- A purpose built SAU was opened in 2015 which improved patient experience and flow through the trust. The SAU took admissions directly from GP referrals and from the emergency department at SJUH and LGI. A telephone triage system was in place for GP referrals; referrals from the emergency department were done via a telephone call with a member of the medical team.
- At LGI the length of stay within stroke medicine was above the England average because of the challenges around discharging stroke patients. Acute stroke patients who required further rehabilitation as an inpatient were transferred to ward 12 if they were over 65 years or to Chapel Allerton Hospital if they were under 65. Staff said there was a lack of rehabilitation beds in the trust. The service also did not have an early supported discharge team. Staff had raised this with the trust and a business case for an early supported discharge team had recently been turned down by the CCGs. The trust was meeting to discuss other options for providing the service. Staff said other challenges around discharging patients including delays in the provision of care packages and care homes.
- There had been no mixed sex accommodation breaches in the last 12 months.
- At the Children's Hospital located at LGI, children were seen on the CAT unit for an assessment by a paediatrician without the need for admission. Staff triaged children on arrival to the unit to ensure those requiring more urgent treatment were seen first. The Paediatric Ambulatory Near Discharge Area (PANDA) was an area that children and their families could wait, after discharge, for test results or medication. These units improved access and flow through the children's hospital.

- Children needing admission from the CAT unit sometimes had a long wait for transfer to a ward. Staff told us that at times this could be 10 or 11 hours. We were unable to obtain any data about waiting times on the unit, as this information was not collected by the trust.
- Flow through the CAT unit could sometimes be difficult due to nurse staffing issues. Medical staff told us that the workload on the unit had been increasing over the past 18 months. Steps were taken to increase medical staff presence on the unit at peak times. However, nursing staff told us that increasing the number of doctors on the CAT unit increased the demand on the nurses. When there were only two nurses covering the unit it was difficult to manage the throughput at times and children had to wait longer.

Learning from complaints and concerns

- There were robust systems in place for dealing with complaints. All complaints were risk assessed by the complaints manager or their deputy when received using the trust's risk matrix. More complex complaints were discussed with the senior nurse for patient experience.
- The executive lead for complaints was the Chief Nurse with support from a non-executive director. Any complaints that have been identified as high risk were reviewed weekly at the quality meeting with the Chief Nurse and the Chief Medical officer.
- The complaints and Patient Advisory Liaison Service (PALs) department was run by the head of patient experience, supported by a lead nurse for patient experience.
- Information on complaints was reported at every Board meeting through the healthcheck data, which described the number of complaints received by each CSU. In addition, there was a formal complaint report and an annual report to the Board. The integrated risk report was seen by the quality assurance committee, which was a sub-committee of the Board. These reports pulled out themes from complaints. The monthly Quality and Performance Report routinely included CSU level data on complaint numbers versus activity.
- The patient experience sub-group reviewed how complaints had been handled and any themes or lessons learnt were reviewed at the lessons learned group as well as the patient experience and risk teams' forum. Learning from complaints was contained within the Trust Board Complaints reports, staff quality and safety briefings. The trust had also produced a

number of films about patients' experiences. There was a lessons learnt group, which also included lessons from incidents, claims and any external recommendations such as Coroner Inquests.

- The trust consistently achieved the national standard for acknowledging complaints within three working days, although this varied with some specialities. In addition, the trust had introduced a new initiative by giving the CSUs the opportunity to record complaint resolution meetings as an alternative to providing a traditional response letter.
- According to the six monthly update to the Board 28 January 2016 the trust received 394 complaints between 1 April 2015 and 30 September 2015, the same number as received between 1 October 2014 and 31 March 2015. During the first two quarters there had been 16.5% less reopened complaints than the previous two quarters. There had been 7,733,863 patient contacts during this time giving a rate of 1.4 complaints per 10,000 patient contacts. The paper reported an improved position compared to the same period 2014/15 when there were 1.8 complaints per 10,000 patient contacts.
- There was a Complaints Improvement Plan (2015-17) based upon guidance in the PHSO report "My Expectations" and the recommendations contained within the CQC and Patient Association report following the joint inspection in April 2014. The top complaint subjects by volume received were communication, treatment and administration issues.
- Information on how to make a complaint was displayed in public areas. In addition, leaflets were available in patient areas and included easy read versions, as well as posters and leaflets aimed for children. Laminated sheets were located in patient folders at the bedside. Information on how to complain was on the trust intranet site. Posters encouraged patients and visitors to raise any concerns or questions.
- Staff were able to describe how they would deal with a complaint, and understood the role of the patient advice and liaison service (PALS) and formal complaints process.
- We reviewed complaints letters and found an apology was offered when care fell below the expected standard; the trust was responsive to concerns raised and staff met with the families concerned.

Are services at this trust well-led?

Good

We rated well-led as good because:

Summary of findings

- The trust values of, 'The Leeds Way' were embedded amongst staff and clinical service units had a clear clinical business strategy, which aligned with trust's five year strategy, priorities and goals.
- There was a range of overarching strategies in place to support service delivery and improvement. Clinical support units had their own business strategies; each aligned with the trust five year strategy, objectives and goals.
- There were robust governance processes and systems in place to ensure performance, quality and risk was monitored. The information and risks identified at service level and trust level were reflected in risk registers and the Board Assurance Framework.
- We saw strong leadership of services and wards from clinicians and ward managers. Staff spoke positively about the culture within the organisation.
- Staff engagement had improved and staff reported that they felt consulted with and engaged with trust service development. Communication had improved across the trust and up from the Board to the wards. Initiatives had been introduced to involve staff in clinical service development and staff achievements and successes were celebrated.
- There was increasing public engagement and involvement. Strategies, service planning and developments was undertaken in consultation and involvement of a wide range of stakeholders in the community, including patient groups.
- The culture in the trust was open and transparent. Staff reported that they were confident to raise concerns, were able to share lessons learnt and good practice and that the organisation was supportive of staff.
- The trust had introduced a large range of innovative practices and initiatives to benefit patient care.

However, we found that:

- Not all services had local vision or strategy. Critical Care services did not have any unit specific visions or strategies but they said that they took ownership of 'The Leeds Way' and applied it to their units.
- Further work was needed to strengthen some aspects of governance and assurance processes to ensure that the leadership team were confident that all changes to practice and improvements introduced were being adopted and embedded. For example, changes in practice following Never Events.

Vision and strategy

- The trust used crowdsourcing technology to engage with its staff to develop its vision, values and goals. Collectively the outcome to this was known as the 'Leeds Way'. Staff were asked to describe the behaviours and leadership required to achieve the trust vision.
- The 'Leeds Way' was visibly promoted through trust documentation, practices and procedures used, training, appraisal and recruitment processes. Staff across the trust referred to this when discussing the values and goals and with particular reference to the care of patients. The 'Leeds Way' was promoted in posters across wards and hospital sites.
- The trust vision was 'to be the best for specialist and integrated care'. The values to underpin this were - Patient Centred, Fair, Collaborative, Accountable and Empowered. There were five trust goals to be – the best for patient safety, quality and experience, the best place to work, a centre of excellence for specialist services, research, education and innovation, hospitals that offer seamless, integrated care and to be financially sustainable.
- The trust had identified four priority areas for quality improvement. These were to be harm free, including reducing the number and harm from falls; improving patient experience; avoidable mortality and integrated care for partners where the trust was developing the care pathway with partners in health and social care so these work more effectively.
- The five year strategy (2014-2019) was designed to be delivered through the development of clinical service units (CSU) and their individual clinical business strategies. These related to the trust-wide business plan. The CSU business strategies detailed the services provided, measures used to check performance against clinical outcomes and patient feedback. The strategies were designed to align with the trust's 'Leeds Way' vision, values and goals. This framework encouraged ownership from individual CSU's. We found reference to the 'Leeds Way' in related documentation within these strategies.
- Ten corporate objectives had been agreed to drive the achievement of the goals, which included involving patients, delivering mandatory standards, staff engagement and working collaboratively with partners. An example of this was the development of the Leeds care record programme, for the better sharing of information between the trust, GPs and other professionals.
- Most services had developed strategic plans linked to the trust's five year strategic plan. For example in medical services the management team were able to explain the strategy for acute medicine. The focus included, more integrated working,

developing joined up working between accident and emergency and acute medicine, admission avoidance and developing ambulatory pathways. This was evident when we looked at service planning for this service, which showed the active steps to work with partner organisations, commissioners, other stakeholders and trust staff to plan services. However, not all services had a local vision or strategy. Critical Care services did not have any unit specific vision or strategies but they said that they took ownership of 'The Leeds Way' and applied it to their units.

- The strategic plan for surgical services showed alignment to the trust's strategy, with a focus on quality and patient experience.
- Each CSU had clear direction and goals with steps identified in order to achieve them. For example within the AMS CSU the aim was to be a centre of excellence for organ transplantation; the use of technology and innovation featured highly in the strategy to achieve this.
- The trust was actively working with partner organisations, commissioners of services and other stakeholders including patient representative groups to plan and develop strategies to meet the needs of the patients using their services.
- The trust had a range of overarching strategies to support the delivery of services and achieve the trust vision and goals, these included and estates strategy, a people strategy and an organisational development strategy.

Governance, risk management and quality measurement

- The trust had a governance framework in place, which had matured and become more embedded since the last inspection. This supported the delivery of services and ensured effective reporting of safety, quality and performance information from ward to Trust Board.
- We examined a range of Board papers and found that these were aligned to the trust goals. Papers covered a range of operational and strategic issues from staffing updates, corporate and strategic risks and progress on performance, including patient experience feedback.
- The committee structure reporting to the Board of Directors consisted of six committees, including risk management, finance and performance and quality assurance. Non-executive directors chaired assurance committees. The assurance committees had moved from having a mix of operational and assurances elements to a position of dealing solely with assurance. When issues drew attention, additional assurance was required from executives on the situation. Deep dive

examinations added more scrutiny for specific concerns, one example given was the repeat occurrences of Never Events. This involved looking at team management in theatres, lessons learnt and challenges faced.

- The Board Assurance Framework (BAF) had been revised in September 2015 and updated to reflect the trust's longer-term strategic risks. It had been agreed that this would be distinct from the Corporate Risk Register, address threats to the trust's strategic objectives and be linked to and inform the annual planning cycle. Risks were considered alongside corporate objectives.
- We viewed the Board Assurance Frame Work for May 2016; it identified a number of areas for improvement so that patients could experience safe and effective care. The areas highlighted for action to address gaps in controls and assurances were comparable to our findings at this inspection. These included: a five year plan for investment in nurse staffing levels to address the high number of vacancies, staff retention, sickness absence and changes to patient acuity and skill-mix: Effective monitoring to ensure staff compliance with infection prevention and control procedures to protect patients from healthcare associated infections; hospital acquired Clostridium difficile or MRSA bacteraemia: To make sure mortality and morbidity (M&M) reviews were systematically undertaken: Understand patients' needs and their experience of the services and demonstrate learning and change in response to patient feedback. Actions had been identified to address these as part of the trust action planning process.
- At service level there were governance processes and systems in place to ensure performance, quality and risk was monitored. Each CSU met weekly and used the ward healthcheck to audit a range of quality indicators including the number of falls, complaints, pressure ulcers, staffing vacancies and staff sickness. This information was reviewed at head of nursing and matrons meetings and at clinical governance meetings. Any issues from these would be reported up through the various sub-committee groups to assurance committees and eventually to the Board if appropriate.
- During the inspection, we found that there were still areas where assurance mechanisms were not sufficiently robust to identify and address concerns. For example, the embedding of lessons learnt from Never Event in operating theatres; the oversight of patients waiting to be admitted on trolleys (including inconsistent risk assessment); the use of theatres overnight and how staff from ward to Board could be assured

that equipment was appropriately serviced and maintained. We found there were systems in place and work being undertaken, such as that done on understanding lessons from Never Events, but this had yet to fully address the issues.

- Corporate and CSU risk registers were in place and were regularly reviewed and updated. Risk registers were reviewed quarterly at clinical governance meetings and twice a year by the Risk Management Committee, chaired by the Chief Executive. If any risks were identified outside of this, they were added to the risk register. We reviewed the CSUs' risk registers. All risks were given a current risk rating. Key controls were in place to reduce the risk and assurances to assess if the controls were effective. We found that there were some long standing risks on some CSU risk registers for example, the longest standing risk on the acute medicine risk register was from April 2015 and was reviewed in March 2016. There were four risks from this date. One of the risks related to high occupancy levels, high numbers of medical outliers and patients who are medically fit for discharge and was given a risk score of 20. Controls put in place to mitigate the risk included the use of additional beds, an agreed approach to the management of medical outliers by consultants and relevant specialities and increasing pharmacy cover seven days a week to support discharges.
- Every six months, each CSU attended the trust risk management meeting chaired by the Chief Executive to discuss the CSU risk register.
- The ward healthcheck was used on wards to audit a range of quality indicators. Any wards that were rated red for three consecutive months were placed in escalation and got support from the corporate nursing team. Staff spoke positively about the team and said they supported staff to make changes and drive improvements
- The trust had a £1 billion turnover. According to the Trust Board Paper dated 26 January 2016 regarding 2015/16 financial position. The year-end forecast position was a planned £37.2 million deficit. The trust was moving from a £100 million overspend to a positive balance in three years. This had been achieved without significant transfer of capital and it was reported that this was helped through good relationships with the commissioning groups. £15 million had been secured by better coding and a positive response to cost improvement plans. The trust had invested in a patient-led costing system to

provide better data for business services. Cash reserves stood at £3.2 million. Projections for April 2016 to March 2017 were income of £1,185.3, a surplus of £1.2 million with full costs at £1,184.1.

- Top concerns raised about achieving key objectives were the provision of specialist services, addressing the IT/informatics infrastructure issues, workforce, delivering performance targets in line with trajectory and achieving financial balance.
- The major issues with the estate was the large infrastructure. It would cost around £45 million for energy rationalisation and £40 million to bring the IT infrastructure up to date and enable a paperless process to be established across the trust. Other concerns around IT included issues over servers, aging computers and laptops and internet access. There had been an under investment in the clinical IT systems. The trust was looking at a range of solutions for these, one of which included working with IT partners; a business case had been submitted for consideration.
- Challenges over workforce were about recruiting to the necessary posts, succession planning for an aging workforce and the reliance on agency and locum use. Efforts had been made to reduce short term agency usage in non-clinical areas. There was a £26 million threshold for agency usage. The staff sickness/absence was at 3.89% at the time of the inspection. There were support mechanisms in place such as a helpline and attendance management coaching to enable staff to return to work.

Leadership of the trust

- There was a stable senior leadership team at the trust led by a Chief Executive who staff reported from across all areas of the trust to have brought about changes that improved the culture and delivery of services.
- Staff consistently reported a high level of confidence in the Chief Executive and his executive team. They were reported to be visible, accessible and committed to improving patient experiences and staff engagement.
- The Chair had been in post since 2013, with the seven non-executives directors ranging from one since 2012, two since 2013, three since 2014 and one person started in 2015.
- The Chief Executive commenced in post in October 2013, the Chief Nurse/Deputy Chief Executive in May 2013, the Chief Medical Officer in June 2013, the Director of Finance in January 2014, the Director of Strategy and Planning in May 2014 and the Director of Human Resources and Organisational Development in October 2014.

- The trust operated a clinically led structure with 19 clinical service units, each having a clinical focus. Each CSU was led by a senior medical clinician, a senior nurse and senior manager.
- The trust was committed to the development of leadership, particularly in clinical areas and provided a 'Leading in Leeds' training programme to develop key leadership skills.
- The trust was one of five trusts to take part in the NHS Improvement Partnership working with NHS Improvement and an external agency. The programme is about ensuring the trust provides the highest quality care whilst reducing inefficiencies in the service. The five year programme focuses on learning from the experiences of others and empowering clinical teams to have continuous quality improvement across the organisation

Culture within the trust

- Staff felt that the senior leadership team had brought about a change in the culture within the organisation; staff described a new, proactive way of working.
- Staff of all disciplines and levels across the trust reported consistently that they were proud to work for the organisation. Even in areas with staffing challenges such as theatres, staff reported that morale was good.
- The score for the number of staff who would recommend the organisation as a place to work or receive treatment was 3.72, which was around the same as the England average of 3.76. The percentage of staff who experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months was about the same as the England average at 27%. The percentage of staff experiencing physical violence from staff in the last 12 months was the same as the England average at 2%.
- We observed good working relationships between nursing and medical staff across all sites of the trust. Junior medical staff said they felt supported by senior medical colleagues and consultants.
- Staff reported how small changes had made a big impact. For example the, 'hello my name is' campaign. To foster improved communication with patients and embrace patient centred care around a third of staff had signed up to the national campaign 'hello my name is', thereby introducing themselves to patients with an explanation of what they do.
- Staff gave positive feedback regarding the culture in the organisation and described the trust as a good place to work. They felt the culture encouraged staff to be open and honest

and to report incidents and learn from them. Staff felt confident to raise any concerns about patient safety and that managers would listen and would take appropriate action. We saw posters displayed on wards providing information about how to speak to the sister or matron if people had concerns.

- The staff who had been involved in the learning from the wrong site cataract surgery never event told us there had been a 'no blame' culture in relation to this. Learning was undertaken with the involvement of staff in a supportive way.
- The percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month was about the same as the England average at 32%. However, the percentage of staff reporting errors, near misses or incidents witnessed in the last month was 88%, which was worse than the England average at 90%.
- The trust had introduced the Leeds Improvement Method. The Chief Executive reported to the Board on 26 November 2015 how the Leeds Improvement Method placed the patient at the heart of everything done in the trust with greater productivity and efficiency.
- Ward managers told us that 'The Leeds Way' values were integral to staff appraisal.
- The trust and individual CSU held annual award nights to recognise and celebrate staff success.

Equalities and Diversity – including Workforce Race Equality Standard

- The Workforce race equality standard (WRES) aims to ensure employees from black and ethnic minority (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The trust had benchmarked itself against the standard and indicators in June 2015.
- Information in this indicated that the percentage of BME staff had increased to 19.76% in March 2015 compared to 18.84% in March 2014.
- The trust had developed an Equality and Diversity strategy and a policy was in place. There was external scrutiny for the plans in place.
- There had been an increasing amount of work undertaken around patient experiences and equality groups in the trust.
- Equality and diversity was part of the mandatory training programme and the trust was rolling out 'Unconscious Bias' training.

- The trust collected and used data to inform objectives and there were robust governance systems in place with senior leadership involvement. The trust was compliant with the publishing of required data.
- The percentage of staff experiencing discrimination at work in the last 12 months according to the NHS Staff Survey 2015, was the same as the England average of 10%.

Fit and Proper Persons

- The trust was meeting the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014). This regulation ensures that directors of NHS providers are fit and proper to carry out this important role.
- The trust had a standard operating procedure in place for the Fit and Proper Person. This included all executive and non-executive directors.
- We reviewed five files of executive and non-executive director's files and found they were compliant with the regulation.

Public engagement

- A patient experience (story) was heard at each meeting of the Trust Board with a view on lessons learnt from this for service delivery.
- The trust was one of 20 hospitals participating in a pilot scheme called 'open and honest care'. The information gathered was available on the trust's website for the public to view and was updated each month. It included data on pressure ulcers, falls, Methicillin Resistant Staphylococcus aureus (MRSA) and Clostridium difficile rates. Patient and staff experience surveys and safety thermometer data was also shared.
- In addition the trust conducted compassion in care audits. This data was collected monthly and RAG rated for each area. Patients were asked five questions based on whether their care had been compassionate and if they had felt involved. Data for the head and neck CSU saw overall percentages to be between 91% and 100% between April 2015 and February 2016.
- The trust monitored and reported regularly to the Board its performance on the Family and Friends Test (FTT). The Board paper dated 28 January 2016, entitled 'Family and Friend Test' reported that based on their experience of care in quarter 2 2015/16, 91% of inpatient, day case, maternity and emergency department FFT responders would recommend the trust to friends. The performance for quarter 2 (2015/16) had exceeded the internal target of a 20% response rate in A&E departments

(average response rate 28.1%). The total number of patients eligible to provide FFT feedback was increasing month on month as new services came on board and wished to engage in the process. However, the paper acknowledged that performance in established FFT areas had declined. The trust response rate for established FFT areas in quarter 2 was 25.74% (against an internal target of 30%). Actions had been put in place to address this. The Patient Experience Team were trialling the use of two Android devices that facilitated electronic FFT capture, meaning that the data was reported in real time and live.

- The trust was developing an overall Patient Experience Strategy, consultation with local communities and staff at the trust. In the meantime, there were separate strategies in place including equality and diversity and volunteers. Consultation was taking place with a range of groups to capture patient experience, particularly aligned to specific clinical services or patient conditions. For example consultation was taking place with people with sensory loss, advocacy services to ensure the patient voice was heard, and refugee resettlement and traveller groups.
- The trust recognised that there was more to be done to improve engagement with the public and patients. Processes had been developed to promote the patient voice, capture engagement and share experiences across the clinical areas.
- There was regular monthly engagement with Healthwatch

Staff engagement

- The trust invited all 15,000 staff to participate in the national staff survey, with a response rate of over 8,000 staff across the organisation. The survey showed that there was continuous improvement. The response rate for the NHS Staff Survey 2015 was 50%,this was better than the England average of 41%.
- Staff told us about monthly question and answers sessions with the trust's Chief Executive and improved communication between departments. Staff felt there was improved sharing of information with dedicated notice boards in clinical areas around performance.
- The trust produced a trust magazine called 'Connect', which contained details of news, developments within services, where innovative practice was taking place and a calendar of events for the year such as presentations, talks and discussions on particular health issues such as arthritis and dementia.

- The Chief Executive communicated with staff weekly through a weekly bulletin, entitled 'Start the week'. In this contained information on updates on trust activities, what the executive team had been involved in that week and celebrated staff successes and contributions.
- Junior doctors told us the Chief Executive came to their trust induction which they thought was excellent practice.
- The trust had introduced a range of initiatives to encourage staff participation in trust service development. They included, nurses attending the urology audit day engaged well with consultants and were able to make them aware of specific nursing issues; link nurse roles had been developed to improve staff engagement within clinical areas; nursing teams were involved in the development and planning for the new surgical assessment unit.
- We were told that consultants led certain teaching days and these would, in the future, also be attended by staff nurses and health care support workers. This would provide an opportunity for ward and theatre staff to meet.
- Staff felt that the appraisal process was effective and it was a process which supported them in taking on additional roles and responsibilities. For example, the staff involved in the urology enhanced recovery programme received a full week of training which included looking at standardising the certain procedures, discharge planning, reducing length of stay and patient experience.
- The trust held Schwartz rounds. This was a forum for hospital staff from all backgrounds to come together to talk about the challenges of caring for patients. It offered staff a confidential and safe environment to share patient care issues and to offer support to each other.

Innovation, improvement and sustainability

- The trust was continuously introducing new innovations and improvements to services. Some enhanced patient care and treatments, others enabled improved sustainability within services and are reported in the location core service reports.
- Examples of innovative practice and areas the trust celebrated staff achievements include the following:
- Organ transplantation which included a live liver donation and transplant programme had been undertaken which was the largest in the UK. Other aspects of the transplantation programme included Neonatal organ retrieval and

transplantation: Life Port Trial: Kidney Transplantation: QUOD Trial: Quality in Organ Donation National Tissue Bank, Revive Trial: Organ Care System and Normothermic perfusion: Support for Hand Transplantation.

- Work was ongoing in relation to Viral Hepatitis C and the trust is a designated site for implementation of Hep C eradication therapy.
- Procedures such as minimally invasive oesophagectomies were being performed. The colorectal team were using sacral nerve stimulation for faecal incontinence.
- There was a focus on research with 80 trials being run across all specialities by 20 research nurses.
- A Glaucoma Monitoring Unit had been established to ensure all follow up glaucoma patients had screening and a virtual follow up review.
- The trust is one of 14 'pioneer' health and social care economies working together to improve the provision of integrated care.
- The trust operated over 150 apprenticeship programmes, including pharmacy, clinical support workers and nursing support.
- The trust had been selected as an NHS Employers Equality and Diversity partner organisation for 2015/16.
- The trust supported Honorary Clinical Professors in partnership with University of Leeds supporting clinicians to provide leadership in research and education in their speciality.
- Ward J29 had won the Palladium Patient Safety prize at the Bristol Patient Safety Conference.
- The trust was one of the first to receive Safe Effective Quality Occupational Health Service Accreditation for occupational health services.
- The speech and language therapy team had won the National Royal College of Speech and Language Therapists Sternberg Clinical Innovation Award
- The trust had introduced the 'Leeds Improvement Method', which meant they were one of five trusts nationally working in partnership with the Virginia Mason Institute to improve quality and safety for patients through the implementing lean methodology, thereby working more efficiently. This was launched in elective orthopaedics in Chapel Allerton Hospital.
- The trust had developed a Quality Improvement Strategy in partnership with partner organisations and the trust's clinicians with the aim to improve quality and reduce patient harm.
- The trust was part of the West Yorkshire Association of Acute Trusts, working collaboratively to improve patient care services.

Summary of findings

- The trust had introduced 'Wayfinder'. This was an on line crowd sourcing platform for staff to share problems and look at possible solutions.
- The trust had introduced 'Get Me Better Champions' an involvement programme for people with learning disabilities to contribute to the development of services.
- To improve the engagement of children and young people in service development the trust had arranged a youth forum; views from this would help shape the Leeds Children's Hospital strategy.
- The Colorectal Cancer Multidisciplinary Team at St James's University Hospital was named the winner of the Cancer Research Excellence in Surgical Trials award for 2015.
- The trust is a key partner in the 100K Genomes project for Yorkshire and Humber.
- The trust is one of six centres for Precision Medicine Catapult used to accelerate learning from diagnostics and data.
- The trust has the Stereotactic Ablative Body Radiotherapy for the North Region.
- The trust has a funded hand transplant centre, following the first UK operation.

Overview of ratings

Our ratings for Leeds General Infirmary are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	N/A	N/A	N/A	Good
Medical care	Good	Good	N/A	Good	Good	Good
Surgery	Requires improvement	N/A	N/A	Requires improvement	Good	Requires improvement
Critical care	Good	N/A	N/A	Requires improvement	Good	Good
Maternity and gynaecology	Good	N/A	N/A	N/A	N/A	Good
Services for children and young people	Requires improvement	N/A	N/A	Good	Good	Good
End of life care	Good	N/A	N/A	N/A	N/A	Good
Overall	Requires improvement	Good	N/A	Requires improvement	Good	Requires improvement

Our ratings for Chapel Allerton Hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	N/A	N/A	N/A	N/A	Good
Overall	Good	N/A	N/A	N/A	N/A	Good

Overview of ratings

Our ratings for Wharfedale Hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	N/A	N/A	N/A	N/A	Good
Overall	Good	N/A	N/A	N/A	N/A	Good

Our ratings for St James's University Hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	N/A	Good	N/A	N/A	N/A	Good
Medical care	Requires improvement	N/A	N/A	Good	Good	Good
Surgery	Requires improvement	N/A	N/A	Requires improvement	Good	Requires improvement
Critical care	Requires improvement	N/A	N/A	Requires improvement	Good	Requires improvement
Maternity and gynaecology	Good	N/A	N/A	N/A	N/A	Good
End of life care	Good	N/A	N/A	N/A	N/A	Good
Overall	Requires improvement	Good	N/A	Requires improvement	Good	Requires improvement

Our ratings for Leeds Teaching Hospitals NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Good	Good	Good	Good	Good

Notes

Key questions showing as N/A above were rated as 'good' at the comprehensive inspection in March 2014.

