Board Meeting (held in public)
Friday 7 February 2020, 9.00am – 12.00
Trust Headquarters, Stockdale House, Victoria Road, Leeds LS6 1PF

AGENDA				
Time	**Item no.**	**Item**	**Lead**	**Paper**
		Preliminary business		
9.00	2019-20 (96)	Welcome, introductions and apologies:	Neil Franklin	N
9.05	2019-20 (97)	Declarations of interest	Neil Franklin	N
9.10	2019-20 (98)	Questions from members of the public	Neil Franklin	N
9.15	2019-20 (99)	Patient's story: Safeguarding	Steph Lawrence	N
9.30	2019-20 (100)	Minutes of previous meeting and matters arising: a. Minutes of the meeting held on 6 December 2019 b. Actions' log	 Neil Franklin Neil Franklin	 Y Y
		Quality and delivery		
9.35	2019-20 (101)	Chief Executive's report	Thea Stein	Y
9.45	2019-20 (102)	Committees' assurance reports: a. Charitable Funds Committee: 12 December 2019 b. Nominations and Remuneration Committee: 12 December 2019 c. Audit Committee: 10 January 2020 d. Quality Committee: 27 January 2020 e. Business Committee: 29 January 2020	 Brodie Clark Neil Franklin Jane Madeley Ian Lewis Brodie Clark	 Y Y Y Y Y
10.00	2019-20 (103)	Performance brief and domain reports	Bryan Machin	Y
10.20	2019-20 (104)	Significant risks and Board Assurance Framework summary report	Thea Stein	Y
10.30	2019-20 (105)	Care Quality Commission implementation plan update	Steph Lawrence	Y
10.40	2019-20 (106)	Serious incidents summary report	Steph Lawrence	Y
10.50	2019-20 (107)	Safe staffing report	Steph Lawrence	Y
11.00	2019-20 (108)	Guardian for Safe Working Hours Report	Ruth Burnett	Y
11.10	2019-20 (109)	West Yorkshire and Harrogate Health and Care Partnership: first annual review of Partnership Memorandum of Understanding	Thea Stein	Y
		Strategy and planning		
11.20	2019-20 (110)	Workforce strategy: Integration and partnership	Jenny Allen/Laura Smith	Y
11.30	2019-20 (111)	Research and Development Strategy	Ruth Burnett	Y
		Governance		
11.40	2019-20 (112)	Board work plan	Thea Stein	Y
		Minutes		
11.50	2019-20 (113)	Approved minutes (for noting): a. Audit Committee: 18 October 2019 b. Quality Committee: 25 November 2019 c. Business Committee: 27 November 2019 Programme Director update (for noting): d. Committees in Common Mental Health, Learning Disability and Autism Collaborative	Neil Franklin	 Y Y Y Y Y
11.55	2019-20 (114)	Close of the public section of the Board	Neil Franklin	N

Date of next meeting (held in public) Friday 27 March 2020, 9.00am - 12noon

Leeds Community Healthcare NHS Trust
Trust Board Meeting (held in public)

Boardroom, Stockdale House, Victoria Road, Leeds LS6 1PF

Friday 6 December 2019, 9.00am – 12.15pm

Agenda item 2019-20 (100a)

Present:	Neil Franklin	Trust Chair
	Thea Stein	Chief Executive
	Brodie Clark	Non-Executive Director
	Jane Madeley	Non-Executive Director
	Richard Gladman	Non-Executive Director
	Professor Ian Lewis	Non-Executive Director
	Helen Thomson	Non-Executive Director
	Bryan Machin	Executive Director of Finance and Resources
	Sam Prince	Executive Director of Operations
	Steph Lawrence	Executive Director of Nursing and Allied Health Professionals
	Dr Ruth Burnett	Executive Medical Director
	Jenny Allen	Director of Workforce, Organisational Development and System Development (JA)
Apologies:	Laura Smith	Director of Workforce, Organisational Development and System Development (LS)
In attendance:	Diane Allison	Company Secretary
	Sean Hornby	Neighbourhood Quality Lead, Beeston Neighbourhood Team (for Item 78)
	Victoria Tate	Clinical Pathway Lead, Beeston Neighbourhood Team (for item 78)
	Ann Worrall Davies	Clinical Lead for CAMHS New Care Model (for item 80)
Minutes:	Liz Thornton	Board Administrator
Observers:	Four members of the Shadow Board were in attendance.	
Members of the public:	None	

Item	Discussion points	Action
2019-20 (75)	**Welcome and introductions** The Trust Chair welcomed Board members and members of staff attending the meeting. The Chair advised that as part of leadership development in the Trust a	

	'Shadow Board' had been established. He said that they had held their second meeting and their discussions and conclusions about some of the Board papers would be relayed to the Trust Board during the meeting by the Executive Director of Finance and Resources who chaired the Shadow Board. The Trust Chair said that the agenda would be re-ordered to take the CAMHS New Care Models (item 84) immediately after the patient's story (item 79) and the numbering in these minutes would reflect the re-ordering. **Apologies** Apologies were noted from Laura Smith, Director of Workforce, Organisational Development and System Development.	
2019-20 (76)	**Declarations of interest** Prior to the Trust Board meeting, the Trust Chair had considered the Trust Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Board members. There were no declarations of interest made in relation to any items on the agenda at the meeting.	
2019-20 (77)	**Questions from members of the public** There were no members of the public in attendance and no questions had been notified.	
2019-20 (78)	**A patient's story** Two members of the Beeston Neighbourhood Team attended to present the patient's story. As the patient could not attend the meeting in person an audio recording had been made to allow her to reflect on her experience of the care and support she received from the Neighbourhood Team in her own home. The patient was a 76 year old lady who received care from the Beeston Neighbourhood team. She lived with her three adult sons, one of which has Asperger's Syndrome and for whom she was the primary carer. The patient explained that she had a number of ongoing health needs; Pemphigoid (a rare autoimmune disorder that results in skin rashes and blistering on the legs, arms, and abdomen), diverticular disease, and venous leg ulcers which required regular dressings. She was also quite debilitated with rheumatoid arthritis. She said that she was visited by the Neighbourhood Team on a regular basis. The patient said that she had developed a positive relationship with the team but particularly with her named nurse and in the main this worked well but she some concerns which she wished to highlight to the Board. Normally routine regular visits worked well but on occasion visits had to be cancelled without explanation and this made her feel that she was not considered to be a priority case and was less important than other patients. She said that she felt that some staff had not looked at her care plan before they visited her and she attributed their lack familiarity with her medical history and care to the introduction of electronic systems rather than paper based records in her home. A Non-Executive Director (BC) observed that the patient obviously had a very good relationship with the Beeston Neighbourhood Team but asked the representatives attending what could be done to improve the communication with patients about the frequency of visits, when a cancellation occurred and the consistency in terms of the members of staff who visited them.	

	The Clinical Pathway Lead advised that every effort was made to ensure that that there was consistency in terms of the staff who visited patients and that changes were limited. In terms of cancelled visits patients should be contacted by telephone to assess whether the visit fell into the criteria for an essential visit which would need to be prioritised. She accepted that this may not happen on every occasion. The Quality Lead said that the issue related to staff not looking at patient's records on their laptop to familiarise themselves with the care plan was an area of concern and this along with other feedback from patients had been raised with staff at team meetings alongside plans to make improvements. The Executive Director of Operations reported that to improve consistency a programme of pre-booking appointments should be in place and an audit of visits that had been cancelled was underway to review the criteria used. A Non-Executive Director (JM) asked what proportion of patients had a consistent named nurse. The Quality Lead said that he didn't have a precise figure but all patients were allocated a named nurse when they were assigned to the team and should have a visit from a registered nurse at least once a week. Consistency in these areas was considered to be a priority but he accepted that this was not always possible. In response to a question from Non-Executive Director (BC), the Clinical Lead confirmed that the patient and her wider family were in contact with appropriate third sector organisations. The Chief Executive said that the audio presentation had been very powerful and it was an excellent way for the Board to receive feedback from patients who found it difficult to physically attend a Board meeting. She acknowledged that maintaining consistency in terms of the same staff visiting patients was a significant challenge but not communicating with patients where visits had to be cancelled or re-arranged was unacceptable and should never happen. It was key that services learnt and acted on the feedback from patients and that the Board was exposed to this feedback through patient story item at Board meetings. This would be further picked up and discussed at Quality Committee. The Trust Chair thanked the representatives from the Beeston Neighbourhood Team for presenting the story and for providing an open and honest account of the challenges they faced in terms of the consistency of the care and support they were able to provide. He also noted the feedback they had provided about disseminating learning from patient feedback to ensure improvements were made.	
2019-20 (79a)	**Minutes of the previous meeting held on 4 October 2019** The minutes were reviewed for accuracy, subject to the addition of Non-Executive Director (IL) to the list of those present the minutes were agreed to be a correct record. **Minutes of the extraordinary meeting held on 1 November 2019** The minutes were reviewed for accuracy were agreed to be a correct record.	
2019-20 (79b)	**Items from the actions' log** <u>2019-20 (61a) - significant risks and BAF</u> The reports now reflected more detail on individual risk themes. This action was closed.	

2019-20 (79c)	2019-20 (65) – implications of the Amin Abdullah review The Director of Workforce, Organisational Development and System Development (JA) reported that NHS Employers were considering how the recommendations from the review could be applied across all employers and their advice would be included in the process of implementing the recommendations in the Trust. This action was closed. There were no matters arising from the minutes. **Minutes from the Annual General Meeting held on 18 September 2019** The minutes were reviewed for accuracy were agreed to be a correct record. There were no actions of matters arising.	
2019-20 (80)	**CAMHS New Care Models** The Clinical Lead for the CAMHS New Care Model (NCM) presented the report which provided the Board with a comprehensive update on the work of the CAMHS NCM highlighting the achievements, challenges and risks. The Clinical Lead described progress against the aims of the CAMHS NCM and explained that significant regional stakeholder development and engagement had been achieved together with recognition through invitations to present at national events. She acknowledged the challenges faced during this financial year together with the action taken to address them and described the risks as the work continued to move towards a move from NCM pilot status to a new Provider Collaborative contract anticipated for October 2020. The Chief Executive reflected on the financial challenges for the pilot in terms of not achieving the anticipated financial savings in the first year and entering a deficit position in late summer 2019. The Clinical Lead acknowledged that during the summer the focus on occupied bed days and overall length of stay had not been maintained. An increasing proportion of time had been taken up with relevant but not 'core' business including whole pathway commissioning work and preparing for the Provider Collaborative Bid. She confirmed that 'core' business was now the priority. A Non-Executive Director (IL) observed that as the holder of the budget for the CAMHS NCM pilot the Trust worked with a number of agencies and organisations over which it had no direct control. The Clinical Lead advised that work was underway to develop a governance framework, a Clinical Governance Sub Group was already established and met every quarter attended by the three Directors of Nursing of Leeds Community Healthcare, Bradford District Care Trust (BDCT) and South and West Yorkshire NHS Foundation Trust (SWYFT). Investment proposals were agreed through the West Yorkshire New Care Models Programme Board. Referring to the Key Performance Indicators (KPIs), Non-Executive Director (BC) felt that there should be a greater focus on qualitative outcomes. The Trust Chair thanked the Clinical Lead for attending and presenting a comprehensive and clear report to the Board. **Outcome:** The Board: • noted the achievements of the West Yorkshire CAMHS New Care Model • received assurance that the challenges that have been faced are being	

	met and ongoing risks were being addressed by mitigating actions.	
2019-20 (81)	**Chief Executive's report** The Chief Executive presented her report which provided the Board with an overview of the Trust's activities in support of its strategic objectives, the items highlighted included: • Care Quality Commission (CQC) rating 'good' • Health and Safety Executive inspection report • Staff Survey 2019 response rates • Inclusive Top 50 UK Employers • 'Winter' pressures • Leeds Health and Wellbeing Service • Urgent Community Response (Accelerator Site Application) The Chief Executive updated the Board on the staff survey response rate which now stood at 54% exceeding the 2018 rate of 52% and the latest flu vaccine rate data which showed that the Trust had vaccinated 60.6% of frontline staff. A Non-Executive Director (JM) asked what plans the Trust had for the £1,000 per registrant funding for Nurses and Allied Health Professionals (AHPs) to support continuing professional development from April 2020. The Executive Director of Nursing and Allied Health Professionals reported that a steering group would be convened to oversee the funding and how it was spent, engagement work with staff would begin to ensure they were aware of the funding and to obtain their views on how they would see it being used to best effect. She said that there were some suggestions for investment in robust centralised training and education around long term condition management and leadership but an element of this also had to be related to staffs' personal development needs and be linked to the appraisal process. The Executive Director of Operations provided an update on 'winter pressures'. She reported that the system in Leeds had experienced considerable pressure over the last two weeks with increased attendances at Accident and Emergency departments and a high level of admissions. The mutual aid arrangements had been put in place to maintain flow throughout the system and this was working well. Chief executives had recently received a communication issued jointly by NHS England/NHS Improvement setting out what the expected national "defaults" were on several important elements of a local winter plan. In it systems were encouraged to agree a Winter Delivery Agreement. The letter had been considered by the System Resilience Assurance Board and a stocktake taken against the national "defaults". In the "defaults" list community health services were expected "*to be able to operate to the same 'clock speed' of responsiveness as acute emergency services, e.g. 2 hour home response where that would avoid hospital admissions or speed discharges*". This was a challenge for the service as the Trust was currently commissioned to provide a four-hour response in these circumstances. In response to a question from a Non-Executive Director (HT) the Executive Director of Operations confirmed that support from the Local Authority and social care partners across the city was good but patient choice had a significant influence and impact on the rate of flow.	

	The Executive Director of Nursing and Allied Health Professionals added that Leeds Teaching Hospitals NHS Trust had a criteria based discharge process which would benefit from the addition of more advanced clinical practitioner roles and work was underway to try and facilitate this. **Outcome**: The Board noted the Chief Executive's report and the matters highlighted.	
2019-20 (82)	**Assurance reports from sub-committees** **Item 82(a) Audit Committee 18 October 2019** The report was presented by the Committee Chair and Non-Executive Director (JM) who highlighted the key issues discussed, namely: • **Internal Audit** – Good progress was being made against the 2019/20 internal audit programme and reasonable assurance had been given regarding all audit reports considered at the meeting. • **Information Governance –** the Committee had received a report on the assurance requirements for the 2019/20 Data Security and Protection Toolkit which was due for final submission on 31 March 2020. The Trust was currently compliant with 11 assertions out of 40. An improvement plan was in place to ensure compliance with the remaining 29 assertions by 31 March 2020. • **Standard of Partnership Governance –** the Committee had reviewed the revised draft standards and had requested additions to the draft including the provision of clarity of clinical responsibility for patient pathways, a re-wording of the level of the governance arrangements for uncomplicated partnerships and the inclusion of an escalation process up to director level where there were concerns about the management of contracts. There were no questions raised about the report. **Item 82(bi) Quality Committee 21 October 2019 (workshop)** The report was provided by the Committee Chair and Non-Executive Director (IL) who reported on the two focussed workshop sessions: Working in partnership to deliver integrated care and care closer to home and Patient Safety Strategy. There were no questions raised about the report. **Item 82(bii) Quality Committee 25 November 2019** The report was presented by the Chair of the Committee and Non-Executive Director (IL) who highlighted the key issues, namely: • **Quality Spotlight -** focussed on the newly established PHINS 0-19 Service. The Committee heard that the service had a large number of commissioner set Key Performance Indicators (KPIs) and the discussion had centred on how service evaluation could focus in future on some key clinical and population based/public health outcomes in order to evidence improvement. • **CQC and CAMHS –** a 'must-do' action plan had been submitted on 15 November 2019 underpinned by a wider CAMHS transformation plan. The Committee heard that implementation of the plan was progressing across the CAMHS service and would be reported on again at Quality Committee in January 2020 to provide further assurance. Expertise had been sought from Leeds and York Partnership NHS Foundation Trust to support Mental Health Act governance. An unannounced CQC Mental Health Act inspection took place recently at Little Woodhouse Hall and positive verbal feedback had been received, a formal feedback report is	

still awaited.

- **Neighbourhood team triangulation report –** this report had been presented for the first time to the Committee. Capacity and demand was, in the main stable alongside improvements in recruitment and retention. However it was identified that variation did exist between teams at any given point in time. The Committee agreed that it should focus on quality impact of variations in staffing and as a first step a pro-active audit of deferred visits would be appropriate with other quality issues being presented in future quarterly reports.
- **Standards of Partnership Governance -** proposed addition of a section on clinical accountability to the draft Standards of Partnership Governance had been approved by the Committee.

There were no questions raised about the report.

Item 82(ci) - Business Committee 23 October 2019
The report was presented by the Committee Chair and Non-Executive Director (BC) who highlighted the key issues discussed, namely:

- **CAMHS Tier 4 Business Case-** the Committee reviewed the draft full business case. This would be considered by the Board in the Private Session of the Board meeting.
- **Digital Strategy –** the Committee reviewed a further draft of the Strategy which would be considered by the Trust Board at this meeting.

There were no questions raised about the report.

Item 82(cii) - Business Committee 27 November 2019
The report was presented by the Committee Chair and Non-Executive Director (BC) who highlighted the key issues discussed, namely:

- **Change Management -** the Committee received an overview of the Trust's major change projects, including Estates Utilisation, Administration Review, E-Rostering and ICAN Transformation. The Committee was advised that e-rostering was 'live' across a number of neighbourhood teams with no problems being reported. The Estates Project reported delays, though the current major schemes had been completed. The Committee agreed the Administration Review revised timescales resulting from the need to resolve current staff pay banding anomalies; the Committee was advised that there would be a further update in January 2020. The Committee remained very concerned with this latter project – and received assurance on the staffing capability and the realistic new delivery timeframe.
- **Workforce Strategy (Diversity and Inclusion priority and Equality and Diversity annual report) -** the Committee received the Workforce Strategy update, which served as an annual report by including details of the Trust's Equality and Diversity activities for 2019, and an update on the Diversity and Inclusion priority within the Workforce Strategy. There was a strong recognition of the continued positive shaping of the WRES program.
- **Integrated Children's Additional Needs Service (ICAN) -** the Committee received a presentation on the ICAN transformation programme, including the vision and aims, the challenges, key workstreams, timescales and a progress update. The Committee was advised that staff and broader engagement was a priority for the success of the programme, and workshops had taken place for staff to work through the challenges and find solutions. There was an EPR workstream to ensure that the patient record system could support the changes required by the service. The Committee was advised that the

	anticipated completion date for the programme was September 2020. There were no questions raised about the report. **Outcome:** The Board noted the update reports from the committee chairs and the matters highlighted.	
2019-20 (82)	**Performance brief and domain reports October 2019** The Executive Director of Finance and Resources presented the report, which sought to provide assurance to the Trust Board on quality, performance, compliance and financial matters. It also highlighted any current concerns relating to contract that the Trust holds with its commissioners and provided focus on key performance areas that were of current concern to the Trust. The report was structured in line with the Care Quality Commission (CQC) domains with the addition of finance. The Board reviewed the October 2019 performance data. ***Safe*** The Board reviewed the data and thematic report on staff safety incidents. The incident categories included were physical and verbal abuse, moving and handling, sharps/needle-stick injuries and slips trips and falls. The Board noted that as part of the Health and Safety Executive action plan, awareness would be raised about the importance of reporting staff incidents including near misses and no harm incidents. A further thematic report and review of staff incidents would be available in May 2020. ***Responsive*** The Executive Director of Operations confirmed that services were achieving the 18 week waiting time with one exception. The area where performance had fallen below the 18 week waiting time for a consultant-led service target was in the Child Development Centres predominantly in autism assessments for children aged 0-5. It was noted that this was the first time the Trust had fallen below target on this KPI and the decline in performance had not been anticipated. A 'deep-dive' investigation was planned for January 2020 in every service. The Executive Director of Operations reported that 87 patients had breached and it was likely that this had been caused by a sudden increase in the number of children referred into the autism pathway that firstly needed to been seen by medical services. Two permanent Consultant Paediatricians had been recruited to reduce the reliance on locums in the service and assist in recovering the position. The increase in demand had been reported to the Clinical Commissioning Group (CCG) ***Caring*** The Trust Chair was pleased to note that the latest data showed that 91.74% of community patient respondents would recommend the service to family and friends overall and 100% for in-patient services respondents. He observed that this was one example of the impact of the Engagement Strategy which had been approved by the Trust Board in October 2019. ***Well-led*** Both statutory and mandatory training compliance (aligned with the Core Skills	

	Training Framework) and appraisal compliance continue to steadily rise. Turnover remained low and the impact of the Trust's joined up approach to retention across a number of interventions including staff engagement, Leadership Development, Diversity and Inclusion and the approach to staff health and well-being had been recognised through nomination for team of the year in the annual NHS I/E retention awards. The Director of Workforce, Organisational Development and System Development (JA) pointed out that sickness absence and in particular long term sickness absence had increased during October 2019 and further work was underway to both understand this as well as to proactively manage absence and support staff on long term sickness absence. A Non-Executive Director (IL) observed that in terms of receiving more assurance it would be helpful for future reports to include information about the trend in data over time. ***Financial position*** The Executive Director of Finance and Resources said that the year to date financial position remained consistent with previous months and overall the surplus was 0.1m more than planned. The Trust continued to forecast delivery of the control total at the end of March 2020. The Trust had a small forecast shortfall on 2019/20 CIP efficiency savings for the year; this would be mitigated by un-planned savings elsewhere. All other finance targets were forecast to be achieved for the year. The Executive Director of Finance and Resources reported that the Shadow Board had made some observations in relation to the Trust Board's financial position: • 58 Whole Time Equivalent (WTE) vacancies were reported across the Trust – what would be the impact on finances if these were filled? • Income risks were identified individually and not as a sum total for the Trust – what impact would this have? • The financial health of healthcare commissioners were not included in the report and it would be interesting to see the Trust financial position in the context of other organisations across the city and local healthcare economy. **Outcome:** The Board noted the Trust's performance for October 2019.	
2019-20 (84)	**Significant risks and Board Assurance Framework Summary Report** The summary report provided the Board with information about risks currently scoring 15 or above, after the application of controls and mitigation measures. It also provided a description of any movement of risks scoring 12 (high risks) since the last report was received on 4 October 2019. The Board Assurance Framework (BAF) summary advised the Board of the current assurance level determined for each of the Trust's strategic risks. The Board reviewed the four risks scoring 12 which had been reported since October 2019. A Non-Executive Director (JM) observed that an underlying theme across all the risks appeared to relate to vacancies, staff absence and delays in recruitment processes. The Executive Director of Operations explained the underlying reasons	

	underpinning each risk which were not entirely due to the staff absence and delays in recruitment. The Executive Director of Finance and Resources reported that the Shadow Board had suggested that more thematic information could be included in the report. The Company Secretary advised that thematic reports were provided three times per year to the Board. A Non-Executive Director (JM) suggested that the report should include more detail about the issues underpinning the risks and not just list the controls and actions in place. **Outcome:** The Board; • noted the revisions to the risk register • noted the current assurance levels provided in the revised BAF summary.	
2019-20 (85)	**Serious incidents summary report** The Executive Director of Nursing and Allied Health Professionals presented the report which provided the Board with assurance that serious incidents (SIs) were being managed, investigated and acted upon appropriately and that actions were being developed from the Root Cause Analysis investigations. The Trust reported 16 SIs in Quarter 2 of 2019/20. One incident had been de-logged following investigation. The Trust had no 'never events' in Quarter 2 2019-20. More robust reporting systems were now in place and a number of issues had been identified in the reporting systems during Quarter 2 including, delays in the timeframe for reporting on Strategic Executive Information System (StEIS) and the Trust's compliance with the Duty of Candour requirements. The Executive Director of Nursing and Allied Health Professionals advised that actions had been taken to address these issues for Quarter 3 2019/20. **Outcome:** The Board: • Noted the content of the report.	
2019-20 (86)	**Patient safety and experience: six monthly report** The Executive Director of Nursing and Allied Health Professionals presented the report which provided the six monthly update of patient experience and the management of safety incidents within the Trust. She said that the report had been reviewed by the Quality Committee who had provided feedback on the format of the report. The report provided a review of complaints and concerns, serious Incidents, feedback via the Friends and Family Test, and wider feedback for the 6 month period 1 April 2019 to 30 September 2019; providing an overview of themes, learning and action. It compared the data and qualitative information with previous years, and where relevant, within a city-wide perspective and nationally. It also analysed identified themes in greater detail and triangulated information where possible to identify commonalities across all sources of intelligence. A Non-Executive Director (JM) suggested that future reports should include two or three key points about how patient engagement had improved for example,	

	consultation about the CAMHS new build and the recent adult patient engagement event. The Board commended the new format of the report which they believed provided a more comprehensive account of the work being undertaken in the Trust. **Outcome:** The Board: • received and noted the report.	
2019-20 (87)	**Freedom to Speak Up Guardian Report** The Chief Executive introduced the report on behalf of the Freedom to Speak Up Guardian (FTSUG). The report covered the period 24 May 2019 to 6 December 2019 and addressed matters relating to the FTSUG role: the work, its spread and its links to other areas of work in the Trust. The FTSUG role was working well in the Trust and continued to receive strong support from the Chief Executive, directors and the wider organisation. During the period covered 22 staff members had met directly with the FTSUG and raised concerns The recent national FTSUG Index identified open culture in NHS Trusts; Leeds Community Healthcare Trust was 6th on that list. Emerging current themes were leadership, behaviours, culture, race, disability, gender and service changes. The Executive Director of Finance reported that the Shadow Board thought that the report was operational in style and did not draw any conclusions about outcomes and improvements resulting from the introduction of the FTSUG role. The Chief Executive agreed that it would be helpful to see the link between input from the FTSUG and subsequent outcomes and she would take this forward. **Action:** The Chief Executive and the FTSUG to include conclusions on the impact of the introduction of the FTSUG role in future reports where possible. **Outcome:** The Board: • noted the report and activity to date and supported the embedding of the work across the Trust	**Chief Executive/ FTSUG**
2019-20 (88)	**Guardian for Safe Working Hours Quarterly Report** The Executive Medical Director presented the report on behalf of the Guardian for Safe Working Hours (GfSWH) which included information on the issues affecting trainee doctors and dentists in the Trust, including morale, training and working hours. Board members reviewed the quarterly data summary. One exception report had been received from a CAMHS trainee who had worked beyond their contracted hours. The Board noted the circumstances and that this had been resolved at Clinical Supervisor level. The Chair, on behalf of the Board, expressed support for this work across the Trust.	

