

**Promoting a culture of speaking up and robust governance structures at LTHT
Public Board
28 March 2024**

Presented for:	Information and Assurance
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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	✓

Risk Appetite Framework				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Risk
Workforce Risk	✓	Workforce Retention Risk - We will deliver safe and effective patient care, through supporting the training, development and H&WB of our staff to retain the appropriate level of resource to continue to meet the patient demand for our clinical services	Cautious	↔ (same)
Operational Risk		Choose an item.	Choose an item	↔ (same)
Clinical Risk	✓	Patient Safety & Outcomes Risk - We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients.	Cautious	↔ (same)
Financial Risk		Choose an item.	Choose an item	↔ (same)
External Risk	✓	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Cautious	↔ (same)

Key points	
A summary position describing LTHT assurances, reminder of the Organisation’s embedded governance structures/processes and promoting a culture of speaking up.	For Information and Assurance

1. Summary

This paper provides assurance for the Trust Board with a summary of Leeds Teaching Hospitals Trust (LTHT) embedded governance / assurance processes as a useful reminder following the recent tragic national events and outcomes such as the Lucy Letby Trial.

There have been a number of themes identified relating to the above that LTHT deliver as processes that are well established in outputs and governance structures. These provide a level of assurance for the Trust Board / externally or outline processes that demonstrate governance and escalation mechanisms in place to support staff in raising concerns which are acted on through LTHT's management structure. These include a strengthened speaking up process and culture at work, an external Well-led three-year review, an embedded Integrated Performance Framework, LTHT's success of 2023-24 and launch of 2024-25 Annual Commitments and continued Staff Engagement.

2. Background

The Trust has a clearly established governance structure that reports through to Board which provides assurances across all services. This includes a range of Board Committees, including Quality Assurance Committee, Workforce Committee, Risk Management Committee, Finance and Performance Committee and Audit Committee.

The Trust management structure was revised in 2013, with the establishment of 19 Clinical Service Units (CSUs), led by a Clinical Director, Head of Nursing and General Manager. CSUs are supported by Corporate Teams and Senior Leaders, including Medical Directorate, Nursing Directorate and Human Resources. The management and governance structure at LTHT is well established and embedded within the culture across the Organisation. The framework is appropriate, including clear routes for escalation to Senior Leaders and Executive Directors, including a clear and robust Freedom to Speak Up (FTSU) process to support staff in raising concerns where this is not resolved through the management escalation route.

Speaking up culture and work

The Trust has an open culture and actively encourages staff to raise concerns through the management structure and to act on these to promote safe care to patients and staff. LTHT has a designated FTSU Guardian and over circa 60 Champions to support the Guardian across the Organisation, with regular communications shared with staff to raise awareness of the steps required to follow to raise concerns. A recently developed FTSU Steering Group has been established (led by the Trust's Executive Director of Human Resources and Organisational Development) to take responsibility for ensuring the management of recommended improvements are acted upon and to provide assurance on progress and activity to Trust Board in a timely manner. This also provides clarity on the distinct accountabilities of the Executive Team, Trust Board and the FTSU Guardian, ensuring LTHT absorb any learning opportunities and embed these into the Organisation's approach considering the ongoing Thirlwall Inquiry and recommendations from the NHS England letter received in August 2023 (*please see item 9.2 in the Public Board pack for further details*).

The above, together with a culture based on openness and positive patient safety incident reporting provides the framework and opportunity for managers to act on any concerns raised. There are clear routes of escalation to the operational leads, including Medical Director – Operations and Director(s) of Nursing – Operations, and also escalation to risk management through the Medical Director, Governance and Risk, and Director of Quality.

The Guardian is required to report to Trust Board twice a year, it is proposed to augment this with an annual assurance report from the FTSU Steering Group regarding the actions and progress on

the Trust's recommendations from the March 2023 National Guardian's Office toolkit. Both of which are scheduled to be presented to the Trust Board in May 2024.