Outstanding practice and areas for improvement

Outstanding practice

- There were outstanding examples of record keeping in the care of the dying person care plan. We saw that staff recorded sensitive issues in a clear comprehensive way to enable safe care to be given.
- The development of Leeds Children's Hospital TV allowed families to explore the wards and meet the teams.
- Organ transplantation which included a live liver donation and transplant programme had been undertaken which was the largest in the UK. Other aspects of the transplantation programme included Neonatal organ retrieval and transplantation: Life Port Trial: Kidney Transplantation: QUOD Trial: Quality in Organ Donation National Tissue Bank, Revive Trial: Organ Care System and Normothermic perfusion: Support for Hand Transplantation.
- Procedures such as minimally invasive oesophagectomies were being performed. The colorectal team were using sacral nerve stimulation for faecal incontinence.
- There is a consultant led virtual fracture clinic. This allows patients to be assessed without attending the hospital and then have the most appropriate follow up. This reduces unnecessary hospital attendances.
- Revolutionary hand transplant surgery had taken place within plastic surgery.
- Nurse-led wards for patients who were medically fit for discharge had been introduced to allow the service to adapt their staffing model to meet the needs of patients.
- In response to patient carer feedback the acute medicine CSU had introduced John's campaign. This allowed carers stay in hospital with patients with dementia.

Areas for improvement

Action the trust MUST take to improve

- The trust must ensure at all times there are sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patients' dependency levels.
- The trust must ensure all staff have completed mandatory training and role specific training.
- The trust must ensure staff have undertaken safeguarding training at the appropriate levels for their role.
- The trust must review the admission of critical care patients to theatre recovery areas when critical care beds are not available to ensure staff are suitably skilled, qualified and experienced.
- The trust must review how learning from Never Events is embedded within theatre practice.
- The trust must review the appropriateness of out of hours' operations taking place and take the necessary steps to ensure these are in compliance with national guidance.
- The trust must review the storage arrangements for substances hazardous to health, including cleaning products and sharps disposal bins to ensure safety in line with current procedures.
- The trust must review and address the implementation of the WHO Five Steps to Safer Surgery within theatres.
- The trust must ensure that physiological observations and NEWS are calculated, monitored and that all patients at risk of deterioration are escalated in line with trust guidance.
- The trust must review the function of the pre theatre waiting area in Geoffrey Giles theatres and ensure that the appropriate checks and documentation are in place prior to patients leaving ward areas.
- The trust must ensure that all equipment used across core services is properly maintained and serviced.
- The trust must ensure that staff maintain patient confidentiality at all times, including making sure that patient identifiable information is not left unattended.
- The trust must ensure that infection prevention and control protocols are adhered to in theatres.

Outstanding practice and areas for improvement

Please refer to the location reports for details of areas where the trust SHOULD make improvements.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 (1) Care and treatment must be provided in a safe way for service users How the regulation was not being met: Within surgical services audit data showed that national early warning score (NEWS) and escalation was not always correctly implemented. Routine operations were regularly taking place out of hours. Within the Jubilee theatre suite we observed a broken alcohol dispenser. We observed a fridge in the recovery area with what appeared to be blood stained fluid in the bottom. In the changing rooms in Jubilee theatres, we observed blood stained clogs in a storage bin and on the floor which were to be used again. We also observed staff walking around theatres in heavily stained clogs. Lockers in the changing rooms in Geoffrey Giles theatres had theatre clothes, used hats and food wrappers on top of them. One of the theatres had an overflowing clinical waste bin. There were unsealed sharps containers on Ward 26 at SJUH. Hazardous substances used for cleaning were not stored securely in the sluice areas on Wards 14 and 25 at SJUH.

This section is primarily information for the provider

Requirement notices

On occasion patients arrived in the pre-wait area of Geoffrey Giles theatres, from non-surgical wards, not having their consent to surgery competed. Staff were then required to ring the ward and liaise with staff to try and sort out the problem.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 (1) Systems and processes must be established and operated effectively to: (2) (a) assess, monitor and improve the quality and safety of services; (b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users; (c) Maintain securely and accurate, complete and contemporaneous record of care; (e) seek and act on feedback from relevant persons and other persons on the services provided for the purpose of continually evaluating and improving such services. How the regulation was not being met: There were arrangements in place for assessing the suitability of patients who were appropriate to wait on trolleys on the assessment ward. However, these were not consistently applied, or risk assessments undertaken. There was a lack of robust assurance over the oversight of patients waiting on trolleys. During our inspection, within the ED department at LGI we saw that patient identifiable information was left on display on monitors in patients' bays on four occasions. The information on display did not relate to the patient in the cubicle at the time. This was a breach of patient confidentiality.

This section is primarily information for the provider

Requirement notices

Learning from the two Never Events related to wrong site anaesthetic block was not embedded. The 'stop before you block' guidance was not always adhered to.

Within surgical services a number of risks identified on the risk registers had been present for over two years, despite recent review and mitigating actions being put in place but for many they were still ongoing.

Out of six critical care units only four submitted data for ICNARC. ICNARC is a standardised national data collection process and it is recommended that all Critical care units in England should provide data to benchmark services.

Across services we found equipment used had not always been properly maintained and serviced.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Reg. 18 (1) There must be sufficient numbers of suitably qualified, competent, skilled and experienced staff on duty. How the regulation was not being met: Nurse staffing levels in some clinical areas were regularly below the planned number. This included surgery, critical care, maternity and children and young peoples' services. Consultant labour ward presence was 60 hours per week and these were our findings at the previous inspection in March 2014. The Safer Childbirth Standards 2010 recommends 98 hours for units who deliver 5000 births.

This section is primarily information for the provider

Requirement notices

Within children's services there were gaps in the junior doctor rotas, which meant there was a risk of the service not providing adequate clinical care. These gaps were filled with locum doctor shifts or by consultants covering.

Specialist nurse staffing levels did not meet national recommendations related to being a specialist cancer centre.

Reg. 18 (2) (a) Persons employed by the service provider in the provision of the regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out duties they are employed to perform.

How the regulation was not being met:

At least 50% of nursing staff should have post registration training in critical care nursing; this had been completed by 37% of nursing staff.

Mandatory training compliance did not meet the trust's target in several areas including accident and emergency, medical care, critical care, maternity services and children's services.

Level 2 and Level 3 children's safeguarding training compliance in children's and maternity services was below the trust target of 85%

The Leeds Teaching Hospitals NHS
NHS Trust

SCRUTINY BOARD 21 FEBRUARY 2017

CQC Inspection May 2016 - Update on Action Plan

Presented for:	Information and Assurance
Presented by:	Professor Suzanne Hinchliffe CBE, Deputy Chief Executive/Chief Nurse
Author:	Craig Brigg, Director of Quality

Trust Goals	
The best for patient safety, quality and experience	✓
The best place to work	✓
A centre for excellence for research, education and innovation	✓
Seamless integrated care across organisational boundaries	✓
Financial sustainability	✓

Key points/Purpose	
1. To present an update on progress in delivering the Trust's action plan to address the recommendations in the CQC's report following their inspection in May 2016.	Information and Assurance
2. This update will be presented for discussion at Quality Assurance Committee on 16 February 2017 and at Trust Board 30 March 2017.	Information and Assurance

1. Summary

This paper presents an update on progress in delivering the Trust's action plan in response to the CQC report on their planned inspection in May 2016.

2. Background

The CQC undertook a planned inspection on 10-13 May 2016. This was a follow up visit following the comprehensive inspection that had been undertaken in March 2014.

The CQC released their draft reports, for factual accuracy checking, on 13 September, and published the final reports on 27 September 2016.

Leeds Teaching Hospitals NHS Trust was given an overall rating of **GOOD**.

An action plan was developed to address the recommendations from the CQC reports, generated by the designated leads for each of the recommendations.

A summit meeting was held on 15 November 2016 with the CQC and other stakeholders, where the action plan was formally presented and agreed. Particular discussion focused on those actions that required support from partners, including:

- Patients waiting on trolleys for an inpatient bed
- Staffing
- Patients in the Post Anaesthetic Care Unit awaiting a Critical Care bed
- Patients being operated on at night.

The recommendations are set out in the action plan against Regulations 12 (safe care and treatment), 17 (good governance) and 18 (staffing), which is attached as an appendix.

Progress on implementation of the actions will continue to be overseen by the Quality Assurance Committee and reported to the Trust Board.

The plan is also monitored in conjunction with our local CQC inspection manager through their routine engagement meetings with the Trust, and through routine Quality meetings with the CCG. Implementation will be overseen by NHS Improvement.

3. Update Against Trust Action Plan

An updated version of the action plan showing progress to date against each of the individual actions is included in the appendix.

4. Recommendation

Scrutiny Board is asked to note and be assured by the progress in delivering the Trust's action plan in response to the CQC report on their planned follow-up inspection in May 2016.

Craig Brigg
Director of Quality
February 2017

ACTION PLAN FOLLOWING CQC INSPECTION (May 2016) V2.5

Created: 3 October 2016
Last Updated: 10 February 2017

Recommendation	Lead Executive Director	Actions	Management Lead	Target Completion Date	Evidence of Completion	Update	Completed (Y/N)
1. Safe Care and Treatment (Regulation 12)							
1.1 Ensure that all observations and NEWS scores are calculated and escalated in line with trust guidance	Yvette Oade (Supported by Ali Cracknell)	Roll out of Deteriorating Patient quality improvement programme across all inpatient areas	Ali Cracknell Lead Consultant for Patient Safety	30 April 2018	Progress reports - implementation of QI programme Ward Healthcheck	Continues to be scaled up in Acute Medicine, & Abdominal Medicine & Surgery CSUs. They have achieved significant milestones on their path to reducing avoidable deterioration by 50%. Scale up commences in Cardio-respiratory CSU Feb 2017 and Trauma and Orthopaedics later in 2017. Trust wide there has been a 14% reduction in 2222 calls and a 22% reduction in Cardiac Arrest calls in 2016 compared to 2015	N
		Continue to monitor ward level compliance with NEWS through the ward healthcheck	Lorna Johnson Head of Nursing	Completed - healthcheck in place	Ward Healthcheck	Completed	Y
		Monitor incident reports re deteriorating patient/NEWS score and escalation	Anne-Marie Walsh Risk Manager	Completed - process in place	Weekly datix review 6 monthly report to QMG/QAC	Completed	Y

Recommendation	Lead Executive Director	Actions	Management Lead	Target Completion Date	Evidence of Completion	Update	Completed (Y/N)
1.2 Review the process for out of hours' operations taking place and ensure in line with national guidance	Yvette Oade (Supported by David Berridge)	Undertake a review of out of hours operations against national guidance	Moira O'Meara Clinical Director	30 November 2016	Documented review (SBAR)	Completed	Y
		Develop a SOP for out of hours operations and communicate this to staff	Moira O'Meara Clinical Director	28 February 2017	Publication of SOP	26/01/2017: In progress- working with CSU to produce SOP and communicate to staff. It is anticipated that the SOP will be completed by end Feb 2017	N
1.3 Ensure that infection prevention and control protocols are consistently followed in theatres	Yvette Oade (Supported by Joan Ingram)	Alcohol dispensers to be checked daily by the non-clinical support workers in each theatre suite and replaced as necessary	Matrons (theatres)	30 November 2016	Local audits by matrons Agenda item at the CSU IPC operational group - minutes of meeting	26/01/2017: Action completed	Y
		Cleaning of fridges to be included in the weekly cleaning schedule by the non-clinical support workers for all theatre suites	Matrons (theatres)	30 November 2016	Local audits by team leaders Agenda item at the CSU IPC operational group - minutes of meeting	26/01/2017: Action completed	Y
		Clog cleaning stations to be identified in each theatre suite and all personnel challenged to keep their footwear clean prior to and following use.	Matrons (theatres)	30 November 2016	Local audits by Matrons Agenda item at the CSU IPC operational group - minutes of meeting	Cleaning stations identified in most theatre suites. 08/02/2017: All surgical CDs informed of the need for all surgeons to comply	Y

Recommendation	Lead Executive Director	Actions	Management Lead	Target Completion Date	Evidence of Completion	Update	Completed (Y/N)
1.4 Review the storage arrangements for substances hazardous to health, including cleaning products and sharps disposal bins to ensure safety in line with current procedures	Simon Neville (Supported by Liz Kay, Gillian Hodgson, Nigel Lumb)	Procurement of new cleaning trolleys to include a fitted standardised lockable cupboard.	Andrew Matthews (Estates & Facilities Lead for Cleaning)	30 November 2016	Review of last 10 trolleys purchased.	07/02/2017: No further purchase of trolleys required currently, however order code for trolleys with lockable cupboard now the standard	Y
		All cleaning cupboards to be retro fitted with a key pad lock.	Andrew Matthews (Estates & Facilities Lead for Cleaning)	31 January 2017	Phased implementation; all high risk areas to be prioritised by December 2016	07/02/2017: All cupboards retro fitted. No products stored on trolleys, now in lockable cleaning cupboards.	Y
		The source isolation guideline to be amended to state that Tristel Jet is to be kept inside the rooms for HCWs to clean patient shared equipment; cleaning product to be removed from the room if the nursing specialist assessment triggers the requirement for enhanced care.	Gillian Hodgson Head of Nursing/ Nurse Consultant IPC	31 December 2016	Revised guidance published on LHP	Revised Isolation guidance approved 25/11/2016	Y
		H&S Induction training to include the standard for sharp container use and storage of cleaning products.	Nigel Lumb Head of Health and Safety.	31 December 2016	Corporate Induction slides (received).	Induction Slides updated Nov 16	Y

Recommendation	Lead Executive Director	Actions	Management Lead	Target Completion Date	Evidence of Completion	Update	Completed (Y/N)
		Communicate standards to staff; Quality and Safety Matters bulletin on storage of cleaning products and sharps safety to be issued.	Gillian Hodgson Head of Nursing/ Nurse Consultant IPC.	31 January 2017	Publication of Quality safety matters bulleting on Trust website.	07/02/2017: Quality Safety Matters bulletin being developed: timescale amended to allow inclusion of 3 months findings from the WHC Audit. To be completed by 31 March 2017.	N
		Process for the routine audit of the storage of cleaning products to be agreed.	Andrew Matthews (Estates & Facilities Lead for Cleaning)	31 March 2017 31 December 2017	Process agreed and started Audit results	Current E&F COSHH returns for H&S Audit do not include any Nursing led cleaning materials. 07/02/2017: This is now to be included in the facilities cleaning audit conducted 6 monthly Audit to also include how the materials are stored when in use on the ward. Included in Ward Healthcheck audit from Jan 2017	Y
		External audit of sharps bin usage to be commissioned.	Chris Tobin Environmental Manager	31 December 2016	Audit results	07/02/17 Daniels have completed an audit of 140 areas across the trust on sharps receptacle usage and the results presented to the H&S Committee Jan 2017.The report showed good compliance and overall improvement on the previous audit.	Y

Recommendation	Lead Executive Director	Actions	Management Lead	Target Completion Date	Evidence of Completion	Update	Completed (Y/N)
1.5 Review the admission of critical care patients to theatre recovery areas when critical care beds are not available to ensure staff are suitably skilled, qualified and experienced	Suzanne Hinchliffe (Supported by David Berridge)	Review to be undertaken; Critical Care and Theatres and Anaesthetics CSUs to jointly develop a flowchart to guide staff in the clinical management of patients in PACU, including clinical review and escalation. Review all cases at daily 08.00 hrs bed meeting; record on CSM night report. Circulate guidance to all staff and discuss at team meetings.	Joan Ingram Head of Nursing	31 October 2016	Flowchart published and in use CSM night report Minutes from theatres team meetings	Completed	Y
1.6 Review the function of the pre-theatre waiting area in Geoffrey Giles theatres and ensure that the appropriate checks and documentation are in place prior to patients leaving ward areas.	Yvette Oade (Supported by David Berridge)	Review the function of the pre-theatre waiting area in Geoffrey Giles theatres, focusing on the pre-surgical checks that need to be undertaken on the ward before the patient is transferred to the pre-theatre waiting area, including consent.	Joan Ingram Head of Nursing	31 January 2017	Outcome of review	26/01/2017: Review undertaken - it has been agreed in the CSU that sign in must not take place in the pre waiting area in GG theatres but the checks of the pre theatre checks can be undertaken. As a minimum the patient's correct ID must be checked. Development of the new theatre care plan and its roll out across all surgical specialities will include training for all ward and theatre staff in the relevant pre op checks to be	Y

Recommendation	Lead Executive Director	Actions	Management Lead	Target Completion Date	Evidence of Completion	Update	Completed (Y/N)
						undertaken. The new care plan is currently being trialled in GG theatres, prior to roll out across all theatres.	
		Issue a communication to CSUs and clinical teams to clarify the process and the checks that need to be undertaken on the ward, including consent.	Joan Ingram Head of Nursing	31 January 2017	Communication to staff	26/01/2017: Communication to be issued when the new theatre care plan has been produced.	N
		Band 3 staff on PACU to visit wards to complete pre-op checks with staff before transfer to the theatre pre-waiting area.	Joan Ingram Head of Nursing	30 November 2016		26/01/2017: This has commenced.	Y
2. Good Governance (Regulation 17)							
2.1 Review the arrangements for the risk assessment and oversight of patients waiting on trolleys for an inpatient bed	Suzanne Hinchliffe (Supported by Dawn Marshall)	Undertake a review and establish a process for monitoring patients waiting on a trolley for an inpatient bed	Jo Wood General Manager	31 December 2016	Published process for monitoring patients on a trolley	A review has been undertaken and a process put in place on the acute medical assessment admission wards; to be rolled out to all areas, including using white board for data capture.	N

Recommendation	Lead Executive Director	Actions	Management Lead	Target Completion Date	Evidence of Completion	Update	Completed (Y/N)
		Establish a process for prioritising patients based on clinical need, including communication (letter) to patients	Lorna Johnson Head of Nursing	30 November 2016	Documented procedure Letter to patients	Procedure completed - communicated to staff 11 November 2016	Y
		Produce a Standard Operating Procedure (SOP) for the care of patients nursed in non-designated bed areas, to include a risk assessment, reviewing patients care needs using recognised tools including those requiring oxygen therapy	Lorna Johnson Head of Nursing	30 November 2016	Escalation procedure Assurance process led by Corporate Nursing	SOP completed and circulated to staff	Y
2.2 Ensure that staff maintain patient confidentiality at all times, including making sure that patient identifiable information is not left unattended	Yvette Oade (Supported by Johnny Chagger)	Review and disseminate Information Governance, Data Protection and Freedom of Information Policies	Johnny Chagger Head of IG	31 January 2017	Policies to be published on Trust Intranet and staff made aware through communication methods, eg Intouch	09/02/2017: The Three policies were approved in December 2016 and posted on Intranet Hub and Intouch.	Y
		Screensaver to be developed to raise awareness about confidentiality	Johnny Chagger Head of IG	30 April 2017	Screen shot of screensaver	09/02/2017: Screensavers are currently being developed and a slot requested. QSMBulletin published in January 2017.	N
		Spot checks to be undertaken across the Trust to assess whether patient identifiable information is not left unattended; programme to be agreed	Johnny Chagger	31 December 2016	Reports to be submitted to the Information Strategy & Governance Board	09/02/2017: Some spot-checks have been undertaken and have been discussed at the Information Strategy & Governance Board. In process of developing a	N

Recommendation	Lead Executive Director	Actions	Management Lead	Target Completion Date	Evidence of Completion	Update	Completed (Y/N)
						17/18 programme for approval by ISGB April 2017	
2.3 Review how learning from Never Events is embedded within theatre practice	Yvette Oade (Supported by Joan Ingram)	Stop Before You Block SOP to be disseminated to all staff. Training and education programme to be implemented following this for all anaesthetists and anaesthetic assistants to support the adherence to the SOP	Joan Ingram Head of Nursing Hamish McLure Clinical Director	31 December 2016	Correct Site Every Time Process Puzzle Stop Before You Block SOP and Poster	SOP agreed and is now on the Leeds Health Pathway website 08/02/2017: Training programme developed and being implemented Introduction of the "sterile cockpit"	Y In progress Y
		Never Event wrong site block action plan to be shared across the CSU and at the anaesthetic audit meeting	Joan Ingram/ Hamish McLure	30 November 2016	Minutes from Team leaders meeting; Minutes from the CSU Governance meeting	Discussed and shared at the October Governance meeting and October anaesthetic audit meeting	Y
2.4 Ensure that all equipment is properly maintained and serviced	Simon Neville (Supported by David Brettle & Andrew Montgomery	Ensure walk through medical equipment checks are undertaken in all clinical areas on a rolling programme.	Shona Michael Head of Clinical Engineering	3-yearly rolling programme of walk through visits.	Checks recorded on Trust Inventory and compliance monitored against plan.	October 2016: At 97 % compliance against plan. i.e. 257 of 264 areas have been checked. 26/01/2017: Now at 99 % compliance against plan. i.e. equipment in 263 of 265 areas has been checked.	Y

Recommendation	Lead Executive Director	Actions	Management Lead	Target Completion Date	Evidence of Completion	Update	Completed (Y/N)
		Ensure all planned servicing of medical Equipment is undertaken and documented on the Trust inventory; achieve 80% target across all CSUs	Shona Michael Head of Clinical Engineering	31 March 2017	Medical Equipment Maintenance compliance score - documents whether planned servicing has been completed on all medical Equipment.	26/01/2017: Overall compliance score across all medical equipment was 71.2% and is now 87%. Adult critical care CSU compliance score was 85% and is now 95%	Y
		CSUs who manage their own medical equipment maintenance (Pathology, Dental, Pharmacy) to identify how best to manage maintenance assurance.	CSU equipment leads (with Shona Michael)	31 December 2016	Records to be kept on Trust medical equipment Inventory - use compliance score for that CSU.	Local teams to record maintenance on inventory for Dental and Point of Care testing equipment. 26/01/2017: Discussions have taken place with CSUs to understand requirements, and identify how they will give assurance on maintenance (i.e record maintenance on inventory or elsewhere)	Yes- Pathology/ Pharmacy. Dental Inst. 66% compliance
		Review requirements for the PAT testing programme for non-medical equipment against the revised electrical safety procedure.	Andrew Bielby Maintenance and Compliance Manager	31 December 2016	New Trust wide Electrical (Safety) procedure published.	Currently under review.	N
		Review performance against plan for the PAT testing programme for non-medical equipment	Andrew Montgomery Maintenance and Compliance Manager	31 December 2016	Published portable appliance register.	Performance will be reviewed against plan for the PAT testing programme for non-medical equipment when review completed	N

Recommendation	Lead Executive Director	Actions	Management Lead	Target Completion Date	Evidence of Completion	Update	Completed (Y/N)
		Review how equipment users identify whether an item has been maintained (Maintenance strategy published)	Andrew Montgomery Associate Director Estates & Facilities	28 February 2017	Published strategy.	Decision to be made on whether to combine Estates equipment with Medical Equipment in terms of strategy.	N
2.5 Ensure national audit data is submitted by all critical care areas	Yvette Oade (Supported by Andy Breen)	Undertake a review of existing resources to support data collection and national audit process in all areas within critical care. Finalise business case to expand ICNARC programme to include J81 (HDU at SJUH) and L4/5 (Cardiac Intensive Care at LGI)	Claire Goodman General Manager Andy Thomas Director of Informatics	31 December 2016 31 December 2016	Published review. Business case outcome (minutes). Recruitment to new posts (if approved).	30.1.2017 Review has been undertaken with informatics team and benchmarking of other units. 30.1.2017 Business case has been written to expand ICNARC programme, requires sign off from Informatics Department before being progressed through financial planning.	Y Y
2.6 Review the implementation of the WHO Safer Surgery Checklist within theatres	Yvette Oade (Supported by Hamish McLure & Joan Ingram)	Quality improvement practitioners to work with all clinical teams as part of the TPOT programme to improve the reporting in TMS of all completion of all stages of the WHO checklist. Audit compliance.	Joan Ingram Head of Nursing Hamish McLure Clinical Director	31 December 2016	Improvement in recording in TMS Audit results	Progress demonstrated and areas for improvement targeted. Feedback identified that it is the recording in the TMS which shows non-compliance rather than it not being completed in practice.	Y
		Develop a training programme for anaesthetists and anaesthetic assistants/ODPs in the SBYB process in line with the SOP	Joan Ingram Head of Nursing Hamish McLure Clinical Director	31 December 2016	SOP Completed Training programme to commence	Training programme developed and roll out has commenced	Y

Recommendation	Lead Executive Director	Actions	Management Lead	Target Completion Date	Evidence of Completion	Update	Completed (Y/N)
2.7 Review those risks identified on the risk registers that have been present for over two years, including risk descriptions and mitigating actions	Yvette Oade (supported by Craig Brigg & Mike Harrop)	Undertake a review of risk registers with CSUs to ensure that all risks that have been on the risk register > 2 years are reviewed, focusing on the risk description and mitigating actions	Craig Brigg Director of Quality Mike Harrop Risk Support Manager	31 January 2017	Risk Registers RMC minutes	Risk registers reviewed at CSU governance meetings, including risk descriptions for risks that have been on the risk register > 2 years; support provided to CSUs by Risk Associate	Y
		Complete migration of risk registers to datix and support CSUs in the process so they can run reports and record dates when risks have been updated	Mike Harrop Risk Support Manager	31 March 2017	Datix implementation plan Risk register reports from datix RMC minutes	31/01/2017: All CSUs migrated to DATIX by 31 December 2016. Remaining corporate functions will transfer by 31 March 2017	N
3. Staffing (Regulation 18)							
3.1 Ensure at all times there are sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account	Suzanne Hinchliffe & Yvette Oade (Supported by Dawn Marshall & David Berridge)	Report nurse staffing levels to the Board, identify areas of risk and actions agreed to mitigate risk	Heather McClelland Head of Nursing	31 October 2016	Hard Truths report to Trust Board Corporate Risk Register 6 monthly report to Audit Committee	09/02/2017: Staffing updates reported to Board (Hard Truths paper every 2 months); corporate risk (nurse staffing) to be reviewed at RMC March 2017	Y
		Undertake 6 monthly reviews of workforce requirements at clinical ward level	Heather McClelland Head of Nursing	31 October 2016	Hard Truths report to Trust Board	09/02/2017: As above	Y

Recommendation	Lead Executive Director	Actions	Management Lead	Target Completion Date	Evidence of Completion	Update	Completed (Y/N)
patients' dependency levels - particular focus on staffing in surgery, critical care, maternity, children and specialist cancer services		Work in conjunction with recruitment (HR) to target recruitment & retention initiatives in specialty areas that are most challenged	Heather McClelland Head of Nursing	31 October 2016	Reports on recruitment to Board (Hard Truths)	09/02/2017: As above	Y
		Undertake a review of the process for recording all local staff movements to ensure this is documented in all areas; issue revised guidance to staff - record on e-roster and include in audit programme	Heather McClelland Head of Nursing	31 January 2017	Published guidance Audit results	09/02/2017: Standard Operating Procedure written for the movement of staff on roster. Audit questions undergoing review following Improvement Collaborative - to be audited in Q1 2017/18	N
		Provide a regular report on medical staffing, identifying most challenged areas, including surgery, children's, maternity and critical care, setting actions to mitigate risks.	Graham Johnson, AMD (Workforce)	31 January 2017	Medical staffing report Finalised plan for obstetric hours per week consultant cover (to comply with national standard)	Medical workforce report, including job planning being developed further with additional content. Final version anticipated April 2017	N

Recommendation	Lead Executive Director	Actions	Management Lead	Target Completion Date	Evidence of Completion	Update	Completed (Y/N)
3.2 Ensure all staff have completed mandatory training and role specific training Training numbers < in A&E, medicine, critical care, maternity and children's	Dean Royles (Supported by Karen Vella)	Weekly exception reports to be provided to General Managers for areas of non-compliance.	Karen Vella Head of Organisational Learning	31 December 2016	Reports and performance updates from OL.	Reports circulated to GMs on weekly basis, since Dec 2016	Y
		Targeted interventions from mandatory training leads for areas of non-compliance, including A&E, medicine, critical care, maternity and children's.	Karen Vella Head of Organisational Learning General Managers	28 February 2017	Action plans for areas of non-compliance; evidence of completion. Performance report	16/01/2017: Action plans being developed with areas of non-compliance. 16/01/2017: Monthly mandatory training reports circulated to Triumvirate teams, cost centres managers and training leads, since December 2016	N
3.3 Ensure staff have undertaken safeguarding training at the appropriate levels for their role	Suzanne Hinchliffe (Supported by Helen Christodoulides & Karen Sykes)	Undertake a review of Trust safeguarding training strategy to ensure this reflects current national intercollegiate guidance and the knowledge and competency required by staff in discharging safeguarding responsibilities.	Karen Sykes Head of Safeguarding	31 January 2017	Publication of revised safeguarding training strategy.	27/01/2017: Review undertaken and training programme developed with plan to roll out starting in Q1 17/18	Y

Recommendation	Lead Executive Director	Actions	Management Lead	Target Completion Date	Evidence of Completion	Update	Completed (Y/N)
		Review safeguarding training needs analysis to identify required levels of appropriate safeguarding training for staff in line with the intercollegiate guidance.	Karen Sykes Head of Safeguarding	31 January 2017	Updated training needs analysis. Safeguarding mandatory training rates 80% or greater. Training programmes in place and available on trust learning interface.	Safeguarding mandatory training included in staff appraisal process and included in documentation for sign off. 27/01/2017: Full training needs analysis completed which identifies required levels of safeguarding training required for staff roles across the Trust.	Y
		Additional education and training programmes to be included with safeguarding training strategy and included on training interface. Identify alternative training opportunities with plan agreed for delivery in conjunction with Organisational Learning.	Karen Sykes Head of Safeguarding	31 March 2017	Safeguarding mandatory and non-mandatory training rates increased throughout 2017/18. Wider programme of safeguarding training available.	Initial scoping work was commenced to explore alternative training methods and opportunities. 27/01/2017: Wider programme of safeguarding training has been developed with additional training offered on specific specialised safeguarding topics eg domestic violence. Safeguarding training dates will be available for 2017/18 on training interface. Safeguarding training figures reported through Trust and CCG governance reporting frameworks.	Y

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Report of the Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adult Social Services, Public Health, NHS)

Date: 21 February 2017

Subject: The West Yorkshire and Harrogate Sustainability and Transformation Plan: The Leeds Plan

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. The requirements for local NHS commissioning organisations to develop and submit place-based local Sustainability and Transformation Plans, alongside the engagement with key stakeholders and the public, have been the subject of ongoing discussions and consideration.