	Outcome: The Board: • received assurance that trainee doctors and dentists within LCH NHS Trust were working safely and in a manner compliant with the 2016 Junior Doctors contract TCS (2016) • recognised the work underway to engage trainee doctors and dentists within LCH NHS Trust and to promote the role of the GfSWH	
2019-20 (89)	**Standards for partnership governance** The Company Secretary presented the paper which contained the final draft of the Standards for Partnership Governance. The Company Secretary advised the Board that the Senior Management Team (SMT), and the Business, Quality and Audit Committees had reviewed the proposed process for the application of standards for partnership governance at their meetings in September and October 2019. SMT had agreed the partnership governance framework document approval and sign off levels and roles and responsibilities. The Business and Quality Committees had confirmed that the process, if applied to partnership arrangements, would provide assurance to the Board. Audit Committee had agreed the Standards for Partnership Governance in principle, subject to these minor amendments which were reflected in the draft presented to the Board. The Board reviewed and approved the final draft of the Standards as presented. **Outcome:** The Board: • approved the Standards for Partnership Governance • supported a proposal that the Standards for Partnership Governance should be formatted into a Trust policy and procedure for approval through the standard policy approval route.	
2019-20 (90)	**Healthcare worker flu vaccination best practice management checklist** The Executive Director of Nursing and Allied Health Professionals presented the paper which apprised the Board of the provisions the Trust had in place for the seasonal staff influenza campaign 2019/20. The checklist had been compiled in response to a letter received from NHS Improvement and NHS England on the 17 September 2019. She explained that the purpose of the checklist was to assure NHS Improvement and NHS England of the plan the Trust has in place to ensure that all frontline staff were offered the vaccine and how the Trust would achieve the highest possible level of vaccine coverage this winter. The Board noted the robust action plan to systematically project and manage the campaign aiming to achieve 80% of frontline staff vaccinations. The Board also noted the challenges encountered through the campaign and re-affirmed their commitment to encourage and promote the vaccine in order for the Trust to deliver safe and effective care. **Outcome:** The Board: • noted the content of the report.	
2019-20 (91)	**Workforce strategy 2019-2021:Progress and Delivery – Diversity and Inclusion** The Director of Workforce, Organisational Development and System Development (JA) presented the report which sought to provide a combined update on Diversity and Inclusion and an annual report on Equality and	

	Diversity. The Board noted that the paper had been previously considered by the Senior Management Team, Business Committee and the Joint Negotiating and Consultation Forum (JNCF), and was now submitted to the Trust Board for approval. The Director of Workforce, Organisational Development and System Development (JA) highlighted the work undertaken on race over the last twelve months, including the reverse mentoring programme and the Trust being placed in the Top 50 of Inclusive UK Employers for the second year running. Focussed work had been undertaken on disability, with 61 managers receiving reasonable adjustment training to date. In the coming year, the team would also be focussing on the gender pay gap and age profiling. It was noted that the Board were being asked to approve the Equality objectives included in the WRES action plan for 2019/20. The Board noted the relatively small number of staff from BAME backgrounds employed by the organisation, and particularly at more senior levels. The Director of Workforce acknowledged the challenges of attracting people from BAME backgrounds to work for the NHS. There had been more success in progressing people within the organisation through work on talent management with the BAME Network. The Chief Executive highlighted that the Trust had been invited to be one of six organisations (including NHS England) to take part in an initiative to go further, faster in this area. The Trust Chair felt that this was helpful and very detailed report. The Board's concerns regarding the challenges were noted. **Outcome:** The Board: • note the progress made over the last 12 months • agreed the proposed equality objectives for 2019/20 • supported the proposed changes to the WRES action plan.	
2019-20 (92)	**Digital Strategy** The Executive Director of Finance and Resources introduced the report which presented a Digital Strategy which demonstrated how the Trust would build on its previous strategy and adopt technologies, systems and processes that would support the best possible of care for patients. At its meeting on 27 November 2019 the Business Committee agreed to recommend approval of the Strategy to the Board. The Digital Strategy identified five key priorities: • Supporting staff • Supporting services • Supporting patients and carers The Board noted that it would be necessary to build the detailed business plans required to deliver key components of the strategy which will fully identify the resource requirements, building on the outline costs provided within the document. The progress of the delivery of this strategy would be reported through Business Committee via six monthly update reports. The Board commended the Strategy but acknowledged the significant challenges the Trust faced in implementing it successfully.	

	Outcome: The Board: • approved the Digital Strategy.	
2019-20 (93)	**Board work plan** The Chief Executive presented the Board work plan (public business) for information. She said that the work plan would be revised, as and when required, in line with outcomes from the Board meetings. **Outcome**: The Board noted the work plan.	
2019-20 (94)	**Major Incident Plan** The Board noted that the Major Incident Plan had been approved in the Private Session of the Trust Board on 4 October 2019.	
2019-20 (95)	**Approved minutes for noting:** The Board noted the following final approved committee meeting minutes: a. Audit Committee: 1 August 2019 b. Quality Committee: 23 September 2019 and 21 October 2019 c. Business Committee: 25 September 2019 and 23 October 2019 d. West Yorkshire Mental Health Services Collaborative Committees in Common: Chair's report 3 October 2019 e. West Yorkshire Mental Health Services Collaborative – Committees in Common: Minutes 3 October 2019	
2019-20 (96)	**Close of the public section of the Board** The Chair thanked everyone for attending and concluded the public section of the Board meeting.	
Date and time of next meeting **Friday 7 February 2020, 9.00am – 12 noon.** **Boardroom, Trust Headquarter, Stockdale House, Victoria Road, Leeds LS6 1PF**		

V3 8 01 2020

Signed by the Trust Chair:
Date: 7 February 2020

AGENDA ITEM 2019-20 (100b)

Leeds Community Healthcare NHS Trust
Trust Board meeting (held in public) actions' log: 7 February 2020

Agenda Number	Action Agreed	Lead	Timescale	Status
Meeting 6 December 2019				
2019-20 (87)	**Freedom to Speak Up Guardian Report:** The Chief Executive and the FTSUG to include conclusions on the impact of the introduction of the FTSUG role in future reports where possible.	CEO/FTSUG	7 August 2020	

Actions on log completed since last Board meeting	
Actions not due for completion before 7 February 2020; progressing to timescale	
Actions not due for completion before 7 February 2020; agreed timescales and/or requirements are at risk or have been delayed	
Actions outstanding as at 7 February 2020; not having met agreed timescales and/or requirements	

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2019-20 (101)

Meeting: Trust Board 7 February 2020	**Category of paper**	
Report title: Chief Executive's report	**For approval**	
Responsible director: Chief Executive **Report author:** Chief Executive	**For assurance**	✓
Previously considered by Not applicable	**For information**	

Purpose of the report

This report updates the Board on the Trust's activities since the last meeting and draws the Board's attention to any issues of significance or interest. The report, which aims to highlight areas where the CEO and senior team are involved in work to support the achievement of the Trust's strategic goals and priorities: delivering outstanding care in all our communities, staff engagement and support, using our resources efficiently and effectively, and ensuring we are working with key stakeholders both locally and nationally.

Main issues for consideration

This month's report focusses on:

- New Care Models
- Leeds Health and Care Plan update
- Working with GP Confederation and PCNs
- Ageing Well update
- Pensions update
- Employee Assistance Programme
- District Nursing Apprenticeship
- Sustainability
- West Yorkshire and Harrogate Health and Care Partnership Five Year Plan

Appendix 1 - Media report
Appendix 2 – Leeds Health and Care Plan – plan on a page

A further verbal update will be provided at the Board meeting.

Recommendation

The Board is recommended to:

- Note the contents of this report and the work undertaken to drive forward our strategic goals and particularly our staff engagement work

Chief Executive's report

1. Recruiting for new Chair

The Trust's Chair, Neil Franklin, will be stepping down in May 2020, having been with us since 2012 and having served the maximum time allowed. We are currently in the process of recruiting a new Chair and the position is being advertised through NHS Improvement. The closing date for applications is 27 February 2020 followed by a stakeholder event and interviews in March 2020.

2. New Care Models

The Board have previously been advised that LCH and our provider partners in the West Yorkshire CAMHS pilot New Care Models had agreed with NHS England's view that we should progress to the new Provider Collaborative contract, with full delegation of commissioning responsibilities, from October 2020. Ongoing review of what needs to be in place to take on this responsibilities suggest that the level of uncertainty and therefore risk is likely to be too great to confidently agree a Provider Collaborative contract to take effect in October. The key risks that need managing include:

- Current assessment of the financial baseline offered by NHS England is that it does not meet current commitments. Whilst discussions are continuing at a national level, the current level of financial risk is not one we feel we can accept
- There is significant additional financial risk from including a cohort of patients with Learning Difficulties in the Provider Collaborative arrangements without a fuller understanding of how this cohort's needs are currently being met
- The Trust's Clinical Lead and Project Manager are both leaving at the end of March, leaving a significant gap in terms of knowledge and experience
- Planning for the proposed creation of a West Yorkshire Provider Collaborative Commissioning Hub for the three proposed Provider Collaboratives has not progressed sufficiently for us to have confidence that the full range of CAMHS commissioning responsibilities can be satisfactorily discharged

Whilst progress is expected to be made over the coming weeks and months on all of these risks, it is prudent to agree a 6 month delay with NHS England and aim to assume Provider Collaborative responsibilities in April 2021.

3. Leeds Health and Care Plan update

The Leeds Health and Wellbeing Board signed off the Leeds Health and Care Plan plan on a page in December 2019 (appendix 2). The refreshed Plan aims to build on work and successes to date and respond to the changing local, regional and national context. There is significant continuity, however there are also some significant

changes. The plan aligns with the refreshed Health and Wellbeing ambition for the city: *A friendly, healthy, compassionate city with a strong economy, where we reduce health inequalities, promote inclusive growth and tackle climate change.* This reflects recognition that the inclusive (economic development) growth, sustainability and climate change agendas are critically intertwined with the city's ambitions for improving health and wellbeing, and is a call to action to partners to champion these agendas.

The Plan has three 'goals' which aim to provide clarity about focus and priority partnership actions that will drive system wide impact; mirroring the Local Authority's Children's Services 'obsessions' approach. Given the limited focus in the Leeds Plan on mental health and wellbeing to date it is very welcome that one of the goals is to be a 'Mentally healthy city for all'. There is also complementary work underway, led by the CCG, to determine further transformation and investment required to make the 'left shift' a reality. LCH's draft priorities and plans for 2020/21 reflect full engagement and alignment with the Leeds Plan ambition, approach and key workstreams.

4. Work with GP Confederation and Primary Care Networks

The Primary Care Networks (PCNs) are becoming more established across Leeds and developing a programme of work. LCH, working in partnership with the GP Confederation, both as a standalone organisation and through the work of the joint Directors, continues to develop specific pieces of work and the more general partnership.

Of particular note are:

- Work continues to progress in becoming the 'under-arching' employer for PCN roles and LCH is working with the PCNs on developing a model for the social prescriber role which will pick up elements of the HCA role – this is an exciting and nationally unique piece of work
- Work has begun on the scoping of a joint training hub between primary care and LCH to support the development and training of roles in both settings
- Joint work is continuing on scoping what a joint home visiting service for older people would look like between LCH and primary care – this work is being modelled in one locality
- Work on the first contact physiotherapist practitioner has developed and is being discussed with the PCNs
- Work continues to scope opportunities for joint roles and discussions are in an early stage concerning joint GP and GP with a special interest working across a practice and primary care
- Good conversations are happening with the CCG as part of our early contract negotiations to ensure we are able to continue to support PCNs and our ambition with the Confed to become the under-arching body for primary and community care services

5. Work on the Ageing Well programme

Board members will be aware of the importance of Ageing Well in *The NHS Long Term Plan* and the programme is now being developed further. Leeds put forward an application to be an accelerator site for the programme which focusses on a two hour urgent community response and a two day response for reablement. We were unsuccessful in that bid however the CCG are keen to see the city move at the speed of the accelerators and have therefore invested to support this programme of work. This is being led by the Executive Director of Operations and the kick-off event is being held in February 2020. This event will introduce the UCR (urgent community response) programme, then look at some case studies from our system so people can reflect on how UCR could benefit the city. We will then look at our offer with regard to reablement and neighbourhood teams so everyone has a good understanding of what we have now.

There are many examples of good practice in Leeds and responses already within these time frames. This work, coupled with the work on home visiting, population health, anticipatory care and work on a different, more integrated response to residents in care homes is all connected and all impacts on the work of our neighbourhood teams and some of our specialist services. such as CIVAS, virtual respiratory ward and diabetes. We are working closely with the CCG, GP Confederation colleagues, social care and the third sector to paint a picture of the model of the future to ensure developments all work synergistically and as part of a "whole". The work on the Ageing Well programme and the new models of the future will form part of a Board workshop in 2020/21.

6. Pension tax implications

Members of the NHS Pension Scheme receive a tax bill if their pension savings exceed limits set by HMRC – this is known as an annual allowance. This is having an impact on clinicians who want to help their patients by working additional hours. As a result of this urgent operational issue, NHS England and NHS Improvement have taken exceptional action to address this by making a binding contractual commitment between the employer and clinician (those roles that require registration with an appropriate healthcare regulatory body), to provide an additional salary supplement in retirement to compensate for any reduction in pension from a 2019/20 annual allowance charge.

This commitment gives staff the confidence to take on additional shifts or sessions without worrying about an annual allowance charge on their pension for 2019/20. Information has been cascaded through the Medical and Nursing Directors and further communication will be posted in Community Talk and on the intranet containing appropriate links to NHS Employers website.

7. Employee Assistance Programme

The Trust has launched a new Employee Assistance Programme (EAP) delivered in conjunction with Health Assured. An EAP is a confidential employee benefit designed to help staff deal with personal and professional problems that could be affecting their home life or work life, health and general wellbeing. The EAP service offers expert advice and compassionate guidance 24/7, covering a wide range of issues including counselling, legal information for any issues that cause anxiety or distress, bereavement support, and medical information.

8. Sustainability

We have listened and responded to the requests that the Trust takes a firmer action on its carbon footprint and what we can do collectively to try and make the Trust more sustainable. We have two new sustainability managers who will gather staff feedback on sustainability issues and start to tackle some of the wider areas identified, such as procurement and waste management. Data is being collected to understand the trust's overall carbon output and a Sustainability Development Management Plan is being produced.

9. District Nursing Apprenticeship

The Trust is in the process of implementing a new national District Nursing Apprenticeship. This new qualification is a combination of academic and vocational training and will be replacing the existing Health Education England DN qualification (one year course) from September 2021. It is aimed at nurses who would like to develop a career in District Nursing. The rollout of the apprenticeship may also present new training opportunities for current DNs or those returning to practice.

10. Community Dental Service

Following a consultation with Patients, key stakeholders and staff, the referral-only Community Dental Service is now working from three full-time clinics, allowing it to offer more flexible appointments and improved services for the 9,500 patients it treats each year.

The clinics at Yeadon Health Centre, Middleton Health Centre and the Reginald Centre in Chapeltown are fully accessible, with specialist equipment so that patients with specific additional needs can be treated. New services, such as sedative injections will be introduced, meaning fewer anxious patients will need to go to hospital for dental treatment under general anaesthetic. A home/domiciliary care offer for patients who are unable to attend a clinic is also being developed.

11. Thank You event 2019

The Trust held its annual Thank You awards in December 2019. There were 12 winners, chosen from more than 120 nominations.

Categories for the awards were team of the year, leader of the year, making stuff better, project of the year, Kate Granger patient care award, and colleague of the year. At the 'pop-up' award event winners received a Thank You hamper and a certificate presented by a Board member. All nominations received a letter from the Chief Executive to thank them for their contribution to the Trust.

12. Children's Business Unit celebration event

In December staff from services within the Children's Business Unit came together to celebrate their services and to share their improvement stories with each. The theme was the how services make a difference to children, young people and families. Over 200 colleagues attended, representing all our children's services, alongside members of the Trust senior leadership team.

Given the time of year some services choose to share their stories using Christmas imagery including three wise women describing the gifts of speech and language to a new mother, father and baby and the 12 components of the PHINS 0-19 years' service. Others used video for example parents, young people and Special Inclusive Learning Centre staff describing the difference that inclusion nurses make or LCH Youth Board members describing how they have become involved and what a difference it has made to them. The finale highlight being a young person's choir, made up of children from different SILCs who sang Christmas song carols and encouraged everyone to join in.

13. Admin celebration event

On 5 December 2019, 200 admin staff from across the Trust came together for a full day of admin related celebrations and an opportunity to demonstrate to our admin staff that they are a valuable and appreciated part of the workforce.

The key speaker was Rachel Pilling, who is co-founder of 15s30m (15 seconds to 30 minutes). A mixture of topics included career progression, the BAME Network and workshops with admin related topics including health and wellbeing, sustainability, Better Conversations, data, and how admin make a difference and Admin mixology – what do staff want to see.

Feedback was 100% positive with everyone appreciated the value of getting together to network with a framework of useful and informative information.

14. West Yorkshire and Harrogate System Oversight and Assurance Group

The West Yorkshire and Harrogate Health and Partnership's *Better Health and Wellbeing for Everyone: Our Five Year Plan* has now been finalised and published, following the incorporation of comments from the Partnership Board held in December 2019. The Plan has been published here: www.wyhpartnership.co.uk/publications/our-five-year-plan. West Yorkshire and Harrogate was one of the first systems to agree a compliant financial plan. The financial position at month 8 showed some deviation from plans, but it was still expected that the ICS would deliver its plan overall. Discussions would be held with one place whose position had unexpectedly deteriorated.

A winter delivery agreement was approved for a more co-ordinated approach to managing winter pressures across the partnership by focussing on population health management, working with the primary care programme for improved access to urgent appointment slots, and working with the Mental Health, Learning Disability and Autism programme to improve the coordination of access to CAMHS beds.

Recommendation

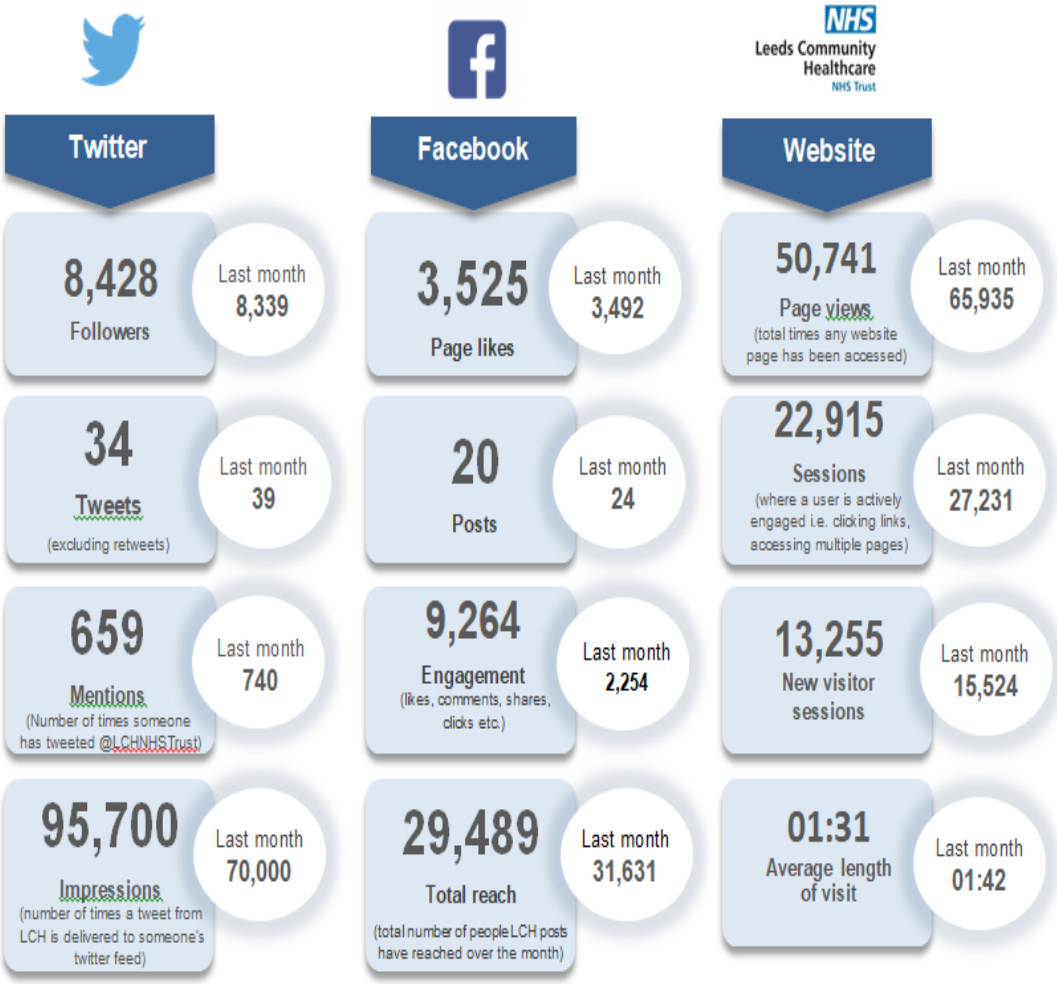
The Board is recommended to:

- Note the contents of this report and the work undertaken to drive forward our strategic goals and particularly our staff engagement work

LCH Trust Communications Report - December 2019

This report has been produced by the Trust's Communications Team. All figures provided are true figures (not percentages) taken at the date of collection. Further information is available on request.

Social and Online Media



Twitter

1. **We surprised our Team of the Year - the Beeston Neighbourhood Team -who demonstrate our behaviours as a Trust on a daily basis. Congratulations everyone! Read more: bit.ly/33Q3hqw #BigThanksLeeds (pic) – 8,359 reached, 11 retweets, 43 likes**
2. **Help combat loneliness and social isolation this festive season by sharing a Mince Pie Moment with your neighbours. http://Greatgettogether.org #OurNeighbours #MincePieMoments @great_together (pic) – 3,433reached, 13 retweets, 15 likes**
3. **Happy Christmas and a huge thank you to all of our colleagues working over Christmas and the New Year🎄🎅 (pic) – 2,827 reached, 8 retweets, 31 likes**

Facebook

1. Our first Thank You award goes to Debbie Bastow, Neighbourhood Team Assistant 🎉- she has been highly commended in Colleague of the Year. “Her manner when supporting vulnerable patients is always professional, warm hearted and caring” #BigThanksLeeds Debbie Bastow, Neighbourhood Team Assistant at Armley Neighbourhood Team, is on the front line dealing with both patient and staff queries on a daily basis…… (link) (pic) – 2,792 reach, 363 reactions, 170 likes, 96 comments, 6 shares

2. Sarah Yeomans, District Nurse, has been highly commended in our Kate Granger Patient Care Award category this morning 🎉 "She continually provides exceptional levels of personalised patient care with kindness and compassion"…. (link) (pic) – 2,811 reach, 304 reactions, 173 likes, 68 comment, 5 shares.

3.
   School Nurse or Health Visitor
   Innovative and enthusiastic
   Passionate and committed to delivering excellent care

   Join our Public Health Integrated Nursing (PHINS) team and support and care for families across Leeds.

   Find out more and apply now: https://www.jobs.nhs.uk/xi/vacancy/?vac_ref=915868490 (pic)– 2,776 reach, 38 reactions, 12 likes, 10 comments, 15 shares

Website

1. LMWS Home – 8,449 page views
2. Homepage – 4,826 page views
3. LMWS, What we offer – 3,464 page views
4. Our Services A-Z – 2,392 page views
5. Speech and Language Therapy Toolkit – 2,361 page views

Our Leeds Health and Care Plan

Informed, developed and delivered together as Team Leeds for all people of all ages: by citizens; carers; third sector (voluntary, charitable, community & faith); elected members; our community health and care service providers; GPs; local authority; hospitals; commissioning; and academic organisations

Delivering our Leeds Left Shift

A friendly, healthy, compassionate city with a strong economy, where we reduce health inequalities, promote inclusive growth and tackle climate change

Our outcomes

What we want to achieve, contributing to the five outcomes in the Leeds Health and Wellbeing Strategy

1. People will live longer and have healthier lives | 2. People will live full, active and independent lives
3. People's quality of life will be improved by access to quality services | 4. People will be actively involved in their health and their care
5. People will live in healthy, safe and sustainable communities

Our approach

In everything we do

We start with people – working with people instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds' citizens, carers and workforce.

- Have 'Better Conversations' – equipping the workforce with the skills and confidence to focus on what's strong rather than what's wrong through high support, high challenge, and listening to what matters to people
- 'Think Family' – understand and coordinate support around the unique circumstances adults and children live in and the strengths and resources within the family
- Think 'Home First' – supporting people to remain or return to their home as soon as it is safe to do so

We deliver – prioritising actions over words. Using intelligence, every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £.