CQC Well-led External Assessment every three years

The CQC carried out a Well-led review of LTHT in August 2018, following this, and as part of the CQC Well-led requirements, Trusts are required to have an external assessment against the Well-led Key Lines of Enquiry (KLOE) every three years. AQUA carried out this external assessment for LTHT during the Summer of 2021 reporting to the Board the following Autumn. This provided an in depth and externally facilitated developmental review of leadership and governance which are good practise across the Organisation.

The KLOEs included Leadership, Capacity and Capability, Trust Vision and Strategy, Roles, Responsibilities and System Accountability, Culture, Information, Managing Risks and Performance, Engagement and Learning and Improvement. LTHT have strong governance structures in place that address and respond to the KLOEs above. The AQUA process modelled the CQC assessment, which included 1:1 interviews with all Board members, observed Board meetings along with each of the assurance Committees of the Board and the Risk Management Committee. They also interviewed a sample of CSU Triumvirate team leaders and key senior leaders, along with leaders of external stakeholder Organisations across the city. AQUA provided an overall positive report against the Well-led KLOE in their latest assessment for LTHT with recommendations. These were discussed and agreed at an Executive Timeout Day on 18 January 2024.

Moving forward, CQC have now proposed a new criterion yet to be confirmed and implemented outlined as "Quality Statements" which will replace the KLOEs. LTHT are compliant to measure against these and will provide the appropriate responses to support.

A summary report outlining the progress against the recommendations made will be presented at LTHT Board in May 2024. The Trust will commission an external review in the Autumn as required by CQC within the appropriate timeframe as above.

Integrated Performance Framework

The Integrated Accountability Framework (IAF) is designed to provide a mechanism by which lines of accountability are delivered from CSU teams to the Executive Team. To be an effective and Well-led Organisation, LTHT needs to have effective structures, processes, and systems of accountability to support the delivery of the Trust's strategy and high quality, sustainable services. This is clear from ward to Board, so that all levels of governance and management function effectively and interact with each other at appropriate levels of delegation.

It has been a priority for LTHT to ensure a clear performance framework and escalation route is embedded into the Organisation, supported by robust governance structures, including any significant concerns around quality detected in a specific clinical area.

The framework provides assurance to the Board by providing an understanding of CSU performance in relation to quality, operational delivery, finances and workforce as encapsulated in the Trust's Annual Commitments and supports CSUs in the delivery of these measures. It ensures there is clarity on how performance against these elements will be assessed across the Organisation with robust support for staff regarding their roles and accountability.

It supports LTHT in forecasting future operational delivery, workforce pressures, financial control, and quality, prioritise resources and facilitates plans for improvement and resilience at CSU and Trust level. There is also continuous engagement to ensure the Organisation has effective systems and processes in place that will provide assurance to external stakeholders and regulators.

The IAF encompasses accountability, and the Leeds Improvement Method (LIM) - which had been established in line with collaborative work with the Virginia Mason Institute and based on the principle

that ‘those doing the work improve the work’. Actions arising from IAF are intended to be developed in line with our improvement methodology and recognising that a reliance simply on monitoring and inspection is not conducive to a culture of improvement. It also establishes Standard Work at all levels from ward to Board.

To ensure accountability, arrangements are in place across the Organisation to confirm our services are meeting these standards. Assurances to ensure this are delivered through:

- **Ward, speciality, and CSU arrangements** (can differ between each CSU depending on appropriateness of clinical services)
- **Business-wide, or integrated, accountability arrangements** (monthly reviews held at CSU and Speciality level)
- **Pillar arrangements** (led by Executive Directors who have control on how accountability is organised within their pillar on reporting frequency, additional escalation, and deputy functions – that feed into a RAG rated CSU monthly performance Dashboard)
- **Integrated Accountability Meetings** (held twice a year and involve Executive leads for each of the pillars and CSU Tri-teams to review performance in the CSU’s progress against the Trust’s Commitments and CSU’s A3 plans)
- **Executive Review Meetings** (held twice each year - alternating with the Integrated Accountability Meetings. Executives collectively meet with CSU Tri-teams to review delivery against the Annual Commitments, review areas of particular concern and discuss priorities for the coming year and strategy for the CSU)
- **At Board level**, relevant information from pillars is reported via Committees, and organisation-wide progress is contained within the Integrated Quality and Performance Report. The IAF is approved by the Board.