2. The Draft West Yorkshire and Harrogate Sustainability and Transformation Plan (STP) was submitted to NHS England on 21 October 2016. The draft plan, alongside a public summary for consultation, was subsequently published on 10 November 2016.

3. In December 2016, the Scrutiny Board considered the draft STP – with reference made to the details of the 'Leeds Plan' outlined in the document – one of six placed-based plans that contribute to the overall draft STP. The extract detailing Leeds' contribution to the STP is attached at Appendix 1.

5. The Scrutiny Board is reminded that scrutiny of the wider West Yorkshire and Harrogate STP (including the identified themes/ work areas) is being undertaken at a West Yorkshire level – through the West Yorkshire Joint Health Overview and Scrutiny Committee. Details of the draft minutes from the most recent meeting of the Joint Committee are presented elsewhere on the agenda.

6. The Scrutiny Board has previously stated its desire for further, more detailed discussions around the STP – and specifically, the 'Leeds Plan'. As such, senior Council officers have been invited to attend the meeting to facilitate further consideration by the Scrutiny Board.

Recommendations

7. That the Scrutiny Board considers the details presented and agrees any specific scrutiny actions or activity that may be appropriate.

Background documents[1]

8. None.

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

Section 3: Place based proposals

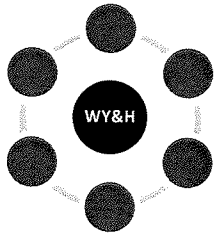
Place based plans: Our approach

The foundation of our proposals is the six place based health and wellbeing strategies.

West Yorkshire and Harrogate has a diverse population with a range of health and social care needs. We believe that for the majority of care and services, these needs can be best met by developing and delivering plans locally through local partnership working – rather than a top-down approach.

The following slides provide an overview of each place based plan. These plans have strong local buy-in and have been approved by the relevant Health and Wellbeing Board.

Our six 'places'



- Bradford District and Craven
- Calderdale
- Harrogate and Rural District
- Kirklees
- Leeds
- Wakefield

Leeds: Overview of place and plan

Leeds is ambitious: we want to be the Best City in the UK by 2030. Our vision is that 'Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest'. We have the people, partnerships and placed-based values to succeed.

We will be the place of choice in the UK to live, to study, for businesses to invest, for people to come and work, and as the regional hub for specialist health care.

Our services will provide a minimum 'universal offer' but will tailor specific provision to the areas that need it the most. These are bold statements, in one of the most challenging environments for health and care in living memory. We need to do more to change the way we have conversations across the city and develop our infrastructure and workforce to be able to respond to the challenges ahead. Much will depend on changing the relationship between the public, workforce and services, and ensuring that we work 'with' and not 'doing to'. We need to encourage greater resilience in communities so that more people are able to do more themselves. This will reduce the demands on public services and help us prioritise our resources to help those most at need. We recognise that we will have to continue to change the way we work, becoming more enterprising, bringing in new service delivery models and working more closely with public, partners and workforce in Leeds, and across the region, to deliver shared priorities.

High-level overview of plans

- Investing more in prevention, targeting those areas that will reap the greatest reward.
- Building on our 13 integrated neighbourhood teams, we will develop new models of working, increasing and integrating our primary and community offer for out-of-hospital health and social care, providing proactive care and rapid response in a time of crisis: Self Management and Proactive Care, Efficient and Effective Secondary Care, Urgent Care / Response.
- Increasing sustainability and transformation of general practice as the cornerstone for New Models of Care (NMC) designed around GP registered lists.
- Using existing estate more effectively, ensuring it is fit for purpose, and disposing of surplus estate.
- Reviewing our procurement practices and top 100 supplier organisation spend to ensure that we get best value in spending for the Leeds £, and are benefitting from economies of scale.
- Engaging 'One Workforce' to work collaboratively and promote a 'working with' approach across all partners within the Health and Social Care system to provide high quality seamless services to support the delivery of new models of care to meet the population needs.
- Work collaboratively across the system to attract recruit, retain, develop the workforce through leading edge innovation and education and optimise the use of new roles, apprentice and skills mix.
- Having nationally pioneering integrated digital capabilities being used by a 'digitally literate' workforce.
- Digital capabilities and consistent information to support effective discharges, referrals, transfers etc. self and assisted care and integrated intelligence to inform better whole-system operational and strategic decisions.
- Use our high quality education, innovation and research to strengthen service delivery and its outcomes.
- Creating a citywide culture of shared responsibility between citizens and services; working with' people at every stage of change through clear communications and engagement.

Leeds: The triple aim

Health and wellbeing

- Progress the twelve priorities in the Leeds Health and Wellbeing Strategy to reduce premature morbidity and mortality and help narrow the health inequalities gap
- Reduce smoking rates from 21% to 13% by 2020/21 (for adults aged 16 years +)
- Breast cancer screening: increase uptake to England average of 75% by 2020
- Bowel cancer screening: increase uptake by 3% by 2020
- Bring the Leeds suicide rate down below the national average by 2020/21
- Support 2880 people who have been identified to be at risk of developing diabetes to attend the NHS National Diabetes Prevention Programme by 2019/20

Care and quality

- Ensure 60% on Severe Mental Illness (SMI) registers undergo a physical health check each year
- Eliminate acute mental health out-of-area placements by 2020/21
- Deliver of the Emergency Care Standard
- Reduce the numbers of patients admitted as emergency cases for bed-based care
- Reduce bed days lost due to delayed discharges to 2.5% of the acute bed base by 2020/21
- Reduce the numbers of learning disability inpatient placements to 40 per million population by 2019/20
- Reduce the staff capacity gap by building multi-disciplinary teams and ensuring wider skills base for specific functions (e.g. care home worker)
- Ensure that 80% of people with a diagnosis of dementia will have been offered information and support to live with the condition, and a named contact with a 'care navigator' role, by 2020

Finance and efficiency

- Our forecast for 2020/21 across Health and Social Care is a 'do-something' deficit of c£46m.
- The partners in the city are investing resources in the continued development and implementation of our local improvement plans. Our assumption is that we will receive our 'fair share' of national Sustainability and Transformation Funds and that our gap will be bridged through a combination of this funding, further local developments and the Leeds share of benefits delivered through the West Yorkshire and Harrogate workstreams.

Leeds: Progress so far and next steps

Progress so far

- A number of New Models of Care testbed sites across the city; 13 Integrated Neighbourhood Teams and Discharge teams launched.
- 'Choose Leeds' pan-sector recruitment campaign ongoing with events supported collaboratively across the seven Leeds partners; 'Citywide Workforce Database' established. Health and Care Academy plans initiated.
- Identified opportunities to pilot a One Workforce approach across the Health and Social Care system.
- Leeds Care Record in place, with ongoing developments to link to other health and social care record systems
- Plans underway to align workforce engagement with the wider culture change ambition.
- Phased estates review underway and early recommendations for site re-configurations being taken forward.
- Citywide Procurement review covering transport, utilities, agency staffing, stationery, catering and security underway.
- National Diabetes Prevention Programme (NDPP) pilot commenced July 2016 with 66 practices recruited so far and referrals commenced.
- Significant progress on the informatics agenda through the national Pioneer informatics network, led by Leeds
- Successful bid for innovation monies for projects such as digital literacy in the workforce, health coaching, development of provider governance tools and evaluation of the proactive telecare pilot (approx. £200k).
- Digital discovery workshops held on Prevention and House of Care; and Rapid response at time of crisis (0-4hrs) set in the context of the Urgent Care strategy, with findings validated with Leeds citizens.

Next steps

- National Diabetes Prevention Programme pilot: GP practices have access to referrals process – October 2016.
- Integrated discharge service live from January 2017.
- Expand Leeds role as a centre of excellence for precision medicine during 2016-17 including the launch of the Centre for Personalised Medicine and Health in February 2017.
- New models of care pilot: Interim evaluation report and recommendations – September 2017.
- Phased Communications plan completed and enacted by December 2017.
- Early Implementer of 7 day services (LTHT site) 2017-18 and roll out of extended access to Primary Care in 2018/19 and 2019-20.
- Further development of integrated out of hospital care based on NMC work to date exploring potential new community contract models.
- Leeds General Infirmary, significant site re-development planned to support major trauma and consolidation of children's hospital as part of development of the Leeds innovation district.

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Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 247 4707

Report of the Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adult Social Services, Public Health, NHS)

Date: 21 February 2017

Subject: Care Quality Commission (CQC) – Inspection Outcomes

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

1 Purpose of this report

1.1 The purpose of this report is provide members of the Scrutiny Board with details of recently reported Care Quality Commission inspection outcomes for health and social care providers across Leeds.

2 Summary of main issues

2.1 Established in 2009, the Care Quality Commission (CQC) regulates all health and social care services in England and ensures the quality and safety of care in hospitals, dentists, ambulances, and care homes, and the care given in people's own homes. The CQC routinely inspects health and social care service providers, publishing its inspection reports, findings and judgments.

2.2 To help ensure the Scrutiny Board maintains a focus on the quality of health and social care services across the City, the purpose of this report is provide an overview of recently reported CQC inspection outcomes for health and social care providers across Leeds.

2.3 During the previous municipal year (2015/16), a system of routinely presenting and reporting CQC inspection outcomes to the Scrutiny Board was established. The processes involved continue to be developed and refined in order to help the Scrutiny Board maintain an overview of quality across local health and social care service providers.

CQC Inspection reports

2.4 Appendix 1 provides a summary of the inspection outcomes across Leeds published since 1 April 2016. Most recent outcomes, not previously presented to the Scrutiny Board, are highlighted for ease of reference.

2.5 It should be noted that the purpose of this report is only to provide a summary of inspection outcomes across health and social care providers in Leeds. As such, full inspection reports are not routinely provided as part of this report: However, these are available from the CQC website. Links to individual inspection reports are highlighted in Appendix 1.

2.6 It should also be noted that as the details presented in Appendix 1 are a statement of fact, CQC representatives are not routinely invited to attend the Scrutiny Board. Should members of the Scrutiny Board have any specific matters they wish to raise directly with the CQC, these will have to be dealt with outside of the meeting and/or at a future Scrutiny Board.

Donisthorpe Hall Nursing Home

2.7 Following discussions at the previous Scrutiny Board meeting (January 2017) members of the Scrutiny Board agreed that a fuller update on matters relating to Donisthorpe Hall be presented to the Scrutiny Board for discussion and consideration. An update produced by Adult Social Care is attached to Appendix 2.

2.8 Appropriate representatives from Adult Social Care will be in attendance to outline any further developments and address questions from the Scrutiny Board.

2.9 Care Quality Commission (CQC) representatives have also been invited to attend the meeting.

Quality across homecare agencies/ providers across Leeds

2.10 At the previous Scrutiny Board meeting (January 2017) members of the Scrutiny Board also requested specific information on the assessed quality of services from homecare agencies/ providers across Leeds. A summary note produced by Adult Social Care is attached to Appendix 3 for consideration of the Scrutiny Board.

2.11 Appropriate representatives from Adult Social Care will be in attendance to outline the details provided and address questions from the Scrutiny Board.

3. Recommendations

3.1 That the Scrutiny Board considers the details presented in this report and its appendices; and determines any further scrutiny activity and/or actions, as appropriate.

4. Background papers[1]

4.1 None used.

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

Scrutiny Board (Adult Social Care, Public Health, NHS)

Appendix 1

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
01-Apr-16	Danial Yorath House	Residential Care Home	http://www.cqc.org.uk/directory/1-134123755	Garforth & Swillington	Good
01-Apr-16	Woodhouse Cottage	Residential Care Home	http://www.cqc.org.uk/directory/1-130890690	Ardsley & Robin Hood	Good
05-Apr-16	Tealbeck House	Residential Care Home	http://www.cqc.org.uk/location/1-126242199	Otley & Yeadon	Requires improvement
07-Apr-16	Woodview Extra Care Housing	Homecare agency	http://www.cqc.org.uk/directory/1-283352948	Cross Gates & Whinmoor	Good
08-Apr-16	Moorfield House Nursing Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-304652901	Moortown	Requires improvement
08-Apr-16	Outreach Office	Homecare agency	http://www.cqc.org.uk/directory/1-224415641	Headingley	Good
12-Apr-16	The Sycamores Nursing Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-127096576	Gipton & Harehills	Good
13-Apr-16	Airedale Residential Home	Residential Care Home	http://www.cqc.org.uk/directory/1-128272457	Pudsey	Good

Scrutiny Board (Adult Social Care, Public Health, NHS)

Appendix 1

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
13-Apr-16	Cordant Care - Leeds	Homecare agency	http://www.cqc.org.uk/directory/1-2170495605	City & Hunslet	Good
15-Apr-16	Lofthouse Grange and Lodge	Residential Care Home	http://www.cqc.org.uk/directory/1-123817278	Ardsley & Robin Hood	Good
21-Apr-16	Hillcrest Residential Home	Residential Care Home	http://www.cqc.org.uk/directory/1-516775598	Armley	Good
22-Apr-16	Copper Hill Residential and Nursing Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-127503516	City & Hunslet	Requires improvement
26-Apr-16	Grove Park Care Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-2013878639	Chapel Allerton	Requires improvement
27-Apr-16	Creative Support - Hampton Crescent	Homecare agency	http://www.cqc.org.uk/directory/1-1072972554	Burmantofts & Richmond Hill	Good
27-Apr-16	Headingley Hall Care Home	Residential Care Home	http://www.cqc.org.uk/directory/1-119664818	Headingley	Requires improvement
29-Apr-16	Primrose Court	Residential Care Home	http://www.cqc.org.uk/directory/1-126242712	Guiseley & Rawdon	Good

Scrutiny Board (Adult Social Care, Public Health, NHS)

Appendix 1

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
30-Apr-16	Springfield House Retirement Home	Residential Care Home	http://www.cqc.org.uk/directory/1-118805299	Morely North	Requires improvement
05-May-16	Carr Croft Care Home	Residential Care Home	http://www.cqc.org.uk/directory/1-146208801	Moortown	Good
06-May-16	Wetherby Manor	Nursing Care Home	http://www.cqc.org.uk/directory/1-663231663	Wetherby	Good
14-May-16	The Green	Residential Care Home	http://www.cqc.org.uk/directory/1-136455703	Killingbeck & Seacroft	Good
14-May-16	Real Life Options - Yorkshire	Homecare agency	http://www.cqc.org.uk/directory/1-2159639674	Beeston & Holbeck	Requires improvement
01-Jun-16	Gledhow Lodge	Residential Care Home	http://www.cqc.org.uk/directory/1-108939262	Roundhay	Good
02-Jun-16	Mears Care Limited	Homecare agency	http://www.cqc.org.uk/directory/1-2229506609	City & Hunslet	Requires improvement
04-Jun-16	Farfield Drive	Residential Care Home	http://www.cqc.org.uk/directory/1-2064565003	Calverley & Farsley	Good

Scrutiny Board (Adult Social Care, Public Health, NHS)

Appendix 1

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
04-Jun-16	Raynel Drive	Residential Care Home	http://www.cqc.org.uk/directory/1-2064564806	Weetwood	Good
10-Jun-16	Colton Lodges Nursing Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-127503501	Temple Newsam	Requires improvement
10-Jun-16	Park Avenue Care Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-128272617	Roundhay	Requires improvement
10-Jun-16	Rievaulx House Care Centre	Residential Care Home	http://www.cqc.org.uk/directory/1-123208495	Farnley & Wortley	Good
10-Jun-16	Victoria Court	Homecare agency	http://www.cqc.org.uk/directory/1-793208891	Headingley	Good
11-Jun-16	Cross Heath Drive	Residential Care Home	http://www.cqc.org.uk/directory/1-2064542599	Beeston & Holbeck	Good
11-Jun-16	Mount St Joseph – Leeds	Nursing Care Home	http://www.cqc.org.uk/directory/1-131623876	Headingley	Good
14-Jun-16	Simon Marks Court	Residential Care Home	http://www.cqc.org.uk/directory/1-126242079	Farnley & Wortley	Good

Scrutiny Board (Adult Social Care, Public Health, NHS)

Appendix 1

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
14-Jun-16	Claremont Care Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-122224585	Calverley & Farsley	Requires improvement
16-Jun-16	The Gables Nursing Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-120249107	Pudsey	Inadequate
16-Jun-16	Bluebird Care (Leeds North)	Homecare agency	http://www.cqc.org.uk/directory/1-280404914	Horsforth	Good
21-Jun-16	St Armands Court	Residential Care Home	http://www.cqc.org.uk/directory/1-111148838	Garforth & Swillington	Good
21-Jun-16	Green Acres Nursing Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-2259160271	Burmantofts & Richmond Hill	Requires improvement
21-Jun-16	Adel Grange Residential Home	Residential Care Home	http://www.cqc.org.uk/directory/1-110993039	Adel & Wharfedale	Requires improvement
21-Jun-16	Parkside Residential Home	Residential Care Home	http://www.cqc.org.uk/directory/1-109780793	Roundhay	Requires improvement
22-Jun-16	Oak Tree Lodge	Residential Care Home	http://www.cqc.org.uk/directory/1-1477142369	Gipton & Harehills	Requires improvement

Scrutiny Board (Adult Social Care, Public Health, NHS)

Appendix 1

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
22-Jun-16	Ashcroft House - Leeds	Residential Care Home	http://www.cqc.org.uk/directory/1-109574569	Adel & Wharfedale	Requires improvement
24-Jun-16	Seacroft Grange Care Village	Nursing Care Home	http://www.cqc.org.uk/directory/1-990605516	Killingbeck & Seacroft	Requires improvement
24-Jun-16	Bremner House	Nursing Care Home	http://www.cqc.org.uk/directory/1-128584398	Armley	Requires improvement
25-Jun-16	The Spinney Residential Home	Residential Care Home	http://www.cqc.org.uk/directory/1-112270555	Armley	Good
25-Jun-16	UBU - 67 Elland Road	Residential Care Home	http://www.cqc.org.uk/directory/1-142626153	Morely North	Good
25-Jun-16	Harewood Court Nursing Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-155030449	Chapel Allerton	Requires improvement
28-Jun-16	Mineral Cottage Residential Home Limited	Residential Care Home	http://www.cqc.org.uk/directory/1-229359398	Farnley & Wortley	Good
01-Jul-16	AJ Social Care Recruitment Limited - 4225 Park Approach	Homecare agency	http://www.cqc.org.uk/directory/1-115002084	Temple Newsam	Good

Scrutiny Board (Adult Social Care, Public Health, NHS)

Appendix 1

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
01-Jul-16	Elmwood Care Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-128272518	Roundhay	Requires improvement
06-Jul-16	Southlands Nursing Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-119664848	Roundhay	Requires improvement
07-Jul-16	Hillside	Homecare agency	http://www.cqc.org.uk/directory/1-2267851709	Beeston & Holbeck	Good
07-Jul-16	Comfort Call - Leeds	Homecare agency	http://www.cqc.org.uk/directory/1-1626371041	Morely North	Requires improvement
07-Jul-16	Community Integrated Care, Leeds Regional Office	Homecare agency	http://www.cqc.org.uk/directory/1-1857243215	Kirkstall	Requires improvement
08-Jul-16	Kirkside House	Residential Care Home	http://www.cqc.org.uk/directory/1-156503084	Kirkstall	Good
08-Jul-16	Middlecross	Residential Care Home	http://www.cqc.org.uk/directory/1-136455602	Armley	Good
08-Jul-16	Gledhow	Nursing Care Home	http://www.cqc.org.uk/directory/1-312270514	Roundhay	Good

Scrutiny Board (Adult Social Care, Public Health, NHS)

Appendix 1

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
09-Jul-16	Wetherby Home Care Limited	Homecare agency	http://www.cqc.org.uk/directory/1-1551243664	Wetherby	Good
16-Jul-16	Corinthian House	Nursing Care Home	http://www.cqc.org.uk/directory/1-1494575220	Farnley & Wortley	Requires improvement
16-Jul-16	Holmfield Court	Residential Care Home	http://www.cqc.org.uk/directory/1-120101275	Roundhay	Requires improvement
16-Jul-16	SignHealth Constance Way	Homecare agency	http://www.cqc.org.uk/directory/1-118140768	Hyde Park & Woodhouse	Requires improvement
19-Jul-16	Shadwell Medical Centre	General Practice	http://www.cqc.org.uk/directory/1-582111403	Alwoodley	Requires improvement
20-Jul-16	Kestrel House	Homecare agency	http://www.cqc.org.uk/directory/1-137500639	City & Hunslet	Good
20-Jul-16	Morley Manor Residential Home	Residential Care Home	http://www.cqc.org.uk/directory/1-111200339	Morely South	Requires improvement
22-Jul-16	Sue Ryder - Wheatfields Hospice	Hospice	http://www.cqc.org.uk/directory/1-136414799	Headingley	Requires improvement

Scrutiny Board (Adult Social Care, Public Health, NHS)

Appendix 1

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
26-Jul-16	27 Ledston Avenue	Rehabilitation - Residential Care	http://www.cqc.org.uk/directory/1-296741513	Garforth & Swillington	Good
26-Jul-16	Vive UK Social Care Limited	Residential Care Home	http://www.cqc.org.uk/directory/1-122175223	City & Hunslet	Requires improvement
27-Jul-16	Dr R D Gilmore and Partners	General Practice	http://www.cqc.org.uk/directory/1-542490411	Bramley & Stanningley	Good
29-Jul-16	Dr CA Hicks & Dr JJ McPeake	General Practice	http://www.cqc.org.uk/directory/1-552591165	Morely South	Good
30-Jul-16	Positive People Recruitment Limited	Homecare agency	http://www.cqc.org.uk/directory/1-1914211820	Farnley & Wortley	Requires improvement
02-Aug-16	Kirkstall Lane Medical Centre	General Practice	http://www.cqc.org.uk/directory/1-552846870	Headingley	Outstanding
05-Aug-16	Helping Hands North	Homecare agency	http://www.cqc.org.uk/directory/1-451430539	Garforth & Swillington	Requires improvement
05-Aug-16	Meadowbrook Manor	Residential Care Home	http://www.cqc.org.uk/directory/1-112578091	Garforth & Swillington	Requires improvement

Scrutiny Board (Adult Social Care, Public Health, NHS)

Appendix 1

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
09-Aug-16	Aspire	Community based mental health services	http://www.cqc.org.uk/directory/1-256804055	Gipton & Harehills	Requires improvement
09-Aug-16	Prestige First Call	Homecare agency	http://www.cqc.org.uk/directory/1-1321423984	Temple Newsam	Requires improvement
10-Aug-16	Paisley Lodge	Residential Care Home	http://www.cqc.org.uk/directory/1-2583919829	Armley	Requires improvement
10-Aug-16	Acacia Court	Residential Care Home	http://www.cqc.org.uk/directory/1-123208600	Pudsey	Good
16-Aug-16	Dr A Khan and K Muneer	General Practice	http://www.cqc.org.uk/directory/1-533299035	City & Hunslet	Good
16-Aug-16	West Yorkshire	Community Services - nursing / homecare agency	http://www.cqc.org.uk/directory/1-154214570	Beeston & Holbeck	Requires improvement
16-Aug-16	The Roundhay Road Surgery	General Practice	http://www.cqc.org.uk/directory/1-541883559	Gipton & Harehills	Good

Scrutiny Board (Adult Social Care, Public Health, NHS)