- Make decisions based on the outcomes that matter most to people
- Jointly invest and commission proportionately more of our resources in first class primary, community and preventative services whilst ensuring that hospital services are funded to also deliver first class care
- Direct our collective resource towards people, communities and groups who need it the most and those focused on keeping people well

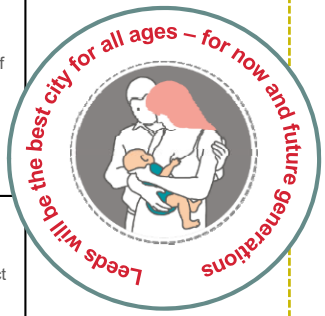
We are Team Leeds – working as if we are one organisation, being kind, taking collective responsibility for and following through on what we have agreed. Difficult issues are put on the table, with a high support, high challenge attitude.

- Unify diverse services through a common culture
- Be system leaders and work across boundaries to simplify what we do
- Individuals and teams will share good practice and do things once

Our collective effort

Start, design, work and evaluate with citizens and staff. Listening to people's journeys and experiences of care and using this to drive improvements.

Goals	Promoting good health	Connected care closer to people in their communities	Mentally healthy city for all
Priorities	1. Build prevention into everything we do 2. Get more people, more physically active, more often	3. Embed person centred care through delivering the universal personalised care model and through taking a strengths and asset based approach to working with people and their communities 4. Develop and embed Local Care Partnerships, our integrated community health and care model around GP practices	5. Reduce mental health inequalities 6. Improve children and young people's mental health 7. Improve flexibility, integration and compassionate response of services
Measures	Increase the number of people receiving lifestyle advice in primary care including brief advice offered and onward referral to services e.g. smoking, weight management, physical activity and alcohol use	Safely and appropriately reduce the number of hospital bed days utilised per 100,000 people Increase self reported wellbeing in communities including that for children, young people, adults and older people	Reduce the number of people from Black, Asian and Minority Ethnic (BAME) backgrounds who are detained under the Mental Health Act Increase recovery rates of children, young people and adults in community settings
	How does it feel for me? – listening to people's journey of care		



Helping us get there

We will…

- Work with identified populations to identify their desired health and care outcomes and use population health management intelligence led approaches to collectively design solutions.
- Recruit people from communities of greatest inequality by providing opportunities for skills and jobs and inspiring the next generation of health and care workforce
- Learn together through our Health and Care Academy, ensuring our workforce is delivering 21st century care
- Prioritise service delivery in our buildings which offer fit for purpose, flexible space in communities
- Transfer cutting edge research and innovation into practice on the ground
- Digitally connect our whole system (information, people, systems) and act on digital opportunities to redesign the way we deliver health and care
- Work with people and staff to develop and evaluate collaborative city campaigns that improve health outcomes for all

Results we want include:

← Better health and wellbeing through all stages of life
← Greater focus on the whole person, not just on individual health conditions taking into consideration the circumstances in which we are born, grow, live, work and age
← Social and medical models of health and wellbeing brought closer together
← A shift of resources to protect the vulnerable and reduce inequalities
← More professional support happens in the community, closer to where people call home
← Redesigned processes and pathways so that people, families and carers have the skills and confidence to manage their own conditions where it is safe and appropriate to do so
← System is more joined up and staff and citizens find their way around the system more easily
← Citizens have greater access to their own data and information
← People will die well in their place of choice, carers and the bereaved will be well supported
← Decisions we take now will benefit our current and future generations

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2019-20 (102A)

Report to: Trust Board: 7 February 2020
Report title: Charitable Funds Committee 12 December 2019: Committee's Chair assurance report
Responsible director: Chair of Charitable Funds Committee **Report author:** Executive Director of Nursing and Allied Health professionals
Previously considered by: Not applicable

Purpose of the report
This paper identifies the key issues for the Board from the Charitable Funds Committee held on 12 December 2019 and indicates the level of assurance based on the evidence received by the Committee where applicable.

Charitable development updates
There has been no further contact from Leeds Cares since the last meeting – still waiting to hear if a substantive appointment to the CEO post has been made. Once we know that this has happened, contact will be made with the new incumbent. .
In the meantime a discussion was held about the direction of travel for the LC Charity. There was agreement that we should look at what interest there is within the organisation and for this to be re-invigorated especially after conversations that the Director of Nursing and AHP's (DON) has had with staff in particular in relation to fundraising for the outdoor area in the CAMHS new build.
The DON has agreed to set up an open forum to be jointly run with the Chair of Charitable funds committee in the new year to test staff interest in this. Other potential fundraising ideas included for a new minibus at Hannah House.

Criteria for allocating charitable funds within LCH.

There was a useful update on the criteria for the allocation of charitable funds. The matter had been considered and reviewed – and there was now greater clarity on the guidelines which would be used by those responsible for such decisions. Any areas of doubt or contentious allocations would be raised at committee meetings for consideration.

Finance Report
This was accepted by the committee.

Assurance level							
Substantial		**Reasonable**	X	**Limited**		**No**	

More than a welcome - health centre waiting areas improvement plan
No further update at this time – positive work is ongoing and would be fully reported back to the committee at its next meeting.

NHS
Leeds Community Healthcare
NHS Trust

AGENDA ITEM 2019-20 (102b)

Report to: Trust Board 7 February 2020

Report title:
Nominations and Remuneration Committee - Committee Chair's Assurance Report
12 December 2019

Responsible director:
Chair of Nominations and Remuneration Committee

Report author:
Director of Workforce

Previously considered by: Not applicable

Purpose of the report

This paper outlines the key issues for the Board arising from the Nominations and Remuneration Committee held 12 December 2019.

Chair and Non-Executive Director National uplift to Remuneration

The Committee received a paper which provided information about a new structure to align remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts. The Trust has been formally notified by NHS England and NHS Improvement that approval has been given to implement a new remuneration structure to address the significant disparities that exist between the remuneration of chairs and non-executive directors of NHS trusts and NHS foundation trusts, which has developed over time.

The Committee acknowledged that the new pay arrangements had been implemented by the Trust in November 2109, and the uplift to remuneration had been received by both Non Executive Directors and the Chair.

Assurance level							
Substantial		**Reasonable**	**X**	**Limited**		**No**	

NHS Employers pensions update

As a result of the impact that pensions taxation is having on the availability of experienced NHS clinicians, NHS Improvement and NHS England have taken exceptional action to introduce a new temporary arrangement to support those clinicians facing pension tax issues. Where implemented, the arrangement will make a contractually binding commitment to pay clinicians a corresponding amount on retirement, ensuring that they are fully compensated in retirement for the effect of the 2019/20 Scheme Pays deduction on their income from the NHS Pension Scheme.

The Committee was briefed on the proposed approach at LCH and that whilst we do not expect this arrangement to have a huge impact on our staff, it was acknowledged that additional work was being undertaken to understand the potential scale of take up at the Trust. It was agreed to continue to update the Committee on this issue.

Assurance level							
Substantial		**Reasonable**	**X**	**Limited**		**No**	

Leeds Community Healthcare NHS Trust

Agenda item 2019-20 (102c)

Report to: Trust Board 7 February 2020
Report title: Audit Committee 10 January 2020: Committee's Chair assurance report
Responsible Director: Chair of Audit Committee **Report author:** Company Secretary
Previously considered by: Not applicable

Summary

This paper identifies the key issues for the Board from the Audit Committee on 10 January 2020.

Internal Audit

The Committee noted good progress was being made against the 2019/20 internal audit programme. Four of the completed internal audits were presented to the Committee; three received reasonable assurance (Partnership Governance, Cybersecurity and Safeguarding) with the Key Financial Systems receiving substantial assurance.

The Committee expressed some concern about the findings within the Safeguarding audit that had five important and one routine recommendation. The Committee raised questions about the level of focus on adult safeguarding in comparison to that on child safeguarding and expressed concern about an error in the ESR compliance matrix. The Committee asked for more information and assurance to be provided at its next meeting.

External Audit plan (KPMG)

The External Audit Partner presented the Committee with the audit plan for 2019/20 and confirmed that they had identified four key risk areas including valuation of estate, revenue recognition, management override of control, and expenditure recognition. The External Audit plan documented the approach and planned response to each of those risks. The auditors will also focus on the Trusts readiness for the introduction of IFRS16 (a new accounting standard concerning leases) from 2020/21.

Information Governance

It was reported that the 2019/20 Data Security and Protection Toolkit was on track to achieve compliance by 31 March 2020. There were three significant concerns that could affect compliance: having an appropriately qualified cybersecurity specialist, undertaking a penetration test and achieving compliance with the increased evidence requirements in cybersecurity. The Committee was advised of the mitigating actions for each of these concerns. Internal Audit had completed the first stage review of the evidence submitted and had no concerns regarding the three assertions audited. The Committee asked for a compliance tracking mechanism to be established as some evidence may not remain compliant and required monitoring. The tracker was suggested due to the rolling cycle of monitoring that the Trust has adopted.

The Committee was advised that three incidents had been reported to the Information Commissioner's Office concerning incorrectly addressed envelopes containing sensitive information about patients. In each case actions have been implemented to reduce the chance of recurrence and ICO have either closed their investigation or we are co-operating and providing further information.

Risk Management
The Committee received the bi-annual update on risk activities within the Trust. It included an update on the ongoing developments to strengthen the Trust's risk management processes. The Committee noted the current risk themes which included staff capacity due to an increase in service demand, sickness and maternity leave, vacancies, including staff retention and difficulties recruiting staff to posts Work processes and arrangements (working with others in an integrated way and CAMHS Tier 4 development.

The Committee heard about a number of developments that were planned to ensure that the Trust's risk management framework continued to mature including the development of Risk and Safety Management three year action plan.

Board Assurance Framework (BAF) review
The Committee reviewed the entire BAF as part of its 6 monthly review programme. The Committee queried the robustness of some of the controls and accuracy of some of the risk scores, particularly target risk scores and recommended a number of actions to be followed up by the Company Secretary with SMT and with the other Committees.

Leeds Community Healthcare NHS Trust

Agenda item 2019-20 (102d)

Report to: Trust Board 7 February 2020
Report title: Quality Committee 27 January 2020: Committee's Chair assurance report
Responsible Director: Chair of Quality Committee **Report author**: Executive Director of Nursing and Clinical Governance
Previously considered by: Not applicable

Purpose of the report

This paper identifies the key issues for the Board from the Quality Committee meeting held on 27 January 2020 and indicates the level of assurance based on the evidence received by the Committee where applicable. The January 2020 Quality Committee meeting was a business meeting.

Quality Spotlight & key issue – CAMHS Transformation Programme inclusive of CQC action plan

Presented by members of staff from CAMHS and the programme and project manager for the work. The programme is being overseen by a board with executive sponsorship from the Executive Directors of Operations and Nursing and AHP's.

A set of clear programme objectives were shared which included:

- Ensuring staff and service users lead service transformation by comprehensively diagnosing areas for improvement and embedding a continuous quality improvement culture
- Establish monthly CAMHS transformation board to provide robust project governance
- Successful implementation of CQC action plans to improve the CAMHS CQC ratings
- Review use of temporary staff and embed a staff led culture change so that temporary staff are seen as part of the service
- Review meetings/ attendance to ensure clarity of purpose, free capacity and reduce duplication
- Align business/ service development projects to ensure that the right work is being implemented, and to stop projects that do not support the transformation of CAMHS
- Review and development of service model and capacity and demand
- Standardise waiting list coordination and to ensure consistency and reduce variation
- Review internal and external dependencies, ensuring there is capacity for CAMHS to take part
- Review and develop leadership
- Ensure technological innovations are in place to enable the transformation of CAMHS
- 'Relaunch' service as part of transformation for patients, staff and stakeholders

Intended benefits of the work:

- Improved CQC rating, improved quality of service overall
- Better patient experience and improved outcomes
- Clarity of purpose – roles, leadership, meetings, developments
- Improved staff morale/ culture
- Improved recruitment/ retention
- Better model and benchmarking
- Robust clinical governance systems and processes - embedded

Risks and associated mitigations have been identified by the project team.

We heard from both In-patient Team and Community Teams about actions to date addressing CQC plan with good evidence that things are changing and work ongoing to ensure this becomes embedded..

Committee members asked about clear milestones and key dates for the project and when might the service move from RI to good? We heard that the key issue was staff engagement and culture.

Other questions included a) how we ensure service user involvement – already good processes in place with young people being involved in pathways etc; b) recruitment for the new unit and plans for how this will happen and attract people to Leeds; c) how the service is seen as one rather than separate out

community and in-patients – this is ongoing work to ensure this is the case; d) how we will address the risks – discussion around culture being the biggest challenge of all – staff feel that engaging staff and the plan being around transformation rather than just answering the CQC question will help with this.
Update requested from Transformation Board in 6 months.

Key Issues: Quality Challenge + proposal
Update that information from NED clinical visits will also be fed into the Quality Challenge process. Where possible and appropriate NED's will also attend Quality Challenge walks.

Key issues: Research and Development Strategy
The updated strategy was presented and received broad support with good feedback but a recognition that we needed to be clearer about our ambition as an organisation. Suggestion that work with social care is missing and linking with national work e.g. national primary care work – could be made clearer. There is an associated business plan to provide financial support for the strategy. The committee recommended the need for appropriate structural organisational oversight of research probably by the formation of a research committee reporting through Quality Committee. The strategy is going to Board in February.

Performance Brief and Domain Reports - Reasonable Assurance
Presented and some issues were raised around the figures for pressure ulcers as conflicting information. Also seem to have lost the comparison in low and no harm reporting versus harm – this will be picked up and corrected. Discussion around pressure ulcers and being clear about targets. Some discussions around waiting times – work ongoing around this to improve this further. Dental a specific area where there are concerns and some mitigation work put in place to ensure patients know what to do.

Clinical Governance report – Reasonable Assurance
Presented to the committee, highlighted areas included discussion around rescheduled and cancelled visits in the Neighbourhood Teams – further work to be brought back to Quality Committee in March. SBU biggest concern is around waits but also some areas of significant improvement.

Quality Priorities quarterly position - Reasonable Assurance

Risk Register Report – Reasonable Assurance
Two new risks. a) EPR – discussion that mitigations were all dependent on additional resource and staffing but informed that these were likely to be successful.
b) Dental waits – the committee felt this is a significant risk and discussion was held around this. The main mitigations are a range of actions in place to patients and referrers in terms of ensuring they have been informed what to do if the situation deteriorates. The committee was concerned that the potential clinical risks were potentially greater than being recognised and the scoring of 12 questioned and explained. Further detail will be provided to business committee (same week) and an update presented at next Quality Committee in March. Three existing Risks with an escalated score did not have further mitigations highlighted in the report and an undertaking given to provide further detail at the next meeting.

Internal audit report – Safeguarding (Reasonable Assurance)
The committee received an update from Director of Nursing on the actions and mitigation. This will be put in a report to the Audit Committee

Internal audit annual plan 20/21
Next year's plan was considered. The committee agreed with the proposal from DoN/AHP that the serious incident process should be included for internal audit for 2020/21.

Committee Governance Reports – Reasonable Assurance
All discussed and agreed reasonable assurance overall. A proposal by MD and DoN/AHP to combine 3 sub-committees – CEG, PSEGG and Mortality SG - to be brought to Quality Committee in March 2020.

NHS
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AGENDA ITEM 2019-20 (102e)

Report to: Trust Board 7 February 2020
Report title: Business Committee 29 January 2020: Committee Chair's assurance report
Responsible Director: Chair of Business Committee **Report author:** Chair of Business Committee
Previously considered by: Not applicable

Purpose of the report

This paper identifies the key issues for the Board from the Business Committee held on 29 January 2020 appendix on service specific measures with contractual financial sanctions was a useful addition to the Performance Brief.

Service Support Session CAMHS waiting list (Presentation):

A helpful and comprehensive presentation from the CAMHS team – focussing directly on concerns over waiting list times and associated problems/risks. It was a detailed presentation which flagged up the complexities of this business area. There were clear issues of increased volume patient growth; staff shortfalls; skill mix; and complex business processes. The team took the Committee through the issues – and laid out the approaches to getting back on track. The particular concerns for the Committee were around:

- Recruitment
- The overwhelming scale of the change package
- The necessary pace and resilience to deliver a satisfactory service.
- The outsourcing of parts of the service as a means to achieve a more secure performance position.

The Committee were encouraged by the focus on the better and more wholescale use of technology and on the clear commitment and determination of the team. Overall, the Committee believed that good progress would be made – and important that the team focus on the two or three key issues and that they received the necessary support from other key parts of the Trust. The Chair offered any further Business Committee support.

Assurance level							
Substantial		**Reasonable**	**X**	**Limited**		**No**	

E-Rostering

The Committee reviewed the key project Plans and were satisfied that good progress was being made across all projects. Good reports were forthcoming on the E-Rostering roll out and the Committee were keen to receive a more substantial feedback on this at the next meeting. It also noted that it would be receiving a more detailed presentation from the Admin Review team at the next meeting – which would be an important and timely update.

Assurance level							
Substantial		**Reasonable**	**X**	**Limited**		**No**	

Workforce Strategy priority: Integration and Partnership

The Committee received the regular update from the Workforce lead – on Integration and Partnership. It was well received – This subject area had also been the subject of satisfactory audit review over the previous month. It also considered the Workforce Quarterly Report and noted the positive progress to date.

Assurance level							
Substantial		**Reasonable**	**X**	**Limited**		**No**	

Organisational Quality Account Priorities

The Committee had its quarterly review of the Organisational and Quality Account Priorities. Little of note to raise for the Board. It also received an update on recent Business Development considerations.

Assurance level							
Substantial		**Reasonable**	**X**	**Limited**		**No**	

Health and Safety Audit

The Committee received a draft of the Trust response to the recent Health and Safety audit – the action plan. It recognised and spoke positively about the amount and quality of work within the document. It offered a number of comments around the need for a more powerful and positive 'forward'; the need to reconsider the delivery timelines and the importance of staff safety issues being delivered with greater urgency than the current timeline offers and that the Health and Safety improvements be linked within the Health and Wellbeing Trust agenda – and promulgated accordingly. Subject to the amendments, the Committee believed this to be an action plan that offered reasonable assurance.

Assurance level							
Substantial		**Reasonable**	**X**	**Limited**		**No**	

Performance

A particular focus on waiting times (dental services) and staff sickness absence. Detailed discussion on both counts.

Finance was amply on track for a satisfactory end year position – along with positive work progressing on the issues and risks for 2020/21. A constructive conversation around the current position – staff sickness high; staff shortfall high – waiting lists in some areas now high and finance, strong. Given this shape and these trends there was a discussion on the need, now, to take a close examination on the *quality of service* across the Trust.

A constructive discussion on the work of the Productivity Program and the roles, remit and focus of the effort of that group along with the portfolio of improvement initiatives. A potentially very significant area of work.

It reviewed and accepted the Estates update report – commenting positively on the new format and the sharper grip on some key issues.

It received recent audit review reports – spending particular time on the Statutory and Mandatory training audit. On this report, it would receive feedback as issues were progressed. It also focussed on the next year audit program, noting the offer of contributing to it.

Finally, a discussion on the Committee effectiveness feedback. Generally satisfied – though a wish to shape and develop a stronger and greater depth to the financial understanding and challenge within the Committee.

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AGENDA ITEM 2018-19 (103)

Meeting: Trust Board, 7 February 2020	**Category of paper** *(please tick)*	
Report title Performance Brief and Domain Reports	**For approval**	
Responsible director: Executive Director of Finance and Resources **Report author:** Head of Business Intelligence	**For assurance**	✓
Previously considered by: Senior Management Team, 22 January 2020 Quality Committee, 27 January 2020 Business Committee, 29 January 2020	**For information**	

Purpose of the report

This report seeks to provide assurance to the Senior Management Team, Business Committee, the Quality Committee and the Trust Board on quality, performance, compliance and financial matters.

It is structured in line with the Care Quality Commission (CQC) domains with the addition of Finance.

It highlights any current concerns relating to contracts that the Trust holds with its commissioners.

It provides a focus on key performance areas that are of current concern to the Trust.

It provides a summary of performance against targets and indicators in these areas, highlighting areas of note and adding additional information where this would help to explain current or forecast performance.

Main issues for Consideration

In the **Safe** domain, there is an increase in the number of incidents reported per 1000 contacts in December and we continue to be above the upper limit. Due to the addition of new pressure ulcer subcategories since April 2019 figures will remain above the upper control limits. We are currently exploring how we can accurately depict the data to ensure this is representative of all the incident categories within Datix.

There were 3 avoidable category 3 pressures ulcers identified in December bringing for the financial year to 8. This is one more than the improvement target set for this year of 7.

Discussions continue with LTHT to progress a reciprocal Datix sharing agreement to ensure a robust means of sharing incident data. Quarterly meetings are also going to be established to look at themes and trends to support improvements in patient safety across organisations.

In the **Caring** domain, the new FFT guidance will be implemented from 1st April 2020. The Patient Experience Team are linking with services on the service specific questions and stores to ensure the updated FFT questionnaires are available to commence from April 2020.

Complaints continue to be actively monitored to ensure we provide a response within our target

timeframe of 40 days. There were 2 in November which exceeded the timeframe, both were multi agency complaints and the correct LCH process was followed to extend the timescale with the complainant.

In the **Responsive** domain, performance against the nationally set waiting targets for percentage of patients waiting over 18 weeks for a consultant-led service remains strong in all areas except in Child Development Clinics (CDCs).

There have been no breaches of the 6 week wait for diagnostic tests in the Audiology service in November or December which is a significant improvement on previous months

There are challenges across the range of targets for Improving Access to Psychological Therapies/Leeds Mental Wellbeing Service. Action plans are in place.

In the **Well Led** domain, sickness absence has dropped following a steep rise in November 2019. December 2019 sickness absence levels were lower than December 2018 levels. Turnover and stability remain positive and well within tolerance. Appraisals have seen a decline in December 2019 which is expected to reverse in January 2020; targeted work is ongoing and statutory & mandatory training compliance has improved slightly, to 92%

In the **Finance** domain, the year to date financial position is consistent with previous months and overall the surplus is in line with the plan.

Pay costs are £0.7m underspent and there are 102 WTE vacancies reported for the month this is 14 more than last month. Non-pay costs are £0.4m overspent same as last month.
Capital expenditure is now £0.2m underspending against plan.

Given the performance at the end of Quarter 3 the Director of Finance is confident the Trust will deliver the control total at the end of March. There continues to be a forecast shortfall on 2019/20 CIP efficiency savings for the year; this is being mitigated by un-planned savings elsewhere. All other finance targets are forecast to be achieved for the year.

Recommendations
The Board is recommended to:

- Note present levels of performance
- Determine levels of assurance on any specific points
- Comment on the intention to include reports in a “flash report” format next month

Performance Brief – December 2019

Leeds Community Healthcare NHS Trust

Purpose of the report

This report seeks to provide assurance to the Senior Management Team, Business Committee, the Quality Committee and the Trust Board on quality, performance, compliance and financial matters.

It is structured in line with the Care Quality Commission (CQC) domains with the addition of Finance.

It highlights any current concerns relating to contracts that the Trust holds with its commissioners.

It provides a focus on key performance areas that are of current concern to the Trust.

It provides a summary of performance against targets and indicators in these areas, highlighting areas of note and adding additional information where this would help to explain current or forecast performance.

Committee Dates
Senior Management Team – 22nd January 2020
Quality Committee – 27th January 2020
Business Committee – 29th January 2020
Trust Board – 7th February 2020

Recommendations

Committees and the Board are recommended to:

- Note present levels of performance
- Determine levels of assurance on any specific points

Main issues for Consideration

This month's Performance Brief contains the most up to date information available for the month of December 2019.

Across the domains in this Performance Brief, the summary position is as follows:

In the **Safe** domain, there is an increase in the number of incidents reported per 1000 contacts in December and we continue to be above the upper limit. Due to the addition of new pressure ulcer subcategories since April 2019 figures will remain above the upper control limits. We are currently exploring how we can accurately depict the data to ensure this is representative of all the incident categories within Datix.

There were 3 avoidable category 3 pressures ulcers identified in December bringing for the financial year to 7. This is one more than the improvement target for the year to date of 6.

Discussions continue with LTHT to progress a reciprocal Datix sharing agreement to ensure a robust means of sharing incident data. Quarterly meetings are also going to be established to look at themes and trends to support improvements in patient safety across organisations.

In the **Caring** domain, the new FFT guidance will be implemented from 1st April 2020. The Patient Experience Team are linking with services on the service specific questions and stores to ensure the updated FFT questionnaires are available to commence from April 2020.

Complaints continue to be actively monitored to ensure we provide a response within our target timeframe of 40 days. There were 2 in November which exceeded the timeframe, both were multi agency complaints and the correct LCH process was followed to extend the timescale with the complainant.

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In the **Finance** domain, the year to date financial position is consistent with previous months and overall the surplus is in line with the plan.

Pay costs are £0.7m underspent and there are 102 WTE vacancies reported for the month this is 14 more than last month. Non-pay costs are £0.4m overspent same as last month.

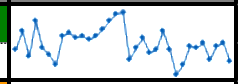
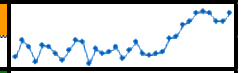
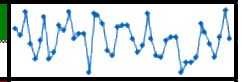
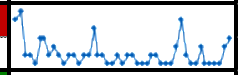
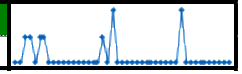
Capital expenditure is now £0.2m underspending against plan.