The Trust also engages with the local Integrate Care Board (ICB) quality and safety team on significant patient safety issues. The ICB have access to the Strategic Incident Reporting System (StEIS). The complaints report to Board is also shared with the ICB at the joint quality review meeting. The Trust reports significant patient safety incidents and serious complaints to the CQC through the local engagement process. A process is also in place for reporting concerns about individual members to professional bodies, including the GMC and NMC, where this is required. These reporting processes apply to all clinical specialties and CSUs. In the event of serious concerns being raised about particular services, for example neonatal services, these would be reported to external bodies through these routes.

The Trust was also a pilot site and has fully implemented The Patient Safety Incident Response Framework (PSIRF) which sets out the NHS approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. There are strong and established governance structures and management groups to discuss clinical quality and mortality reviews that feed through LTHT Committees of which formally report to the Trust Board.

Following an independent Inquiry and investigation in 2023 in a particular Mental Health Foundation Trust in England following over 300 unfortunate deaths, it is now a national requirement for all Trusts to report Mortality figures on a quarterly basis. LTHT are compliant and publish mortality reports every quarter. There are “Deep Dives” across the Organisation which report to the Trusts Quality Assurance Committee (QAC) and flow to the Trust’s Public Board meetings.

2024/25 Seven Annual Commitments

The Trust has embedded the Seven Annual Commitments successfully since the launch last year, which have been refreshed for 2024/25. Positive progress was made last year, with collective focus and routes to strengthen delivery on next steps into the implementation phase this financial year. These Commitments have been discussed at a number of Senior Leadership and Board Timeout events that link to LTHTs Strategic Objectives.

2024/25 Annual Commitments:

- Reduce HCAI by 15%
- Strengthen participation and growth in research and innovation
- Deliver the financial plan
- Use our existing digital systems to their full potential
- Reduce waits for patients
- Reduce our carbon footprint through greener care
- Be in the top 25% performing Trusts for staff retention

As mentioned above, the progress made against the Commitments are managed via the IAF and assurance is provided through internal Committees.

Staff Engagement

LTHT has worked in collaboration with staff to establish a culture that is patient centred and focused on improvement as outlined in the Trust's values. Building on the positive collaborative work with The VMI and establishment of the LIM as mentioned above. The Trusts values were revised and refreshed with staff using the Wayfinder platform to provide opportunity for all staff to engage in this. The Leeds Way values are clearly established and embedded within the organisation, these are used in the recruitment and appraisal process. This applies to all clinical specialties, including the neonatal unit. Staff engagement and assurances set out via LTHTs FTSU, and culture are set out in sections above.

Weekly bulletins (Our Week and Operational Weekly updates), and wider communications/all staff messages are frequently cascaded to staff with events such as Senior Leaders, Consultant/Executive and Board Timeouts and individual CSU team building sessions. A monthly Team Brief is held to enable wider attendance, matron drop-in sessions for all staff are held on main sites and the CSU Triumvirate undertake regular visits to clinical areas to engage with staff.

In direct response to the Lucy Letby Trial, Professor Phil Wood, Chief Executive Officer (CEO) cascaded a message to all staff re-enforcing the importance of speaking up in the workplace with a direct link to the Trust's FTSU approach which provides guidance and advice for raising concerns, how these will be escalated and taken forward to ensure colleagues, staff and patients are safe. LTHT also published an online statement on the Trust's website regarding this, with a hard copy letter version shared to all neonatal parents on LTHT units. The Trust's weekly staff induction presentation by the CEO includes information on the FTSU Guardian, LTHTs open culture and escalation process for speaking up.

The Trust have also received the annual Staff Survey feedback and results, which illustrate positive improvements across the Organisation and action plans in place to address any improvement areas. A paper was presented at the Trust's Workforce Committee in January 2024 describing the LTHT and national position, following the lifting of the national embargo.