Appendix 1

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
17-Aug-16	Newton Surgery	General Practice	http://www.cqc.org.uk/directory/1-552754314	Chapel Allerton	Good
18-Aug-16	Assisi Place	Homecare agency	http://www.cqc.org.uk/directory/1-397672324	City & Hunslet	Good
19-Aug-16	Elderly Care Services	Homecare agency	http://www.cqc.org.uk/directory/1-415123704	City & Hunslet	Inadequate
24-Aug-16	Rutland Lodge Medical Practice	General Practice	http://www.cqc.org.uk/directory/1-549768513	Chapel Allerton	Good
25-Aug-16	Waterloo Manor Independent Hospital	Hospital - Mental Health	http://www.cqc.org.uk/directory/1-156620871	Garforth & Swillington	Good
30-Aug-16	Drs Ross, Mason, Champaneri, Mason, Hardaker & Limaye	General Practice	http://www.cqc.org.uk/directory/1-549674372	Pudsey	Good
02-Sep-16	Sevacare - Leeds	Homecare agency	http://www.cqc.org.uk/directory/1-2544811890	Weetwood	Requires improvement
03-Sep-16	Local Care Force	Homecare agency	http://www.cqc.org.uk/directory/1-330021774	City & Hunslet	Good

Scrutiny Board (Adult Social Care, Public Health, NHS)

Appendix 1

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
06-Sep-16	The Wilf Ward Family Trust Domiciliary Care Leeds and Wakefield	Homecare agency	http://www.cqc.org.uk/directory/1-939874319	Garforth & Swillington	Good
07-Sep-16	Pulse - Leeds	Community Services - nursing / homecare agency	http://www.cqc.org.uk/directory/1-303216298	City & Hunslet	Good
07-Sep-16	Valeo Domiciliary Care Service	Homecare agency	http://www.cqc.org.uk/directory/1-576931725	Beeston & Holbeck	Good
08-Sep-16	Leeds Federated Housing Association	Homecare agency	http://www.cqc.org.uk/directory/1-131663345	Hyde Park & Woodhouse	Good
09-Sep-16	Owlett Hall	Nursing Care Home	http://www.cqc.org.uk/directory/1-141599363	Morely North	Inadequate
09-Sep-16	Manorfield House	Residential Care Home	http://www.cqc.org.uk/directory/1-136455588	Horsforth	Good
09-Sep-16	Reflections Community Support	Homecare agency	http://www.cqc.org.uk/directory/1-973343971	Guiseley & Rawdon	Requires improvement

Scrutiny Board (Adult Social Care, Public Health, NHS)

Appendix 1

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
09-Sep-16	The Medical Centre	General Practice	http://www.cqc.org.uk/directory/1-573811790	Killingbeck & Seacroft	Good
09-Sep-16	The Medical Centre	General Practice	http://www.cqc.org.uk/directory/1-573811763	Burmantofts & Richmond Hill	Good
10-Sep-16	New Mabgate Centre	Homecare agency	http://www.cqc.org.uk/directory/1-341088808	Armley	Good
12-Sep-16	Gibson Lane Practice	General Practice	http://www.cqc.org.uk/directory/1-570699732	Kippax & Methly	Good
13-Sep-16	Martin House	Hospice	http://www.cqc.org.uk/directory/1-101635211	Wetherby	Good
14-Sep-16	Manston Surgery	General Practice	http://www.cqc.org.uk/directory/1-2116560070	Cross Gates & Whinmoor	Good
17-Sep-16	Rest Assured Homecare Services	Homecare agency	http://www.cqc.org.uk/directory/1-164355808	Otley & Yeadon	Requires improvement
22-Sep-16	Avanta Care Ltd	Homecare agency	http://www.cqc.org.uk/directory/1-1586299768	Horsforth	Good

Scrutiny Board (Adult Social Care, Public Health, NHS)

Appendix 1

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
23-Sep-16	Craven Road Medical Practice	General Practice	http://www.cqc.org.uk/directory/1-547429698	Hyde Park & Woodhouse	Good
23-Sep-16	Dr RI Addlestone, Dr N Mourmouris, Dr GE Orme, Dr AM Sixsmith and Dr PK Smith	General Practice	http://www.cqc.org.uk/directory/1-552575041	Armley	Good
27-Sep-16	Armley Medical Centre	General Practice	http://www.cqc.org.uk/directory/1-554538861	Armley	Good
27-Sep-16	Chapel Allerton Hospital	Acute Hospital Trust	http://www.cqc.org.uk/directory/RR819	Chapel Allerton	Good
27-Sep-16	Leeds General Infirmary	Acute Hospital Trust	http://www.cqc.org.uk/directory/RR801	Leeds City Centre	Requires improvement
27-Sep-16	Leeds Teaching Hospitals NHS Trust	Acute Hospital Trust	http://www.cqc.org.uk/directory/RR8	Leeds City Centre	Good
27-Sep-16	St James's University Hospital	Acute Hospital Trust	http://www.cqc.org.uk/directory/RR813	Gipton & Harehills	Requires improvement

Scrutiny Board (Adult Social Care, Public Health, NHS)

Appendix 1

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
27-Sep-16	Wharfedale Hospital	Acute Hospital Trust	http://www.cqc.org.uk/directory/RR807	Otley & Yeadon	Good
28-Sep-16	Chapeltown Family Surgery	General Practice	http://www.cqc.org.uk/directory/1-544269716	Chapel Allerton	Good
28-Sep-16	Manor House Residential Home	Residential Care Home	http://www.cqc.org.uk/location/1-126691746	Farnley & Wortley	Requires improvement
28-Sep-16	Woodhouse Medical Practice	General Practice	http://www.cqc.org.uk/directory/1-559425153	Hyde Park & Woodhouse	Good
29-Sep-16	BPAS - Leeds	Clinic	http://www.cqc.org.uk/location/1-129168570	City & Hunslet	Not formally rated
29-Sep-16	Woodhouse Hall	Residential Care Home	http://www.cqc.org.uk/location/1-130890705	Ardsley & Robin Hood	Requires improvement
01-Oct-16	St Gemma's Hospice - Leeds	Hospice	http://www.cqc.org.uk/location/1-109728988	Moortown	Outstanding
04-Oct-16	Otley Dental Care	Dentist	http://www.cqc.org.uk/directory/1-194252044	Otley & Yeadon	Not formally rated

Scrutiny Board (Adult Social Care, Public Health, NHS)

Appendix 1

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
07-Oct-16	Dr F Gupta's Practice	General Practice	http://www.cqc.org.uk/directory/1-559493188	Morley North	Good
07-Oct-16	Fieldhead Surgery	General Practice	http://www.cqc.org.uk/directory/1-547501963	Horsforth	Good
10-Oct-16	Leeds Student Medical Practice	General Practice	http://www.cqc.org.uk/directory/1-541964802	Hyde Park & Woodhouse	Outstanding
12-Oct-16	Moorleigh Nursing Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-120251458	Kippax & Methly	Requires improvement
15-Oct-16	Affinity Trust - Domiciliary Care Agency - North	Homecare agency	http://www.cqc.org.uk/directory/1-120590481	Beeston & Holbeck	Good
15-Oct-16	Allied Healthcare Leeds	Homecare agency	http://www.cqc.org.uk/directory/1-557596500	Cross Gates & Whinmoor	Requires improvement
18-Oct-16	Rani Care C.I.C.	Homecare agency	http://www.cqc.org.uk/directory/1-780475340	Roundhay	Good
18-Oct-16	Roche Caring Solutions	Homecare agency	http://www.cqc.org.uk/directory/1-119643355	Beeston & Holbeck	Requires improvement

Scrutiny Board (Adult Social Care, Public Health, NHS)

Appendix 1

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
19-Oct-16	Manor Square Dental Practice	Dentist	http://www.cqc.org.uk/directory/1-211556350	Otley & Yeadon	Not formally rated
20-Oct-16	East Park Medical Centre	General Practice	http://www.cqc.org.uk/directory/1-557761878	Burmantofts & Richmond Hill	Inadequate
20-Oct-16	High Ash Dental Practice	Dentist	http://www.cqc.org.uk/directory/1-188934266	Harewood	Not formally rated
22-Oct-16	Ashlands	Nursing Care Home	http://www.cqc.org.uk/directory/1-119643340	Kippax & Methly	Inadequate
25-Oct-16	Springfield Home Care Services Limited	Homecare agency	http://www.cqc.org.uk/location/1-156230692	Garforth & Swillington	Requires improvement
26-Oct-16	Donisthorpe Hall	Residential Care Home	http://www.cqc.org.uk/location/1-114958058	Moortown	Inadequate
28-Oct-16	Ghyll Royd Nursing Home	Nursing Care Home	http://www.cqc.org.uk/location/1-113524085	Guiseley & Rawdon	Requires improvement
29-Oct-16	Caring Hearts and Hands	Homecare agency	http://www.cqc.org.uk/location/1-422009787	Horsforth	Requires improvement

Scrutiny Board (Adult Social Care, Public Health, NHS)

Appendix 1

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
29-Oct-16	Express Healthcare UK Limited Domiciliary Care Agency	Homecare agency	http://www.cqc.org.uk/location/1-1172120629	Gipton & Harehills	Requires improvement
29-Oct-16	Southlands Care Home	Nursing Care Home	http://www.cqc.org.uk/location/1-119664848	Roundhay	Requires improvement
29-Oct-16	Southlands Nursing Home	Nursing Home	http://www.cqc.org.uk/location/1-119664848	Roundhay	Requires improvement
02-Nov-16	Hillfoot Surgery	General Practice	http://www.cqc.org.uk/location/1-547843143	Calverley & Farsley	Good
03-Nov-16	Cedars Care Home	Residential Care Home	http://www.cqc.org.uk/location/1-120284958	Kippax & Methly	Good
03-Nov-16	Radis Community Care (Leeds)	Homecare agency	http://www.cqc.org.uk/location/1-403115252	Morley South	Requires improvement
04-Nov-16	Lee Beck Mount	Residential Care Home	http://www.cqc.org.uk/location/1-123610238	Ardsley & Robin Hood	Requires improvement

Scrutiny Board (Adult Social Care, Public Health, NHS)

Appendix 1

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
10-Nov-16	All Seasons	Homecare agency	http://www.cqc.org.uk/location/1-820131546	Garforth & Swillington	Requires improvement
10-Nov-16	United Response - 2a St Alban's Close	Residential Care Home	http://www.cqc.org.uk/location/1-123018728	Burmantofts & Richmond Hill	Good
12-Nov-16	Mears Homecare Limited - Leeds DCA	Homecare agency	http://www.cqc.org.uk/location/1-140963566	Burmantofts & Richmond Hill	Good
14-Nov-16	Dr ASA Robinson and Partners	General Practice	http://www.cqc.org.uk/location/1-672024224	Farnley & Wortley	Good
14-Nov-16	Quarry House Dental Practice	Dentist	http://www.cqc.org.uk/location/1-2562120781	City & Hunslet	Not formally rated
15-Nov-16	Leigh View Medical Practice	General Practice	http://www.cqc.org.uk/directory/1-575614656	Ardsley & Robin Hood	Good
15-Nov-16	The Dekeyser Group Practice	General Practice	http://www.cqc.org.uk/directory/1-542888227	Morley South	Good
18-Nov-16	Leeds and York Partnership NHS Foundation Trust	Acute Hospital Trust	http://www.cqc.org.uk/directory/RGD	Garforth & Swillington	Requires improvement

Scrutiny Board (Adult Social Care, Public Health, NHS)

Appendix 1

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
18-Nov-16	St Mary's Hospital	Acute Hospital Trust	http://www.cqc.org.uk/directory/RGD17	Armley	Requires improvement
23-Nov-16	Morley Health Centre Surgery	General Practice	http://www.cqc.org.uk/location/1-2410728461	Morley South	Good
23-Nov-16	Woodleigh Care	Homecare agency	http://www.cqc.org.uk/location/1-527967595	Guiseley & Rawdon	Good
24-Nov-16	The Gables Surgery	General Practice	http://www.cqc.org.uk/location/1-584836167	Pudsey	Good
30-Nov-16	St Anne's Community Services - Croft House	Residential Care Home	http://www.cqc.org.uk/location/1-121773394	Horsforth	Good
30-Nov-16	Chelwood Dental Practice	Dentist	http://www.cqc.org.uk/location/1-219653761	Moortown	Not formally rated
30-Nov-16	High Field Surgery	General Practice	http://www.cqc.org.uk/location/1-545322613	Adel & Wharfedale	Good
01-Dec-16	Mydentist - Windsor Court	Dentist	http://www.cqc.org.uk/location/1-206165219	Morley South	Not formally rated

Scrutiny Board (Adult Social Care, Public Health, NHS)

Appendix 1

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
02-Dec-16	The Gables Nursing Home	Nursing Home	http://www.cqc.org.uk/location/1-120249107	Pudsey	Requires improvement
02-Dec-16	Teeth	Dentist	http://www.cqc.org.uk/location/1-211331028	Roundhay	Not formally rated
03-Dec-16	Hillside House	Residential Care Home	http://www.cqc.org.uk/location/1-2242192562	Headingley	Good
03-Dec-16	Carlton House	Residential Care Home	http://www.cqc.org.uk/location/1-130890582	Ardsley & Robin Hood	Good
05-Dec-16	Windsor House Group Practice	General Practice	http://www.cqc.org.uk/directory/1-539000049	Morley South	Good
07-Dec-16	Dovetail Care Limited	Residential Care Home	http://www.cqc.org.uk/directory/1-114550846	Horsforth	Requires improvement
13-Dec-16	Robin Lane Health and Wellbeing Centre	General Practice	http://www.cqc.org.uk/directory/1-594189072	Pudsey	Outstanding
14-Dec-16	West Lodge Surgery	General Practice	http://www.cqc.org.uk/directory/1-547256701	Calverley & Farsley	Good

Scrutiny Board (Adult Social Care, Public Health, NHS)

Appendix 1

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
14-Dec-16	Olive Lodge	Residential Care Home	http://www.cqc.org.uk/directory/1-140482438	Horsforth	Good
14-Dec-16	St Lukes Care Home	Nursing Home	http://www.cqc.org.uk/directory/1-116738422	Calverley & Farsley	Requires improvement
20-Dec-16	Marie Stopes International Leeds Centre	Clinic	http://www.cqc.org.uk/location/1-130902791	Chapel Allerton	Not formally rated
20-Dec-16	Nova Healthcare	Clinic	http://www.cqc.org.uk/location/1-764278383	Gipton & Harehills	Good
20-Dec-16	York Street Health Practice	General Practice	http://www.cqc.org.uk/location/RY663	City & Hunslet	Outstanding
28-Dec-16	Vesper Road Surgery	General Practice	http://www.cqc.org.uk/location/1-567968305	Kirkstall	Good
28-Dec-16	Hyde Park Surgery	General Practice	http://www.cqc.org.uk/location/1-565596983	Hyde Park & Woodhouse	Good
30-Dec-16	Astha Limited- Leeds	Homecare agency	http://www.cqc.org.uk/location/1-1554674153	Chapel Allerton	Requires improvement

Scrutiny Board (Adult Social Care, Public Health, NHS)

Appendix 1

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
30-Dec-16	Manor House Residential Home	Residential Care Home	http://www.cqc.org.uk/location/1-126691746	Farnley & Wortley	Requires improvement
04-Jan-17	Oaklands Residential Homes	Residential Care Home	http://www.cqc.org.uk/location/1-1963864878	Kippax & Methly	Good
06-Jan-17	Atkinson Court Care Home	Nursing Home	http://www.cqc.org.uk/location/1-126476576	Burmantofts & Richmond Hill	Requires improvement
06-Jan-17	Dental Care Direct-Lexicon House	Dentist	http://www.cqc.org.uk/location/1-1788701883	Chapel Allerton	Not formally rated
10-Jan-17	Shadwell Dental Care Limited	Dentist	http://www.cqc.org.uk/location/1-213191208	Harewood	Not formally rated
10-Jan-17	Montreal Dental Care	Dentist	http://www.cqc.org.uk/location/1-231262750	Chapel Allerton	Not formally rated
10-Jan-17	Dr John P. Siwek BDS Dental Practice	Dentist	http://www.cqc.org.uk/location/1-232514509	Burmantofts & Richmond Hill	Not formally rated
11-Jan-17	Priory View Medical Centre	General Practice	http://www.cqc.org.uk/location/1-550196700	Armley	Good

Scrutiny Board (Adult Social Care, Public Health, NHS)

Appendix 1

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
11-Jan-17	Dr Moxon & Partners (Burton Croft Surgery)	General Practice	http://www.cqc.org.uk/location/1-554383121	Headingley	Outstanding
25-Jan-17	Laurel Bank Surgery	General Practice	http://www.cqc.org.uk/location/1-549267748	Headingley	Outstanding
27-Jan-17	Sunfield Medical Centre	General Practice	http://www.cqc.org.uk/location/1-572944316	Calverley & Farsley	Good

Leeds CITY COUNCIL

Adult Social Care
SCRUTINY BOARD BRIEFING NOTE

ADULT COMMISSIONING BRIEFING NOTE	**Date:** 9th February 2017

Subject: Donisthorpe Hall Nursing Home

PURPOSE: To provide an update to the Scrutiny Board on Donisthorpe Hall Nursing Home following their CQC rating of Inadequate

BACKGROUND INFORMATION:

Donisthorpe Hall is a residential and nursing home run by the charity Donisthorpe Hall Management Committee through a Board of Trustees. The home is based in Moortown, has 189 beds and mainly caters for the Jewish community in the city. Donisthorpe Hall has been part of the Council's residential and nursing framework contract since 2012 and for the first few years of the contract was an 'Enhanced Home' (as defined by the LCC Quality Framework), providing very good quality care. ASC Contracts team first started to notice problems in the quality of care being provided early in 2015, this was following the departure of most of the senior management team at the home. In March 2015, ASC withdrew the enhanced status of the home. Following further contract visits and a CQC inspection, ASC suspended further admissions to the home in August 2015.

CQC published their inspection report in November 2015 and rated the Home Inadequate. In May 2016, the CQC published their report following a further inspection in March which again found Donisthorpe Hall to be Inadequate. Since this time, the home has attempted to address the issues, recognising the need for additional support and, in April 16, selected a national provider, BAM Healthcare, to provide Management support. In July 2016, the CQC served a Notice of Proposal to the home: this was not made public and was open to review if the home made adequate progress. The home submitted representations in response to the Notice and the CQC re-inspected the home at the end of August 2016, publishing their report in October 2016 which again rated the home as Inadequate. The Care Quality Commission have proceeded to serve a Notice of Decision to the Home on 10th January 2017.

ASC Commissioning has been working closely with Donisthorpe Hall, meeting with the home's management team on a monthly basis to support the home to make the improvements required and, since early 2015, carrying out regular contract monitoring visits at the home to identify gaps and outline actions for improvement.

MAIN ISSUES:

It was reported to the Scrutiny Board in June 2016 that the Trustees of Donisthorpe Hall Management Board recognised the need for additional support to address issues at the home and appointed BAM Healthcare, who took over management support at the home in April 2016. However, in August 2016, BAM Healthcare ceased to provide this support at the home. The Council was informed by both BAM and Donisthorpe Hall that BAM's engagement at the home had ended. Two consultants who were with BAM have remained at the home providing compliance and clinical management support whilst permanent management was recruited, they are due to leave Donisthorpe in February 2017. The current General Manager has been in post since summer 2016, supported by a Home Manager whose registration with the CQC is underway.

Donisthorpe Hall has experienced on-going difficulties with nursing shortages, resulting in high use of agency staff, despite offering enhanced packages and block booking agency staff where possible to ensure consistency. The home is submitting weekly staffing pro-formas to the Council to enable close monitoring of staffing levels.

Both the Adult Social Care and CCG suspension of funded placements remains in place to allow the home to make required improvements. In addition, the home has placed a voluntary suspension on admitting privately funded residents. Adult Social Care lifted the suspension on Beech Unit, a Unit for Residential Dementia, in December 2016. This followed a positive monitoring visit undertaken in December by ASC Contracts.

Since December 2016, regular quality review meetings have been chaired by NHS England and have been attended by Adult Social Care, the Director of Nursing & Quality for the CCGs and the CQC. Also regular meetings have been held with the management and Trustees of Donisthorpe Hall attended by the CCGs and ASC.

In January 2017 the Home made a decision to close a unit called Silver Lodges, with a closure date of 27th February 2017. The unit mainly caters for residents with Nursing needs and the decision has been driven by the shortage of permanent nursing staff available. This decision was taken by the trustees to ensure the safety and quality of service to residents in the home could be maintained. The unit has 30 residents with a mixture of Health (Continuing Healthcare), Local Authority and privately funded residents. The Home is working with commissioners from ASC and the CCG following a managed Home Closure process. The Home have issued letters to the residents and families and held a meeting in January also attended by Care Management to discuss timescale for reviews and options available. Reviews have taken place and it is anticipated that some residents will continue to be cared for in other units at Donisthorpe Hall, dependent on the reviews and their wishes. However, there are potentially 13 nursing residents which Care Management are assisting to find alternative homes.

The Care Quality Commission have proceeded to serve the Notice of Decision to the Home, which is the next stage in a legal closure process. The Home have sought legal advice and lodged an appeal against the Notice of Decision to the First-Tier Tribunal within the 28 day timescale. This organisation is independent of the CQC and oversees these matters. The service can continue to operate until the Tribunal makes its decision. The Tribunal can, among other options, dismiss the appeal, in which case the Notice of Decision is confirmed and takes immediate effect, or uphold the appeal. The registered persons can appeal against a Tribunal's decision within the Tribunal service and through the Court of Appeal. The CQC have advised they expect to undertake a further inspection prior to the Tribunal hearing in order to present up to date information at the hearing.

ASC Contracts and ASC Safeguarding officers, together with colleagues from the CCG continue to meet with Donisthorpe Hall on a monthly basis to discuss progress against the home's action plan, which picks up priorities from ASC/CCG monitoring visits and CQC inspections, including staffing, safeguarding, medication, care planning, training and care delivery. This has included visits to the home by contracts and quality officers of ASC and the CCG to ensure residents are remain safe. Officers have also supported the Home by seeking input from other organisations including the ASC's Organisational Development Unit which has organised bespoke training for the Home's staff and prioritised their access to existing free training provision as well as supporting them to develop their workforce strategy. They have also supported the Home to access the Level 5 Higher apprenticeship in Care Leadership and Management award. Public Health has provided training and advice on Falls prevention. Leeds Community Healthcare have provided support with further training around the Mental Capacity Act and undertaken a peer review. Officers from ASC Contracting and the CCG have continued with a programme of joint monitoring visits to offer feedback to the Home against an agreed action plan.

The home has reported the following progress against their plan:

- The home is being reconfigured into 2 distinct areas (one is for residents with dementia with three separate Units: two of which have nursing dementia provision and one for Residential dementia only) and the other area is for Residential clients), with the home relocating residents who had been inappropriately placed into units that will best meet their needs, following resident/relative consultation. This will also allow the home to make best use of carer and nursing resources.
- The home's management structure has been reviewed, deputy managers are being appointed to support each of the unit care manager posts, addressing concerns around unit leadership. These posts have one vacancy currently. The care managers are supported by the senior leadership team and a rolling induction training programme has been devised to support the new management team.
- The home has reintroduced paper medication records to replace its electronic system to address the high number of medication errors. Robust medication audits, staff competency assessments, training and Pharmacy support have also been introduced. A clinical sub-committee is in place which includes two GPs and a pharmacist. The Home has seen a reduction in medication errors.
- Further training and improved processes around Accident reporting to include lessons learned
- Care plan documentation has been reviewed and the home has returned to paper based care planning to ensure it is fit for purpose and accessible
- Quality assurance has been improved through monthly and weekly unit and management audits, along with weekly KPI reporting in key areas (pressure care, weights, falls, medication). Processes are in place to ensure individual needs are being monitored and risk assessed particularly around nutrition. The Home's management team are validating audits and ensuring processes are embedded.
- The home has brought in a dementia specialist to develop a dementia strategy and embed improved dementia care, particularly around interaction, stimulation, the dining experience and training.
- An external company is being used as a mental capacity consultant to improve documentation and staff understanding.
- A revised activity programme, based on resident interests, has been developed, with dedicated provision on the EMI units to improve interaction and stimulation for residents.
- The home has been working closely with ASC Safeguarding to identify key themes, screen potential concerns and set out clear action plans for active safeguarding cases and improve reporting.

The home feels that it has become more responsive to service user needs. ASC contract officers, the CCG and ASC Safeguarding officers will be working with the home to further develop its action plan and ensure all service priorities are incorporated.

The home has confirmed it is their intention to not take any new residents until they are fully sure improvements at the home have been embedded and are being maintained. ASC and the CCG will continue to closely monitor progress and provide support to the home.

CONCUSIONS AND RECOMMENDATIONS:

Scrutiny members are asked to note the content of this briefing.

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Report author: Mark Phillott
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Report of Head of Contracts and Business Development

Report to the Health, Adults & Well-being Scrutiny Board

Date: 21 February 2017

Subject: The Quality of Homecare Services in Leeds

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. In June 2016, Adult Social Care let a new community homecare contract. This report is to provide an overview of that contract and of the general quality of homecare services in the city as requested by Scrutiny Board.

Recommendations

2. The Adult Social Services Public Health NHS Scrutiny Board members are asked to note the content of this report.

1 Purpose of this report

1.1 This report is to inform scrutiny members of the history of the Adult Social Care Residential and Nursing Framework Contract, how it is now operating, including its monitoring, and the proposals for the next phase of the commissioning process.

2 Background information

2.1 During 2015, Adult Social Care undertook a major commissioning exercise to let a new contract for community homecare services. This followed a major consultation exercise to agree a new model for the contract to replace the existing framework contract. The Scrutiny Board were involved in the exercise through a number of working groups undertaken by the Board. The result of the consultation was that a new model of community homecare contract was developed and agreed.

2.2 The new home care model sought to meet the requirements of the Care Act 2014, and secure quality and value within a fair fee rate that incentivises good employment practices by care providers. The main features of the new contract included:

- A split of the city into 6 geographical areas with a primary homecare provider being appointed to each area.
- A city wide framework which would support the primary providers.
- An agreed framework price established following a cost of care exercise.
- Methods to incentivise good employment practices by care providers, such as payment of travel time and the reduction of zero hours contracts.

2.3 Following a rigorous tender exercise 4 providers were appointed to the 6 geographical locations:

- Hales Ltd – have 2 areas covering Wetherby and North East Leeds.
- CASA – covering South Leeds.
- Medacs – covering East Leeds
- Homecare Support – have 2 areas covering West and North West Leeds.

In addition to this a further 8 providers were appointed to the Framework Contract (in addition to the primary providers):

- A J Social Care Recruitment Ltd
- Care 24-7 Ltd
- GP Homecare Ltd trading as Radis Community Care
- Housing and Care 21 – now Ark following a sale of the homecare business
- Mears Care Ltd

- Nestor Primecare Services Ltd trading as Allied Healthcare
- Sevacare (UK) Ltd
- Springfield Homecare Services Ltd

2.4 Following a 'Fair Rate of Care' exercise the Executive Board agreed that there would be three fixed hourly rates; namely, an urban rate (£13.71), a rural rate (£15.28) and a super rural rate (£15.56). This was a significant increase on previous rates aimed to improve terms and conditions of staff.

2.5 Within the contract is an extensive quality framework document which is monitored by the contracts officers within Adult Social Care.