Given the performance at the end of Quarter 3 the Director of Finance is confident the Trust will deliver the control total at the end of March. There continues to be a forecast shortfall on 2019/20 CIP efficiency savings for the year; this is being mitigated by un-planned savings elsewhere. All other finance targets are forecast to be achieved for the year

Safe – December 2019

By safe, we mean that people are protected from abuse and avoidable harm

Leeds Community Healthcare NHS Trust

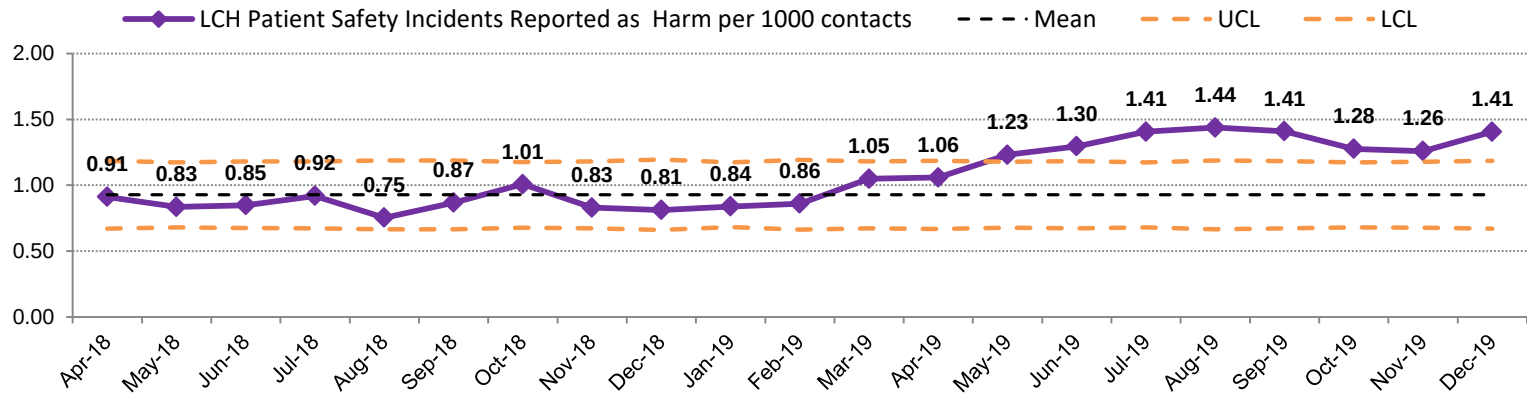
Safe - people are protected from abuse and avoidable harm	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Q1	Q2	Oct	Nov	Dec	Q3	Monthly Time Series
Overall Safe Staffing Fill Rate - Inpatients	SL	>=97%	-	●	2019/20	94.7%	97.1%	97.7%	98.3%	94.9%	97.0%	
					2018/19	101.0%	101.1%	97.5%	99.5%	96.3%	97.8%	
Patient Safety Incidents Reported in Month Reported as Harmful	SL	0.64 to 1.25	1.31	●	2019/20	1.19	1.42	1.28	1.29	1.41	1.32	
					2018/19	0.86	0.85	1.01	0.83	0.81	0.88	
Serious Incident Rate	SL	0 to 0.1	0.05	●	2019/20	0.04	0.04	0.05	0.09	0.05	0.06	
					2018/19	0.04	0.05	0.02	0.05	0.05	0.04	
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	6	7	●	2019/20	2	0	0	2	3	5	
					2018/19	1	2	0	0	0	0	
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	SL	0	0	●	2019/20	0	0	0	0	0	0	
					2018/19	0	0	0	0	0	0	

Areas noted as a result of this report are as follows

There has been an increase in the number of incidents reported per 1000 contacts (Graph 1) in December. The increase is both a result of the introduction of additional minimum harm subcategories for pressure ulcers in April 19 and reduction in patient contacts in December 19 due to Bank Holidays. We would expect to see a drop in these figures in January as contact numbers increase. However the figure will remain above the upper control limit due to changes implemented in April. We are exploring how we can accurately depict the data to ensure this is representative of all the incident categories within Datix.

Three avoidable Category 3 pressure ulcers were found in December bringing the total number reported for the financial year to 7. This is one more than the year to date improvement target of 6 and equals the improvement target for this year of 7.

(Graph 1)



Patient Safety

Follow-up from October Data

Discussions are continuing with LTHT's Serious Incident Manager to progress a reciprocal Datix sharing agreement to ensure a robust means of sharing incident data. After initial reluctance the sharing in principal has been agreed and we are now embarking on the practicalities of setting this up across the Datix systems. Quarterly meetings are also going to be established to provide an opportunity to share incident themes and trends to support improvements in patient safety across the organisations

November/December Data Review

↑1356 incidents have been reported in Datix for November/December (an average of 678 incidents per month) with 995 (73%↑) reported as patient safety incidents (PSI), 690 (51%↑) of these are LCH patient incidents. Of these, the top 3 incident sub-categories are: Slips, trips & falls (19%) Pressure Ulcers including device related (17%) and Medication (14%).

304 (31%↑) of all PSI's this month originated from other providers. This is predominantly incidents occurring at LTHT.

↑115 staff incidents were reported: 22 (19%↑) & 86 (75%↓) were reported as minimal harm and no harm respectively. 7(6%↑) were reported as moderate harm - (i) 2 reports of client pet bites/scratches requiring further treatment. (ii) 4 moving/handling incidents of either equipment or patients. (iii) 1 fall over a small wall when leaving patient property. No staff incidents required RIDDOR reporting and there was no report of patient harm as a result of the staff incidents.

91 (13%) LCH patient incidents were reported that resulted in moderate harm, however this has now reduced to 86 (12.4%) following review and the harm category downgraded. 73 have been investigated and closed with 10 records found to have contributing lapses in care (9 pressure damage included in chart 2 below) and 1 fall. Action plans have been created for these incidents. 13 records remain open and under investigation.

13 (2%↓) major harm incidents reported in November/December (Chart 1)

(Chart 1)

Incident	Lapses in care	No lapses in care	Under Review (Review Meeting)
Cat 4 Pressure Ulcer	0	1	1 (12/02/2020)
Fall with harm	0	10	-
MRSA Bacteraemia	0	0	1 (30/1/2020)

14 incidents were reported in November/December which met the criteria of a safety notifiable incident. 12 received an initial verbal apology and explanation of the investigation process. All 12 received a final apology letter. For the two patients who did not receive a initial apology or final apology letter, 1 patient was a patient living in a care home with dementia with no known next of kin, patient in hospital at time of investigation, nursing team made several attempts to contact carers and the second patient died (unrelated to the incident) with no known next of kin.

In November/December there were 5 incidents where an initial Duty of Candor was not sent, all 5 patients received a verbal apology via a conversation and follow up as follows:

- 2 patients/Family declined a letter at conversation, the remaining three did not receive the initial letter, however in 1 case there was continual contact with the family and the final DoC letter was given to the patient within 3 weeks of the incident and 1 patient was a dementia patient where carers were kept verbally updated throughout the investigation, a verbal conversation and final duty of candour letter were sent to the patient's son who declined any further input. To ensure the initial DOC letter is sent to all patients as per the statutory requirement this will be undertaken by the Clinical Governance Team moving forwards.

Pressure Ulcer Focus

There were 117 pressures ulcers reported in the November/December reporting period.

Of the 3 category 4 incidents, 2 have been reviewed and no lapses in care have been identified, one of these was also downgraded to category 3 by the Wound Prevention and Management Service (WPMS) and 1 is scheduled for a review meeting in February 2020.

All unstageable, category 3 and category 4 pressure ulcers are subject to a 72 hour review to determine if there were any lapses in care provided by LCH. Chart 2 below shows the outcome of those reviews. 7 are still in the review process and have been actively monitored by the production of a weekly report in outstanding review records which is sent to reporting business unit Quality Leads and Clinical Leads for information and support to staff to complete.

(Chart 2)

	Category 3	Category 4	Unstageable	Total
Lapses in Care	**5**	**0**	**4**	**9**
No Lapses in Care	**20**	**1**	**20**	**41**
Under investigation	**3**	**1**	**3**	**7**
Total	**28**	**2**	**27**	**57**

Pressure Ulcer Investigations Completed in November/December

99 pressure ulcer incidents were fully investigated and closed in this time period – 35 of these occurred prior to this reporting period (June to October 19).

A breakdown of incident categories shows that there were 10 category 1, 50 category 2, 18 category 3, 16 were unstageable and 5 category 4 pressure ulcer investigations.

All 5 category 4 incidents were subject to a 72 hour review and confirmed there were no lapses in care that resulted in the development of the Pressure Ulcer. (unavoidable to LCH).

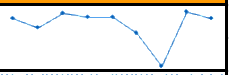
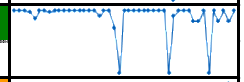
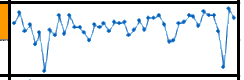
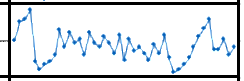
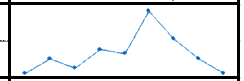
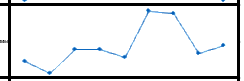
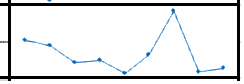
89 of the investigations found no lapses in care that would have contributed to the incident (unavoidable) and 10 found lapses in and therefore were avoidable to the organisation.

- Of the 10 avoidable incidents 6 were category 2 pressure ulcers; 3 were category 3 and 1 was unstageable.

Caring – December 2019

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect

Leeds Community Healthcare NHS Trust

Caring - staff involve and treat people with compassion, kindness, dignity and respect	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Q1	Q2	Oct	Nov	Dec	Q3	Monthly Time Series
Percentage of Respondents Recommending Care - Inpatient and Community (FFT)	SL	>=95%	95.9%	●	2019/20	96.7%	96.6%	91.8%	97.6%	97%	94.5%	
					2018/19	-	-	-	-	-	-	
Percentage of Respondents Recommending Inpatient Care (FFT)	SL	>=95%	90.9%	●	2019/20	85.7%	90.7%	100.0%	83.3%	100%	95.7%	
					2018/19	91.7%	100.0%	100.0%	100.0%	95.0%	98.3%	
Percentage of Respondents Recommending Community Care (FFT)	SL	>=95%	96.0%	●	2019/20	96.7%	96.6%	91.7%	97.8%	97%	94.5%	
					2018/19	95.9%	96.9%	96.0%	94.4%	94.5%	95.0%	
Total Number of Formal Complaints Received	SL	No Target	169		2019/20	62	59	20	12	16	48	
					2018/19	43	40	22	11	4	37	
Number of Formal Complaints Upheld	SL	No Target	81		2019/20	19	37	12	8	5	25	
					2018/19	-	-	-	-	-	-	
Number of Formal Complaints Responded to within timeframe	SL	No Target	134		2019/20	33	50	23	13	15	51	
					2018/19	-	-	-	-	-	-	
Number of Compliments Received	SL	No Target	1088		2019/20	374	342	155	107	110	372	
					2018/19	-	-	-	-	-	-	

The new FFT guidance will be implemented by 1st April 2020. A workshop at the Patient Engagement Staff Champion group meeting in January will aim to identify actions and challenges for services. The new guidance will be implemented across all services with the standard FFT question and open text question suggested by NHS England. Work over the next 12 months will focus on making this specific to each service. PET are working with the Communications team and Stores to ensure that the changeover goes smoothly.

The Big Leeds Chat took place in November, with more local events taking place in some of the local care partnership areas. There was LCH representation at the Big Chat in Leeds City Market and at the local chats in Otley and Rutland lodge. Feedback from, and on, the event is being collated by Healthwatch Leeds and the CCG to produce a report that will be shared. A date of 1st October has been agreed for the 2020 Big Leeds Chat!

Always Events- Work is ongoing within the Continence, Urology and Colorectal Service to fully implement and embed an Always Event following feedback from patients at the annual CUCS patient celebration event and meeting with staff. The Always Events statement will be 'I will always know

what to expect before an examination'; examples of how this will be implemented are improvements to patient information that is sent with appointment letters, opportunity to ask questions, sharing of patient experiences (patient stories).

The Patient Experience Team are working with the Virtual Frailty Ward Project Manager and Health and Care Evaluation Team to support the development of a patient experience feedback tool to be implemented within the service.

Work with Carers Leeds continues with bi-monthly steering group meetings. Carer awareness training will be delivered to staff 6 times per year and will be booked in from January 2020. The Patient Experience and Engagement Lead now sits on the city-wide Carers Partnership Board meetings, led by Leeds City Council.

In November a Quality Walk took place at Wetherby YOI; this measured the service at Good for the Caring domain aspects, and as compliant with Patient Experience requirements for the Quality Challenge+. The service report shows a recommendation rate of 94.19% between May- September 19.

In December there were 4 Quality walks; Woodsley NT, HHIT, Gynaecology and CNRU, however these reports have not yet been finalised.

Complaints, Concerns and Claims

The table below highlights the number of complaints and concerns that have been received by the PE team.

Feedback	November 2019 Received	December 2019 Received
Complaints	12	16
Concerns	43	26
Clinical Claims	0	0
Non-clinical Claims	0	0

As prescribed by the NHS Complaints Regulations 2009, it is a statutory requirement that the Trust must acknowledge all received complaints within 3 working days. The regulations also state that all complaints must be responded to, in writing, within 180 working days – unless otherwise agreed with the complainant. We have seen an improvement with the management of complaint responses and are meeting the above targets.

There were 31 complaints on the caseload for November. There has been 1 complaint that has been reopened within October and 1 complaint ongoing with the PHSO.

Of the 13 responded to by LCH in November, 2 exceeded our internal 40 day timeframe. Both of these complaints were multi-agency complaints and the correct LCH process to extend the complaint timeframe was followed on both occasions. The delay in one of the complaints was due to not receiving a response from Leeds Teaching Hospital Trust by the expected deadline; contact was made with LTHT and an extension given. Once we

were aware that LTHT required an extension the complainant was contacted and the situation explained to them; the complainant chose to wait and receive the full response from all agencies together. The complainants wishes were followed and a full response from all agencies was sent out over within 86 days. Difficulties in coordinating multi agency complaints has been raised at the city-wide complaints sub-group meeting and will form an agenda item at the next meeting in January.

The second complaint that has exceeded LCH 40 day timeframe was related to a complex safeguarding issue with input from Leeds City Council. The response could not be sent following loss of contact with the complainant and an inability to confirm secure postal or electronic addresses; a completed response has been saved on Datix and communication sent to the complainant in a number of forms (email, letter, phone) to try to reengage and confirm her details.

For December, there have been no noticeable trends or clusters for incoming complaints across Business Unit, and within services.

All complaints received in November and December were acknowledged within 3 working days.

Effective – Quarter 3 2019

By effective, we mean that care, treatment and support received by people achieve good outcomes and helps people maintain quality of life and is based on the best available evidence.

Leeds Community Healthcare NHS Trust

Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence	Responsible Director	Target - YTD	Financial Year	Q1	Q2	Q3
Audit: number of mandatory must do (priority 1) and should do (priority 2) audits started *(n = 88)*						
due to start in Q	RB	20	2019/20	52	22	17
started in Q	RB	100%	2019/20	57.7%	63.6%	52.9%
Clinical outcome measures: service self-reporting as achieving *(n = 47)*						
step 2 (outcome measures for service identified)	RB	100%	2019/20	40.4%	Not collected	57%
step 3 (outcome measures available in clinical system)	RB	75%	2019/20	40.4%		55%
Medicines Management: Medicines Control Assurance Check (n=144)						
completed at team level within last 24 months	RB	100%	2019/20	96.5%	97.2%	97%
meeting all required standards	RB	100%	2019/20	95.1%	96.6%	96%
NICE guidance: compliance with guidance published during 2017/18 *(n = 42)*						
full compliance	RB	> 90%	2019/20	95.2%	80.8%	74%
action plan in place	RB	> 5%	2019/20	4.8%	11.5%	13%
not due yet	RB	-	2019/20	21	16	10
Clinical and Corporate Policies *(n = 100)*						
fit for purpose	RB	100%	2019/20	96.0%	96.0%	91%
overdue for review	RB	< 5%	2019/20	4.0%	4.0%	9%

Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence	Responsible Director	Target - YTD	Financial Year	Q1	Q2	Q3
Quality Challenge+ (QC+) Programme: services *(n = 54)*						
rated as 'good' or 'outstanding' on self assessment	RB	> 80%	2019/20	79.3%	90.7%	93%
who have received a QC+ Walk during 2019/20	RB	100%	2019/20	17.2%	37.0%	50%
who have had a change in rating following QC+ Walk	RB	< 10%	2019/20	10.0%	6.3%	14%
Research and Development *(n = 720)*						
patients recruited into studies	RB	100%	2019/20	13.6%	36.4%	59%

Audit

52.9% (9/17) of the priority 1 and 2 audits that were due to be started in Q3 were started. It is notable that some audits do not start as per the planned timescale for a variety of reasons including capacity and demand within services. Additionally, re-audits may be postponed to allow for improvements from the previous audit cycle to become embedded in practice. Commencement dates for priority 1 and 2 audits are fluid and it is expected that all priority 1 and 2 audits will be commenced by the end of the financial year.

There were 15 priority 1 and 2 audits that had been abandoned as at the end of Q3. The reasons for abandonment include the audit no longer being relevant to LCH (7), the audit being duplicated on the audit programme (5), the project not being a true clinical audit (2), and the audit being cancelled by the national provider (1). No audits have been cancelled due to reasons within services. However, there have been 20 additional priority 1 and 2 audits added to the programme after the beginning of the audit programme commenced. Five commenced in Q1, four commenced in Q2, six commenced in Q3, and five are still to commence.

Policies

The HSE inspection identified that policies could be more robust. This has led to a delay in ratifying some policies, as further work is required. Consequently, there has been an increase in the number of overdue policies. Work continues to progress the affected policies.

Quality Challenge+ Programme

32 services still require a Quality Walk in 2019/20; these are unlikely to all be achieved this financial year. To mitigate this, Q4 Quality Walks will be prioritised based on the date of services' previous Quality Walk, their self-assessment rating, and other intelligence. Services which are not visited during 2019/20 will be prioritised for a quality walk in 2020/21.

Research & Development

The target for the number of patients recruited into research studies (720) may not be achieved by the end of March 2019. This is due to slower than anticipated recruitment to the SECURE STAIRS study previously escalated. To support the clinical team, additional resource has been provided to support recruitment. The impact of undershooting the target is not clear as financial allocation principles have not been agreed for 2020/21 with the Clinical Research Network. Current intelligence is that this is unlikely to be significant.

Mortality Review

It was identified during the TiAA internal audit into Mortality that the mortality data had not pulled through to the Performance Brief by exception in Q2 as expected. This has now been rectified. In regards to unexpected deaths in bed bases there were 6 deaths in bed bases during Q3 of which 5 were in the South Recovery Hub. 4 of these were classed as unexpected, 2 were expected and received palliative care. Despite there being an increase in deaths in Q3 we have identified no concerning issues. In the past 3 years of the current contract we have experienced a variation in the number of deaths and this is still within normal control range for the relevant quarter.

Sudden Death in Childhood (SUDIC)

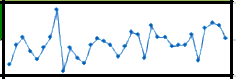
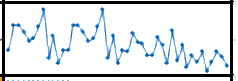
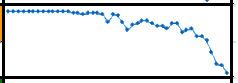
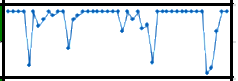
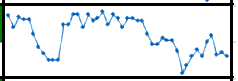
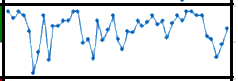
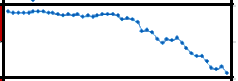
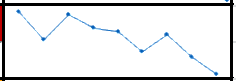
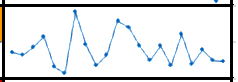
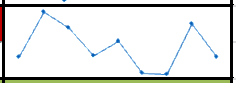
On the 5th May 2019 a 9 year old child with a longstanding, chronic, complex, life limiting condition died at home expectedly and was taken to A&E at Leeds Teaching Hospital. The child was known to Hannah House and was discussed at CDOP on 16 December 2019. No recommendations were made. Hannah House and Children's Community Nursing were praised for their support of the family. There was further discussion at the Children's Mortality Group on 17th December 2019.

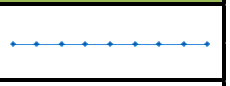
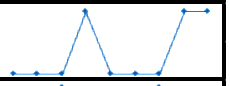
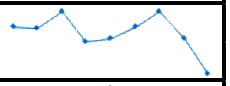
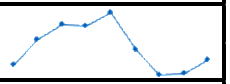
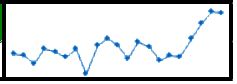
On the 18th October 2019 an 8 year old child died in Leeds Teaching Hospital Trust following a haemorrhage post-surgery. The Children's Community Nursing Service were supporting hospital care plan prior to the planned surgery and have continued to provide support to the family post bereavement. Full exploration of case and learning will take place on 28th January 2020.

Responsive – December 2019

By responsive, we mean that services are organised so that they meet people's needs

Leeds Community Healthcare NHS Trust

Responsive - services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Q1	Q2	Oct	Nov	Dec	Q3	Monthly Time Series
Patient Contacts - Variance from Profile	SP	0 to ± 5%	0.8%	●	2019/20	-0.2%	0.2%	4.7%	3.6%	-1.6%	2.3%	
					2018/19	-3.0%	-6.4%	0.9%	0.0%	-10.1%	-3.1%	
Patient Contacts	SP	No Target	1,070,262	●	2019/20	354,255	354,517	124,826	121,020	115,645	361,491	
					2018/19	392,694	373,902	133,983	128,965	116,971	379,919	
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	>=92%	92.8%	●	2019/20	94.7%	91.6%	89.0%	88.9%	87.2%	87.2%	
					2018/19	97.0%	97.8%	96.8%	96.9%	96.4%	96.7%	
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	0	●	2019/20	0	0	0	0	0	0	
					2018/19	0	0	0	0	0	0	
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	SP	>=99%	98.3%	●	2019/20	100.0%	94.1%	97.9%	100.0%	100.0%	100.0%	
					2018/19	99.7%	97.0%	100.0%	100.0%	100.0%	100.0%	
% Patients waiting under 18 weeks (non reportable)	SP	>=95%	97.9%	●	2019/20	97.9%	98.4%	97.8%	97.8%	97.7%	97.7%	
					2018/19	98.9%	98.4%	98.1%	98.3%	98.2%	98.2%	
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	SP	>=95%	99.3%	●	2019/20	99.9%	99.3%	98.2%	98.7%	99.3%	98.7%	
					2018/19	98.9%	99.6%	99.5%	99.6%	99.0%	99.3%	
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	>=75%	48.6%	●	2019/20	57.4%	48.0%	41.1%	42.8%	36.5%	40.4%	
					2018/19	98.9%	99.6%	99.5%	99.6%	99.0%	99.3%	
IAPT - Proportion of people accessing IAPT services aged 65+	SP	>=13.6%	3.6%	●	2019/20	4.2%	3.8%	3.8%	2.9%	2.2%	3.0%	
					2018/19	-	-	-	-	-	-	
IAPT - Percentage of people who complete treatment and recover	SP	>=50%	47.5%	●	2019/20	50.0%	49.1%	50.2%	48.1%	47.9%	48.8%	
					2018/19	49.9%	48.4%	57.7%	51.3%	47.1%	52.0%	
IAPT - Recovery rate of people accessing IAPT services identified as BAME	SP	>=49.8%	38.7%	●	2019/20	43.6%	37.3%	33.0%	46.0%	37.5%	39.1%	
					2018/19							

Responsive - services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Q1	Q2	Oct	Nov	Dec	Q3	Monthly Time Series
CAHMS - Percentage of children and young people with an eating disorder seen within 24 hours of a request for rapid assessment	SP	100%	-	●	2019/20	-	-	-	-	-	-	
					2018/19	-	-	-	-	-	-	
CAHMS - Percentage of children and young people with an eating disorder seen within 1 week of an urgent referral	SP	>=95%	100.0%	●	2019/20	-	100.0%	-	100.0%	100.0%	100.0%	
					2018/19	0.0%	0.0%	100.0%	100.0%	0.0%	66.6%	
CAHMS - Percentage of children and young people with an eating disorder seen within 4 weeks of a routine referral	SP	>=95%	76.2%	●	2019/20	89.5%	77.8%	100.0%	75.0%	41.7%	65.4%	
					2018/19	92.9%	75.0%	37.5%	100.0%	80.0%	64.7%	
CAMHS - Percentage of appropriately referred next steps patients seen in <12 weeks	SP	100%	38.9%	●	2019/20	45.0%	61.2%	3.0%	5.6%	23.3%	10.1%	
					2018/19	-	-	-	-	-	-	
ICAN - Initial contacts to take place within 12 weeks for OT and PT	SP	>=80%	78.2%	●	2019/20	73.4%	73.5%	86.7%	93.5%	92.5%	90.1%	
					2018/19	69.4%	71.7%	73.9%	60.8%	75.9%	69.2%	

Statutory Breaches and Waiting Lists

Performance against the nationally set waiting targets for percentage of patients waiting over 18 weeks for a consultant-led service remains strong in all areas except in Child Development Clinics (CDCs).