- Participation rates were confirmed as 55% (previously reported as 54%)
- LTHT Staff Engagement Score confirmed as 7.0/10 and above the national benchmark average (Acute and Acute & Community Trusts)
- LTHT has seen statistically significant improvements across all People Promise themes and elements compared to the previous year
- LTHT compares well compared to 'West Yorkshire and Harrogate' and 'Shelford' peer comparisons
- Areas of concern include People Promise sub-categories 'Health & Safety Climate' and 'Burnout'

There is also strong triangulation in place from ward to Board level, including Trust Board members meeting frontline staff, visits to and from Senior Leadership Teams across the Organisation (planned and unannounced) and regular walk around utilising our LIM framework.

LTHT Maternity and Neonatal services

In light of recent events, including the Lucy Letby Trial the Ockenden Review and other high profile incidents, Maternity and Neonatal services have been scrutinised nationally. LTHT maternity services have achieved full compliance with all 10 safety standards detailed in year five of the National Maternity Incentive Scheme. The evidence of compliance was scrutinised at the Trusts QAC in December 2023, followed by Trust board and ICB sign off in January 2024 and submitted to NHS resolution on 29 January 2024 (deadline of 2 February 2024). LTHT also participated in voluntary additional inspections by the CQC and a NEY regional visit for further assurance and external reviews which were discussed at January's Trust Board.

Work continues to support the actions identified from the gap analysis of the three-year maternity and neonatal delivery plan, with positive progress against the actions identified. These were discussed at QAC on 22 February 2024, revised SPC charts and a summary of all incident and investigations were also included to align with the wider organisational format and focused on key areas of quality improvement. The maternity and neonatal services continue to proactively manage risks and has an annual work programme in place, including reviewing data regarding perinatal and neonatal mortality, which was discussed with the clinical lead at QAC, for assurance.

LTHT services continue to demonstrate compliance with the Saving Babies Lives care bundle and has exceeded the required trajectories in all six elements. The perinatal quad team continue to participate in the national perinatal culture and leadership programme. As part of the programme the service will be undertaking the SCORE (Safety, Culture, Operational risk, Resilience/burnout and Engagement) survey, which is designed to provide insights that are both diagnostic and actionable. LTHT is a complex provider with a significant profile of services across Maternity and Neonatal whereby the number of clinically complex cases are higher. The Trust has implemented a self-imposed benchmarking system alongside a number of voluntary external reviews from other providers to provide additional assurance for the above, including one from University Hospitals of Leicester NHS Trust.

LTHT provide an annual Perinatal Mortality Review Tool (PMRT) summary and neonatal mortality data that is included in the report to QAC, with a summary of the maternal deaths in the last 12 months and the actions that have been taken. An extra-ordinary meeting is being convened with attendance from the maternal medicine and specialist teams to undertake a review of all the maternal deaths to identify any learning opportunities to be shared.

3. Financial Implications

There are no new financial implications associated with the information presented in this paper.

4. Risk

There are no changes to the Trust's risk profile identified as a result of the contents of this paper.

All Patient safety incidents are reported on the Trusts risk management incident reporting system (Datix) in line with the classification of harm. CSUs document risks on their risk registers, these are reviewed through local governance meetings and also at the Risk Management Committee, in line with the annual work plan. A summary report from Risk Management Committee is presented to Trust Board, together with the minutes from the meetings. Concerns (outside of the FTSU route) are also reported to the Quality and Safety Assurance Group, chaired by the Chief Medical Officer and Chief Nurse, and escalated to the Quality Assurance Committee, as a formal Committee of the Board. This includes concerns and risks related to neonatal services, the specialty is hosted by the children's CSU, working in conjunction with Women's (maternity) CSU.

5. Communication and Involvement

The Communications and Involvement has been outlined above. All LTHT Staff are actively encouraged to speak up and come forward as a result of any concerns within the Trust, through the Trust's FTSU Guardian and Governance support frameworks. Various communications are sent to all staff and patients via bulletins e.g. Our Week, Operational Updates and Senior Leaders/Team Brief Forums.

6. Publication Under Freedom of Information Act

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

7. Recommendation

The Board is asked to receive and note this paper as assurance of robust governance structures and procedures that are currently embedded at LTHT.

8. Supporting Information

Please cross-reference to item 14.1 Code of Governance for NHS Provider Trust for further information.

**Mrs Camelia Hughes
Corporate General Manager
CEO Office
February 2024**