3 Main issues

3.1 Whilst the Council now only contracts with 12 organisations to provide local authority funded home care, the latest CQC Area Profile indicates there are 113 domiciliary care services registered in the city. Some of these providers will be known to Adult Social Care through legacy spot contracts or where they are providing extra care or supported living services; however, there are a large number of providers with whom the council has no contractual relationship. These providers will mainly cater for the private pay or NHS market.

3.2 Of the 113 CQC registered providers, 39 (35%) have received a Good rating, 26 (23%) have a Requires Improvement rating and 48 (42%) are still to be inspected. There are no home care providers who are rated as outstanding or inadequate.

3.3 As part of the home care contract there is a Quality Standard Assessment (QSA) that sets the standards and quality expected in the delivery of home care services, and is a means of ensuring that providers deliver services to national standards and in accordance with contractual expectations. This can be used as a self-assessment tool by the providers to ensure they are meeting the contractual standards. Within ASC there is a team of contract officers who will monitor the provider's performance against the standards contained in the QSA. This will take the form of a desktop assessment of the provider's evidence supplied as part of the QSA together with a validation visit to the provider's offices, service user/relative/carer questionnaires and conversations together with other evidence/information which may be obtained e.g. safeguarding information or information from CQC. Should any issues be uncovered during this validation, an improvement action plan will be put in place with the provider and closely monitored to ensure improvements are made and sustained. In addition, regular contract management meetings will take place, together with Provider forums where information on best practice can be shared.

3.4 Current ratings for providers on the Council's homecare contract are:

Primary Providers

- Hales Ltd – Not Yet Inspected.
- CASA – Inspection report published in November 2015 and rated Good.

- Medacs – Not yet inspected.
- Homecare Support – Not yet Inspected.

Framework Providers:

- A J Social Care Recruitment Ltd – Inspection report published in July 2016 and rated Good.
- Care 24-7 Ltd - Inspection report published in May 2015 and rated Good.
- GP Homecare Ltd trading as Radis Community Care – Inspection report published in November 2016 and rated Requires Improvement.
- Ark – Not yet inspected.
- Mears Care Ltd – Not yet inspected.
- Nestor Primecare Services Ltd trading as Allied Healthcare - Inspection report published in October 2016 and rated Requires Improvement.
- Sevacare (UK) Ltd - Inspection report published in September 2016 and rated Requires Improvement.
- Springfield Homecare Services Ltd - Inspection report published in October 2016 and rated Requires Improvement.

3.5 In addition to the monitoring of the contract undertaken by contract officers, Healthwatch Leeds have undertaken a project, supported by Adult Social Care, working with older people to collect service users' perceptions of the quality of the home care service they receive. This was done by Healthwatch volunteers directly contacting service users and questionnaires. Healthwatch Leeds have produced a report detailing the findings of this survey. They have reported:

- That many people they spoke to expressed overall satisfaction with the care that they receive.
- Some people expressed frustration at the constant rotation of carers and lack of consistency of carers.
- Some people expressed frustration at the constant rotation of carers and lack of consistency of carers. This is particularly a concern for people with dementia and their families.
- While many people said they felt they knew what the carers should be doing, some commented that they had to explain this to new staff.
- There were issues around communication in terms of changes to care and getting in touch with people.
- There was overall positive comments about the attitude of carers and people felt they were treated with dignity and respect. However some

comments were made about poor attitudes of younger and less experienced carers.

- There was a mixed response to how well people felt involved in their care. However there was a lack of consistency around involvement in their care planning and reviewing.

- While the majority of people felt the care met their needs, out of those that did not, this was mostly put down to rotation of carers and new carers not knowing what to do.

- A large number of people expressed satisfaction with the quality of the care, however many commented that this was dependant on individual carers.

- Some people felt that carers were rushed, leading to quality of care being compromised.

- While a large number of people stated that they would know who to contact if there was a problem, there were large variations as to who this actually was.

A further survey of service users is currently being undertaken by Healthwatch.

3.6 As mentioned earlier, unlike residential and nursing care services, ASC only contracts with a relatively small section of the overall homecare market in the city. Where the council does not hold a contract with a provider of homecare, it is not possible to monitor these providers in the same way as contracted providers. However, in order to maintain some information on the market as a whole, a tool is being developed, as part of Adult Social Care's Market Oversight and sustainability project, to track the CQC ratings of all homecare providers in the city.

Corporate Considerations

3.1 Consultation and Engagement

3.1.1 A full consultation process was undertaken for the new homecare contract.

3.2 Equality and Diversity / Cohesion and Integration

3.2.1 A full Equality Impact Assessment was undertaken as part of the establishment of the new homecare contract.

3.3 Council policies and the Best Council Plan

3.3.1 The services provided as part of the contract will contribute to the Health and Well-Being City Priority plan.

3.4 Resources and value for money

3.4.1 The initial cost of care exercise for the new contract was conducted to establish a fair fee for homecare services in the city time. The cost of care exercise was carried out using a locally adapted version of the UK Homecare Association costing tool. The costing model included items of provider expenditure such as training provision for staff and payment of staff travel time. Prior to the commencement of the contract, a delegated decision was taken to increase the staff wage rate contained in the model to the Leeds Living Wage rate of £8.01.

3.4.2 A fee review will be conducted annually in accordance with the terms and conditions of the contract.

3.5 Legal Implications, Access to Information and Call In

3.5.1 This report is for information purposes only. There is no confidential information contained in this report and the report is not subject to call-in.

3.6 Risk Management

3.6.1 There are no specific risk issues with this report.

4 Conclusions

4.1 The new contract has now been operating for a period of 8 months and is beginning to bed in following a period of considerable change for providers. All providers who have been appointed to the contract will shortly be undertaking their self-assessment against the Quality Standard Assessment contained in the contract which will then be validated by ASC contracts officers. Since the start of the contract ASC have held regular contract management meetings with the providers and these will continue throughout the period of the contract. An overview will also be kept on the market as a whole, to ensure there is a diverse range of organisations available to people in the city.

5 Recommendations

5.1 That the Scrutiny Board (Adult Social Services, Public Health, NHS) notes the content of this report.

6 Background documents[1]

6.1 None.

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

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Report of the Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adult Social Services, Public Health, NHS)

Date: 21 February 2017

Subject: Scrutiny Board Inquiry: Cancer Waiting Times – recommendation tracking

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

1 Purpose of this report

1.1 The purpose of this report is to present responses / progress against the Scrutiny Board recommendations identified in the scrutiny inquiry into Cancer Waiting Times in Leeds.

2 Background information

2.1 In 2015/16, the Scrutiny Board undertook inquiries into (1) Cancer Waiting Times in Leeds; and (2) Bereavement. The final report and recommendations for each inquiry area were agreed in May 2016, with relevant organisations subsequently invited to respond to the recommendations.

2.2 An update against the Bereavement inquiry recommendations was presented to the Scrutiny Board at its meeting in December 2016.

2.3 A summary of the desired outcomes and associated recommendations for the Cancer Waiting Times inquiry is presented at Appendix 1. The Scrutiny Board received initial responses to its reports and recommendations in July 2016.

3 Response to the recommendations

3.1 Progress in relation to the recommendations around Cancer Waiting Times is provided by way of the attached report which sets out the development of formal plans to improve cancer care for the city of Leeds

3.2 The Scrutiny Board is asked to consider the update provided and determine any further scrutiny actions or activity that may be required.

4 Recommendations

4.1 That the Scrutiny Board (Adult Social Services, Public Health, NHS) considers the progress update provided and determines any further scrutiny actions or activity that may be required.

4.2 That the Scrutiny Board (Adult Social Services, Public Health, NHS) considers the progress monitoring arrangements in relation to its previous recommendations on Cancer Waiting Times in Leeds.

5 Background documents[1]

None

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

Summary of desired outcomes and recommendations: Cancer Waiting Times in Leeds

Desired Outcome –The interests of patients and their families remain paramount in the commissioning and delivery of services.
Recommendation 1: That all organisations involved in the commissioning and delivery of services for the diagnosis and treatment of cancer, from across West Yorkshire, continue to work collaboratively for the benefit of patients and that organisational impacts are secondary considerations.

Desired Outcome – Ensuring cancer services remain a priority for the Scrutiny Board in 2016/17.
Recommendation 2: That commencing in the new municipal year (2016/17), the Scrutiny Board (Adult Social Services, Public Health, NHS) considers the format of future assurance on the progress associated with the early diagnosis and treatment of cancer, alongside the frequency it wishes to seek such assurance.

Desired Outcome – The work of the West Yorkshire Association of Acute Trusts achieves real patient benefits and remains open and transparent.
Recommendation 3: That by December 2016, the Chair of the West Yorkshire Association of Acute Trusts provides a further report on the achievements to date and future plans of the association.

Desired Outcome – Eradicating inequalities of access to cancer services across Leeds' health and social care economy, while tailoring services to meet local needs.
Recommendation 4: That in developing the Leeds Cancer Strategy, due consideration is given to ensuring there is a balance between providing a 'core offer' for all patients from across the City, while recognising and addressing the identified and known aspects of health inequalities across different parts of Leeds and its communities.

Desired Outcome – Greater collaboration across Leeds' health and social care economy in order to provide improved levels of patient experience data, specifically in relation to cancer services.
Recommendation 5: That by September 2016, HealthWatch Leeds, in consultation with the Director of Public Health, assesses the current level of patient experience data it holds specifically in relation to the prevention, early diagnosis and treatment of cancer, and considers its potential future role in collating such data on behalf of partners across the Leeds' health and social care economy landscape.

Desired Outcome – More effective planning and transparent decision-making, with improved and relevant patient and public involvement in the development of services.
Recommendation 6: That by December 2016, the Chair of the Leeds Cancer Strategy Group reviews its currently proposed membership to ensure this includes: (a) Appropriate patient and public representation; and, (b) Appropriate representation to reflect the diverse communities within Leeds, particularly in those areas where specific health inequalities are known to exist.
Recommendation 7: That by July 2016, the Chair of the Leeds Cancer Strategy Group reports back to the Scrutiny Board regarding the timescales associated with developing and agreeing an overall Leeds Cancer Strategy, improvement plan and associated key performance indicators, including details of where the strategy and improvement plan will be presented and agreed.
Recommendation 8: That by July 2016, and as part of the process for developing and agreeing an overall Leeds Cancer Strategy and improvement plan, the Chair of the Leeds Cancer Strategy Group: (a) Recognises the duty on NHS commissioners and providers to effectively involve and engage patients and the public, setting out plans for public and patient engagement and involvement. (b) Sets out proposals and timescales for engaging with the appropriate Overview and Scrutiny bodies.
Recommendation 9: That by September 2016, Leeds Clinical Commissioning Groups provide a joint report on the commissioning priorities and intentions for 2016/17, specifically identifying any proposed cancer prevention and early intervention initiatives, including associated timescales and budget allocations.

Cancer Care for Leeds City

Scrutiny Board (Adult Social Services, Public Health, NHS)
21 February 2017

Purpose

The purpose of this paper is to share progress in relation to the development of formal plans to improve cancer care for the city of Leeds with members of the Scrutiny Board. It sets out the challenges and ambitions supported at high level by a wide range of stakeholders.

It also outlines the plan for implementation and delivery, and current governance arrangements so that there is accountability and regular reporting and monitoring of progress.

These governance arrangements will also cover accountability for public and patient engagement so that work across all work streams and our overall ambition to improve outcomes and to reduce inequalities can be more effective.

Our Challenges

Leeds as a health community has much to be proud of. Investment in facilities such as the Bexley Wing has enhanced the experience of care for patients in Leeds and West Yorkshire. There are excellent multi-professional teams operating throughout the Leeds campus and in collaboration with colleagues in primary care, public health and prevention, these teams and facilities together have led to significant improvement in the quality of care and the survival of cancer patients. Despite this our cancer outcomes, whilst improving year on year, are not the best in England and we must do better.

The uptake of screening by our population is below our aspirations and is falling in some important areas; this needs remedial action. Diagnosis sometimes happens too late and in such cases outcomes are correspondingly poor; so we need to make improvements. Premature cancer mortality rates are higher in areas of deprivation; this needs affirmative action.

Building on our achievements to date and being ambitious to deliver the best outcomes for the cancer patients of Leeds requires system leadership across all parts of the health and social care setting.

There are challenges to tackle. Lifestyle choices, often set in place early in life and engrained, lead to increasing risks of developing cancer. Our aging population means that even more cancers will be diagnosed as a result. Therefore, we have to respond across the whole system to collectively change our approach to healthy living in addition to providing the best diagnosis and treatment when we are unhealthy. Our services have to adapt to our older population, recognising that the needs of older people are not the same as younger and fitter patients.

Our Citywide improvements in cancer care means that more patients are living with the diagnosis of cancer. This success is in itself a challenge as we design new models of care that provide the right kind of support in the right place so that as many patients living with and beyond their cancer diagnosis have a full and productive a life as possible.

Our Ambitions

We have four ambitions for the those charged with coordinating the care of cancer patients:

1) We want to see a fall in the number of new cases of cancer year on year

2) We want to diagnosis more cancer when they are curable and see further improvements in survival

3) We want the best patient experience to be what drives improvements in care

4) We want to sustain and further develop excellence in multi-professional care

Realising our ambitions

In order to deliver the best outcomes, we must ensure we deliver the best care. This means working in multi-professional teams across both health and social care. Extending the concept and function of the multi-disciplinary team (MDT) to be inclusive of primary and social care could realise as many benefits as this has brought within cancer teams in the secondary and tertiary setting.

To make this we are committed to undertaking seven key work streams over the next 5 years. Our ambition to tackle inequalities needs to be woven onto each of these workstreams:

1) Set out plans to improve healthy living and ensure that prevention measures are part of everyone's responsibility across the system. We want a collaborative system wide approach to the delivery of improvements in smoking cessation, reduction in alcohol intake and a reduction in obesity rates across the city.

2) Develop and implement a plan to establish the diagnosis of cancer as early as possible through the increase uptake of screening, and the evaluation of new models for diagnostic testing.

3) Ensure that patient experience is captured more innovatively and in real time and that this feedback is given to all providers of care to drive improvements.

4) Transform how we support patients following their treatment of cancer taking into account the longer term impacts of cancer treatments and promoting self-management.

5) Make investment and risk sharing decisions across the whole of health and social care to collectively deliver our ambitions.

6) Make sure that research and evaluation of services and treatment is a consistent and ever present function of the system to ensure new developments are translated quickly into frontline services.

7) Work collaboratively and responsibly across the whole health and socials care setting as a unified accountable care system and foster this behaviour in each stakeholder organisation.

Progress to date

The Leeds Cancer team is a pilot site for two key national activities:

i) the Accelerate Coordinate and Evaluate pilot exploring the Multidisciplinary Diagnostic Centre approach for earlier diagnosis, and

ii) the Faster Diagnosis 28 day metric pilot).

As part of the STP process throughout West Yorkshire and Harrogate (WY&H) the Leeds Cancer team in June 2016 submitted its high level pan to deliver the local components of the national cancer strategy. The plan was developed based on ongoing work with patients, health professionals and health researchers and the emerging themes from the national strategy following national consultation.

A more detailed local stakeholder engagement process resulted in a documented plan being developed, based on the seven work-streams above and the incorporation of the two pilot activities. This was presented to and supported by senior executive leads across the the health, social care and political system in November 2016. This plan was endorsed by the wider Leeds Integrated Cancer Services group in December 2016. There will be ongoing work to build public awareness and engagement at a strategic level, as part of the STP work, and more specifically in relation to the work streams in the city-wide strategy.

In addition to the pilot activity outlined above, work-streams are already underway on Prevention and Living With and Beyond Cancer.

Resources

Our ambitions and our plans are ambitious but can be delivered with strong, joined-up leadership and with support to link up existing resource across the health and care community. Project Management Office support for the Leeds City cancer plan is being provided by a combination of existing staff within the Leeds West CCG and the Leeds Cancer Centre. In addition further funding has been negotiated with Macmillan Cancer Support to ensure the PMO function is established on a strong footing over the coming two years. The key managerial support role will be appointed in February 2017.

Governance

The Leeds plan, as part of the STP process for WY&H is emerging through collaborative work across the CCGs, Leeds City Council and Leeds Teaching Hospitals Trust and are not yet fully formed.

The organogram at Annex A indicates the current situation in relation to governance for the city's cancer plan. The plan has been discussed and supported by all key stakeholders as part of the STP submission and agreed with the current chair of the Leeds Delivery Board following the November 2016 senior executives meeting.

Relationship with West Yorkshire and Harrogate STP

Commissioners and providers across West Yorkshire and Harrogate have agreed that due to the complexity of cancer patient pathways, the national cancer strategy ambitions can best be delivered locally through a single plan and using a shared set of key metrics to judge our success in improved outcomes for our collective population. The vision is:

> *'The West Yorkshire and Harrogate cancer system pulling together as one, with common objectives, actively breaking down barriers and maximising resources, with the aim of being able to deliver the best possible, seamless, clinically led and patient driven health and social care so that every person affected by cancer is assured of the best possible outcomes.'*

There are five work streams required to deliver this WY&H plan: Tobacco Control, Earlier Diagnosis, Living With and Beyond Cancer, High Quality Services and Patient Experience.

The governance and structure on delivery is more easily described visually (attached).

Whilst work across the WY&H footprint will focus on enabling activity and developing policies and procedures where there is merit in common approaches across the whole STP geography, our single plan for cancer will be delivered through the six local place-based footprints; Bradford, Calderdale, Harrogate, Leeds, Kirklees and Wakefield.

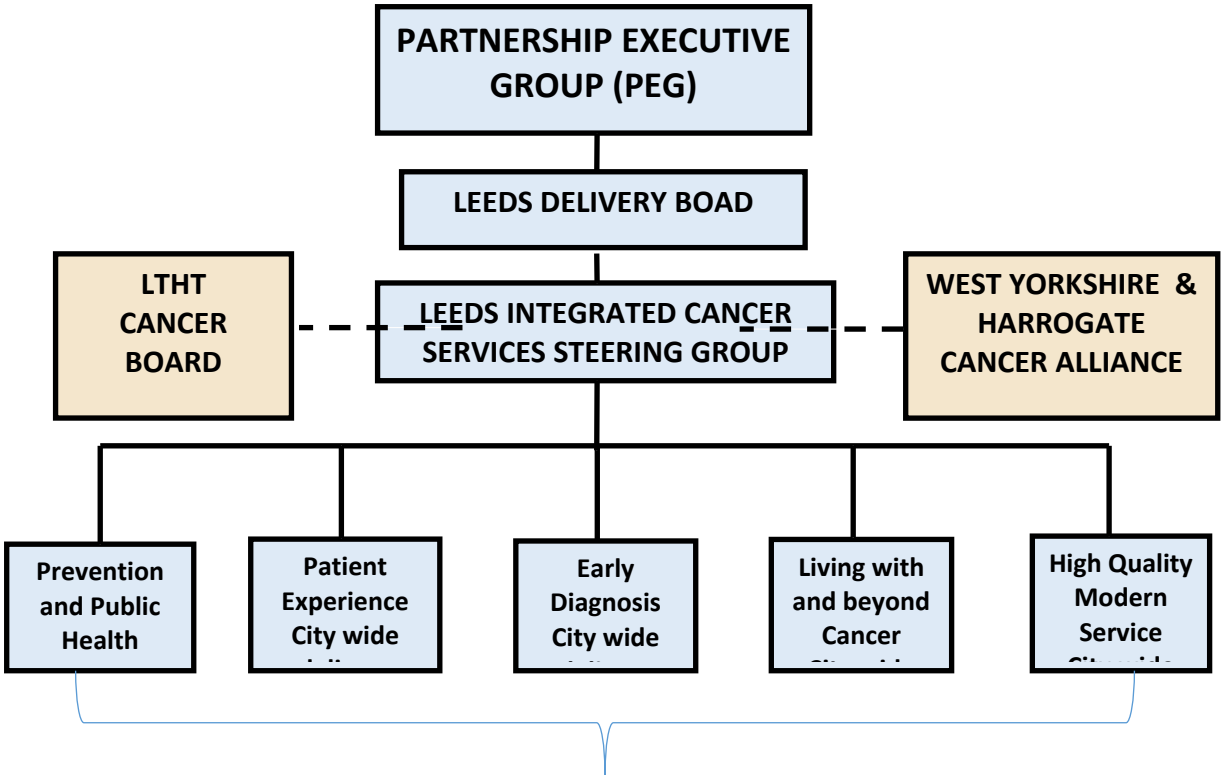
Close working between the two levels of activity should ensure accelerated improvement in outcomes and reduction in inequalities through the regional focus, with locally sensitive implementation delivered through the six footprints.

Professor Sean Duffy
Strategic Clinical Lead, Leeds Cancer Centre
Clinical Director and Alliance Lead, West Yorkshire and Harrogate Cancer Alliance

On behalf of Leeds Integrated Cancer Services Steering Group

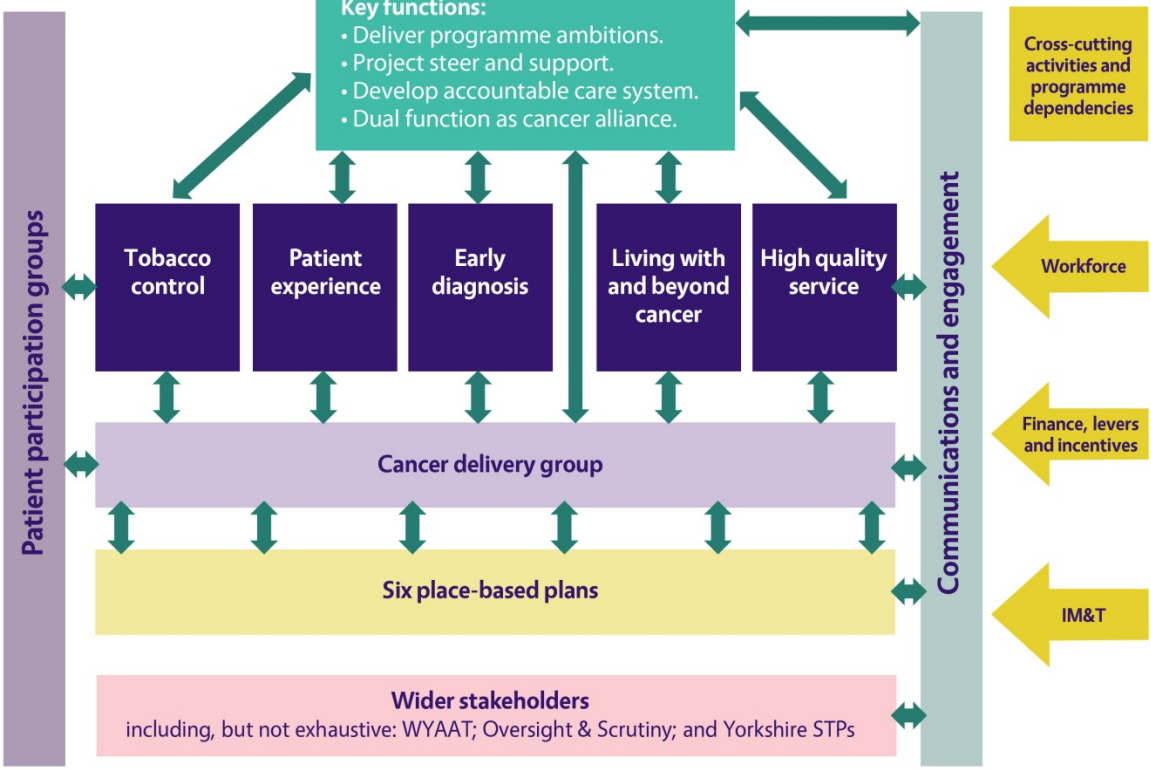
Annex A

GOVERNANCE STRUCTURE – LEEDS CITY WIDE CANCER STRATEGY



DELIVERY OF LEEDS CITY CANCER STRATEGY

West Yorkshire and Harrogate STP
Cancer Programme
Draft governance structure



Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 247 4707

Report of the Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adult Social Care, Public Health, NHS)

Date: 21 February 2017

Subject: Budget Monitoring

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. As part of the Scrutiny Board's consideration of its future work programme at the meeting in June 2016, the Board identified routine budget monitoring of Adult Social Services and Public Health as a regular activity.

2. To assist the Scrutiny Board in this activity, attached for consideration is the '*Financial health monitoring 2016/17 – quarter 3 (month 9)*', considered by the Executive Board at its meeting on 8 February 2017.

3. Appropriate representatives have been invited to the meeting to discuss the details as they relate to of Adult Social Services and Public Health, and address issues raised by the Scrutiny Board.

Recommendations

4. That the Scrutiny Board considers the attached Executive Board report (as it relates to the remit of the Scrutiny Board) and agrees any specific scrutiny actions that may be appropriate.

Background documents[1]

5. None.

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

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Leeds CITY COUNCIL

Report author: Alan Gay/Doug Meeson
Tel: 74250

Report of the Deputy Chief Executive

Report to Executive Board

Date: 8th February 2017

Subject: Financial health monitoring 2016/17 – quarter 3 (month 9)

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for call-In?	☒ Yes	☐ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. The purpose of this report is to inform the Executive Board of the financial health of the authority in respect of the general fund revenue budget, and the Housing Revenue Account.

2. The 2016/17 financial year is the first year covered by the 2015 Spending Review and again presents significant financial challenges to the council. The council to date has managed to achieve considerable savings in the order of £330m since 2010 and the budget for 2016/17 will require the council to deliver a further £76m of savings.

3. The current and future financial climate for local government represents a significant risk to the council's priorities and ambitions. Whilst the council continues to make every effort possible to protect the front line delivery of services, it is clear that the position is becoming more difficult to manage and it will be increasingly difficult over the coming years to maintain current levels of service provision without significant changes in the way the council operates.

4. Executive Board will recall that the 2016/17 general fund revenue budget, as approved by council provides for a variety of actions to reduce net spend by £31.5m delivering some £76m of budget action plans by March 2017. After 9 months of the financial year it is clear that the majority of these actions and savings plans are on track to be delivered, however this report highlights a potential overspend/risk of

£0.9m. This position represents an improvement of £3m when compared to the previous position reported to this board and the expectation is that the budget will be brought into balance by the year-end.

5. At the third quarter, the Housing Revenue Account is projecting a £0.4m surplus.

Recommendation

6. Executive Board are asked to note the projected financial position of the authority.

1. Purpose of this report

1.1 This report sets out for the Executive Board the Council's projected financial health position for 2016/17 after 9 months of the year.

1.2 Budget monitoring and management is a continuous process throughout the year, and this report reviews the position of the budget and highlights potential key risks and variations.

2. Background information

2.1 Executive Board will recall that the net budget for the general fund for the 2016/17 financial year was set at £496.4m, supported by the use of £3.45m of general reserves.

2.2 Budget monitoring continues to be undertaken on a risk-based approach where financial management resources are prioritised to support those areas of the budget that are judged to be at risk, for example the implementation of budget action plans, those budgets which are subject to fluctuating demand, key income budgets, etc.