	Oct 2019						Nov 2019						Dec 2019					
Specialty	Pct Currently Waiting Under 18Weeks	Total	Waiting Over 18Wks	Average Wait (weeks)	Median Wait (weeks)	95th Percentile	Pct Currently Waiting Under 18Weeks	Total	Waiting Over 18Wks	Average Wait (weeks)	Median Wait (weeks)	95th Percentile	Pct Currently Waiting Under 18Weeks	Total	Waiting Over 18Wks	Average Wait (weeks)	Median Wait (weeks)	95th Percentile
CDC	52.2%	182	87	17.3	16.7	33.5	51.6%	188	91	18.1	17.6	34.6	44.2%	190	106	20.4	20.8	38.1
CH - P AUD	100.0%	172	0	2.3	2.1	4.4	100.0%	190	0	2.4	2.3	5.1	100.0%	137	0	2.7	2.6	5.0
CPC (CHICS)	98.8%	169	2	6.3	5.1	13.6	100.0%	159	0	6.7	5.7	14.7	100.0%	126	0	7.3	6.7	15.9
GAN	100.0%	6	0	3.9	3.3	7.7	100.0%	5	0	4.3	3.3	7.1	100.0%	11	0	5.0	3.9	9.7
Gynaecology	100.0%	103	0	7.9	7.0	15.6	100.0%	100	0	6.5	6.6	11.3	100.0%	83	0	6.5	6.1	11.1
MSK	100.0%	60	0	1.7	0.8	7.9	100.0%	43	0	2.1	1.3	7.5	100.0%	123	0	2.8	2.0	6.0
PND	93.0%	315	22	9.1	9.3	18.4	93.8%	305	19	9.2	8.1	18.6	93.8%	305	19	9.2	8.9	18.7
Total	89.0%	1007	111				88.9%	990	110				87.2%	975	125			

There are 190 children waiting and 106 have waited over 18 weeks. The average wait is 20.4 weeks. The majority of children on this waiting list are waiting for a Complex Communication Assessment. Children are seen both at home and in clinic by a Health Visitor, Psychologist and Speech and Language Therapist. An average assessment requires a total of 20 hours of time between the three roles. For children who receive a diagnosis (70%), the basic core intervention involves the offer of four specialist stay and play sessions (6 hours) and a seven week parent training course (total 14 hours). The main drivers for the underperformance are an increase in referrals from approximately 12 per month in 2017/18 to 16 per month in

2018/19 and a reduction in staff capacity as a result of sickness and retirement. The service has made arrangements to outsource the long waits (over 18 weeks) to a trusted partner who have agreed to see the children before the end of the financial year. A second workshop looking at streamlining the pathway will be held on 4 February. These two actions should ensure that all long waiters are seen within the next two months and ensure that there is capacity to meet the ongoing demand for the service thereafter.

Whilst the numbers of patients waiting more than 18 weeks in CDC have increased recently the effect this has had on performance against the target organisation-wide has been exacerbated by initiatives in the Musculoskeletal service. MSK process a large number of referrals each month and therefore make up a large part of the denominator for this measure. The service is now scrutinising its waiting list more closely and discharging inappropriate referrals from the waiting list earlier. This results in fewer individuals on the waiting list at any one time, decreasing the denominator for the percentage of patients waiting more than 18 weeks and magnifying the issues in CDC.

There have been no breaches of the 6 week wait for diagnostic tests in the Audiology service in November or December.

Non-consultant-led Referrals

In addition to the national standards the Trust works to an internal target of 95% of all non-Consultant-led referrals being seen within 18 weeks (to mirror the national target). The Trust routinely meets this standard.

IAPT/LMWS

People referred to the Improving Access to Psychological Therapies element of the Leeds Mental Wellbeing Service are routinely seen within 18 weeks (this includes rapid assessment and treatment if clinical presentation dictates).

In terms of the 6-week wait the national data details the wait experienced by people who completed treatment in any given month. Since 50% of people are in treatment for more than 9 months, the waiting times indicator is not based on how long people are currently waiting for their initial appointment but on how long they were waiting about a year ago.

The total number of people on the screening waiting list is 2715 (December 2019), a reduction of 276 people from November 2019. This is broken down as follows:

- Online –This has reduced consistently over the past 4 months (11.85 weeks; 10.7 weeks; 9.4 weeks; 8.6 weeks).
- Telephone – No-one is currently waiting longer than 6 weeks.
- Face to face – No-one is currently waiting longer than 6 weeks.

Commissioners have agreed non-recurrent monies l to fund 5.0 WTE additional Mental Health Practitioners to support the reduction of the screening list. The LMWS Board agreed to recruit to these posts on a permanent basis and the interviews are due to take place on January 8th and 9th.

Access (Number of People Entering Treatment)

The target for the period April to October was 15% of the population accessing the service. The target then increases up to 19% by the end of March. For the latter period the target includes access to the non-IAPT services provided by LMWS. Over 20% of the access target is expected to come from non-IAPT. Work is underway to ensure the service is able to report on this data. The year to date position is 14.2% (13.5% in 2018/19)

Key actions to meet the March target include:

- The website 'Refer Yourself' tab has been made more prominent to encourage referrals to all parts of the service.
- Targeted access work underway that will focus on direct access classes/workshops/classes and Omnitherapy. Additional 0.5 WTE management resource has been appointed between January - March to build on the existing direct access offer.

There are two key performance indicators that will be attached to financial penalties from 2021/22. These relate to the number of people aged 65+ entering the service and the number of BAME people entering the service. Current performance is 3% (target 13.6%) and 39.1% (target 49.8%) respectively. Increasing access for these groups is being considered by the LMWS Co-production Network – a group of people who use (have used) the service and clinicians/managers from the partnership

Recovery

The recovery rate has dipped below the 50% target. Whilst the published figure is 47.5% for year to date performance the service is confident that the actual figure is 49.7%. The service is working with NHS Digital to resolve a data issue from July which has led to the Leeds recovery rate being artificially lower than actuals. A data quality notice has been added to the national submission.

A Recovery One Minute Guide has been shared with all clinicians and will be discussed in upcoming Team Meetings and as part of performance management supervision.

CAMHS

Emergency Referrals

There has been an increase in the number of emergency referrals (to be seen within 4 hours) from 295 (April to November 2018) to 353 (April to November 2019). Response times are good with 94% of children seen within 4 hours (target 90%).

Eating Disorders

There are two new KPIs associated with the Eating Disorder pathway included in this month's report. The first focuses on children referred urgently for assessment to be seen within 5 working days. This standard was met but it should be noted that numbers are very small (1-2 per month).

The second KPI measures whether children referred routinely are seen within 4 weeks. This standard has not been met but on investigation the reasons for non-compliance include late notification of the referral to the service; children not brought for their appointments or families choosing to wait longer than the four week target. Capacity issues did not affect performance

Waiting Times

Access into CAMHS remains a challenge. The current average wait for an appointment for Next Steps is 13 weeks against a target of 12 weeks. There are 126 children waiting for Next Steps, 20 of whom are waiting over 12 weeks due to choosing to wait for a specific date or venue.

Over the last few months the referral pathway for neuro-developmental assessment has changed so that children immediately join the waiting list at the point of referral instead of having to attend the Next Steps appointment to be added to the list. This means there is a legacy of children waiting on the previous pathway. The service has sourced additional capacity through a trusted partner and the children on this list (along with long waiters on the new pathway) will be seen by end of March.

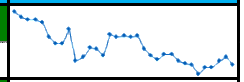
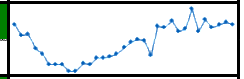
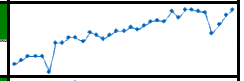
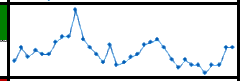
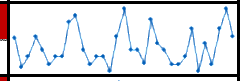
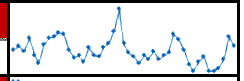
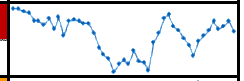
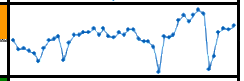
Dental

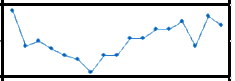
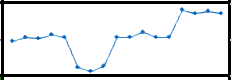
Early investigation has uncovered some challenges with dental waits. This is currently being explored further. A verbal update will be provided.

Well-Led – December 2019

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high quality person-centred care, encourages learning and innovation, and promotes an open and fair culture.

Leeds Community Healthcare NHS Trust

Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Q1	Q2	Oct	Nov	Dec	Q3	2 Yr Monthly Time Series
Staff Turnover	LS/JA	<=14.5%	-	●	2019/20	13.1%	13.0%	13.3%	13.5%	13.1%	13.1%	
					2018/19	14.6%	14.5%	14.5%	13.9%	13.6%	14.0%	
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%	-	●	2019/20	20.1%	17.3%	17.8%	18.1%	17.8%	17.8%	
					2018/19	13.2%	14.4%	15.7%	15.5%	13.4%	14.9%	
Stability Index	LS/JA	>=85%	-	●	2019/20	87.6%	85.7%	86.4%	87.2%	87.6%	87.6%	
					2018/19	85.6%	86.0%	86.0%	86.3%	86.7%	86.3%	
Short term sickness absence rate (%)	LS/JA	<=2.2%	-	●	2019/20	1.5%	1.5%	1.5%	2.1%	2.1%	2.1%	
					2018/19	2.2%	1.6%	1.9%	2.2%	2.3%	2.1%	
Long term sickness absence rate (%)	LS/JA	<=3.6%	-	●	2019/20	3.9%	3.4%	3.9%	4.2%	3.8%	3.8%	
					2018/19	3.3%	3.8%	3.6%	3.4%	4.0%	3.8%	
Total sickness absence rate (Monthly) (%)	LS/JA	<=5.8%	-	●	2019/20	5.4%	4.9%	5.3%	6.3%	5.9%	5.9%	
					2018/19	5.5%	5.4%	5.5%	5.6%	6.4%	5.8%	
AfC Staff Appraisal Rate	LS/JA	>=95%	-	●	2019/20	84.6%	85.6%	86.2%	87.0%	85.2%	85.2%	
					2018/19	79.9%	82.3%	87.5%	88.2%	86.3%	87.3%	
6 universal Statutory and Mandatory training requirements	LS/JA	>=95%	-	●	2019/20	93.8%	90.9%	91.5%	91.4%	92.0%	92.0%	
					2018/19	89.6%	88.9%	90.3%	90.0%	90.6%	90.3%	
Medical staff appraisal rate (%)	RB	100%	-	●	2019/20	100.0%	100.0%	100.0%			100.0%	
					2018/19	100.0%	100.0%	100.0%			100.0%	

Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Q1	Q2	Oct	Nov	Dec	Q3	2 Yr Monthly Time Series
Percentage of Staff that would recommend LCH as a place of work (Staff FFT)	LS/JA	>=52.0%	-	●	2019/20	71.1%	81.6%	Staff Survey			-	
					2018/19	63.0%	60.3%				-	
Percentage of staff who are satisfied with the support they received from their immediate line manager	LS/JA	>=52.0%	-	●	2019/20	73.3%	61.2%	Staff Survey			-	
					2018/19	64.0%	65.1%				-	
WRES indicator 1 - Percentage of BME staff in the overall workforce	LS/JA	No Target	-		2019/20	9.8%	10.0%	9.7%	10.1%	10.0%	10.0%	
					2018/19			9.8%	9.7%	9.6%	9.7%	
WRES indicator 1 - Percentage of BME staff in Bands 8-9, VSM	LS/JA	No Target	-		2019/20	3.3%	3.7%	3.6%	3.7%	3.6%	3.6%	
					2018/19			3.2%	3.3%	3.2%	3.2%	
Total agency cap (£k)	BM	4906	3403	●	2019/20	1158	1220	358	316	351	1025	
					2018/19	-	-	-	-	-	-	
Percentage Spend on Temporary Staff	BM	No Target	6.2%	●	2019/20	6.2%	6.2%	5.8%	6.0%	6.0%	5.9%	
					2018/19	7.8%	7.1%	6.1%	6.3%	7.5%	6.9%	

Retention

The overall trend continues to be positive with turnover remaining stable at 13.1% which is below the 2019/20 outturn target of 14.5%. The stability rate is 87.6% which is positive and above the target of 85%.

Staff leaving within the first 12 months of employment has reduced this month from 18.4% to 17.8% which is below target of 20%. Analysis shows higher turnover in band 2 clerical and band 5 nursing roles and recruitment and retention initiatives are in progress to reduce attrition rates. Background detail associated with retention is at **Appendix 2**.

Health and Wellbeing (HWB)

As last month saw a peak in long term absence, work was undertaken to understand this in more detail. The findings reported that the observed peak was a usual pattern reported between November and February and the increase in long term absence was a regular seasonal pattern.

The overall sickness absence levels remain within tolerance levels, and for the month of December have shown a 0.5% decrease since November and are 0.6% below the December 2018 sickness rate.

Specific pieces of HWB work continue, including the launch of a new Employee Assistance Programme (EAP) in December 2019.
Sickness SPC charts are set out in **Appendix 3**

Appraisal Rates

The overall Appraisal Rate has declined this month, currently standing at **85.2%**. All Business Units are reporting declines for appraisal rates including; Adult Business Unit (-2.5%), Children's Business Unit (-0.9), Corporate Directorate (-4.1%), Operations (-0.5%) and Specialist Business Unit (-1.2%). The overall decline of -1.8% is likely due to leave taken during December combined with winter pressures as we observed a similar reduction of -1.9% in December 2018.

AfC Staff Appraisal Rate (12 Month Rolling - %) are set out in the table below:

Imp Traj to 95%	**Apr-19**	**May-19**	**June-19**	**July - 19**	**Aug - 19**	**Sept - 19**	**Oct - 19**	**Nov - 19**	**Dec - 19**
833 Overall	81.1%	83.7%	84.6%	85.4%	87.2%	85.6%	86.2%	87.0%	**85.2%**
833 Adult Business unit	80.8%	86.0%	87.7%	88.7%	88.9%	83.5%	83.1%	83.9%	**81.4%**
833 Children's Business Unit	77.9%	80.3%	80.5%	85.3%	89.5%	91.3%	90.9%	88.2%	**87.3%**
833 Corporate Directorate	79.3%	82.8%	88.9%	86.1%	85.1%	80.4%	85.1%	84.6%	**80.5%**
833 Operations	86.8%	87.5%	88.7%	89.1%	93.5%	93.6%	95.1%	91.7%	**91.2%**
833 Specialist Business Unit	83.4%	83.4%	83.0%	79.6%	80.3%	80.6%	82.6%	88.6%	**87.4%**

Measures to improve appraisal quality and uptake are ongoing.

Statutory & Mandatory Training

The overall compliance rate has risen again this month, standing at **92%.**

Work continues to progress with the Statutory and Mandatory Training Compliance project. Planning commenced in December for the review of Adult Safeguarding and CPR training to commence in January 2020; both of these areas are now underway.

An internal audit of Statutory Mandatory Training was undertaken in November 2019, the findings of which will be shared with Audit Committee when finalised.

Statutory & Mandatory Training Compliance Rates are set out in the table below:

Imp Traj to 95%	Apr-19	May-19	June-19	July - 19	Aug - 19	Sept - 19	Oct - 19	Nov - 19	Dec - 19
833 Overall	93.5%	94.4%	93.8%	85.3%	87.4%	90.9%	91.5%	91.4%	**92.0%**
833 Adult Business unit	92.7%	93.8%	93.5%	84.1%	85.9%	90.9%	91.0%	90.8%	**91.1%**
833 Children's Business Unit	93.5%	94.5%	94.0%	88.8%	90.1%	91.1%	92.6%	91.9%	**92.8%**
833 Corporate Directorate	95.3%	96.0%	95.0%	84.9%	87.1%	90.6%	90.8%	90.6%	**91.2%**
833 Operations	94.2%	94.9%	93.0%	86.8%	90.5%	91.0%	93.3%	93.1%	**94.6%**
833 Specialist Business Unit	93.9%	94.2%	93.7%	82.6%	85.7%	91.0%	91.3%	91.5%	**91.9%**

Staff Engagement

The NHS National Staff Survey closed on 29 November 2019, with a final response rate of 55% for LCH (49% national average). Organisation-wide results are available to the Trust in January 2020; preliminary analysis will be undertaken although the results will remain embargoed into February 2020.

Final results, including peer trust benchmarking information, are expected from the national NHS Staff Survey Centre by mid-February, following which there will be extensive engagement with frontline services to consider the findings.

Finance – December 2019

By finance, we mean the Trust's financial position is well managed. This is not a CQC Domain.

Leeds Community Healthcare NHS Trust

Finance	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Q1	Q2	Oct	Nov	Dec	Q3
Net surplus (-)/Deficit (+) (£m) - YTD	BM	-1.0	-1.0	●	*2019/20*	0.0	-0.7	-0.8	-0.8	-1.0	-1.0
Capital expenditure in comparison to plan (£k)	BM	1040	853	●	*2019/20*	223	230	229	109	62	400
CIP delivery (£k)	BM	4906	1586	●	*2019/20*	529	529	176	176	176	528

Income & Expenditure Summary

The Trust's financial position at the end of Quarter 3 is £13k better than planned. The overall position assumes the Provider Sustainability Funding allocation as the Trust continues to forecast delivery of the control total and will therefore be able to claim this funding from NHS Improvement.

This is the reported position to NHS Improvement in the interim month 09 accounts.

Income

At Quarter 3 income continues to be just £0.1m less than planned and is forecast to be £0.1m at the year end.

The Quarter 3 position includes a penalty on the police custody contract in respect of missed shifts. It is assumed that some missed shifts will continue throughout the year. The forecast total value of the penalty is now £50k as management's review of staffing has maximised shift coverage and reduced the previously anticipated financial impact.

The risk previously reported in respect of the 0-19 service where income is dependent on achieving a staff in post target has been mitigated by additional recruitment. Tight monitoring is in place to recognise potential reductions in staffing numbers and to initiate appropriate actions in advance. Non-contract income is marginally less than plan this month; this is circa £100k.

The forecast income position assumes all CQUIN income is achieved. Delivery of the flu vaccination target which is reporting green for Q3 has performance challenges for the Trust and presents a risk of circa £13k. The Trust is also unlikely to deliver the CQUIN associated with 6 monthly reviews of stroke patients however as this is an integrated pathway the Trust cannot deliver this CQUIN in isolation. Commissioners are aware of the system issues and have indicated the Trust will not be penalised as a result; however the revised approach has still to meet performance targets and the CQUIN remains red at the end of Q3; the income associated with this CQUIN is £315k for the year. The CQUIN risk is around the mental health data requirement which was forecast as amber at Q2 is now reported as green.

As reported previously, the Trust has received £751k additional funding for the pay award for staff working in services commissioned by Leeds City Council; at this time this is a non recurrent adjustment National discussions are ongoing as to the potential recurrent impact.

Pay and Non-pay Expenditure & Vacancies

Overall pay expenditure is £0.7m underspent at the end of Quarter 3. Vacancies stand at 102 WTE, 14 more than in November. Pay is forecast to be £1.0m underspent by the end of March.

Pay expenditure to the end of December continues to run less than planned for all directorates apart from the Children's Business Unit (BU) (£0.2m over) and Estates (£0.1m over). Children's BU pay overspending continues to be driven by paediatric and CAMHS locum medical staff, Speech & Language Therapy services and Hannah House. This is being offset by underspending on non-pay. The overspending in Estates is in respect of the previous year's Admin Review CIP which is not being delivered this year.

Although there has been a small increase in agency staffing expenditure again this month the Trust continues to be significantly under the cap set by NHS Improvement.
Of the net 102 WTE vacancies this month 38 of these are in the Adult BU and 44 in the Corporate and Estates Directorates.
Non-pay continues to be a net £0.4m overspent at the end of December. Non-pay and reserves are expected to be £0.9m overspent at the end of the year.

The Corporate Directorate is £1.1m overspent at the end of December in respect of historic cost savings plans relating to the roadmap contribution of £0.5m and corporate CIPs of £0.3m, along with new savings requirements of £0.2m for procurement and £0.2m unidentified savings from the 2019/20 planning round that are reported here. The procurement savings target should be delivered as the year progresses; the remaining risks will be mitigated by the non recurrent additional income for the pay award costs and contribution from new services. The overall Corporate Directorate position is £0.5m overspend at December as the non-pay overspending is being mitigated by underspending on pay.

All uncommitted reserves have been released into the financial position and at the end of December, reserves and non recurrent costs are marginally over-committed however this is mitigated by underspending on pay and is not a risk for the organisation.
The Director of Finance is confident the Trust will achieve its control total surplus.

Delivery of Cost Improvement Plans

Delivery of the identified CIPs remains strong. The position is consistent with previous months in that overall savings remain 9% less than planned but are fully mitigated in the Trust's overall forecast position.

Capital Expenditure

The Trust has an initial planned capital resource limit (CRL) of £2.0m for the year. Capital expenditure totals £0.9m which is £0.2m less than planned at the end of December. Estates expenditure continues to be overspent compared to the initial plan however this is offset by underspending on equipment and EPRs. The forecast expenditure reflects the revised plan for the year.

Cash

The Trust's cash position remains very strong with £30.6m in the bank at the end of December; this is £3.5m more than was planned.£1.6m is in respect of the 2018/19 bonus PSF payment and the remainder reflects the working capital balances at the end of quarter 3.

Better Payment Practice Code

The Trust's cumulative Better Payment Practice Code has exceeded the 95% target for paying invoices for all measures.

Use of Resources Risk Rating

The Trust's risk rating at the end of this month is 1 overall, which is the lowest risk. All metrics score 1 this is consistent with last month.

Appendix 1 – December 2019

Service Specific Measures with Contractual Financial Sanctions

Leeds Community Healthcare NHS Trust

Measures with Financial Sanctions	Responsible Director	Threshold - YTD	YTD	Forecast	Financial Year	Q1	Q2	Oct	Nov	Dec	Q3	Potential Financial Impact
0-19 - % of infants who had a face to face newborn visit within 14 days of birth.	SP	>=87%	92%	●	*2019/20*	91%	92%	92.0%			92.0%	
0-19 - % of 6-8 week reviews completed within 12 weeks of birth.	SP	>=83%	96%	●	*2019/20*	95%	94%	94.0%			96.0%	
0-19 - % of 12 month reviews completed within 12 months.	SP	>=80%	82%	●	*2019/20*	81%	80%	80.0%			82.0%	
0-19 - Number of PBB Programmes commenced	SP	43	48	●	*2019/20*	17	19	12			12	0.25% of contract value (annual)
0-19 - Number of HENRY Programmes commenced	SP	43	48	●	*2019/20*	20	24	4			4	0.25% of contract value (annual)
0-19 - Percentage of actual staff in post against funded establishment	SP	95%	93.7%	●	*2019/20*	97.0%	99.0%	97.0%	95.7%	93.7%	95.5%	
0-19 - % of 0-19 staff (excluding SPA) co-located in Children's Centres	SP	>=25%	0.0%	●	*2019/20*	0.0%	0.0%					Agreement that sanction waived for 2019/20
0-19 - Roll Out of Chat Health to secondary schools	SP	>=70%	89.0%	●	*2019/20*	89.0%	96.0%	100.0%			100.0%	
LSH - HIV testing uptake on first appointment in MSM with unknown status	SP	>=85%	90.6%	●	*2019/20*	91.5%	89.8%	92.8%	90.9%	87.5%	90.6%	
LSH - Number of people accessing EHC and leaving with a form of contraception.	SP	>=58.4%	68.7%	●	*2019/20*	66.9%	67.4%	75.0%	75.8%	61.8%	71.5%	
LSH - Service should diagnose 85% towards the chlamydia diagnosis rate in 15-24 year olds	SP	2225	3208	●	*2019/20*	1036	1964	2381	2811	3208	3208	
LSH - Percentage of clients requesting an appointment to be seen within 48 hours of contacting the service unless they choose to opt out.	SP	>=90%	87.8%	●	*2019/20*	89.2%	86.6%	88.1%	85.5%	89.3%	87.6%	20% of incentive budget; £9,752.19 per month
PolCust - % of calls attended within 60 minutes	SP	>=95%	92.1%	●	*2019/20*	91.6%	92.2%	92.8%	92.6%	92.4%	92.6%	0.50% deduction from monthly invoice
PolCust - Provision of a full rota	SP	100%	99.8%	●	*2019/20*	99.7%	99.6%	99.9%	100.0%	100.0%	100.0%	£350 deduction per missed shift

Appendix 2 – December 2019

Retention Background Data

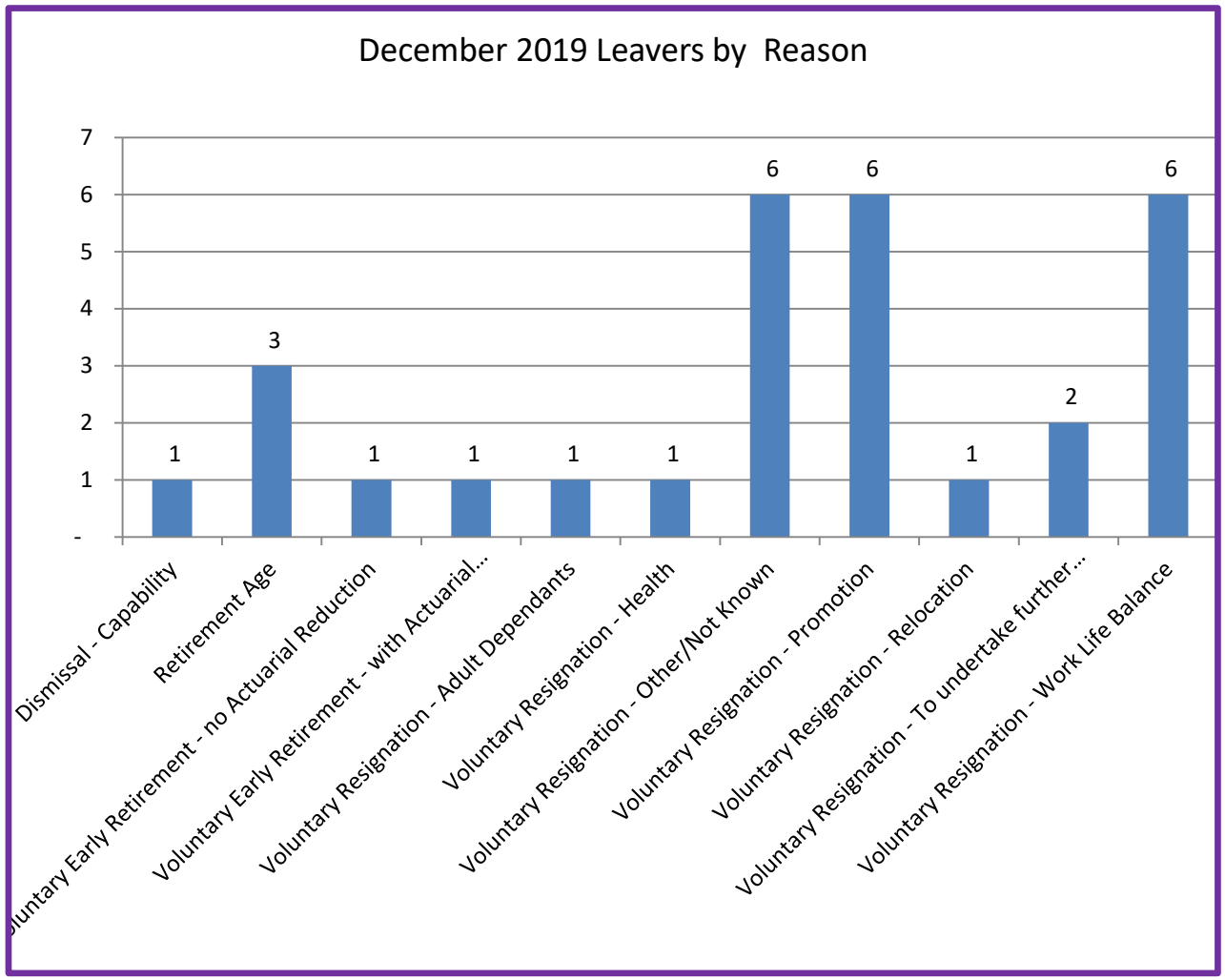
Leeds Community Healthcare NHS Trust

In December 2019 there were 29 leavers across the Trust.