3. Main Issues

3.1 At the third quarter, a £0.9m overspend is forecast, as shown in table 1 below.

Table 1 – forecast 2016/17 budget variations by directorate

Directorate	Director	(Under) / Over spend for the current period				Previous month (month 7)
		Staffing	Total expenditure	Income	Total (under) /overspend	
		£000	£000	£000	£000	£000
Adult Social Care	Cath Roff	(1,994)	390	(390)	0	0
Children's Services	Steve Walker	717	8,377	(1,737)	6,640	4,988
City Development	Martin Farrington	(655)	1,702	(2,070)	(368)	(149)
Environment & Housing	Neil Evans	(955)	3,639	(3,736)	(97)	(95)
Strategy & Resources	Alan Gay	(1,234)	(1,192)	1,143	(49)	94
Citizens & Communities	James Rogers	88	1,599	(1,698)	(99)	(96)
Public Health	Dr Ian Cameron	(183)	911	(937)	(26)	(23)
Civic Enterprise Leeds	Alan Gay	703	1,053	(678)	375	201
Strategic & Central	Alan Gay	300	(5,238)	(202)	(5,440)	(938)
Total Current Month		**(3,213)**	**11,241**	**(10,305)**	**936**	**3,982**

3.1.1 The minimum revenue provision (MRP) is an annual revenue charge for the repayment of borrowing and other capital financing liabilities. The forecast position on the strategic and central budget recognises some £9.3m of savings against the MRP budget which reflects the proposal to apply capital receipts and previous overprovision to reduce the charge to the revenue budget. The council's medium-term strategy around the /minimum revenue provision is further explained in the 2017/18 budget report elsewhere on this board's agenda.

3.1.2 New homes bonus – the government introduced the new homes bonus as an incentive scheme in 2011 to encourage housing growth across the country: councils receive additional grant equivalent to the average national council tax for each net additional property each year which is received annually for six years. Whilst the new homes bonus is intended as an incentive for housing growth, it should be noted the funding for this initiative comes from a top-slice of the local government funding settlement and the distribution of this funding benefits those parts of the country with the highest level of housing growth and is weighted in favour of properties in higher council tax bands. The Chancellor announced in the 2015 spending review that the new homes bonus would be reduced by at least £800m in order to redirect funding to support adult social care services via the improved Better Care Fund. Although consultation ended in March 2016, the government didn't release details of the proposed changes to the scheme until the provisional local government finance settlement in December 2016.

Through the provisional finance settlement, government confirmed that the New Homes Bonus is to continue. However government has brought forward the changes that were originally proposed for 2018/19. As a result, the number of years for which payments will be made will reduce from 6 years to 5 years in 2017/18 and to 4 years in 2018/19. Additionally a new national baseline of 0.4% will be introduced from 2017/18 and no bonus will be payable for housebuilding below this baseline. In Leeds, as we account for the funding in the year it is earned, as opposed to the year that it is paid, the impact of bring-forward the changes will mean a £4.5m reduction in the New Homes Bonus funding in the 2016/17 financial year. This reduction in funding has been recognised in the forecast for the strategic and central budget.

3.1.3 Flexible use of capital receipts – the forecast position on the strategic and central budget recognises the proposal to be put to full council at its meeting in February 2017 to approve a strategy to flexibly apply capital receipts to fund £2.8m of early retirement severance costs in the 2016/17 financial year. If approved, this strategy would release the £2m earmarked reserve to carry-forward to support the 2017/18 budget and also avoid a potential £0.8m pressure on the 2016/17 revenue budget.

3.2 The other key variations against the revenue budgets are outlined below and more detailed information is included in the financial dashboards at appendix 1.

3.2.1 Adult Social Care - the directorate is anticipating a balanced position at the financial year-end. Projected spend on community care packages and general running expenses has reduced; though this has been offset by a reduced expected level of income.

A review of budget action plans has taken place and slippage totalling £2m is forecast at the year-end. Contingency savings have been identified to offset the impact. There is a projected shortfall of £0.8m in delivering the specific actions within the community care packages budget, with the largest shortfall relating to lower than anticipated reablement figures. Slippage of £0.8m relates to contracts and grants budgeted savings and £0.4m to the Better Lives programme within older people's residential and day care services. Some other budget pressures and savings have been identified, further details of are outlined in the financial dashboard at appendix 1.

3.2.2 Children's Services – overall at month 9 the directorate is reporting a projected overspend of £6.64m. This represents an adverse movement of £1.66m from that reported at period 7 of which £1m is due to a reduction in the anticipated funding which will be applied in 2016/17 from a new DfE innovations bid. Recognising the pressure on the demand-led budgets supporting children in care and children with special needs and disabilities, the period 9 position also reflects the use of £3.3m of funding from the earmarked demand and demography reserve.

Children in care - at month 9, the directorate is supporting an additional 38 looked after children in external residential placements and with independent fostering agencies than the 2016/17 budget provided for, which is resulting in a projected £5.5m pressure on these budgets. In the last quarter of 2015/16 the number of vulnerable children supported increased and this trajectory continued through to April 2016 followed by a steady reduction in children looked after numbers since May. However, there has been an increase in numbers in December 2016. There are currently 1,258 children and young people in care which is an increase of 23 from month 7. This includes 55 children and young people placed in externally provided residential placements and 198 placed with independent fostering agencies. In addition, there is a £1.1m pressure on the in-house fostering budget however this is mitigated by £1.1m of additional income on adoption. Overall, the children in care budgets support 1,170 placements across a mix of placement settings. The month 9 forecast year-end position assumes that numbers gradually reduce during the remainder of the financial year.

Transport - the home to school and home to college transport budget is under significant pressure due to a rise in the number of young people with complex

needs, a rise in the transport requirements outside the city and an increase in private hire rates. The pressure is currently identified at £1.7m, which is net of the appropriation of £1m from the specific demand & demography earmarked reserve.

Other Income - There is also a net £1.6m pressure from a reduced level of funding supporting the children's centres.

3.2.3 Schools Budget/Dedicated Schools Grant (DSG) – as reported previously, a number of pressures have emerged during the year in relation to the social emotional and mental health (SEMH) provision, funding for inclusion numbers and central early years expenditure which overall total £5.6m.

Schools forum on the 6th October 2016 received a report on the DSG budget which outlined the various pressures and an update was provided at the December 2016 forum meeting. Schools forum noted the projected overspend of £5.6m and that one option was to carry forward a deficit on the DSG into next financial year which would enable time to consider options to manage the budget in 2017/18. A report was presented to schools forum in January 2017 on the 2017/18 funding arrangements and options for managing these budget pressures with schools also being consulted on the options prior to the meeting. A decision will be taken by the Director of Children's Services in February 2017 around the specific proposals.

3.2.4 City Development – at month 9 the overall position is a projected underspend of £0.37m. However it should be noted that there are a number of fluctuations within the directorate that are being managed through additional income receipts and specific actions.

3.2.5 Environment & Housing – at month at month 9 the directorate is forecasting a marginal underspend of £0.1m against its £53m net managed budget. Within this overall figure, the waste management budget is projected to marginally underspend. In car parking, staffing savings and additional income are expected to deliver a saving of £0.3m and in Community Safety there is a forecast underspend of £0.1m due again to staffing savings, one-off income from the WYPCC and additional Ministry of Justice funding. Environmental action & health are forecasting a £0.4m underspend due to staffing savings and housing support are also expecting to deliver a £0.2m underspend, again due to staffing savings. These savings are enabling the directorate to manage the directorate wide staffing efficiency target within the overall budget.

3.2.6 Citizens & Communities – budget action plans have been reviewed with each Chief Officer and it is anticipated that the majority of plans will be delivered, though there is a pressure of £0.25m on the Customer Access budget which is offset by a forecast underspend of £0.24m on the elections, licensing and registration budget which is due to additional income. Overall, the directorate is forecasting a £0.1m underspend against its £29.7m budget.

3.2.7 Public Health – the public health budget and budget savings plans for 2016/17 reflect the continuing reduction to the ring-fenced grant. Overall, the budget plans are on track to be delivered other than the planned savings of £0.2m as part of the transfer of the TB contract which will not materialise, though work to find compensating savings is now completed and is currently predicted to offset this pressure. Due to overtrading of sexual health services, provision was made for

anticipated costs however it is likely that these costs will not materialise in full resulting in savings to compensate for this risk. In addition, pay costs are projected to be £0.16m underspent on the general staffing budget and work is continuing to identify potential financial pressures particularly in relation to costs associated with the new drugs and alcohol contract and public health activity contracts which are paid based on demand and some on NHS tariff. Recent activity data is showing a reduced level of activity and as a result an underspend of £249k is projected on commissioning budgets.

3.2.8 Strategy & Resources – overall, the directorate is projecting an underspend of £0.05m. Within the Projects, Programmes and Procurement Unit there is a forecast shortfall of income of £0.8m which is partly-offset by anticipated savings on the staffing budget of £0.7m resulting in a £0.19m forecast overspend which is being offset by underspends in Democratic Services (£0.13m), Informational Technology (£0.08m) and Strategy and Improvement (£0.025m). The rest of the directorate is expected to deliver on its budget action plans.

3.2.9 Civic Enterprise Leeds – the overall projected position at month 9 is an overspend of £0.38m. Within this, £0.2m is explained by a potential overspend against the catering net budget which is mainly as a result of the marginal impact of the loss of 7 school contracts together with the marginal impact of a shortfall against the adjusted meal numbers. The remaining £0.18m is due to additional security costs in Corporate Property Management which were incurred prior to the demolition of an unsafe grade 2 listed building.

3.2.10 Strategic & Central budgets – at month 9, the strategic and central budgets are anticipated to underspend by £5.4m. The key variations include;

i. Minimum revenue provision – savings of £9.3m
ii. New Homes Bonus – a shortfall of £4.76m
iii. Debt - a net forecast pressure of £0.3m due to the conversion of short-term debt to long-term to take advantage of low long-term interest rates.
iv. Section 278 income - a potential £1.8m risk due to lower levels of development activity.
v. Procurement - a £1m variation which reflects that the procurement savings will be managed through directorate budgets.
vi. The spend forecast recognises the impact of the decision to increase the Leeds living wage from January 2017.
vii. PFI – a £0.9m variation which recognises that these savings will show in directorate/service budgets.
viii. Savings of £2m from the additional capitalisation of eligible spend in general fund and school budgets.
ix. Appropriation of £0.9m from earmarked reserves.
x. Savings of £2m on the levy contribution to the business rates pool.
xi. A potential pressure on court cost fees.

3.3 Other financial performance

3.3.1 Council tax

The council tax in-year collection rate at the end of December 2016 was 81.44% which is marginally ahead of the performance in 2015/16. At this stage of the year,

the forecast is for an in-year collection rate of 95.9% collecting some £302.77m of council tax income.

3.3.2 Business rates

The business rates collection rate at the end of December 2016 was 81.29% which is 0.43% behind the performance at this stage in 2015/16. The forecast is still to achieve the 2016/17 in-year collection target of 97.7% collecting some £382.21m of income.

3.3.3 Prompt payment of creditor invoices

The current performance for the prompt payment of invoices processed within 30 days is 91.72% which is marginally below the target of 92%.

4. Housing Revenue Account (HRA)

4.1 At month 9 the HRA is projecting a £0.4m surplus at the year-end. Projected income from rents and service charges are forecast to be marginally below the budget with a £0.1m estimated variation at the year-end. Other income is forecast to be £0.5m more than the budget due in the main to £0.49m of income from the gain share arrangement with Mears which will be appropriated to the HRA general reserve . There are a number of variations against the expenditure budgets which together total an underspend of £0.2m, including an underspend of £0.9m on the employee budget due in the main to staffing vacancies, a pressure on the disrepair provision of £0.62m because of new cases and a pressure of £0.12m on the supplies and services heading. Further detailed information is included in the HRA financial dashboard at appendix 1.

5. Corporate considerations

5.1 Consultation and engagement

5.1.1 This is a factual report and is not subject to consultation

5.2 Equality and diversity / cohesion and integration

5.2.1 The council's revenue budget for 2016/17 was subject to equality impact assessments where appropriate and these can be seen in the papers to Council on 24th February 2016.

5.3 Council policies and Best Council Plan

5.3.1 The 2016/17 budget targeted resources towards the council's policies and priorities as set out in the Best Council Plan. This report comments on the financial performance against this budget, supporting the Best Council ambition to be an efficient and enterprising organisation.

5.4 Resources and value for money

5.4.1 This is a revenue financial report and as such all financial implications are detailed in the main body of the report.

5.5 Legal implications, access to information and call In

5.5.1 There are no legal implications arising from this report.

5.6 Risk Management

5.6.1 Financial management and monitoring continues to be undertaken on a risk-based approach with key budget risks identified as part of the annual budget-setting process and specifically monitored through the financial year. Examples include the implementation of budget action plans, those budgets which are volatile and subject to fluctuating demand, key income budgets, etc. The information in the financial dashboards at appendix 1 includes specific information on these risk areas.

6. Recommendations

6.1 Executive Board are asked to note the projected financial position of the authority.

7. Background documents[1]

7.1 None

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

APPENDIX 1

ADULT SOCIAL CARE - 2016/17 FINANCIAL YEAR

FINANCIAL DASHBOARD - MONTH 9 (APRIL TO DECEMBER)

Overall narrative

The directorate is projecting a balanced position at the financial year-end. Projected spend on community care packages and general running expenses has reduced; though this has been offset by a reduced expected level of income.

A review of budget action plans has taken place and slippage totalling £2.0m is projected at the year-end. Contingency savings have been identified to offset the impact. There is a projected shortfall of £0.8m in delivering the specific actions within the community care packages budget, with the largest shortfall relating to lower than anticipated reablement figures. Slippage of £0.8m relates to contracts and grants budgeted savings and £0.4m to the Better Lives programme within older people's residential and day care services. Some other budget pressures and savings have been identified, further details of which are outlined below.

The main variations at Month 9 across the key expenditure types are as follows:

Staffing (-£2.0m – 3.80%)
Savings within Access and Care Delivery total £0.9m; this mainly reflects reducing staffing numbers within the Community Support Service since the budget was set and vacancies within the care management and business support services, partly offset by slippage relating to the Better Lives programme within older people's residential and day care services. Savings of £1.1m are projected in Commissioning Services, Resources and Strategy and Health Partnerships due to ongoing vacancies.

Community care packages (+£1.7m – 0.9%)
Expenditure on the learning disability pooled budget is currently projected to exceed budget provision, but work continues to bring this back on track as far as possible by the year-end. There is also some pressure on the direct payments budget, though this is considered to be a catching up of fee levels for 2015/16 as opposed to a growth in numbers.

Transport (+£0.5m – 11.7%)
The most recent projections from Passenger Transport Services indicate higher than budgeted costs. The information available indicates that the majority of the projected overspend relates to costs rather than demand, but further work is needed to understand this more fully. This is being undertaken in conjunction with Passenger Transport Services.

Income (-£0.4m – 0.6%)
Service user contributions are slightly higher than budgeted, mainly due to some slippage in the Better Lives programme within older people's residential and day care services. Funding for staffing costs through the learning disability pooled budget is also higher than budgeted.

Budget Management - net variations against the approved budget

				PROJECTED VARIANCES											
	Expenditure Budget	Income Budget	Latest Estimate	Staffing	Premises	Supplies & Services	Transport	Internal Charges	External Providers	Transfer Payments	Capital	Appropriation	Total Expenditure	Income	Total (under) / overspend
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Health Partnerships	405	(152)	252	(83)	0	75	0	4	121	0	0	0	117	(204)	**(87)**
Access & Care Delivery	245,962	(39,467)	206,495	(884)	66	(231)	9	551	1,269	795	0	0	1,574	(351)	**1,223**
Commissioning Services	12,828	(24,298)	(11,470)	(463)	0	(132)	(3)	155	317	0	0	0	(125)	(607)	**(732)**
Resources and Strategy	7,714	(1,284)	6,430	(564)	(1)	(176)	(3)	(483)	50	0	0	0	(1,177)	773	**(405)**
Total	**266,908**	**(65,201)**	**201,708**	**(1,994)**	**66**	**(465)**	**4**	**227**	**1,757**	**795**	**0**	**0**	**389**	**(390)**	**0**

Key Budget Action Plans and Budget Variations:

		Lead Officer	Additional Comments	RAG	Action Plan Value £m	Forecast Variation against Plan/Budget £m
A. Key Budget Action Plans						
1.	Older people's residential and day care	D Ramskill	Full-year effects and ongoing Better Lives programme	A	0.9	0.4
2.	Assessment and care management practice	S McFarlane	Delivering the most cost effective service for new customers based on the strengths based approach and the use of reablement and telecare services	R	1.0	0.6
3.	Review of care packages - mental health	M Ward / M Naismith	Reviewing care packages for existing customers based on the strengths based approach and securing improved value for money commissioning	A	0.5	0.2
4.	Review of care packages - physical impairment	J Bootle	Reviewing care packages for existing customers based on the strengths based approach and securing improved value for money commissioning	G	0.5	0.0
5.	Review of care packages - learning disability	J Wright / M Naismith	Reviewing care packages for existing customers based on the strengths based approach and securing improved value for money commissioning	G	3.0	0.0
6.	Assessment and care management efficiencies	S McFarlane	Review of skills mix and business processes	G	0.5	0.0
7.	Grants and contracts	M Ward	Review of contracts and grants across client groups	R	1.4	0.8
8.	Vacancy management	Various	Mainly non-frontline services	G	0.8	0.0
9.	Fees and charges	A Hill	Implementation of February 2016 Executive Board decisions	G	1.0	0.0
10.	Health funding	S Hume	Mainly funding received in 2015/16 on a non-recurring basis	G	3.9	0.0
11.	Better Care Fund	S Hume	Exploring opportunities to realign spend between capital and revenue	G	1.8	0.0
B. Other Significant Variations						
1.	Staffing	Various	Ongoing tight vacancy management and reducing staff numbers in the Community Support Service			(2.4)
2.	Community care packages	J Bootle / M Naismith	Pressures experienced on residential & nursing placements and the learning disability pooled budget are continuing			1.5
3.	Transport	J Bootle / M Naismith	Mainly increased costs, which are under investigation with Passenger Transport Services			0.6
4	Other expenditure	Various	Savings on general running expenses through careful budget management, including the projected impact of essential spend only for the remainder of the year			(1.3)
5	Income	Various	Mainly funding for staffing costs through the learning disability pooled budget and service user contributions			(0.4)
				Adult Social Care Directorate - Forecast Variation		**0.0**

CHILDREN'S SERVICES 2016/17 FINANCIAL YEAR
FINANCIAL DASHBOARD - MONTH 9 (APRIL TO DECEMBER)

Overall - at period 9 the Directorate is reporting a projected overspend of £6.64m, an adverse movement of £1.66m from that reported at period 7. £1m of this movement can be explained by the fact that the Directorate is now anticipating £1m of funding will be received in 2016/17 from a new Innovations BID, this is still subject to final approval. The Period 7 position had included £2m of anticipated additional funding. The Period 9 position also reflects an additional £2.3m to be released from the demand and demography reserve and will help reduce the overspend on external residential placements. Other variations include an additional overall £0.6m in CLA demand pressures (£0.5m external residential placements, £0.1m secure welfare places), £0.2m staffing and £0.25m reduced 3&4 year old FEEE income to children's centres and £0.4m shortfall in income from improvement partners.

CLA Obsession - at period 9, the directorate is looking after an additional 38 looked after children in External Residential (ER) placements and with Independent Fostering Agencies (IFA) than the 2016/17 budget provides for and this has resulted in a projected £5.5m pressure around CLA demand budgets. This is partially offset by the release of £2.3m from the demand and demography reserve. In the last quarter of 2015/16 numbers had increased and continued to increase in April but there has been a steady reduction in children looked after numbers since May. However, the reduction in ER placements seen during the first 8 months has not been maintained and there has been an increase in December, the number of children with IFAs has continued to reduce since period 7. There are currently 1,258 CLA children (increase of 23 from P7); this includes 55 with ER and 198 with IFA's. There is a £1.1m pressure on in-house fostering but this is off-set by £1.1m additional income on adoption. Overall the CLA budget supports 1,170 placements which includes provision for 36 ER and 181 IFA placements. The current year end projection is based on CLA numbers gradually reducing during the remainder of the financial year to 48 ER & 187 IFA.

Staffing - Current assumption is for staffing to overspend by £0.7m. This increase of £0.2m from the Period 7 position is due to an increase in the projected spend on agency, overtime and non-direct staff costs such as training.

DfE Innovations Funding - There is a pressure of £0.9m within the existing DfE Innovations funding.

Transport - The home to school and home to college transport budget is under significant pressure due to a rise in the number of young people with complex needs, a rise in the transport requirements outside the city and an increase in private hire rates. The pressure is currently identified at £1.7m, which is net of the appropriation of £1m from the specific demand & demography earmarked reserve.

Other Income - Additional income from the the Innovations & Partners in Practise grant is not now anticipated in 2016/17. There is a net £1.6m pressure from a reduced level of funding supporting the Children's Centres .

Dedicated Schools Grant (DSG)Pressure- Pressures have emerged during the year in relation to the Social Emotional and Mental Health provision, Funding for Inclusion numbers and Central Early Years expenditure which total £5.646m. School Forum on the 6th October received a report on the DSG budget which outlined the various pressures and an update was provided at the December School Forum meeting. School Forum noted the projected overspend of £5.646m and that one option was to carry forward a deficit on the DSG into 2017/18 which would enable time to consider options to manage the budget in 2017/18. A report was presented to School Forum in January on the 2017/18 funding arrangements and options for managing these budget pressures with schools also being consulted on the options prior to the meeting. A decision will be taken in February around the specific proposals.

Budget Management - net variations against the approved budget

				PROJECTED VARIANCES											
	Expenditure Budget	Income Budget	Latest Estimate	Staffing	Premises	Supplies & Services	Transport	Internal Charges	External Providers	Transfer Payments	Capital	Appropriation	Total Expenditure	Income	Total (under) / overspend
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Demand Led Budgets:															
External and other Residential Placements	7,002	(2,835)	4,167						4,000			(2,293)	1,707	40	**1,747**
Independent Fostering Agencies	7,613	0	7,613						1,300				1,300		**1,300**
In House Fostering, Adoption, SGO and RO	21,560	(2,755)	18,805						1,098				1,098	(989)	**109**
SEN Outside Placements	4,857	(4,857)	0						871				871	(863)	**8**
Leaving Care	5,052	(1,160)	3,892						886				886	(363)	**523**
Transport	5,210	0	5,210				2,700					(1,000)	1,700		**1,700**
Sub total Demand Led Budgets	**51,294**	**(11,607)**	**39,687**	**0**	**0**	**0**	**2,700**	**0**	**8,155**	**0**	**0**	**(3,293)**	**7,562**	**(2,175)**	**5,387**
Partner Funding															
Schools Forum(A Life Ready For Learning)	0	(3,380)	(3,380)									875	875	152	**1,027**
Partner Funding of Family Services		(1,600)	(1,600)										0	600	**600**
Sub total Partner Funding	**0**	**(4,980)**	**(4,980)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**875**	**875**	**752**	**1,627**
Other Budgets															
Partnership, Development & Business Support	14,457	(1,337)	13,120	600		(363)	5	143				14	399	(291)	**108**
Learning, Skills & Universal Services	129,457	(112,222)	17,235	7	(80)	(332)	1	(202)	(1,292)	0		143	(1,755)	2,958	**1,203**
Safeguarding, Targeted & Specialist Services	75,377	(17,722)	57,655	110	(32)	315	176	80	915	(38)		(230)	1,296	(3,044)	**(1,748)**
Central Overheads	8,809	(11,753)	(2,944)										0	63	**63**
Sub total Other Budgets	**228,100**	**(143,034)**	**85,066**	**717**	**(112)**	**(380)**	**182**	**21**	**(377)**	**(38)**	**0**	**(73)**	**(60)**	**(314)**	**(374)**
Total	**279,394**	**(159,621)**	**119,773**	**717**	**(112)**	**(380)**	**2,882**	**21**	**7,778**	**(38)**	**0**	**(2,491)**	**8,377**	**(1,737)**	**6,640**

Key Budget Action Plans and Budget Variations:		Lead Officer	Additional Comments		Action Plan Value	Forecast Variation
A. Significant Variations				**RAG**	**£m**	**£m**
	Children Looked After	Steve Walker	Pressure on CLA demand led budgets (External Residential placements and Independent Fostering Agencies) partly offset by additional income from adoption. This is net of £2.3m from the demand and demography reserve.	R		**3.20**
	Passenger Transport	Sue Rumbold	Increased numbers of children requiring education outside the city, increased complexity of need and an increase in private hire rates, net of £1m from the demand and demography reserve.	R		**1.70**
	Income - DSG	Steve Walker	The current projection allows for a £0.75m shortfall against the budgeted income.	R		**0.75**
	Income - DfE BID	Steve Walker	New BID submitted in 2016/17. Whilst good progress continues to be made in the discussions with the DfEit is now anticipated that £1m of grant will be applied in 2016/17.	A		**(1.00)**
	Savings challenge across department	All	Target savings against running costs. Proposals for savings have been identified and will be implemented to secure the £0.5m in savings.	G		**(0.50)**
B. Key Budget Action plans (BAP's)						
A1	Securing additional income from Schools Forum	CSLT	£3.4m of funding per academic year provisionally agreed subject to delivery of activity and funds being available from DSG. School Forum in October has now approved this funding.	G	2.40	**0.00**
A2	Additional Funding For Children's Centres	CSLT	Additional Funding unlikley to be received.	R	1.60	**1.60**
C1	Reconfigure services to young people at risk of becoming NEET	Andrea Richardson	IAG contract has been extended to July 2016. Some existing provider staff will TUPE.	A	1.20	**0.25**
E1/E2/E4	Staff savings	Sue Rumbold	Reduction in posts/additional trading opportunities and ELIs. Linked to medium term strategy for the directorate. Further staff reductions are required to meet budget assumptions.	A	1.40	**0.70**
E5	Reduce net cost of Learning For life managed Children's Centres Childcare.	Andrea Richardson	Ensure childcare income generated is reflected in childcare staffing levels	A	0.50	**0.40**
A3	Improvement partners	Steve Walker	Maximise income from supporting other LA's. Work underway with a number of Las, however, there will be a £0.4m shortfall against the budget.	G	0.50	**0.40**
A4	Adel Beck	Francis N'Jie	Maximise income from selling to other LA's. Rates revised for 16-17 to recover this additional income subject to occupancy levels being achieved.	G	0.40	**(0.10)**
E3	Impact of residential review on overtime costs	Steve Walker	Running cost efficiencies following closure of Pinfolds and Bodmin. Linked to the overall pay strategy for the directorate.	G	0.40	**0.00**
	Various other budget savings (10)	All CO's	Including reconfiguration of Targeted Services, a review of assets, additional trading with schools, additional DfE funding for adoption services; principally inter-agency fee, reviewing non Statutory costs etc.	G	2.29	**(0.76)**
			Children's Services Directorate - Forecast Variation			**6.64**

CITY DEVELOPMENT 16/17 BUDGET - PERIOD 9

Overall -

Period 9 shows an increased underspend of (£368k). This is a forecast improvement of £72k due to further improved income from planning applications. There remain a number of one-off pressures that are being managed through additional income receipts and specific actions such as the use of Bridgewater Place money estimated at £916k and revised Arena debt savings of £217k. These pressures continue to be managed with the expectation that they will not cross over into 2017/18.

The Planning Sustainable Economic Development service is continue to manage the cost of 2015/16 Planning Appeals and new ones that have arisen in 2016/17. This is currently estimated at £200k over budget and is being offset by increased Building Control and Planning Fee income and underspends on staffing due to a number of vacant posts.

Kirkgate Market income remains the main pressure in Economic Development, a shortfall of £410k. This pressure is due to the extension of rent discounts into 2016-17 and later than anticipated new lettings resulting from delays to the market redevelopment.

In Asset Management and Regeneration the advertising income pressure stands at £506k due to the time taken to develop new sites and get them operational. Although the income target was reduced in the 2016/17 estimates cycle by £200k it is unlikely to achieve its target this year due to the time required to build up the advertising sites portfolio and programme delays around approvals for the advertising sites. An additional pressure of £249k has been made in respect of a number of dilapidation claims made against the authority for premises formerly leased in. Both these pressures are offset by revised Arena debt savings (£217k) and income from two new asset purchases recently approved by Executive Board (£612k).

Highways and Transportation have contracted further work with their strategic partners Mouchel increasing supplies and services spend offset by additional income mainly from the Bridgwater Place settlement.

In Arts and Heritage there is a projected loss of income from Room Hire at the Art Gallery (closed for roof repairs) £100k, which is offset by a NNDR Rebate and increased Town Hall bar and catering income. Overspends in supplies and services are partly funded by and related to increased events income .

Within Sport and Active Recreation overspends on supplies and services including catering, resalable and consultancy costs are offset with associated increases in projected income, which also includes an anticipated £40k shortfall of income in relation to the pool closure and refurbishment at John Smeaton and a £60k pressure due to incorrect treatment of VAT on the Fitness and Swim Bodyline Offer. The service is also experiencing a downturn in Bodyline income due to the number of budget gyms that have opened in the last 12 months.

The Directorate Strategy is to use the proposed £916k Bridge Water Place settlement to part fund these net pressures and contribute the balance to the corporate strategy. In the service analysis below £387k is utilised against

Budget Management - net variations against the approved budget

				PROJECTED VARIANCES											
	Expenditure Budget £'000	Income Budget £'000	Latest Estimate £'000	Staffing £'000	Premises £'000	Supplies & Services £'000	Transport £'000	Internal Charges £'000	External Providers £'000	Transfer Payments £'000	Capital £'000	Appropriation £'000	Total Expenditure £'000	Income £'000	Total (under) / overspend £'000
Planning and Sustainable Development	8,571	(5,753)	2,818	(146)	0	279	0	17	0	0	0	0	150	(353)	**(203)**
Economic Development	5,110	(4,241)	869	47	50	101	1	38	0	0	0	0	237	260	**497**
Asset Management and Regeneration	11,181	(10,410)	771	(174)	1,075	(39)	(1)	602	0	0	16	0	1,479	(1,787)	**(308)**
Highways and Transportation	56,531	(40,348)	16,183	(283)	143	(317)	193	(30)	0	0	0	0	(294)	(152)	**(446)**
Arts and Heritage	16,869	(7,129)	9,740	(50)	(131)	334	8	29	22	13	0	0	225	(163)	**62**
Sport and Active Recreation	24,405	(18,739)	5,666	1	23	84	1	(20)	(35)	(31)	0	0	23	100	**123**
Resources and Strategy	1,720	(95)	1,625	(50)	(6)	(20)	1	(43)	0	0	0	0	(118)	25	**(93)**
Total	**124,387**	**(86,715)**	**37,672**	**(655)**	**1,154**	**422**	**203**	**593**	**(13)**	**(18)**	**16**	**0**	**1,702**	**(2,070)**	**(368)**

Key Budget Action Plans and Budget Variations:

		Lead Officer	Additional Comments	RAG	Action Plan Value	Forecast Variation against Plan/Budget
A. Budget Action Plans					**£'000**	**£'000**
1.	Planning and Sustainable Development	Tim Hill	Reduction in the net cost of service through management restructure, staffing savings and increased income generation	G	550	(403)
2.	Economic Development	Tom Bridges	Reduction in the net cost of service through staffing savings and increased income generation	A	280	87
3.	Asset Management & Regeneration	Tom Bridges	Reduction in the net cost of service through staffing savings and increased income generation	G	410	(234)
4.	Highways and Transportation	Gary Bartlett	Reduction in the net cost of service via alternative service delivery, removal of subsidies, staffing savings and additional income	G	440	10
5.	Arts and Heritage	Cluny MacPherson	Reduction in the net cost of service via efficiency savings, staffing savings and increased income generation	A	570	62
6.	Arts Grant	Cluny MacPherson	Full Year Effect of new grant allocations will deliver the savings. DDN published 25 March 2015 and implemented 1st April 2015	G	125	0
7.	Sport and Active Recreation	Cluny MacPherson	Reduction in the net cost of service via efficiency savings, staffing savings and increased income generation	A	440	123
8	Resources and Strategy	Ed Mylan	Reduction in the net cost of service via efficiencies and staffing savings	G	30	(93)
9.	Directorate	All Chief Officers	Directorate-wide additional income target	G	387	0
B. Other Significant Variations						
1.	Asset Management	Tom Bridges	Reduced borrowing costs at Leeds Arena (£217k) income from new assets (£612k) offsetting reduced income from Advertising £506k and dilapidation claims £249k.			(74)
2.	Planning Appeals	Tim Hill	Uncertainty at this stage around the costs of planning appeals			200
3.	Kirkgate Market	Tom Bridges	Extension of rent discounts and other rent reductions resulting from the delay in the Kirkgate redevelopment.			410
4.	Bridgewater Place	Martin Farrington	As per the Directorate Strategy, use of balance of Bridgewater Place settlement to mitigate pressures			(456)
				City Development Directorate - Forecast Variation		**(368)**

ENVIRONMENT & HOUSING DIRECTORATE SUMMARY
FINANCIAL DASHBOARD - 2016/17 FINANCIAL YEAR
Month 9 Report - December 2016

Overall Position (£97k under budget)

Community Safety (£103k under budget)
The service is projecting an underspend on staffing of £206k (offset by reduced charges to HRA of £79k). One off income in year has been received from West Yorkshire Police & Crime Commissioner (£85k) for contributions to LASBT (Leeds Anti social behaviour team) and additional Ministry of Justice funds (£89k) have been utilised. CCTV income is projected to be lower than budgeted by £196k. Other variances total £2k.

Parks & Countryside (£10k under budget)
The service is projecting lower level of turnover at attractions (including cafe/retail) due to no Easter and the good weather in August/September affecting Tropical World attendances, giving an overall variance at attractions of +£36k. A projected lower reduction in Golf income of £59k is offset by projected workshop savings (£101k) and fuel (29k). Other net savings across the service total £25k.

Environmental Action & Health (£435k under budget)
Env Action - Projected staffing savings of (£522k) are offset by loss of Wellbeing funding £36k, reduced FPN income of £66k and additional transport costs of £104k in respect of GPS system for gully tankers and additional vehicles. Other variations total (£32k).
Env Health - projected staffing savings of (£153k), partially offset by increased legal costs £32k, other expenditure £27k and reduced income of £7k.

Car Parking (£300k under budget)
Ongoing vacant attendant posts (£192k) are partially offset by additional expenditure of £62k (mainly for P&D machine maintenance and the upgrades required to facilitate the new £1 coin coming into circulation in 2017). Overall, additional income of (£170k) is projected which includes: Woodhouse Lane (£148k), of which (£90k) is for the 50p increase (in June); other off street parking of (£168k); and additional PCN income of (£260k); partly offset by a projected shortfall in on-street income of £264k and a shortfall in BLE income of £150k based on latest trends.

Housing Support/Partnerships/SECC/SP Contracts (£187k under budget)
Housing staffing underspends (£476k) due to vacant posts are partially offset by a reduction of £175k corresponding income, mainly charged to HRA. Variations in SP are £57k. Other variations across all areas are projected to be £57k, which includes a contribution towards the cost of commissioning a strategic housing market assessment.

General Fund SS (+£982k over budget)
This pressure mainly relates to the Directorate wide staffing efficiency target, with corresponding staffing savings having now been achieved within individual services.

Leeds Building Services (£0k Nil variance)
Additional turnover is being generated through Housing Leeds repairs and work for capital schemes. This results in additional sub contractor spend which is partially offset by reductions in internal costs. Overall a nil variance is projected. The service has a WIP of £8.9m.

Waste Management (£44k under budget)

Refuse (+£54k over budget)
The projected overspend reflects additional staffing costs relating to Christmas cover and the cost of union support to the redesign of collection routes which is key to delivering the 2017/18 efficiency savings. Other staffing costs relating to back up routes and sickness levels are projected to be contained within the overall staffing budget.

HWSS & Infrastructure (+£12k over budget)
Additional staffing costs of £100k are forecast, which reflects additional operatives at HWSS required to deal with higher than anticipated waste volumes and increased sickness levels. In addition, vehicle repair costs of £29k are projected. Additional Trade contract income is projected to largely offset the expenditure variations, leaving a projected overspend of £12k.

Waste Strategy & Disposal (£110k under budget)
Lower than anticipated tonnage volumes and an additional share of electricity and penalty income at the RERF have resulted in a projected underspend of (£176k). In addition, the reduction in gate fees experienced in recent months has resulted in a projected underspend of (£223k) in respect of SORT disposal costs. Offsetting these projected underspends are higher than anticipated tonnages at Household Waste Sorting Sites. Excluding additional Trade contract waste disposal costs of £90k (which is offset by additional income within HWSS & Infrastructure) and taking into account a contribution of (£100k) from Housing Leeds to reflect increased volumes, these are projected to cost an additional £372k. All other variations, including a £35k staffing saving and other actions to address areas of overdspend are anticipated to reduce the overall position by a further (£173k).

Budget Management - net variations against the approved budget;

Summary By Service

				PROJECTED VARIANCES											
	Expenditure Budget £'000	Income Budget £'000	Latest Estimate £'000	Staffing £'000	Premises £'000	Supplies & Services £'000	Transport £'000	Internal Charges £'000	External Providers £'000	Transfer Payments £'000	Capital £'000	Appropriation £'000	Total Expenditure £'000	Income £'000	Total (under) / overspend £'000
Community Safety	8,800	(6,598)	2,202	(216)		(242)		(169)					(627)	524	**(103)**
Strategic Housing, SECC, Contracts	18,510	(9,392)	9,118	(506)	3	128	1	0	143				(231)	44	**(187)**
General Fund Support	(363)	(408)	(771)	807		174	1						982	0	**982**
Leeds Building Services	45,305	(51,376)	(6,071)	(280)	139	3,405	(188)						3,076	(3,076)	**0**
Parks & Countryside	29,338	(21,309)	8,029	(6)	(4)	938	(49)	117					996	(1,006)	**(10)**
Waste Strategy and Disposal	20,429	(5,749)	14,680	(35)		(65)	(3)						(103)	(7)	**(110)**
Household Waste Sites & Infrastructure	4,502	(480)	4,022	100	17	10	12						139	(127)	**12**
Refuse Collection	16,678	(375)	16,303	52	(1)			3					54		**54**
Environmental Action	15,429	(4,343)	11,086	(526)	69	(63)	119	(24)					(425)	76	**(349)**
Environmental Health	3,129	(765)	2,364	(153)		22	4	32					(95)	8	**(87)**
Car Parking	5,002	(12,614)	(7,612)	(192)	19	28	13	5					(127)	(172)	**(299)**
Total	**166,759**	**(113,409)**	**53,350**	**(955)**	**242**	**4,335**	**(90)**	**(36)**	**143**	**0**	**0**	**0**	**3,639**	**(3,736)**	**(97)**

Key Budget Action Plans and Budget Variations:

		Lead Officer	Additional Comments	RAG	Action Plan Value	Forecast Variation against Plan/Budget
A. Key Budget Action Plans					**£m**	**£m**
1.	Dealing Effectively with the City's waste	Andrew Lingham	FYE of Waste Strategy and assumes PFI at £53.3 for B1 tonnes; £0.3m for additional recycling performance	G	(4.5)	0.0
2.	HWSS Strategic Review	Andrew Lingham	Service still reviewing options but likely to be 2017/18. Other savings to be identified.	G	(0.1)	0.0
3.	Parks and Countryside additional income	Sean Flesher	Implement price rises, plus additional income at various attractions	G	(0.6)	0.0
4.	Leeds Building Services	Simon Costigan	**Identification of savings to fund PPPU costs**	A	(0.2)	0.0
5.	Car Parking	Helen Freeman	Review of Price tariffs and additional income target.	G	(0.2)	0.0
6.	WYP &CC grant use	Sam Millar	£713k funding budgeted but not confirmed therefore remains a risk. Share of £1m for WY districts now agreed.	G	(0.7)	0.0
7.	Savings in Housing related support programme	Neil Evans	FYE of 15/16 plus recommissioning of more SP contracts	G	(0.3)	0.1
8.	Directorate wide staffing reductions	Neil Evans	At period 9, pressure of £0.98m offset by staffing savings in services (see 6 and 10 below)	G	(1.2)	1.0
9.	Contract / Procurement Savings / Line by Line		Budgeted contract savings target (£358k). Paper/card recycling savings identified (£50k), further savin	G	(0.3)	0.0
10.	All Other action plan items			G	(0.1)	0.0
				Sub Total	(8.4)	
B. Other Significant Variations						
1.	Waste Disposal Costs	Andrew Lingham	Net budget £15.7m for 329.2k tonnes of waste; -£75k variation at P9			(0.1)
2.	Refuse Collection staffing costs	Tom Smith	£12.2m pay budget in service; £54k variation anticipated at P9			0.1
3.	Refuse Collection vehicle costs	Tom Smith	Repairs £0.7m; Fuel £1.2m. Fuel nil variance at P9 (price increases offset by volume variations)			0.0
4.	Car Parking BLE / PCN income	Helen Freeman	BLE £1.4m ; PCN's £2.3m. (£110k) variance projected at P9			(0.1)
5.	Car Parking Fee Income	Helen Freeman	£8.4m budget increase of £810k from 15/16.(Introduced new WHLCP increased by 50p June 2016)			(0.1)
6	Environmental Action staffing	Helen Freeman	£13.5m pay budget in service			(0.5)
7	Property Maintenance	Simon Costigan	Budgeted surplus of £5.2m required to be delivered. Service currently operating with £8.9m WIP			0.0
8	Parks and Countryside - Attractions	Sean Flesher	£1.7m Income budget (incl: TWorld £1.3 m budget)			0.0
9	Parks and Countryside - Bereavement Services	Sean Flesher	£6.3 m budget			0.0
10	All other variations, mainly staffing		Includes Community Safety £0.1m, Car Parking £0.2m, Housing Support/Partnership £0.2m			(0.5)
				Environment & Housing - Forecast Variation		**(0.1)**

STRATEGY AND RESOURCES

FINANCIAL DASHBOARD - 2016/17 FINANCIAL YEAR

MONTH 9

Overall
Action plans are generally on line to deliver the budgeted savings. The only area currently expected to create a pressure is income within the PPPU which means that Strategy & Resources is currently reporting a net overspend of £49k.

Strategy & Improvement
Strategy and Improvement are projecting a £25k underspend at month 9.

Finance
The overspend in staffing has reduced due to ELI leavers. There has been an increase in supplies as services costs in the Revenues Division, mainly postage charges, but a balanced position is still projected by year end.

Human Resources
HR plan on meeting the £371k efficiency savings incorporated in the budget, through freezing recruitment and the use of the early leavers initiative.

Information Technology
Saving target of £650k implemented during the budget setting process is expected to be achieved.

PPPU
Based on current projections, the Unit will be £185k overspent at year end. Even though there is an underspend on pay of £720k and a freeze on posts is in place, income is projected £813k less than budget. The main reasons for the shortfall in income are the fall out of NGT (£619k), Health Transformation (£81k) and various capital schemes. PPPU's Increased income had improved the projection from previous months, but this remains a significant risk area for the Directorate.

Legal Services
Legal are currently under budget on staffing by £160K and all expenditure budgets are online. There is a risk that internal income will be significantly below budget, principally because of reductions in the Legal establishment. An action plan is, however, in place and the position is being closely monitored.

Democratic Services
Democratic Services are currently under budget on staffing by £29k and all expenditure budgets are online.

Budget Management - net variations against the approved budget

				PROJECTED VARIANCES											
	Expenditure Budget	Income Budget	Latest Estimate	Staffing	Premises	Supplies & Services	Transport	Internal Charges	External Providers	Transfer Payments	Capital	Appropriation	Total Expenditure	Income	Total (under) / overspend
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Strategy & Improvement	4,834	(472)	4,362	(83)	0	0	(4)		0	0	0	0	(87)	62	**(25)**
Finance	15,162	(6,775)	8,387	120	2	96	15	19	0	0	0	0	252	(252)	**0**
Human Resources	8,305	(1,915)	6,390	(167)	(2)	(27)	(24)	(45)	0	0	0	0	(265)	265	**0**
Information Technology	19,428	(6,074)	13,354	(95)	0	(80)	0	0	0	0	0	0	(175)	95	**(80)**
Projects, Programmes & Procurement	7,658	(6,085)	1,573	(720)	0	1	0	91	0	0	0	0	(628)	813	**185**
Legal Services	4,736	(6,915)	(2,179)	(160)	0	0	0	0	0	0	0	0	(160)	160	**0**
Democratic Services	4,944	(26)	4,918	(129)	0	0	0	0	0	0	0	0	(129)	0	**(129)**
Total	**65,067**	**(28,262)**	**36,805**	**(1,234)**	**0**	**(10)**	**(13)**	**65**	**0**	**0**	**0**	**0**	**(1,192)**	**1,143**	**(49)**

Key Budget Action Plans and Budget Variations:		Lead Officer	Additional Comments	RAG	Action Plan Value	Forecast Variation against Plan/Budget
A. Key Budget Action Plans					£m	**£m**
	Efficiencies					
1	Financial services	Doug Meeson	Further changes to way services provided, self service, less internal audit, centralisation.	G	0.76	0.00
2	HR	Lorraine Hallam	On-line advice, less HR input into low level cases, ELI and vacancy management	G	0.37	0.00
3	ICT staffing	Dylan Roberts		G	0.12	0.00
4	ICT Print Smart	Dylan Roberts	Further efficiencies on top of those delivered in 2015/16	G	0.10	0.00
5	Legal Services	Catherine Witham		G	0.05	0.00
6	Corporate Communications and intelligence	Mariana Pexton	Staffing and efficiency savings, mainly within the Communications Team	G	0.38	-0.03
7	Democratic services	Catherine Witham	Staffing and efficiency savings. Member pension saving	G	0.12	-0.13
8	ICT procurement savings	Dylan Roberts	Modernisation of telephony	G	0.33	0.00
9	PPPU	David Outram	Significant reduction in Procurement particularly low value procurements. Additional external income	R	0.66	0.19
	Additional income - traded services, partner ar					
10	ICT	Dylan Roberts	Provision of managed service to WY Joint Services	G	0.15	0.00
B. Other Significant Variations						
	Net effect of all other variations					-0.08
			Strategy and Resources Directorate - Forecast Variation			**(0.05)**

CITIZENS AND COMMUNITIES

FINANCIAL DASHBOARD - 2016/17 FINANCIAL YEAR

MONTH 9

Overall
Budget action plans have been reviewed with each Chief Officer and at present it is anticipated that most plans will be achieved, though there is a pressure of £250k on Customer Access staffing costs. A projected underspend of £241k in Elections, Licensing and Registration along with forecast savings of £101k in Libraries gives an overall underspend of £97k for the Directorate as a whole.

Communities
The latest figures for Community Centres indicate a potential overspend of £50k, although this assumes no savings in utility costs (last year this was £50k) which could balance the overall position. We have also assumed a drop in income as Leeds City College will be moving out of St Barts/Strawberry Lane and generated £30k per year. Budget savings on Well Being, Youth Activities, and the Innovation Fund have been delivered. The full saving of 3rd Sector Infrastructure Grant will not be delivered in year but this will be offset by savings elsewhere within the service. The variances recorded below all relate to Migration Services and reflect some savings on staffing cost due to delayed recruitment and transfer of income in year to reserve. Overall the service will balance to resources in year.

Customer Access
Savings targets built in to the budget for 2016/17 are challenging and there is a significant amount of work involved in developing the Community Hubs.
The budget for 2015/16 had a saving of £100k built in for Community Hubs and there is a further £100k saving for 2016/17. Demands on staffing are significant and development of the Hub approach as well as integration of the Branch Library Service has resulted in some additional cost. It is unlikely that the saving will be delivered in year are we are currently forecasting the staffing pressure could result in an overspend of approx £250k. Some of the additional staffing costs relates to project resource required to deliver the outcomes of an Executive Board Report approving £4.6m of capital spend to develop the retained assets that are becoming the hub sites to allow both service integration and release of surplus assets.

The Transactional Web savings of £200k relate to staffing costs in the Contact Centre and these are currently on line to be delivered.

The figures this month reflect the transfer of the Libraries service from City Development to Citizens and Communities. Overall, an underspend of £101k is expected, comprising a savings of £89k on staffing, £40k running costs as well as a shortfall in income of £28k.

Elections, Licensing & Registration
Staffing costs at Period 9 continue to be underspent, by £50k. Additional staffing requirements previously identified in Vehicle Licensing have been delayed, resulting in a saving on staffing of £31k. Staffing savings also arise in Registrars and Entertainment Licensing which are £12k and £8k underspent respectively. N.b. A virement for £96k is required for the final EU referendum staffing costs which arose in Pd 9.

The collection of income continues to do well and is reflected in the projections for 16/17. A total of £197k of projected income in excess of the budget has been identified at this stage in the year, this arises across three areas: Registrars £115k, Local Land Charges £53k and Entertainment Licensing £30k.

A clearer picture of the grant funding due in relation to last year's General Election and this year's PCC Election and EU Referendum has now been ascertained. EU referendum costs have exceeded grant funding available by £100k, this will have to be funded by the council. Furthermore, a shortfall of £21k in funding for the 2015 General Election has been identified. This is offset in part by additional income of £54k received in relation to the 2014 European Elections. It is anticipated the remaining overspend can be covered by savings in the base budget and that the savings of £52k in the Elections budget, identified in period 7 can still be achieved, this will be reviewed in coming months. Budget virements will be done in period 10 to deal with the large variances appearing in Elections.

Benefits, Welfare and Poverty
Staffing and overtime costs are projected to be £58k below the staffing budget. There have been a number of windfall grants all of which have now been reflected in the projection, ie Pension Assessed Income, Temporary Absence, Family Premium which relate to the DWP New Burdens. In addition the FERIS and Single Fraud grants have been used to fund the increased cost of additional off-site processing work.

The Local Welfare Support Scheme is projecting to underspent by £300k - with some aspects of the spend on a 5 month delay, prior years orders rolled into 16/17 are currently being completed.

Housing Benefit Overpayments have reduced in line with the overall reduction in HB payments, so too has the average value of each overpayment. In addition the number and value of overpayments generated through data matching with DWP and HMRC have reduced significantly despite the number of referrals being received by the LA remaining at a similar level to previous years. However proactive work has been ongoing during recent months with interventions based on medium risk cases - this has resulted in an increase in overpayment income projections compared to earlier months in the year.

This year's initiative to identify further cases where Single Person Discount has been incorrectly claimed is proving successful and the projected additional income by year end is £652k against the £280k reflected in the budget. This income is accounted for within the Collection Fund, so doesn't show within the Citizens and Communities revenue position.

Budget Management - net variations against the approved budget

				PROJECTED VARIANCES											
	Expenditure Budget	Income Budget	Latest Estimate	Staffing	Premises	Supplies & Services	Transport	Internal Charges	External Providers	Transfer Payments	Capital	Appropriation	Total Expenditure	Income	Total (under) / overspend
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Communities	12,452	(6,900)	5,552	(60)	50	132	(3)	21	0	0	0	43	183	(188)	**(5)**
Customer Access	23,230	(2,761)	20,469	161	(2)	(35)	(2)	(1)	0	0	0	0	121	28	**149**
Elections, Licensing & Registration	7,474	(6,749)	725	45	276	(51)	(5)	(11)	0	0	0	0	254	(497)	**(243)**
Benefits, Welfare and Poverty	287,302	(284,390)	2,912	(58)	8	338	(14)	88	0	679	0	0	1,041	(1,041)	**0**
Total	**330,458**	**(300,800)**	**29,658**	**88**	**332**	**384**	**(24)**	**97**	**0**	**679**	**0**	**43**	**1,599**	**(1,698)**	**(99)**

Key Budget Action Plans and Budget Variations:		Lead Officer	Additional Comments	RAG	Action Plan Value	Forecast Variation against Plan/Budget
A. Key Budget Action Plans					£m	£m
Efficiencies						
	Community hubs	Lee Hemsworth	Efficiencies from bringing services together, linked to Phase 1 and 2 of the capital investment in the service	R	0.10	0.25
	Running costs	Shaid Mahmood	Main savings in Communities	G	0.29	0.00
	Transactional web	Lee Hemsworth	Further savings from the implementation of transactional web, mainly staffing	G	0.20	0.00
	Registrars	John Mulcahy	Review of costs and income	G	0.07	0.00
	Asset savings	Shaid Mahmood/Lee Hemsworth	Savings in line with the asset management plan for closure of buildings and move of some HRA functions into the Community Hubs	G	0.12	0.00
	Staffing Savings (Libraries)	Lee Hemsworth	Staffing efficiency target	G	0.02	0.00
	Other	All CO's	£64k from PPE, printing and mail	G	0.10	0.00
Changes to service						
	Third sector infrastructure grant	Shaid Mahmood	Grant reduction	G	0.07	0.00
	Reduction in wellbeing and youth activities	Shaid Mahmood	Reduction in budget	G	0.20	0.00
	Innovation Fund	Shaid Mahmood	Budget reduction	G	0.05	0.00
	Service Reductions	Lee Hemsworth	Book Fund	G	0.10	0.00
	Service Reductions	Lee Hemsworth	In year Savings	G	0.10	0.00
Additional income - traded services, partner and other income						
	Housing benefits overpayments	Steve Carey	Level of overpayments down compared to last year. Projections still assume that the trend will pick up and the budget will be met, although this is a significant risk area.	R	0.35	0.60
	Council Tax Single Person Discount	Steve Carey	£500k now projected - incidence in the Collection Fund	G	0.00	0.00
	Advice consortium and welfare rights	Steve Carey	HRA contribution relating to under occupancy and rent arrears	G	0.20	0.00
	Local Welfare Support Scheme	Steve Carey	HRA contribution in respect of support of Council tenants	G	0.10	0.00
					2.07	
B. Other Significant Budgets						
	Net effect of all other variations					**-0.95**
			Citizens and Communities Directorate - Forecast Variation			**-0.10**

PUBLIC HEALTH
FINANCIAL DASHBOARD - 2016/17 FINANCIAL YEAR
MONTH 9

Overall

The allocation of the ring fenced Public Health grant for 2016-17 is £46,630k, this includes an additional £4,993k of funding for the full year effect for the 0-5 years services (Health Visiting and Family Nurse Partnership) which transferred to LCC in October 2015 less the continuing and significant reduction to the ring-fenced grant allocation.

The 2016/17 budget reflects savings of £1.1m from successful consultation and negotiation with our partners and providers including 3rd Sector and NHS providers. In addition savings have been made from the Public Health funding which is provided across Council directorates to support joint commissioning and commissioning of Council run services resulting in £355k of savings. Savings of £955k have been found from Public Health programme budgets, vacant posts, support services and running costs.