The distribution of leavers by Business Unit, staff group and reason for leaving is set out below:

Business Unit	December 19 Leavers
Adult Business unit	7
Children's Business Unit	12
Corporate	0
Specialist Business Unit	10
Executive Directors	0
Operations	0
Grand Total	**29**

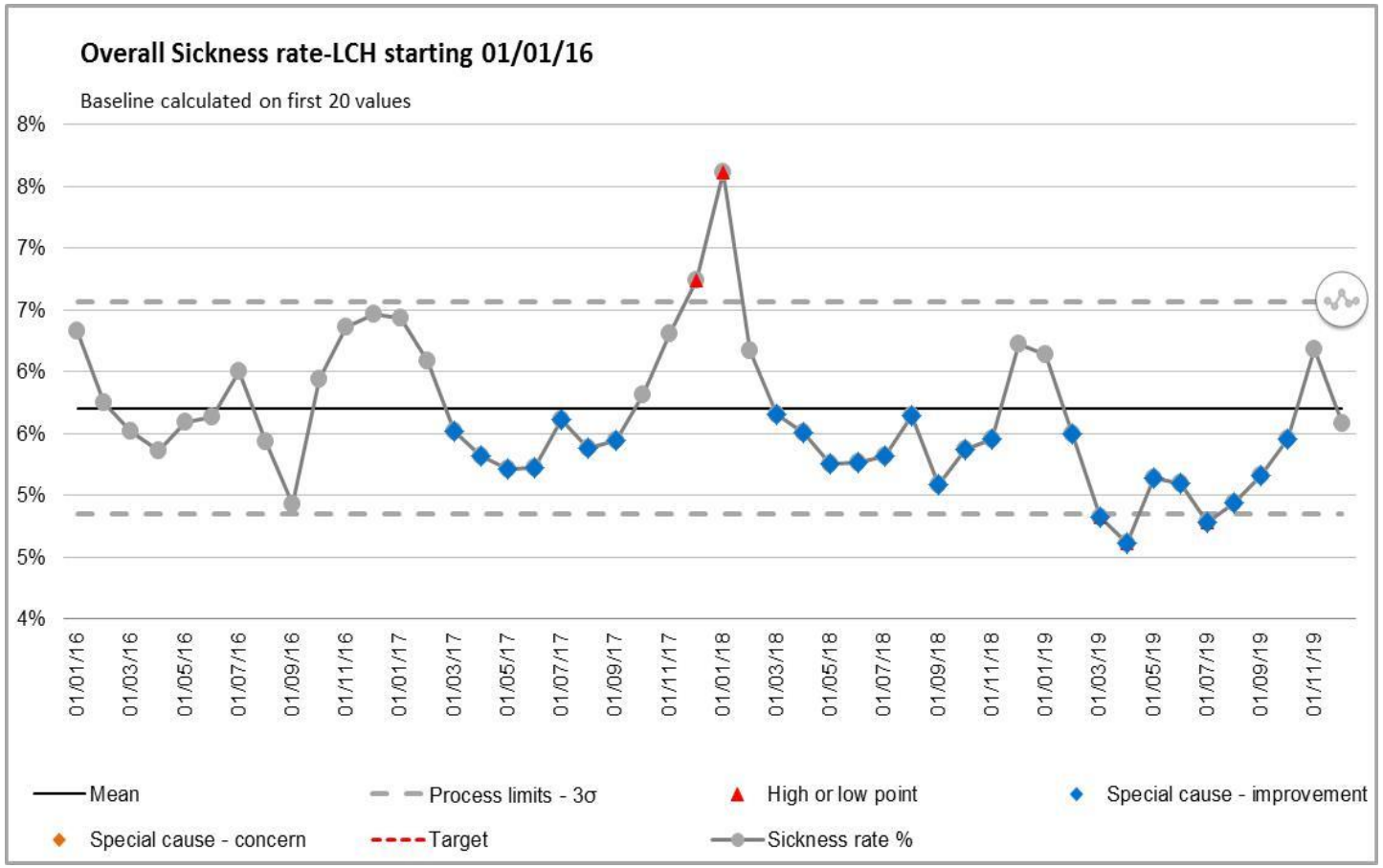
Staff Group	December 19 Leavers
Clinical Services & Healthcare Scientist	5
Additional Prof Scientific & Technical	2
Administrative and Clerical	6
Allied Health Professionals	3
Nursing and Midwifery Registered	12
Medical and Dental	1
Estates	0
Grand Total	**29**

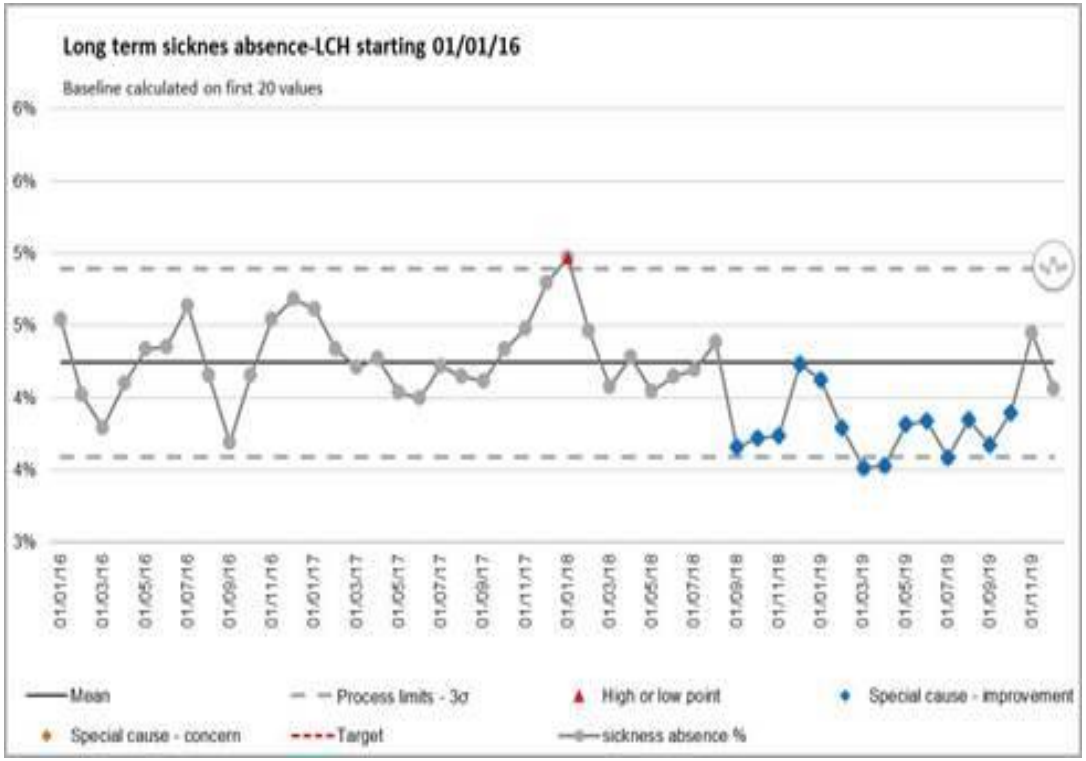

December 2019 Leavers by Reason
7
6
5
4
3
2
1
-
1
3
1
1
1
1
6
6
1
2
6
Dismissal - Capability
Retirement Age
Voluntary Early Retirement - no Actuarial Reduction
Voluntary Early Retirement - with Actuarial...
Voluntary Resignation - Adult Dependants
Voluntary Resignation - Health
Voluntary Resignation - Other/Not Known
Voluntary Resignation - Promotion
Voluntary Resignation - Relocation
Voluntary Resignation - To undertake further...
Voluntary Resignation - Work Life Balance

Appendix 3 – December 2019

Sickness Statistical Process Control Chart

Leeds Community Healthcare NHS Trust




Long term sicknes absence-LCH starting 01/01/16
Baseline calculated on first 20 values
6%
6%
5%
5%
4%
4%
3%
01/01/16
01/03/16
01/05/16
01/07/16
01/09/16
01/11/16
01/01/17
01/03/17
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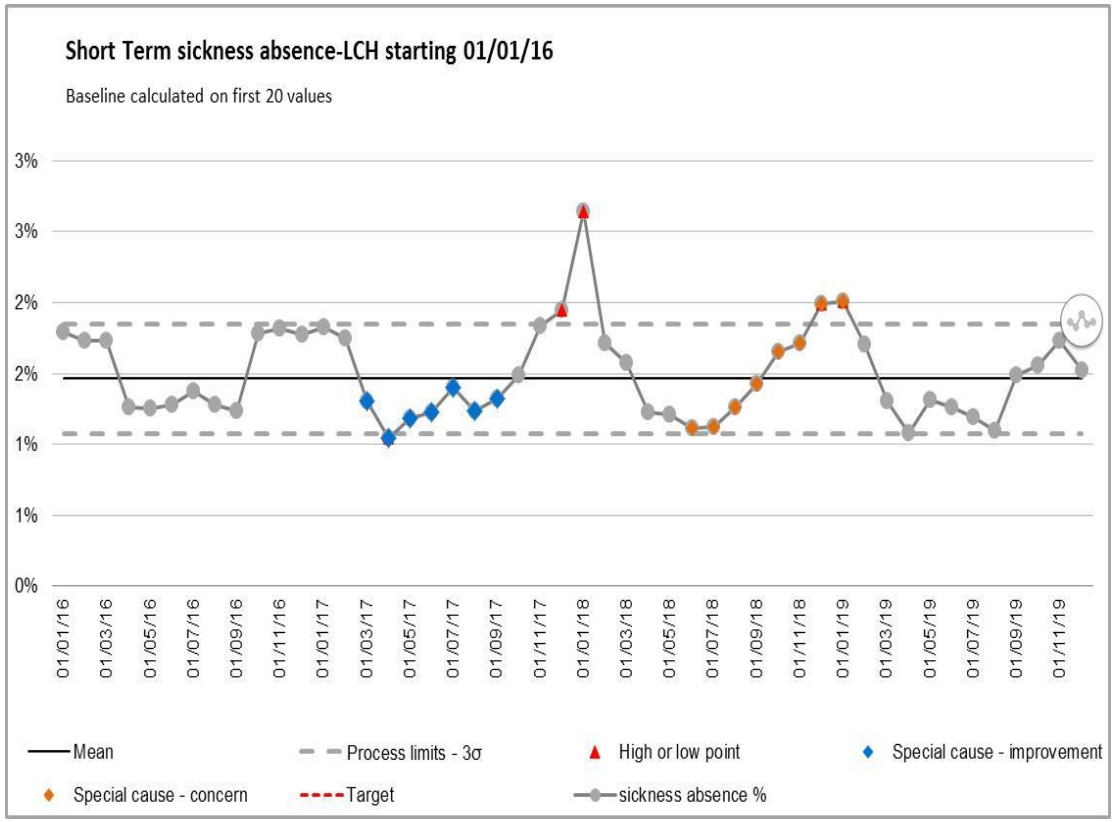
01/07/19
01/09/19
01/11/19
Mean
Process limits - 3σ
High or low point
Special cause - improvement
Special cause - concern
Target
sickness absence %


Short Term sickness absence-LCH starting 01/01/16
Baseline calculated on first 20 values
3%
3%
2%
2%
1%
1%
0%
01/01/16
01/03/16
01/05/16
01/07/16
01/09/16
01/11/16
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01/09/19
01/11/19
Mean
Process limits - 3σ
High or low point
Special cause - improvement
Special cause - concern
Target
sickness absence %

Appendix 4 – December 2019

Detailed Financial Data Tables

Leeds Community Healthcare NHS Trust

Table 1 Key Financial Data Statutory Duties	Year to Date	Variance from plan	Forecast Outturn	Performance
Income & Expenditure retained surplus £1.7m	£1.0m	£0.0m	£1.7m	G
Remain with EFL of £0.53m			£0.5m	G
Remain within CRL of £2.0m	£0.9m	-£0.2m	£2.0m	G
Capital Cost Absorption Duty 3.5%			3.5%	G
BPPC NHS Invoices Number 95%	99%	4%	95%	G
BPPC NHS Invoices Value 95%	99%	4%	95%	G
BPPC Non NHS Invoices Number 95%	97%	2%	95%	G
BPPC Non NHS Invoices Value 95%	98%	3%	95%	G
Trust Specific Financial Objectives				
Use of Resources Risk Rating	1	-	1	G
CIP Savings £1.68m recurrent in year	£1.26m	-	£1.68m	G
CIP Savings £0.64m planned non recurrent in year	£0.33m	-31%	£0.44m	R

Table 2 Income & Expenditure Summary	December Plan WTE	December Actual Contract WTE	YTD Plan £m	YTD Actual £m	Variance £m	Annual Plan £m	Forecast Outturn £m	This Month Variance £m	Forecast Variance Last Month £m
Income									
Contract Income			(111.7)	(111.6)	0.0	(150.3)	(150.3)	0.1	0.1
Other Income			(10.0)	(9.9)	0.1	(13.1)	(13.0)	0.1	0.1
Total Income			***(121.6)***	***(121.5)***	***0.1***	***(163.4)***	***(163.3)***	***0.2***	***0.2***
Expenditure									
Pay	2,832.2	2,730.1	86.5	85.7	(0.7)	115.6	114.7	(1.0)	(0.5)
Non pay			31.4	31.7	0.4	42.4	42.9	0.6	0.5
Reserves & Non Recurrent			0.6	0.9	0.3	0.9	1.2	0.3	0.0
Total Expenditure	***2,832.2***	***2,730.1***	***118.5***	***118.4***	***(0.1)***	***158.9***	***158.8***	***(0.1)***	***(0.1)***
EBITDA	**2,832.2**	**2,730.1**	**(3.1)**	**(3.1)**	**0.0**	**(4.5)**	**(4.4)**	**0.1**	**0.1**
Depreciation			1.5	1.5	0.0	2.0	2.0	(0.0)	0.0
Public Dividend Capital			0.7	0.7	(0.0)	0.9	0.9	(0.1)	(0.0)
Profit/Loss on Asset Disp			0.0	0.0	0.0	0.0	0.0	0.0	0.0
Impairment			0.0	0.0	0.0	0.0	0.0	0.0	0.0
Interest Payable			0.0	0.0	0.0	0.0	0.0	0.0	0.0
Interest Received			(0.1)	(0.1)	(0.0)	(0.2)	(0.2)	(0.0)	(0.0)
Retained Net Surplus	**2,832.2**	**2,730.1**	**(1.0)**	**(1.0)**	**(0.0)**	**(1.7)**	**(1.7)**	**0.0**	**0.0**
	Variance =	**(102.1)**							

Table 3 Month on Month Pay Costs by Category	April £k	May £k	June £k	July £k	August £k	Sept £k	Oct £k	Nov £k	Dec £k	YTD Actuals £k
Directly employed staff	8,932	8,571	8,546	8,542	8,558	8,737	8,797	8,753	8,744	78,180
Seconded staff costs	229	252	226	267	241	376	213	247	264	2,315
Bank staff	232	156	211	200	198	165	200	258	222	1,843
Agency staff	392	306	460	384	424	413	358	316	351	3,403
Total Pay Costs	**9,785**	**9,285**	**9,443**	**9,393**	**9,421**	**9,691**	**9,568**	**9,574**	**9,582**	**85,741**

Table 4 Year to Date Non Pay Costs by Category	YTD Plan £k	YTD Actual £k	YTD Variance £k	Last Month YTD Variance £k	Forecast Outturn Variance £k
Drugs	621	673	53	45	
Clinical Supplies & Services	7,977	7,575	(402)	(282)	
General Supplies & Services	3,829	3,778	(51)	(45)	
Establishment Expenses	4,720	4,812	92	100	
Premises	11,486	11,329	(158)	(114)	
Other non pay	2,742	3,570	828	728	
Total Non Pay Costs	**31,374**	**31,736**	**362**	**431**	**559**

Table 5 Savings Scheme	2019/20 YTD Plan £k	2019/20 YTD Actual £k	2019/20 YTD Variance £k	2019/20 Annual Plan £k	2019/20 Forecast Outturn £k	2019/20 Forecast Variance £k	2019/20 Forecast Variance %
Estates	109	109	0	145	145	0	0%
Non Pay Inflation	259	259	0	345	345	0	0%
MSK Radiology	75	75	0	100	100	0	0%
IAPT - NR vacancies	45	45	0	60	60	0	0%
Dental - M&S Disposables	30	30	0	40	40	0	0%
ABU Non Pay	86	86	0	115	115	0	0%
Adults Community Geriatricians	64	64	0	85	85	0	0%
Infection control	11	11	0	15	15	0	0%
Interest received on cash at bank	45	45	0	60	60	0	0%
Contribution from new investments	675	675	0	900	900	0	0%
IT Kit	188	188	0	250	250	0	0%
Un-identified CIP agreed by SMT	150	0	(150)	200	0	(200)	-100%
Total Efficiency Savings Delivery	**1,736**	**1,586**	**(150)**	**2,315**	**2,115**	**(200)**	**-9%**

Table 6 Service Line	Annual Budget £m	Budget WTE	Actual Contract WTE	Variance WTE	YTD Budget £m	YTD Actual £m	YTD Variance £m
Specialist Services	45.9	750.2	745.4	(4.8)	33.2	32.8	(0.4)
Childrens Services	30.8	709.3	697.3	(12.0)	23.1	23.1	(0.0)
Adults Services	42.7	913.6	875.8	(37.8)	32.0	31.6	(0.4)
Ops Management & Equipment	1.9	59.2	55.5	(3.8)	1.4	1.4	0.0
Service Line Totals	**121.3**	**2,432.4**	**2,373.9**	**(58.4)**	**89.7**	**89.0**	**(0.7)**
Corporate Support & Estates	29.4	399.8	356.1	(43.7)	22.5	22.9	0.4
Total All Services	**150.7**	**2,832.2**	**2,730.1**	**(102.1)**	**112.2**	**111.9**	**(0.3)**

Table 7 Scheme	YTD Plan £m	YTD Actual £m	YTD Variance £m	Annual Plan £m	Forecast Outturn £m	Forecast Variance £m
Estate maintenance	0.3	0.7	0.4	0.5	1.1	0.6
Equipment/IT	0.5	0.0	(0.5)	1.0	0.5	(0.4)
Electronic Patient Records	0.3	0.2	(0.2)	0.5	0.3	(0.2)
Totals	**1.1**	**0.9**	**(0.2)**	**2.0**	**2.0**	**0.0**

Table 8 Statement of Financial Position	Plan 31/12/19 £m	Actual 31/12/19 £m	Variance 31/12/19 £m	*Opening 01/04/19 £m*	Planned Outturn 31/03/20 £m	Forecast Outturn 31/03/20 £m	Forecast Variance 31/03/20 £m
Property, Plant and Equipment	28.8	28.7	(0.2)	*29.3*	29.2	29.3	0.0
Intangible Assets	0.0	0.0	(0.0)	*0.0*	0.0	0.2	0.2
Total Non Current Assets	**28.9**	**28.7**	**(0.2)**	***29.3***	**29.2**	**29.5**	**0.3**
Current Assets							
Trade and Other Receivables	9.2	9.3	0.1	*9.4*	9.2	9.2	0.0
Cash and Cash Equivalents	27.1	30.6	3.5	*26.5*	26.8	28.3	1.5
Total Current Assets	**36.3**	**39.9**	**3.6**	*35.9*	**36.0**	**37.5**	**1.5**
TOTAL ASSETS	**65.2**	**68.6**	**3.4**	***65.3***	**65.2**	**67.0**	**1.8**
Current Liabilities							
Trade and Other Payables	(11.3)	(13.0)	(1.7)	*(10.9)*	(10.9)	(11.1)	(0.2)
Provisions	(0.4)	(0.5)	(0.1)	*(0.6)*	(0.4)	(0.4)	0.0
Total Current Liabilities	**(11.7)**	**(13.4)**	**(1.8)**	***(11.5)***	**(11.3)**	**(11.5)**	**(0.2)**
Net Current Assets/(Liabilities)	**24.7**	**26.5**	**1.8**	***24.5***	**24.7**	**26.1**	**1.4**
TOTAL ASSETS LESS CURRENT LIABILITIES	**53.5**	**55.1**	**1.6**	***53.8***	**53.9**	**55.6**	**1.6**
Non Current Provisions	0.0	0.0	0.0	*0.0*	0.0	0.0	0.0
Total Non Current Liabilities	**0.0**	**0.0**	**0.0**	***0.0***	**0.0**	**0.0**	**0.0**
TOTAL ASSETS LESS LIABILITIES	**53.5**	**55.1**	**1.6**	**53.8**	**53.9**	**55.6**	**1.6**
TAXPAYERS EQUITY							
Public Dividend Capital	0.4	0.4	(0.0)	*0.4*	0.4	0.4	0.0
Retained Earnings Reserve	22.5	24.2	1.6	*22.9*	23.0	24.6	1.6
General Fund	18.5	18.5	0.0	*18.5*	18.5	18.5	0.0
Revaluation Reserve	12.0	12.0	(0.0)	*12.0*	12.0	12.0	(0.0)
TOTAL EQUITY	**53.5**	**55.1**	**1.6**	**53.8**	**53.9**	**55.6**	**1.6**

Table 9 Measure	Performance This Month	Target	RAG
NHS Invoices			
By Number	99%	95%	G
By Value	99%	95%	G
Non NHS Invoices			
By Number	97%	95%	G
By Value	98%	95%	G

Table 10 Criteria	Metric	Performance	Rating	Weighting	Score
Liquidity	Liquidity ratio (days without WCF)	60	1	20%	0.2
Balance Sheet sustainability	Capital servicing capacity (times)	4.1	1	20%	0.2
Underlying performance	I&E margin	1%	1	20%	0.2
Variance from plan	Distance from plan	0	1	20%	0.2
Agency spend above ceiling	Agency	-31%	1	20%	0.2
Overall Use of Resources Risk Rating					**1**

NHS
Leeds Community Healthcare
NHS Trust

AGENDA ITEM 2019-20 (104)

Meeting: Trust Board 7 February 2020	**Category of paper** *(please tick)*	
Report title: Significant Risks and Board Assurance Framework (BAF) Summary Report	**For approval**	
Responsible director: Chief Executive **Report author:** Risk and Safety Manager / Company Secretary	**For assurance**	✓
Previously considered by: N/A	**For information**	

Purpose of the report:

This summary report is part of the governance processes supporting risk management in that it provides the Board with updated information about the effectiveness of the risk management processes and that adequate controls are in place to manage risks.

The summary report provides the Board with information about risks currently scoring 15 or above, after the application of controls and mitigation measures. It also provides a description of any movement of risks scoring 12 (high risks) since the last report was received on 6 December 2019.

The BAF summary gives an indication of the current assurance level for each strategic risk, based on sources of assurance received and evaluated by SMT, committees, and the Board.

Main issues for consideration:

This summary report shows changes to the risk register (for risks scoring 15 or above) since 20 November 2019:

- No extreme risks scoring 15
- Eight risks currently scoring 12 including new Risk 994: Patients wait too long for Community Dental Service. Details of the new risk, the rationale for the risk score, current controls and the planned actions are provided in the report. This risk is anticipated to reach its target score (within risk appetite) by 30/11/2020
- Two of the eight risks currently scoring 12 have recently been escalated to this score. These are Risk 859 CAMHS inpatient unit risk - environmental concerns and Risk 877 Risk of reduced quality of patient care in neighbourhood teams due to an imbalance of capacity and demand

The current level of assurance for the following BAF (strategic) risks has been adjusted as the associated sources of assurance recently evaluated provided reasonable assurance: BAF risk 1.1 (effective systems for assessing the quality of services), BAF risk 2.1 (deliver of principal internal projects), BAF risk 3.3 (engage with and involve staff). This means a number of reports presented to the Committees relating to these three BAF risks provided assurance that the controls in place are mitigating these risks.

Recommendations

The Board is recommended to:

- Note the revisions to the risk register
- Note the current assurance levels provided in the revised BAF summary

SIGNIFICANT RISKS AND BAF REPORT

1.0 Introduction

1.1 The risk register report provides the Board with an overview of the Trust's material risks currently scoring 15 or above after the application of controls and mitigation measures. This is based on information extracted from the Datix risk module on the 7 January 2020.

1.2 The Board's role in scrutinising risk is to maintain a focus on those risks scoring 15 or above (extreme risks) and to be aware of risks currently scoring 12 (high risks). This report provides a description of risk movement since the last register report was received by the Board, including any new risks, risks with increased or decreased scores and newly closed risks. The report seeks to reassure the Board that there is a robust process in place in the Trust for managing risk.

1.3 Summary reports (such as this one) are produced on a frequent basis and alert the senior governance structure (SMT, committees, and Trust Board) to important changes in the risk register. An in-depth (full) report is produced on a less frequent basis, and describes and analyses all risk movement, the risk profile, themes and risk activity.

1.4 This paper provides a summary of the current BAF and an indication of the assurance level that has been determined for each strategic risk.

2.0 Summary of current risks scoring 15 or above

2.1 There are no risks which score of 15 (extreme) or above on the Trust risk register:

2.3 There are no escalated risks now scoring 15 or above.

2.4 There are no de-escalated risks, which previously scored 15 (extreme) or above.

2.5 There are no closed risks which previously scored 15 (extreme) or above.

3.0 Risks scoring 12 (high)

3.1 There is one new risk scoring 12

Risk 994	Initial risk score **15 (extreme)**	Current risk score **12 (high)**	Target risk score **3 (low)**
Title: Patients wait too long for Community Dental Service Due to staff capacity not meeting the service demand within the Community Dental Service (with the exception of urgent domiciliary for EoL and palliative care), there is a risk that children and adults are not able to access care in a timely manner. As a result there could be a potential deterioration of the patient's oral health leading to increased pain and infection, a detrimental impact on the patient's general physical, mental and social health, contracted waiting times and specifications may			

not be met, there could be potential reputational damage, and a reduction in staff morale.

Risk score rationale based on:
Historical long waits within the service deterioration in waits since Paediatric Consultant Dentist vacancy commenced 01/08/2019. Reporting issues also recently identified regarding incorrect clock start/ stop times which has revealed true longer waits for patients.

Children
Paediatric waiting times (contract standard 8 weeks)
Level 2 waits are increasing: 09/10/2019 23 weeks; 04/11/2019 26 weeks.
Level 3 requiring GA assessment /Treatment waits are increasing: 09/10/2019 46 weeks; 04/11/2019 49 weeks.
Adults
Adult waiting times (contract standard Level 2 18 weeks, Level 3 8 weeks)
Level 2 04/11/2019 21 weeks (no increase from 09/10/2019)
Level 3 requiring GA assessment /Treatment 04/11/2019 29-35 weeks (no increase from 09/10/2019)

Controls in place are:

- Two dentists recruited and additional posts out to advert (interviews w/c 13/1/20), flexible recruitment agreed to attract applicants and best fit for service. Actively seeking dentists through agencies – one agency dentist secured
- Letter sent to all patients to inform of waiting times and how to access emergency treatment
- Letter to all referrers advising of long waits, referral criteria and confirming that all patients must be registered with a general dentist prior to referral
- Daily triage instigated
- Improved waiting times for paediatrics (reduced by 3 weeks referral to assessment) and maintained for adults.
- Waiting list validation complete
- Dedicated admin resource telephoning patients prior to appointment – this has reduced DNA rate
- Commissioners fully sighted on performance through regular performance meetings. Commissioners developed new specification in response to excessive waiting times across the region and to address regional variation.

Actions include:
- Actively seeking additional dentists through agencies.
- Engagement with staff ongoing.
- Ongoing pathway review
- Review and define triage process - to include approach to telephone triage.
- Review current utilisation of all clinics to maximise use of available staff and make any short term changes that could increase capacity
- Review DNA policy
- Job plans to be reviewed by Assistant Medical Director to facilitate dentist's

reallocations to new estates and to maximise/ standardise use of time and skill and standardise appointment slots HR meetings to be offered and arranged if required. **Date anticipated to reach target risk score:** 30/11/2020

3.2 The Board is advised that there are eight risks currently scoring 12. Greater detail of these risks is provided to the Business and Quality Committees for scrutiny:

Risk ID	**Risk brief description**
859 (escalated score)	CAMHS inpatient unit risk environmental concerns.
913	Increasing numbers of referrals for complex communication assessments in ICAN service risks breaching waiting time target.
989	Reduced Capacity in the Infant Mental Health Service
957	Increase in demand for the Adult Speech and Language Therapy Service
224	Prevalence of staff sickness
877 (escalated score)	Risk of reduced quality of patient care in Neighbourhood Teams due to an imbalance of capacity and demand
985	Legal precedence affecting consent for deprivation of liberty for 16 and 17 year olds
994 (NEW)	Patients wait too long for Community Dental Service

3.3 Two risks have been escalated to a score of 12

Risk ID	**Risk description and reason for escalation**	**Current risk score**	**Previous risk score**
Risk 859	**CAMHS inpatient unit risk - environmental concerns.** Reason for escalation: • Additional concerns raised by CQC	12 (high)	6 (medium)
Risk 877	**Risk of reduced quality of patient care in neighbourhood teams due to an imbalance of capacity and demand** Reason for escalation: • Deteriorated capacity position due to an increase in short term sickness	12 (high)	9 (high)

3.4 No risks have been de-escalated from a score of 12.

3.5 No risks have been closed, which previously scored 12.

4.0 Risks with an out of date review date

4.1 There is a robust process for ensuring the risk register is effectively reviewed and kept up to date. An automated system reminds risk owners to update their risks where a review date has passed. The Risk and Safety Manager produces a monthly quality assurance report and if the risk remains outstanding, further reminders are sent personally by the Risk and Safety Manager. Any risks remaining out of date by more than two weeks are escalated to the relevant director for intervention.

4.2 There are no risks that are out of date.

5.0 Board Assurance Framework Summary

5.1 The purpose of the BAF is to enable the Board to assure itself that risks to the success of its strategic goals and corporate objectives are being managed effectively.

5.2 Definitions:

- Strategic risks are those that might prevent the Trust from meeting its strategic goals and corporate objectives
- A control is an activity that eliminates, prevents, or reduces the risk
- Sources of assurance are reliable sources of information informing the Committee or Board that the risk is being mitigated i.e. success is been realised (or not)

5.3 Directors maintain oversight of the strategic risks assigned to them and review these risks regularly. They also continually evaluate the controls in place that are managing the risk and any gaps that require further action.

5.4 The Audit, Quality and Business Committees, and the Board review the sources of assurance presented to them and provide the Board (through the BAF process) with positive or negative assurance.

5.5 The BAF summary **(appendix 1)** gives an indication of the current assurance level for each strategic risk, based on sources of assurance received and evaluated by committees and the Board, in line with the risk assurance levels described in **appendix 2** (BAF risk assurance levels). Where adjustments have been made to the level of assurance, an explanation is provided below.

5.6 Since the last BAF report was provided to the Board in December 2019, the current level of assurance for the following BAF risks has been adjusted as a number of reports provided to the Committees assured them that the controls in place are mitigating these risks.

:

Positive assurance movement (indicating an improved situation)

- BAF risk 1.1 (effective systems for assessing the quality of services) has moved further into reasonable. The Outcomes Measures project and the clinical audit update provided Quality Committee with reasonable assurance.

- BAF risk 2.1 (deliver of principal internal projects) has moved into reasonable. The ICAN transformation programme and Change Management report both provided Business Committee with reasonable assurance.

- BAF risk 3.3 (engage with and involve staff) has moved into reasonable. Freedom to Speak Up Guardian report provided reasonable assurance to the Quality Committee. The Workforce Strategy (Diversity and Inclusion) provided reasonable assurance to Business Committee.

Negative assurance movement (indicating a worsening situation)

There has been no recent negative movement.

5.7 The attached BAF summary reflects the amended assurance levels.

6.0 Recommendation

6.1 The Board is recommended to:

- Note the revisions to the risk register
- Note the current assurance levels provided in the revised BAF summary

Appendix One

Board Assurance Framework Summary January 2020

Details of strategic risks (description, ownership, scores)								Level of Assurance					
Risk		Risk ownership		Risk score				Current Level of Assurance (denoted by ◆).					
Strategic Goal	Risk	Responsible Director	Responsible Committee	Likelihood	Consequence	Risk Score	Risk score movement	No	Limited	Reasonable	Substantial	Assurance - additional Information	Assurance Movement
Provide high quality services	**RISK 1.1** If the Trust does not have effective systems and processes for assessing the quality of service delivery and compliance with regulatory standards then it may have services that are not safe or clinically effective.	SL	QC	3	4	12				◆		The update on the Outcomes measures project provided Quality Committee with reasonable assurance. Clinical audit update provided Quality Committee with reasonable assurance.	→
	RISK 1.2 If the Trust does not implement and embed lessons from internal and external reviews and reports, then patient safety may be compromised, leading to harm. The Trust may also experience intervention or damage to reputation and relationships	SL	QC	3	4	12				◆		Mortality review report provided Quality Committee with reasonable assurance.	
	RISK 1.3 If the Trust does not maintain and continue to improve service quality, the impact will be diminished safety and effectiveness of patient care leading to an increased risk of patient harm	SL	QC	2	4	8				◆		CQC action plan presented to Quality Committee provided limited assurance, with a further update to be presented in January 2020.	
	RISK 1.4 If the Trust does not engage patients and the public effectively, the impact will be that services may not reflect the needs of the population they serve.	SL	QC	4	3	12				◆			
	Risk 1.5 If there are insufficient clinical governance arrangements put in place as new care models develop and evolve, the impact will be on patient safety and quality of care provided.	RB	QC	3	3	9							
Provide sustainable services	**RISK 2.1** If the Trust does not deliver principal internal projects then it will fail to effectively transform services and the positive impact on quality and financial benefits may not be realised.	SP	BC	3	3	9				◆		ICAN transformation programme and Change Management report both provided Business Committee with reasonable assurance.	→
	RISK 2.2 If the Trust does not deliver contractual requirement, then commissioners may reduce the value of service contracts, with adverse consequences for financial sustainability.	SP	BC	2	3	6				◆			
	RISK 2.3 If the Trust does not improve productivity, efficiency and value for money and achieve key targets, supported by optimum use of performance information, then it may fail to retain a competitive market position.	BM	BC	3	3	9				◆			
	RISK 2.4 If the Trust does not retain existing viable business and/or win new financially beneficial business tenders then it may not have sufficient income to remain sustainable.	BM	BC	2	3	6				◆			
	RISK 2.5 If the Trust does not deliver the income and expenditure position agreed with NHS Improvement then this will cause reputational damage and raise questions of organisational governance.	BM	BC	2	3	6				◆			
	Risk 2.6 If the Trust does not maintain the security of its IT infrastructure and increase staffs' knowledge and awareness of cyber-security, then there is a risk of being increasingly vulnerable to cyber attacks causing disruption to services, patient safety risks, information breaches, financial loss and reputational damage.	BM	AC	3	4	12				◆		Internal Audit report on Cyber Security provided reasonable assurance.	

Recruit, develop and retain the staff we need now and for the future	**RISK 3.1** If the Trust does not have suitable and sufficient staff capacity and capability (recruitment, retention, skill mix, development) then it may not maintain quality and transform services.	AH	BC	4	4	16							
	RISK 3.2 If the Trust fails to address the scale of sickness absence then the impact may be a reduction in quality of care and staff morale and a net cost to the Trust through increased agency expenditure.	JA/LS	BC	3	3	9							
	RISK 3.3 If the Trust does not fully engage with and involve staff then the impact may be low morale and difficulties retaining staff and failure to transform services.	TS	BC	3	3	9						Freedom to Speak Up Guardian report provided reasonable assurance to the Quality Committee. Workforce Strategy (Diversity and Inclusion) provided reasonable assurance to Business Committee.	⇨
	RISK 3.4 If the Trust does not invest in developing managerial and leadership capability in operational services then this may impact on effective service delivery, staff retention and staff wellbeing.	JA/LS	BC	3	3	9							
	Risk 3.5 If the Trust does not further develop and embed a suitable health and safety management system then staff, patients and public safety maybe compromised, leading to work related injuries and/or ill health. The Trust may not be compliant with legislation and could experience regulatory interventions, litigation and adverse media attention.	BM	BC	4	3	12							
Work in partnership to deliver integrated care and care closer to home	**RISK 4.1** If the Trust does not respond to the changes in commissioning, contracting and planning landscape (Health and Care Partnership (ICS) implementation) and scale and pace of change then it may fail to benefit from new opportunities eg new models of care integration, pathway redesign etc.	TS	TB	2	3	6							
	RISK 4.2 If the Trust does not maintain relationships with stakeholders, including commissioners, health organisations, City Council and third sector organisations, then it may not be successful in developing and implementing new models or care as outlined in the NHS Long Term Plan. The impact is on the Trust's reputation and on investment in the Trust	TS	TB	2	4	8							
	Risk 4.3 If the Trust does not ensure there are robust agreements and clear governance arrangements when working with complex partnership arrangements, then the impact for the Trust will be on quality of patient care, loss of income and damage to reputation and relationships	BM	BC	3	3	9							
	RISK 4.4 If there is insufficient capacity across the Trust to deliver the key workstreams of system change programmes, then organisational priorities may not be delivered.	TS	BC	3	3	9							

Appendix Two: Glossary- BAF risk assurance levels

For each source of assurance that is identified, the Committees have rated what each tells them about the effectiveness of the controls. The Committees use the following BAF risk assurance levels:

Risk assurance levels	**Definition**
Substantial	Substantial assurance can be given that the system of internal control and governance will deliver the clinical, quality and business objectives and that controls and management actions are consistently applied in all the areas reviewed.
Reasonable	Reasonable assurance can be given that there are generally sound systems of internal control and governance to deliver the clinical, quality and business objectives, and that controls and management actions are generally being applied consistently. However, some weakness in the design and / or application of controls and management action put the achievement of particular objectives at risk.
Limited	Limited assurance can be given as weaknesses in the design, and/or application of controls and management actions put the achievement of the clinical, quality and business objectives at risk in a number of the areas reviewed.
No	No assurance can be given as weakness in control, and/or application of controls and management actions could result *(have resulted)* in failure to achieve the clinical, quality and business objectives in the areas reviewed.

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2019-20 (105)

Meeting Trust Board 07 February 2020	**Category of paper**	
Report title CQC Improvement Plan Update	**For approval**	
Responsible director Executive Director of Nursing and Allied Health Professionals **Report author** Executive Director of Nursing and Allied Health Professionals	**For assurance**	
Previously considered by Not applicable	**For information**	√

PURPOSE OF THE REPORT

This paper is to highlight the progress of the current CQC improvement plan for the Trust.

MAIN ISSUES FOR CONSIDERATION

The report highlights the highlights from the improvement plan to date with the main focus being around the in-patient CAMHS beds and the transformation programme across the whole of CAMHS.

The report also highlights there are currently no specific areas of challenge or delay.

The report highlights the ongoing areas of focus including dental waiting times.

RECOMMENDATIONS

The Board is recommended to:

- Receive the information provided in this report.
- Acknowledge the work undertaken to date on the improvement plan and the ongoing areas of focus.

CQC Improvement Plan Update.

1.0 Background

1.1 Following the CQC inspection of June 2019 and subsequent publication of the report in October 2019 the Trust developed a comprehensive improvement plan based on the must and should do actions.

1.2 There were 4 main areas for improvement, one relating to the corporate function of ensuring Duty of Candour (DOC) requirements are met following a moderate or major harm incident, one relating to dental waiting times, a number of required actions around community CAMHS and the majority of actions relating to the in-patient CAMHS beds at Little Woodhouse Hall (LWH).

2.0 Highlights from the Improvement Plan to date

2.1 A number of the required actions are complete and these are being monitored closely by the Director of Nursing and AHPs and reported on a regular basis to SMT.

2.2 Of the areas of improvement that are not yet complete, work is ongoing and plans are on track to complete within the specified timescales.

2.3 Of the must do actions in LWH, there were two that the Trust had significant concerns about being able to achieve as they related to the environment and building itself. However, there have been two very helpful meetings with NHSE and further works have been agreed to ensure the safety of the unit is maintained and improved where possible. This includes closing off a section of the bedroom corridor and the unit becoming female only to assist with the challenges around line of sight. In addition mirrors are being fitted to further enhance the line of sight. Additional actions include further access to certain parts of the building being restricted and a patient call system being installed. Given these new actions, the Trust now feels it can meet the two must do actions related to the environment and CQC have been updated regarding this.

2.4 A Transformation Programme Board has now been established for the work required in CAMHS and has executive sponsorship from the Executive Director of Operations and the Executive Director of Nursing and AHP's. This will ensure that the CQC improvements become embedded and will take the work further to ensure the changes are embedded and become a process of continuous quality improvement. The Quality Committee had a focus on this work at its meeting in January 2020.

2.5 An ongoing external independent review of clinical governance within LWH is ongoing. This has been welcomed by staff and is providing some very positive outcomes in terms of further actions and work to embed robust clinical governance processes in the unit. This has also led to some reviews of staff roles and responsibilities within the unit.

2.6 The revised and updated DOC process has now been communicated to all staff and has been implemented. This is being monitored closely to ensure it is embedded fully.

3.0 Areas of challenge or delay

3.1 There are no specific areas of challenge or delay to report at this stage.

4.0 Ongoing areas of focus

4.1 The ongoing focus within CAMHS has been highlighted and will be taken forward via the Transformation Programme Board.

4.2 There is ongoing work around the waits in the community dental service and this is currently an area of specific focus.

4.3 The work around ensuring a positive relationship with the new CQC inspection team continues and there are monthly telephone calls in place between the relationship manager and the Director of nursing and quarterly face to face meetings. The relationship manager has also confirmed his attendance at the LCH clinical conference and this will include delivering a keynote speech around patient safety and the role of the CQC.

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2019-20 (106)

Meeting Trust Board – 7 February 2020	**Category of paper** *(please tick)*	
Report title Serious Incident Summary Report	**For approval**	
Responsible director: Executive Director of Nursing **Report author:** Clinical Governance Manager	**For assurance**	✓
Previously considered by: N/A	**For information**	

Purpose of the report

The attached report provides the Board of Directors with assurance that Serious Incidents (SI's) are being managed, investigated and acted upon appropriately and that action plans are developed from the Root Cause Analysis investigations.

Where process issues have been identified, this report also provides assurance that actions have been taken to address these.

The individual learning from these incidents pertaining to specific staff, Business Units and services have been shared with them for reflection, improvement and discussion.

Main issues for consideration

The Trust identified 24 Serious Incidents (SI's) in Q3 2019-20 which were StEIS reported.

There were 6 incidents which were reported at the end of Q3 which have been StEIS reported in Q4. These will be included in the Q4 report.

Eleven of the SI's from the Q3 period have been concluded and 7 were deemed to have resulted in lapse in care with 4 concluded as no lapse in care found and a request to de-log from StEIS submitted. The remaining 13 are booked into a review meeting for final review.

The Trust had no never events in Q3 2019-20.

Recommendations

The Board of Directors are recommended to:

- Receive and note the contents of this paper

1. **Introduction**

A report on Serious Incidents (SI) is produced quarterly to provide assurance that they are being managed, investigated and acted upon appropriately and that action plans are developed from the Root Cause Analysis investigations.

This paper looks specifically at those incidents that are considered as SI's following the guidance from the NHS England's 'Serious Incident Framework" published in March 2015.

SI reports are reviewed in a review meeting chaired by the Executive Director of Nursing and Allied Health Professionals or Executive Medical Director.

2. Patient Safety Incidents in 2019/20 Q2

There were a total of 1975 incidents (internal to LCH) reported on Datix® in Q3 2019-20 of which 1010 (51%) were patient safety incidents. The breakdown of these incidents by harm is depicted in the table in Appendix 1. A positive reporting culture is demonstrated with 85% of Q3 2019-20 incidents being low or no harm incidents.

A full break down of incident categories for all moderate and major incidents within Q3 2019-20 can be found in Appendix 2.

3. StEIS reportable Serious Incidents in Q3 2019/20

The Trust declared 24 serious incidents in Q3 2019/20 which were StEIS reported - 7 in October, 11 in November and 6 in December. However, 6 incidents were not StEIS reported until Q4 reporting period and will be included in the Q4 report. 4 StEIS reported incidents were requested for a de-log following review which found no lapse in care (4 pressure ulcers). Three of the StEIS reported incidents, the harm category was no injury sustained and 2 were minimal harm incidents.

Incident category	October 2019	November 2019	December 2019	Total
Pressure Ulcers	5	8	3	16
Suspected fall	1	1	0	2
Abscond from 24 hour care	0	1	0	1
Self-harm	0	0	3	3
IG Breach	0	1	0	1
Consent to treatment	1	0	0	1
Total	7	11	6	24

Eleven of the SI's from the Q3 period have been concluded and 7 were deemed to have resulted in a lapse in care with 4 concluded as no lapse in care found. The remaining 13 are booked into a review meeting for final review.

4. StEIS Reporting in Q3 2019/20

Reporting of SI's on StEIS should be completed within 2 working days of a potential StEIS reportable SI being identified. In Q3 2019-20 the average days to identify and report an incident on StEIS was 17 days.

Work is still underway to complete an initial review of all moderate and above incidents within 72 hours. The aim is to hold 72 hour review meetings for all moderate and above incidents following the success of holding 72 hour review meetings for all pressure ulcer incidents. Additional meetings have been diarised to ensure availability of senior leaders to review all moderate and above incidents within Q4 and identify reportable incidents.

Submission extensions beyond the expected 60 days for completion of the investigation and report can be requested for a number of reasons. In Q3 2019-20 there were no requests for extensions to the timeframe.

5. Duty of Candour compliance

Of the 24 SI's reported in Q3 2019-20 an initial verbal apology and discussion was held for all applicable patients in line with Duty of Candour requirements. There were 16 initial Duty of Candour acknowledgement letters sent, 1 patient's relative requested no letter and 1 patient was a dementia patient who was in hospital at the time of the investigation with no known next of kin. In 4 case's no injury was sustained and therefore Duty of Candour was not applicable. In 1 incident the harm was not attributable to LCH care and 1 was found to be unavoidable on review and therefore Duty of Candour was not applicable.

Of the 11SI's concluded following investigation, final Duty of Candour letters have been sent in 5 cases, 1 was not sent for the dementia patient with no known next of kin, 1 patient's next of kin requested no letter to be sent and 2 final letters were not sent as the incidents were concluded no lapse in care, but a discussion was held with the patient regarding the findings and outcome of the investigation. The 2 SI's where statutory Duty of Candour was not applicable, discussions and conversations were held with both the young person and their family.

6. Learning from SI's in Q3 2019-20

Of the 24 reported SI's from Q3 2019-20, the highest reported category was pressure ulcers with 67% (16/24). Pressure ulcer themes are discussed at the Pressure Ulcer Steering Group who are responsible for delivery and monitoring of the Trust's action plan for reducing pressure ulcers. Of the 11 concluded investigations, 9 were pressure ulcers, 1 was a fall which resulted in a fractured neck of femur and 1 an IG breach. The 4 SI's where no lapse in care was found following investigation, were all pressure ulcers (3 unstageable and 1 category 3).

In addition to the 11 incidents reported and concluded in Q3, there were a further 14 closed investigations from incidents reported in previous months, with 3 found no lapse in care and therefore were requested for de-log from StEIS.

Contributory factors and themes were identified through investigation and at review meeting. Failure to identify risks, poor care/case management documentation are the highest contributory factors identified in 28% (7/25) of SI's closed in Q3, closely followed by delay to assessment, poor quality assessment and documentation updated/reviewed which were found in 24% (6/25) of incidents.

Learning from all SI's is shared and acted upon within the teams and services directly involved and also wider via workshops and learning from incidents posters.

7. Coroners Inquests

Two inquest cases were opened in Q3 2019/20 which may require LCH representation.

1. Patient died in A&E following transfer from Policy custody – complex case, inquest suspended until March 2020.
2. Patient discharged letter from IAPT returned by GP stating patient deceased – no requests from coroner received at present

No inquest cases were concluded in Q3 2019/20.