Detailed Analysis

The planned saving of £233k as part of the transfer of the TB contract will not materialise, though work to find compensating savings is now completed and is currently predicted to slightly over-achieve. Due to overtrading of sexual health services, provision was made for anticipated costs. However it is likely that these costs will not materialise in full therefore resulting in savings to compensate for this risk.

Due to staff turnover and vacant posts on hold as a result of a review to prioritise critical posts that need to be filled, pay costs are projected to be £178k underspent on the general staffing budget, though some staff are now working on income funded projects. Work is continuing to identify potential financial pressures particularly in relation to costs associated with the new drugs and alcohol contract and Public Health activity contracts which are paid based on demand and some on NHS tariff. Activity data for quarter 2 has now been verified and has shown a significant reduction in activity.

Overall, this means that the grant funded budgets are projected to be £713k underspent. This underspend will be used to reduce the £1,326k required from reserves to fund the budget shortfall, meaning that the funding required from reserves is now expected to be £613k.

In Supporting People there are a number of vacancies and recruitment delays which has resulted in a projected underspend of £79k, though this is partly offset by a slight increase in running costs and a corresponding reduction in income of £50k

Budget Management - net variations against the approved budget

				PROJECTED VARIANCES											
	Expenditure Budget	Income Budget	Latest Estimate	Staffing	Premises	Supplies & Services	Transport	Internal Charges	External Providers	Transfer Payments	Capital	Appropriation	Total Expenditure	Income	Total (under) / overspend
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Public Health Grant		(46,630)	(46,630)	0	0	0	0	0	0	0	0	0	0	0	**0**
Staffing and General Running Costs	5,030		5,030	(178)	0	13	(7)	(6)	0	0	0	0	(178)	(31)	**(209)**
Commissioned and Programmed Services:															
- General Public Health	208		208	0	0	0	0	0	(42)	0	0	0	(42)	0	**(42)**
- Population Healthcare	278		278	0	0	0	0	0	0	0	0	0	0	0	**0**
- Healthy Living and Health Improvement	15,326	(140)	15,186	0	0	(2)	0	0	(103)	0	0	0	(105)	(160)	**(265)**
- Older People and Long Term Conditions	2,463	(149)	2,314	36	1	154	0	9	38	0	0	0	238	(394)	**(156)**
- Child and Maternal Health	14,078	(18)	14,060	0	0	1	0	(4)	(42)	0	0	0	(45)	0	**(45)**
- Mental Wellbeing and Sexual Health	9,248		9,248	38	0	(13)	0	11	119	0	0	0	155	(377)	**(222)**
- Health Protection	906	(100)	806	0	0	0	0	0	251	0	0	0	251	(25)	**226**
Transfer From Reserves		(500)	(500)									713	713		**713**
Supporting People	964	(637)	327	(79)	1	2	0	0	0	0	0	0	(76)	50	**(26)**
Drugs Commissioning	1,260	(1,260)	0	0	0	4	0	0	(4)	0	0	0	0	0	**0**
Total	**49,761**	**(49,434)**	**327**	**(183)**	**2**	**159**	**(7)**	**10**	**217**	**0**	**0**	**713**	**911**	**(937)**	**(26)**

Key Budget Action Plans and Budget Variations: A. Key Budget Action Plans	Lead Officer	Additional Comments	RAG	Action Plan Value £m	Forecast Variation against Plan/Budget £m
Efficiencies					
- General efficiencies on contracted services	Ian Cameron	A combination of reductions in demand, expiry of contracts, ending one-off contributions and activities now funded by other contracts or organisations	G	0.80	0.00
- Staff savings	Ian Cameron	Reduction in staffing pay budget through vacant posts on hold and vacancy management throughout 2016/17	G	0.42	0.00
Review of commissioned services					
Third Sector					
- Savings on contracts due to expire	Ian Cameron	5% saving on 22 contracts due to expire. Areas covered community development, food and nutrition, vulnerable groups, older people, sexual health, domestic violence, mental health, cancer screening, children's physical activity, obesity and breast feeding. All affected 3rd Sector providers have confirmed their acceptance of the 5% saving, public health contract managers continue to provide support to all providers.	G	0.16	0.00
- Drugs and alcohol services	Ian Cameron	Initial consultation with provider has taken place, further discussions are planned.	G	0.20	0.00
- Drug Intervention Programme and Integrated Offender Management	Ian Cameron	Consultation with partners and providers have begun in order to realise savings.	G	0.38	0.00
- Savings on existing contracts	Ian Cameron	Contracts affected include Health Visiting, School Nursing, Healthy Lifestyles, Smoking Cessation, Weight Management, Infection Control. Consultation with NHS provider has started, further discussions planned.	G	0.29	0.00
- Transfer of TB service to NHS provider	Ian Cameron	Following consultation with NHS Partners this saving will not be realised	R	0.23	0.23
Leeds City Council services	Ian Cameron	In response to this proposed reduction in public health funding in 16/17 to council provided services, £1.3m of non-recurrent earmarked reserves will be used to maintain services to March 17. LCC directorates and heads of finance have confirmed savings have been achieved and implemented either by absorbing the saving or in consultation with relevant provider.	G	1.75	0.00
Programmed budgets	Ian Cameron	Programme budgets removed for area health priorities across ENE, S&E and WNW. Adult public health programmes including drugs and alcohol, mental health, sexual health, infection control and fuel poverty. Children's public health programmes including obesity, breastfeeding, alcohol, drugs infant mortality and oral health.	G	0.60	0.00
B. Other Variations					
Projected underspend on staffing costs					(0.18)
Net effect of all other variations					(0.07)
		Public Health - Forecast Variation			**(0.02)**

CIVIC ENTERPRISE LEEDS
FINANCIAL DASHBOARD - 2016/17 FINANCIAL YEAR
MONTH 9

Overall
The overall projected position at period 9 is an overspend of £375k explained by a £200k overspend against the Catering net budget plus a £175k overspend against the CPM budget. The Catering overspend is mainly as a result of the marginal impact of the 7 schools which have been lost to the service plus the marginal impact of a shortfall against the adjusted meal numbers. Although there is a £200k shortfall against the budgeted return, the traded part of Catering is projecting an overall return of £1.5m. The CPM overspend is as a result of security expenditure on the old Eastmoor Secure unit building, an unsafe grade II listed building pending attainment of the necessary Planning approvals before it can be partially demolished.

Business Support Centre
BSC are forecast to be on track to meet their 2016/17 savings target of £400k which is to be achieved through the freezing of posts and ELIs.

Commercial Services
The Commercial Services overspend of £200k is, as explained above, accounted for by the marginal impact of the 7 schools which were lost from the Catering service plus the marginal impact of a shortfall against the adjusted meal numbers. As stated earlier, although there is a £200k shortfall against the budgeted return, the traded part of Catering is projecting an overall return of £1.5m. The projected overspend on staffing is mainly within the Cleaning Service and is offset by additional income. Work will be done with the Head of Service to identify the permanent resources requirement and income so that a virement can be done to ensure an accurate expenditure and income budget moving forward for Cleaning Services. Once this budgetary realignment is done, this will show that following the implementation of day time cleaning in civic buildings (thus avoiding premium staffing payments) and reduced cleaning frequencies and using the ELI initiative, the service is on track to meet the £200k savings from a lower cleaning specification included in the 2015/16 base budget and should provide a platform for savings in the following financial year.

Facilities Management
A balanced position is projected at month 8 although there are risks around accruals for services charges for the two joint service centres going back to 2013/14. The payment of these charges is being dealt with by Legal Services . There is also a potential risk on savings assumed in the Asset Rationalisation programme for Merrion House NNDR where, following advice, an accrual of £430k has been provided in 2015/16.

Corporate Property Management
An overspend of £175k is projected to month 9 after which assuming budgeted savings of £150k staffing and £450k on building maintenance will be achieved. The overspend is a result of security expenditure incurred on the old Eastmoor Secure unit building, an unsafe grade II listed building pending attainment of the necessary Planning approvals before it can be partially demolished.

Budget Management - net variations against the approved budget

				PROJECTED VARIANCES											
	Expenditure Budget	Income Budget	Latest Estimate	Staffing	Premises	Supplies & Services	Transport	Internal Charges	External Providers	Transfer Payments	Capital	Appropriation	Total Expenditure	Income	Total (under) / overspend
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Business Support Centre	15,269	(5,590)	9,679	(97)	8	40	0	0	0	0	0	0	(49)	49	**0**
Commercial Services	59,532	(56,815)	2,717	961	(59)	309	(142)	0	1	0	0	0	1,070	(870)	**200**
Facilities Management	10,088	(4,123)	5,965	(161)	11	7	0	0	0	0	0	0	(143)	143	**0**
Corporate Property Management	5,959	(587)	5,372	0	175	0	0	0	0	0	0	0	175	0	**175**
Total	**90,848**	**(67,115)**	**23,733**	**703**	**135**	**356**	**(142)**	**0**	**1**	**0**	**0**	**0**	**1,053**	**(678)**	**375**

Key Budget Action Plans and Budget Variations:		Lead Officer	Additional Comments	RAG	Action Plan Value	Forecast Variation against Plan/Budget
A. Key Budget Action Plans					£m	£m
1	Asset rationalisation	Sarah Martin	Savings from: 1&3 Reginald Terr £29k, Belgrave Hse £60k, Deacon Hse £30k, South Pudsey Centre £25k, Tribecca £110k	G	0.29	0.0
2	Maintenance of council buildings	Sarah Martin	Reduce responsive maintenance	G	0.60	0.0
3	Catering Savings	Mandy Snaith	Agency staff	G	0.05	0.0
4	Energy	Sarah Martin	Impact of energy efficiency measures	G	0.05	0.0
5	BBM - admin, mail and print	Helena Phillips	Significant changes in respect of business processes required to deliver these savings across 4 contract areas.	G	0.37	0.0
6	Vehicle Fleet	Terry Pycroft	Extend life of light commercial vehicles	G	0.20	0.0
7	Recover cost of living wage	Richard Jackson	Recover from Property Cleaning.	G	0.20	0.0
8	Catering additional income.	Mandy Snaith	Increased income/efficiencies.	G	0.05	0.0
9	Additional MOT income.	Terry Pycroft	Increase number of MOTs undertaken.	G	0.03	0.0
10	Recovery of cleaning charges.	Les Reed	Recovery of charges from Savings proposals being Savings proposals Savings proposals Savings proposals Savings proposals being actioned but	G	0.07	0.0
B. Other Significant Variations						
1	Net effect of all other variations			R		0.4
			Civic Enterprise Leeds - Forecast Variation			**0.4**

STRATEGIC & CENTRAL ACCOUNTS - 2016/17 FINANCIAL YEAR
FINANCIAL DASHBOARD - MONTH 9 (APRIL TO DECEMBER)

At month 9, the strategic & central budgets are anticipated to underspend by £5.4m with the key variations identified below: -

- Debt - a forecast pressure of £0.8m due to the conversion of short-term debt to long-term to take advantage of low long-term interest rates (net of additional prudential borrowing re strategic fund investment acquisitions).

- An underspend of £9.3m in the MRP charge to revenue, due to updating asset lives used in the calculation, resulting in an overprovision from previous years

- A reduction in the New Homes Bonus income of £4.7m following the announcement of changes to the scheme in the provisional local governmnet finance settlement.

- Staffing cost pressure of £0.3m, being the anticipated cost of the new Leeds City Council minimum pay rate effective from January 1st.

- Section 278 income - a potential £1.8m risk due to lower levels of development activity and a shortfall of £0.4m shortfall in income from court costs.

- Procurement - a £1.9m variation which reflects that the procurement and PFI savings will be managed through directorate budgets.

- Savings of £2m from the additional capitalisation of eligible spend in general fund and school budgets.

- Savings of £2.0m on the levy contribution to the business rates.

- Joint Committee - £0.1m anticipated overspend for the Coroners' services.

Budget Management - net variations against the approved budget

				PROJECTED VARIANCES											
	Expenditure Budget £'000	Income Budget £'000	Latest Estimate £'000	Staffing £'000	Premises £'000	Supplies & Services £'000	Transport £'000	Internal Charges £'000	External Providers £'000	Transfer Payments £'000	Capital £'000	Appropriation £'000	Total Expenditure £'000	Income £'000	Total (under) / overspend £'000
Strategic Accounts	(11,480)	(32,488)	(44,422)	300		1,790					(2,000)	(878)	(788)	5,225	**4,437**
Debt	24,380	(1,103)	23,277								(7,922)		(7,922)	(530)	**(8,452)**
Govt Grants	3,015	(26,434)	(23,419)										0	(1,520)	**(1,520)**
Joint Committees	37,411	0	37,411			95							95		**95**
Miscellaneous	2,450	(1,311)	1,139										0		**0**
Insurance	9,831	(9,831)	0			3,303		(118)				122	3,306	(3,306)	**0**
Total	**65,607**	**(71,167)**	**(6,014)**	**300**	**0**	**5,188**	**0**	**(118)**	**0**	**0**	**(9,922)**	**(756)**	**(5,309)**	**(131)**	**(5,440)**

STRATEGIC & CENTRAL ACCOUNTS - 2016/17 FINANCIAL YEAR

Key Budget Action Plans and Budget Variations:

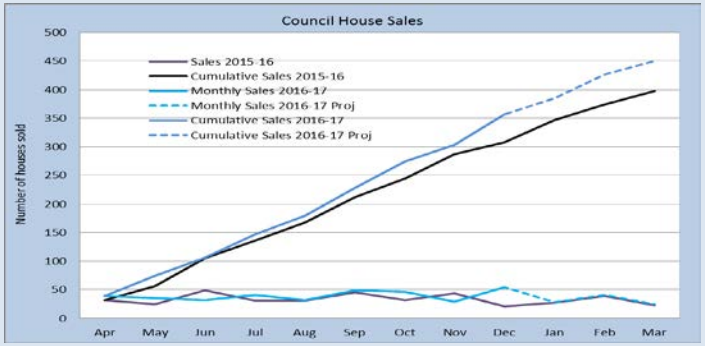
		Lead Officer	Additional Comments	RAG	Budget	Forecast Variation against Budget
A. Major Budget Issues					**£m**	**£m**
1.	Debt Costs and External Income	Doug Meeson	Latest projection of increased debt costs due to new long term borrowing (net)	A	13.0	0.8
2.	Minimum Revenue Provision	Doug Meeson	An underspend of £9.3m due to the updating of asset lives used in the MRP calculation, which results in an overprovision from previous years.	A	10.3	(9.3)
3.	New Homes Bonus	Doug Meeson	Expected shortfall £4,760k based upon 2017/18 revised settlement	R	(19.2)	4.8
4.	Business Rates (S31 Grants, Tariff adjustment & EZ)	Doug Meeson	Tariff adjustment £480k; no longer keeping £370k EZ reliefs, but expecting extra £150k retained EZ share	A	(7.1)	0.3
5.	S278 Contributions	Doug Meeson	Potential risk of £1.8m depending on development activity to the year-end	A	(5.2)	1.8
6.	General capitalisation target	Doug Meeson	Capitalisation of eligible spend in directorate/service revenue budgets.	A	(3.0)	(1.0)
7.	Schools capitalisation target	Doug Meeson	Capitalisation of eligible spend in school revenue budgets.	A	(2.5)	(1.0)
8.	Corporate Savings Target	Doug Meeson	Centrally-held budget savings target. Actual savings will be shown in Directorate budgets.	A	(1.0)	0.9
9.	PFI Contract Monitoring Target	David Outram	Budget held in the strategic accounts pending confirmation of where the reductions in expenditure will be achieved	A	(0.9)	0.9
10.	Early Leaver Initiative	Doug Meeson	£2m earmarked reserve established to fund the severance costs in 2016/17.	A	0.0	0.0
11	Joint Committee - Coroners Services	Doug Meeson	£95k over spend projected at mth 6 due to dilapidations claim at Symons House and a large interpreter fees, partially offset by staffing cost savings	G	0.0	0.1
B. Other Significant Budgets						
1.	Insurance	Doug Meeson	Potential additional costs in-year which will be managed through the Insurance Reserve	A	0.0	0.0
2.	Business Rates Levy	Doug Meeson	Savings anticipated from levy	G	3.0	(2.0)
3.	Prudential Borrowing Recharges	Doug Meeson	Contra budgets in directorate/service accounts.	G	(11.9)	0.0
4	Earmarked Reserves	Doug Meeson	Use of capital reserve	G	0.0	(0.9)
5	Bridgwater Place	Doug Meeson	Compensation to be received from the developer.	G	0.0	0.0
6	Income	Doug Meeson	Income from Court fees £400k; Review of LBS charging levels	A	0.0	(1.2)
7	Living Wage	Doug Meeson	Estimated impact of Jan rise to £8.25/ hour	A	0.0	0.3
			Strategic & Central Accounts - Forecast Variation			**(5.4)**

Housing Revenue Account - Month 9 (December 2016)
Financial Dashboard - 2016/17 Financial Year

Summary of projected over / under spends (Housing Revenue Account)

Directorate	Current Budget	Projected Year End Spend	Variance to budget	Comments	Previous period variance
	£000	£000	**£000**		£000
Income					
Rents	(218,375)	(218,286)	**89**	Projected rent lower than budget due to stock numbers being less than anticipated during budget setting.	133
Service Charges	(6,443)	(6,410)	**34**	Reduction in income from heatlease and sheltered accommodation.	43
Other Income	(29,305)	(29,812)	**(507)**	Mears Gainshare (£490k), PFI PTC (£125k), increase in RTB sales fee income (£91k), Capital contribution for biomass project (£50k), offsetting reduction in tenant insurance £50k. Other small variances (£12k). Lower projected income on capitalised salaries due to vacant posts £212k.	78
Total Income	**(254,123)**	**(254,507)**	**(384)**		**254**
Expenditure					
Disrepair Provision	1,000	1,620	**620**	Projection due to increase in new cases which is anticipated to continue.	500
Repairs to Dwellings	43,548	43,548	**-**		-
Council Tax on Voids	663	725	**62**	Current charges indicate overspend.	62
Employees	27,792	26,820	**(972)**	Vacant posts (£1204k) and training saving (£64k) offsetting agency staff (includes disrepair) £210k and severance costs £86k.	(910)
Premises	7,013	7,025	**12**	Increase in cleaning charges £77k, Site maintenance costs at Navigation House £31k. Offset by savings on NNDR (£15k) and utilities (£81k)	12
Supplies & Services	5,259	5,376	**117**	Large insurance claims £249k, LLBH PFI consultants (£12k). Offset by Tenant Mobility saving (£75k), Reduced transaction charges (£51k) and other minor variations £6k.	139
Internal Services	38,473	38,437	**(36)**	Increase in charges for RTB work £196k and PPPU recharges for PFI £92k. Part-offset by a reduction in GF recharges to the HRA (£249k) and Regeneration team recharge (£69k). Other small variance (£6k).	(111)
Capital Programme	73,041	73,041	**-**		-
Appropriations	(7,115)	(6,835)	**280**	Large insurance claims (£249k), PFI appropriation adjustment £39k, Mears Gainshare to General Reserve £490k.	(185)
Unitary Charge PFI	8,101	8,107	**6**	PFI scheme adjustments: UC £52k; PTC £179k; RTB (£65k); Access Refusals (£101k); Benchmarking (£58k)	(66)
Capital Charges	49,159	49,175	**16**	Interest receivable lower than budgeted	68
Other Expenditure	7,189	7,062	**(126)**	Leeds Tenant Federation - in line with 2016/17 negotiations (£50k), Transport cost reforecast (£76k).	(377)
Total Expenditure	**254,123**	**254,102**	**(21)**		(868)
Total Current Month	**0**	**(405)**	**(405)**		**(614)**

Housing Revenue Account - Month 9 (December 2016)
Financial Dashboard - 2016/17 Financial Year

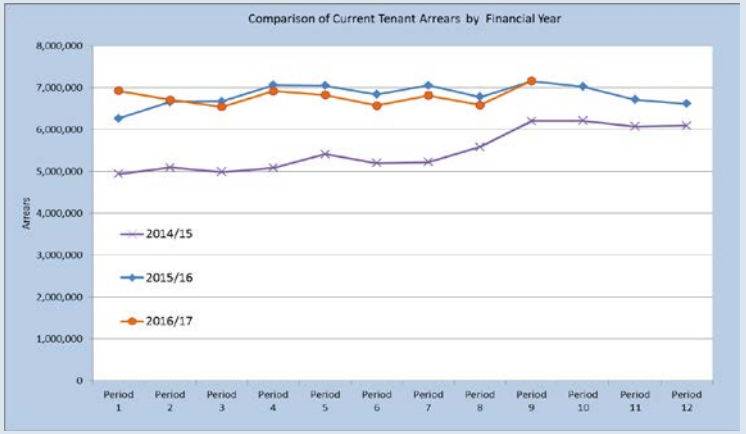


Change in Stock	Budget	Projection
Right to Buy sales*	380	450
New Build (PFI)	(93)	(93)
New Build (Council House Growth)	(142)	(142)
Total	**145**	**215**

* actual sales as at the end of Period 9 - 357

Right to Buy Receipts	2015/16 Actual	2016/17 Projection
Total Value of sales (£000s)	18,057	23,071
Average Selling Price per unit (£000s)	45	51
Number of Sales*	397	450
Number of Live Applications	892	1,051

	2015/16	2016/17	Variance
	£000	£000	**£000**
Arrears (Dwelling rents & charges)	**Week 39**		
Current Tenants	7,148	7,164	**16**
Former Tenants	3,508	4,016	**508**
	10,656	11,180	**524**
Under occupation	**Week 35**		
Volume of Accounts	5,078	4,609	**(469)**
Volume in Arrears	2,628	2,211	**(417)**
% in Arrears	52%	48%	**-4%**
Value of Arrears	825	581	**(244)**
Collection Rates	**Week 35**		
Dwelling rents	97.24%	97.16%	**-0.08%**
Target	98.06%	97.50%	
Variance to Target	-0.82%	-0.34%	-0.08%



Report author: Steven Courtney
Tel: 247 4707

Report of Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adult Social Services, Public Health, NHS)

Date: 21 February 2017

Subject: Work Schedule (February 2017)

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

1 Purpose of this report

1.1 The purpose of this report is to consider the progress and development of the Scrutiny Board's work schedule for the current municipal year (2016/17).

2 Summary of main issues

2.1 At the Scrutiny Boards first meeting of the municipal year (2016/17) in June 2016, the Board identified a number of matters for consideration during the course of the year, including:

- Length of hospital stay / delayed discharges, including the role intermediate care services.
- Men's health – following publication of the State of Men's Health in Leeds report.
- CCG updates, particularly in relation to the new role as commissioners of primary care services.
- Specific activity around Adult Safeguarding
- CQC inspection outcomes – including the outcomes from inspections at Leeds Teaching Hospitals NHS Trust (LTHT) and Leeds and York Partnership NHS Foundation Trust (LYPFT).
- Budget monitoring for Adult Social Services and Public Health.
- Focussed work on budgets, e.g. budget pressure likely to impact on the delivery of Child and Adolescent Mental Health Services (CAMHS) and Targeted Mental Health Services (TaMHS) services through the single point of access, including an analysis of referrals into Child and Adolescent Mental Health Services across Leeds.

- The use of Pre-Exposure Prophylaxis (PrEP) in preventing the spread of HIV infection.
- Development of integrated care through joint health and social care teams.

2.2 Following discussions with Leeds Community Healthcare NHS Trust in response to the Board's statement on changes to service locations, the Board also agreed to consider the emerging overview of the use of the built estate across the health and social care sector in Leeds.

2.3 Other specific matters discussed included:

- Scrutiny Board (Environment and Housing) progressing an inquiry regarding Air Quality, with representatives from other relevant Scrutiny Board's invited to take part.
- The West Yorkshire Joint Health Overview and Scrutiny Committee focusing on the West Yorkshire Sustainability and Transformation Plan and the associated implications, specifically around patient flows to acute hospitals.

2.4 A range of other matters have also been considered during the course of the year, including Renal Patient Transport and Children's Epilepsy Surgery Services.

2.5 The Board's outline work schedule for the remainder of the municipal is presented at Appendix 1.

2.6 In order to consider and address matters as they arise during the course of the year, it is important to retain sufficient flexibility in the Board's work. It is also important to recognise that the work schedule presented may be subject to change and should be considered to be indicative rather than precisely definitive.

2.7 In order to deliver the work schedule, the Board has needed to take a flexible approach and undertaken some activities outside the formal schedule of meetings – such as working groups and site visits, where this is deemed appropriate. This flexible approach has also required some additional formal meetings of the Scrutiny Board.

Working Groups

2.8 In early February 2017, the Scrutiny Board held a working group to consider progress of the Executive Board's decision in relation to The Green. A summary of the issues considered from each working groups will be presented to the Scrutiny Board for information and/or consideration.

3. Recommendations

3.1 The Scrutiny Board (Adult Social Services, Public Health, NHS) is asked to:

(a) Consider, comment on and agree any amendments to the work schedule for the remainder of the 2016/17 municipal year.
(b) Consider other aspects of this report and agree any further scrutiny activity and/or actions.

4. Background papers[1]

4.1 None used.

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

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SCRUTINY BOARD
(ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)

APPENDIX 1

2015/16 WORK SCHEDULE

Title	April	May	Unscheduled/ Carry Forward
Integrated Health & Social Care Teams	Scrutiny Board report / statement for agreement - possibly combine with primary care report		
Air Quality			Consider as Inquiry area for 2016/17
Primary Care	Scrutiny Board report / statement for agreement		
* Access to GPs/ dentists			
* Workforce planning			
* Future plans for primary care			
* Some aspects of health inequalities			
Cancer Wait Times	Scrutiny Board report/ statement for agreement		

SCRUTINY BOARD
(ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)

APPENDIX 1

2015/16 WORK SCHEDULE

Title	April	May	Unscheduled/ Carry Forward
Involvement of 3rd Sector	Scrutiny Board report / statement for agreement		
Co-commissioning - specialised commissioning	To be confirmed		
Integrated performance reports			Consider arrangements for 2016/17
CQC Inspection outcome	Standing item LCH - progress LYPFT - progress LTHT - progress		Consider reporting arrangements for 2016/17
Care Act Implementation			Progress report from Dir ASC

SCRUTINY BOARD
(ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)

APPENDIX 1

2015/16 WORK SCHEDULE

Title	April	May	Unscheduled/ Carry Forward
Adult Safeguarding - Annual Report	Adult Safeguarding Update report		Annual Adult Safeguarding Report
Health Protection Board			Progress report on work of HPB
Director of Public Health - Annual Report			Annual Report (TBC) Review progress on previous recommendations
Quality Accounts - monitoring / development		Joint working group with HWL (May 2016)	
CAMHS & TaMHS			Regular monitoring of local transformation plan
Future provision of homecare			Progress report from Dir ASC

SCRUTINY BOARD
(ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)

APPENDIX 1

2015/16 WORK SCHEDULE

Title	April	May	Unscheduled/ Carry Forward
Children's Epilepsy			To be determined
Maternity Strategy	CCG progress report		
Children's Oral Health Plan	DPH progress report		
Budget performance/ proposals			
Public Health Budget Reduction			
Health Service Developments	W/G meeting		Confirm arrangements for 2016/17