APPENDIX 1:
Table of total incidents in Q3 2019-20 by level of harm

LEVEL OF HARM	NUMBER OF INCIDENTS
NO INJURY SUSTAINED	447 (44%)
MINIMUM HARM	407 (40%)
MODERATE	118 (12%)
MAJOR	25 (2%)
TOTAL	**997***

*Excludes reported deaths

APPENDIX 2:
Table of all Incident categories for major and moderate harm in Q3 2019-20

Incident Category	October 2019	November 2019	December 2019	Total
Major Harm	**12**	**6**	**7**	**25**
Failure to act on adverse symptoms		1		1
Fall from a height, bed or chair (Patient)	5	3	1	9
Fall on level ground (Patient)	2	1	5	8
Pressure Ulcer acquired during LCH NHS Care	3	1	1	5
Suspected fall (Patient)	2			2
Moderate Harm	**30**	**50**	**38**	**118**
Absconder / missing patient		1		1
Adverse reaction when drug used as intended			1	1
Collision or Trip over an object		1		1
Deep Tissue Injury in LCH Care		1		1
Device Related Pressure Ulcer in LCH Care	2		1	3
Diabetic Foot Ulcer	1	1		2
Failure to act on adverse symptoms			1	1
Fall from a height, bed or chair (Patient)	2	3	2	7
Fall on level ground (Patient)	3	3	6	12
Diagnosis, failed or delayed		1		1
Implementation & ongoing monitoring/review - other		1		1
Moisture Associated Skin Damage in LCH Care	1	1	1	3
Other medication incident			1	1
Pressure Ulcer acquired during LCH NHS Care	18	30	24	72
Pressure Ulcer Other			1	1
Self-harm	1			1
Suspected fall (Patient)	1	3		4
Traumatic Skin Injury - Other	1	2		3
Traumatic Skin Injury in LCH Care		2		2
Total	**42**	**56**	**45**	**143**

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2019-20 (107)

Meeting Trust Board 7 February 2020	**Category of paper**	
Report title Safe Staffing	**For approval**	
Responsible director Executive Director of Nursing and AHPs **Report author** Executive Director of Nursing and AHPs	**For assurance**	√
Previously considered by Not applicable	**For information**	

PURPOSE OF THE REPORT

The paper describes the background to the expectations of boards in relation to nurse staffing, outlining where the Trust is meeting the requirements and highlighting if there is further work to be undertaken. The report is written in the context of the current system and local pressures.

MAIN ISSUES FOR CONSIDERATION

The report sets out progress in relation to maintaining safe staffing over the last six months. The statutory requirements and data is contained in an appendix with the main body of the paper being used to provide assurance to the Board in relation to the effect of staffing pressures on services and how these are being mitigated.

Safe staffing has been maintained across all inpatient units for the time period, however, this has only been possible through the use of temporary staff albeit in the main through LCH's internal staff bank (CLASS). The usage of temporary staff is highlighted for all services within the appendices of the report. There continue to be pressures in a number of the neighbourhood teams and indeed some concern that staffing is having an impact on service user experience, illustrated in a recent complaint, which is currently being investigated. This and other intelligence has instigated further investigation of this across the Neighbourhood Teams. The paper sets out the mitigation in place and also triangulates elements of patient safety data to the staffing numbers where this is possible.

There has been increased use of temporary staff at Little Woodhouse Hall but this appears to have been mainly to deal with increased complexity and acuity of the young people being cared for there and staffing levels adjusted accordingly to ensure safe delivery of care.

RECOMMENDATIONS

The Board is recommended to:

- Continue to meet the national monthly collection and publication of staffing data as recommended in "Hard Truths"
- Keep staffing levels under constant review
- Note the contents of the report and the progress being made and support six monthly reviews in a public Board meeting

1.0 Background

1.1 In line with the NHS England requirements and the National Quality Board (NQB) recommendations, this paper presents the six monthly nursing establishment's workforce review.

1.2 In addition to reporting on the in-patient areas the paper also provides information on some of the other keys services, in particular the neighbourhood teams and the Health Visiting service. Although it should be noted that since the 1st April 2019 the Health Visiting service is now a combined 0-19 service with School Nursing.

1.3 The paper also provides some triangulation of patient safety data to staffing numbers to provide assurance to the Board in relation to the effect of staffing pressures on services and how these are being mitigated.

2.0 Safe staffing

2.1 We continue to use a set of principles as set in Appendix1 below to monitor safe staffing in our in-patient beds and wider teams in the absence of a national definition of community safe staffing. This is also underpinned by the national Quality Board good characteristics (Appendix 2).

2.2 The Board receives monthly data via the Performance brief in relation to safe staffing on the in-patient units within LCH.

3.0 Community Neurological Rehabilitation Unit

3.1 The Unit has maintained safe staffing levels throughout the reporting period of both registered and non-registered staff (see appendix 3).

3.2 There have been no serious incidents reported during this time and no complaints received in relation to care on the Unit.

4.0 Hannah House

4.1 Hannah House provides short breaks for children with complex disabilities and long term health needs. The CQC report published in October 2019 assessed the unit as Good in all five domains. The unit has also had a positive Infection Prevention and Control and PLACE inspection in Q3 2019/20 with positive verbal feedback. The formal report is due imminently.

4.2 The unit has maintained safe staffing levels throughout the reporting period (See appendix 3). Hannah House has maintained safe staffing levels to children staying at all times. No stays have had to be cancelled throughout this reporting period. This has been achieved by staff working extra shifts or the use of CLASS staff to ensure and maintain safe staffing levels.

4.3 In Quarter 2 a Band 6 nurse was seconded to the IPC Team, which has been filled by a Band 5 from Hannah House, supporting career and professional development within the unit. Recruitment is underway for a permanent Band 5 replacement. Absence has been higher than target for the Trust over the last six months, mainly due to long term absence. The reasons for these absences are varied but include serious illnesses and staff undergoing surgery. The current short term absence rate is 0.43% and long term absence at 10% (December 2019).

4.4 There have been no serious incidents reported during this time.

4.5 There have been two complaints about Hannah House reported during this time, neither of which relate to staffing issues and are currently under investigation.

4.6 The service does use CLASS staff (see appendix 3) but this is mainly for non-registered staff and indeed the unit has not required any registered CLASS staff throughout Q3. The Children's Community Nursing Service manager is currently reviewing the number of healthcare support workers needed across the service, to ensure the current numbers are correct in light of the high numbers of CLASS staff used.

5.0 Little Woodhouse Hall

5.1 CAMHS Adolescent Tier 4 Inpatient Service (AIS) is based at Little Woodhouse Hall. The CQC report published in October 2019 assessed the unit as requires improvement. A Quality Improvement Plan has been developed with oversight from Executive Directors of Operations and Nursing/AHPs. Building plans for the development of a new and purpose built unit, including a Psychiatric Intensive Care Unit have been agreed.

5.2 The unit has maintained safe staffing levels during this reporting period of both registered and non-registered staff (see Appendix 3). However, this has required extensive use of temporary staff (see Appendix 3). The majority of temporary staff used are from LCH's own bank or LYPFT's bank and they are staff that do regular shifts on the unit and therefore know the unit and young people. For future reports the temporary staff will be broken down to show registered and non-registered staff. The increase of LCH CLASS and external agency workers was due to the acutely complexity of the young people on the unit during this period. This complexity has been reported weekly to the LCH Senior Management Team and the unit have been supported by the Executive Director of Nursing and AHPS and Operations. This complexity required additional staff for the purpose of NG feeding, maintaining safe observations levels and planned restraint if required. This is done on an individual patient and shift by shift basis so varies considerably. The use of temporary staff is one of the things currently being considered within the improvement and transformation plan.

5.3 There have been 3 serious incidents reported during this time. One was in relation to an absconsion from the unit, one in relation to completion of appropriate completion of Mental Health At governance paperwork and one

involving several incidents of battery ingestion. None of the incidents reported are linked to staffing levels in the unit.

5.4 There has been one complaint about care during this time and this was multi organisational and the response has recently been sent to NHSE and therefore we are unclear at this stage if the family are satisfied with the response. The complaint was multi-factorial and learning as a result of it will be incorporated into the current improvement and transformation plan. This complaint was not related to staffing issues.

5.5 The quality board is reviewed daily and is currently being reviewed as part of the service's Quality Improvement Plan. All absconsions of detained young people are reported to the CQC and discussed by the Trusts SMT, along with weekly information on use of restraint and seclusion.

6.0 0-19 Public Health Integrated Nursing Service (previously reported as Health Visiting)

6.1 In April 2019 the health visiting and school nursing service became one service known as the 0-19 Public Health Integrated Nursing Service. The service is delivered by six integrated 0-19 teams working across Leeds. The team is skill mixed to meet the health needs of each geographical area and consists of Health Visitors School Nurses, Staff Nurses and Family Support Workers (formerly known as Community Nursery Nurses). While school nurses are geographically based in the new teams they also continue with some citywide service delivery.

6.2 The number of health visitors working in each geographical team is determined by a Trust developed weighting tool. The tool takes account of the Income Deprivation Affecting Children Index (IDACI) of each geographical area, alongside the number of families living in the top 3%, 5%, and 10% super output areas (SOA). This information is supplied by Leeds City Council which is updated every 2 years and is in the process of being updated with 2019 figures. The caseload size per whole time equivalent (WTE) health visitor is determined by the number of health visitors within each team and whether there are vacancies within that team. The service also takes account of caseload size recommendations described in Lord Laming reports (2009 and 2016), following the deaths of Victoria Climbie and reviewed following Baby P's death, where national average for caseloads were recommended to be 400 per WTE, with a reduction to 250 per WTE in the most deprived areas. The data can be seen in Appendix 3.

6.3 Health Visiting staff will move across the 6 geographical teams to support service delivery requirements. The service offers additional hours to those working within it as part of managing vacancies and capacity and if required uses CLASS. There was one occasion in Q3 2019/20 for a short period of time when a school nurse working for CLASS was used, this was a member of staff who had recently retired. There is an ongoing recruitment campaign to ensure that the service maintains the contractual number of 125 WTE staff.

Additional hours have also been worked by HV's in both July and December when capacity was slightly reduced.

6.4 The service continues to struggle to recruit to band 6 School Nurse (SN) posts due to a national shortage and competition with regional health economies for the same pool of staff. In response to this, ten band 6 staff are undertaking the "Differing fields" training at Huddersfield University between April 2019 and September 2020 which will further support SN capacity. This will continue into 2020.

6.5 There have been no serious incidents reported during this time.

6.6 There have been three complaints during this time with none of these related to staffing issues.

7.0 Neighbourhood Teams

7.1 As previously stated there are no nationally agreed staffing levels for community teams or evidence based tools. The Trust continues to develop the work to set safe staffing levels in community teams. There is information in Appendix 3 in relation to staff turnover and sickness rates. Also included is the breakdown of temporary staff used through the LCH CLASS system.

7.2 Staffing is monitored and manged on a daily basis through the Capacity and Demand reporting tool with senior clinical and operational oversight seven days a week. Actions are initiated to ensure patient and staff safety is maximised. Staffing levels are monitored within the Adult Business Unit monthly performance process and any additional actions required considered by the Adult Business Unit senior leadership team. In addition a quarterly update report reviewing key indicators for Neighbourhood Team quality and workforce is provided to Quality Committee and Business Committee. IN addition a new Patient Complexity Tool (PCI) is being tested and this in time will add detail about the complexity of individual staff's caseload as well as size of caseload and supports safe practice.

7.3 The main recruitment challenges in Neighbourhood Teams are registered nursing and therapy roles reflecting the national shortfall in these roles. Close working with CLaSS ensures that available bank and agency staff are targeted at teams with the greatest staffing challenges. The Trust wide resourcing group chaired by the Director of Workforce coordinates actions to support recruitment across the Trust including Neighbourhood Teams. In addition the contract continues with a local provider to support care home work in a number of teams.

7.4 The Trust has established a focussed piece of work to develop nursing careers within Neighbourhood Teams. This includes the Trust response to changes in the District Nursing training process from September 2020. It is

anticipated that this will enhance registered nurse recruitment and retention in Neighbourhood Teams.

7.5 Staff experience remains variable and is influenced by a number of factors Staff engagement discussions have been held in all teams and a range of local initiatives continue to be implemented to improve staff experience and engagement.

7.6 There have been a number of serious incidents in relation to the Neighbourhood Teams with a total of 14 of the 34 SIs reported deemed avoidable. On further scrutiny none of these incidents appear related to staffing concerns or issues. This will be monitored very carefully as always and any issues related to staffing will be escalated for immediate attention to the senior management team (SMT).

7.7 There are a number of routes for staff to share their feedback and discuss solutions to local and citywide issues including:

- Regular team meetings
- Executive Director of Nursing and AHPs and other Board Member visits
- Regular time with and focussed support from ABU Leadership Team when required
- Monthly quality and performance panel
- Presentations at Quality Committee e.g. End of Life

7.8 There have been a total of 14 complaints in relation to the Neighbourhood Teams during the reporting period. One of these, on initial review related to the rescheduling of routine wound care and appeared to be linked to staffing levels as the complaint was in relation to the repeated rescheduling of care visits and relatives feeling that there was not enough staff to provide appropriate input to their relative. On further investigation it was determined that the team had repeatedly cancelled regular wound care visits and the rescheduled wound care visits had not always been communicated and discussed with the patient. A review of all Neighbourhood Team rescheduled and cancelled visits is currently underway and is being reported to Quality Committee. None of the other complaints appear to have been related to staffing concerns or issues. This will continue to be monitored closely and any issues related to staffing will be escalated for immediate attention to SMT.

7.9 Quality, safety and patient experience continue to be monitored through:

- All essential work is completed on the day
- Daily handovers
- Safety huddles
- Quality board-incidents, complaints, patient FFT returns
- Caseload reviews (this remains an area where there is on-going work to embed)
- Clinical supervision and safeguarding supervision
- Review meetings post incidents.

8.0 Conclusion

8.1 This paper presents the six monthly review to Board in relation to safe staffing. The paper demonstrates that the Trust has maintained safe staffing in the six month reporting period. It has also triangulated the staffing data to patient safety incidents and complaints and the Board will note that one of the complaints in the Neighbourhood Teams appears to link to staffing issues and further work is ongoing as described above to understand this further.

8.2 The paper has also for the first time considered the use of temporary staff across services and this will continue to be iterated to ensure any areas of concern in relation to this and patient safety are identified.

9.0 Recommendations

9.1 The Board is asked to receive and note this report.

Appendix 1

- Patients can be treated with care and compassion.
- The determination of safe staffing levels is not a single process but rather an on-going review taking into account clinical experience in running the wards or team.
- The quality of service as determined by outcomes, including patient experience and national guidance and development of further tools. All patients have a thorough and holistic assessment of their needs.
- All patients have a care plan which sets out how the goals for their admission, care plan or treatment episode will be set.
- Staffing numbers allow full and timely implementation of the care plan.
- Staff numbers are sufficiently robust to allow the team or unit to function safely when faced with expected fluctuations and with the inevitable occurrence of short term sickness of staff.
- Operational Managers and Unit Managers are able to call upon additional resources if this is required by the particular needs of the inpatient group on a particular shift.
- A clear system of outcomes focussed on patient experience, patient safety and patient outcomes are in place and the information from these measures informs how the Operational and Clinical Leads run services.
- There is not an undue reliance on temporary staff to fill nursing rotas.

The agreed processes for clinical prioritisation are followed in periods of escalation

Appendix 2

National Guidance

In line with the NHS England requirements and the NQB recommendations, this paper presents the six monthly nursing establishment's workforce review. The focus remains on The National Quality Board framework of 9 characteristics of good quality care in District Nursing. This builds on the three expectations which were published in 2016 (Right Staff, Right Skills, Right Place and Time)

Appendix 3

Data:

Community Neurological Rehabilitation Centre

This regional unit consists of five inpatient beds and up to five day case places with additional community based services. Patients are typically admitted to the unit for two week episodes of care and assessment. The unit has reviewed its staffing model in line with the model of care. Safe staffing levels are maintained as set out below for the last 6 months:

	Community Rehabilitation Unit			
	Day		Night	
	% registered nurses	% care staff	% registered nurses	% care staff
Jan 19	100%	100%	100%	100%
Feb	100%	100%	100%	100%
March	100%	100%	100%	100%
April	100%	100%	100%	100%
May	100%	100%	100%	100%
June	100%	100%	100%	100%

Hannah House

Hannah House Safe Staffing July – December 2019

	% registered nurses day	% care staff day	% registered nurses night	% care staff night
Jul-19	83.3%	100.0%	95.6%	102.0%
Aug-19	86.7%	101.0%	100.0%	100.0%
Sep-19	86.5%	90.4%	102.9%	95.5%
Oct-19	105.6%	83.0%	97.8%	89.7%
Nov-19	94.5%	89.1%	115.0%	110.5%
Dec-19	83.9%	95.8%	84.9%	97.3%

Number of LCH CLASS staff who worked in Hannah House between July – December 2019

	Number of registered nurses day	Number of care staff day	No of registered nurses night	Number of care staff night	Totals
July 2019	4	7	0	12	23
August 2019	5	5	1	25	36
September 2019	1	1	0	10	12
October 2019	0	2	0	11	13
November 2019	0	5	0	12	17
December 2019	0	11	0	14	25
Total	10	31	1	84	126

Little Woodhouse Hall

CAMHS Adolescent Tier 4 Inpatient Service Safe Staffing July 2019 – December 2019

	% registered nurses day	% care staff day	% registered nurses night	% care staff night
Jul-19	100.0%	98.5%	100.0%	100.0%
Aug-19	100.0%	98.0%	100.0%	100.0%
Sep-19	99.4%	91.2%	100.0%	100.0%
Oct-19	100.0%	97.3%	100.0%	100.0%
Nov-19	100.0%	94.8%	100.2%	100.0%
Dec-19	100.0%	94.8%	100.0%	100.0%

Number of LCH CLASS and external agency hours worked in CAMHS Tier 4 Inpatient Unit between July – December 2019 (this is reported in hours as this is what is requested by NHSE)

	July 2019	August 2019	Sept ember 2019	October 2019	November 2019	December 2019	Total
CLASS Staff Hours	669	775	897	836	983	604	4764
LYPFT Staff Hours	215	490	583	378	569	328	2563
Agency Staff Hours	136	131	185	56	26	75.5	609.5
Total hours	1020	1396	1665	1270	1578	1007.5	7936.5

0-19 Public Health Integrated Nursing Service (PHINS)

Table 1 illustrates the caseload size per WTE HV for each geographical area, using the number of children under 5 years and staffing figures as at January 2020.

Team	No's of under 5's as at 2017	No. of WTE current HVs in post	% achieved	Vacancy	Average caseload based on current WTE HVs in post
South	11829	28.1	91	2.92	404
Outer West	11300	22.35	96	0.95	514
Inner West	6430	16.31	90	1.72	378
Inner East	5112	15.15	93	1.06	334
Outer East	7298	16.25	103	-0.47	489
North East	8774	19.60	95	1.01	451
Total	50743	117.76	94	7.24	431

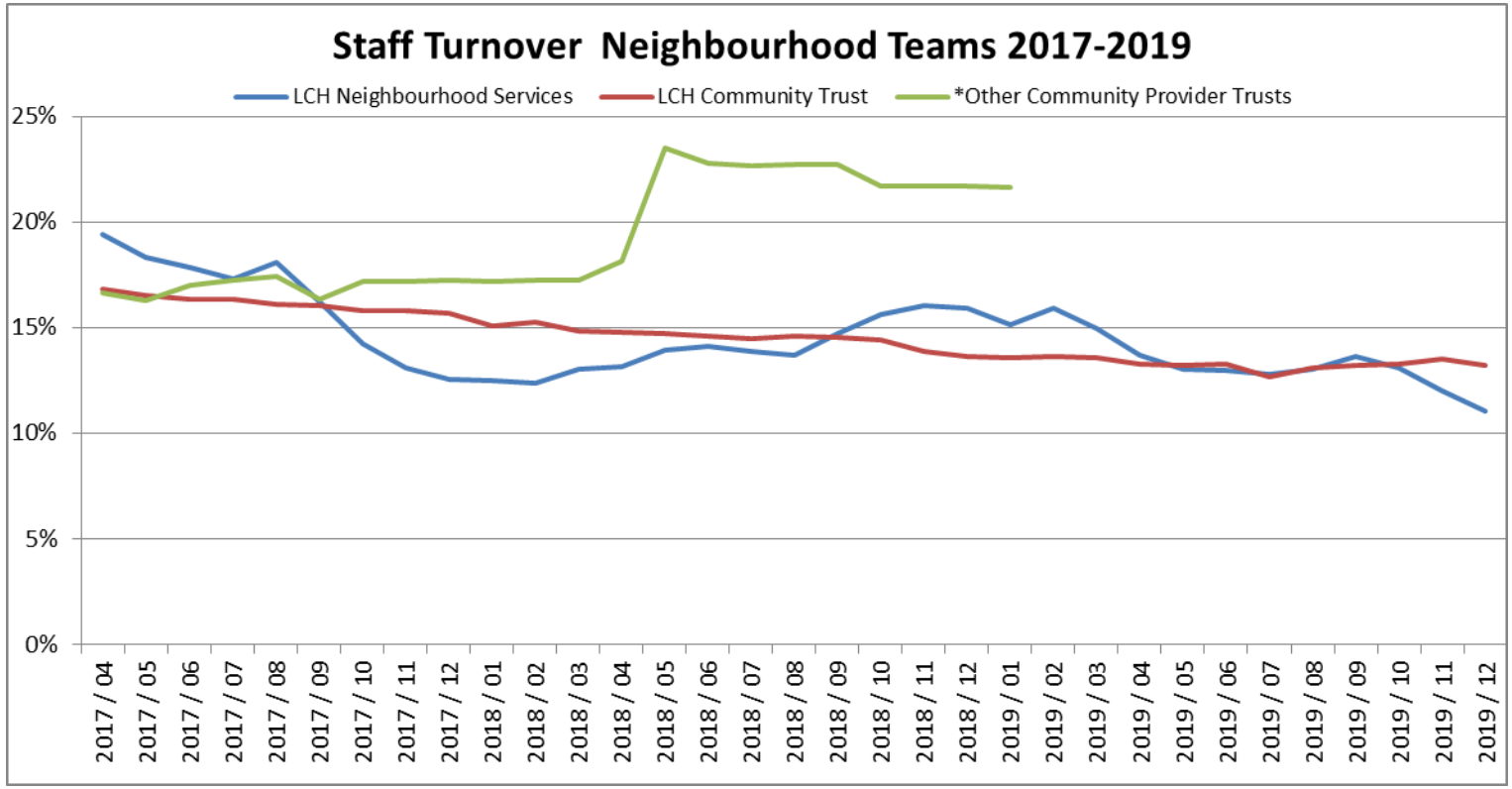
Table 2: Total numbers of 0-19 PHINS WTE staff in post July – December 2019

	Quarter 2			Quarter 3		
	July-19	Aug-19	Sept-19	Oct-19	Nov-19	Dec-19
WTE HV in post	123.95	124.55	128.45	126.45	123.71	119.65
WTE SN (band 6)	11.22	9.82	13.12	13.12	12.52	12.52

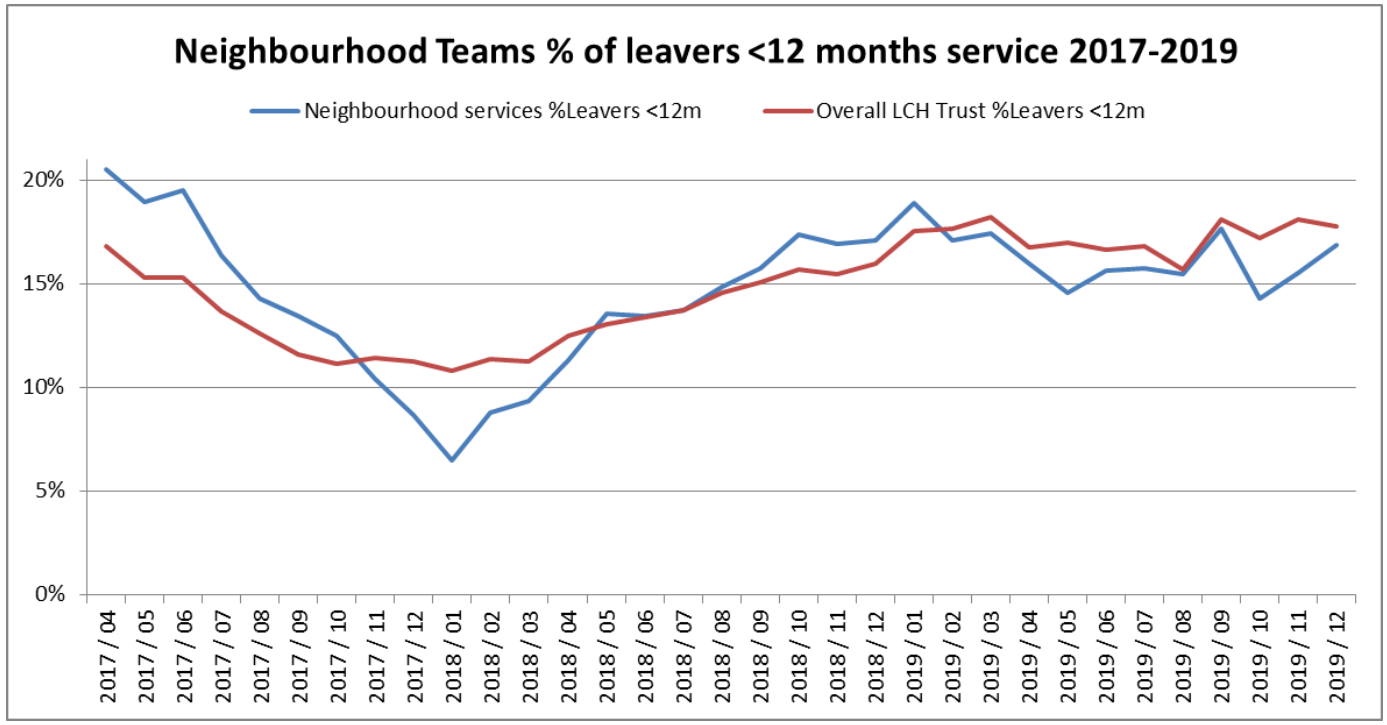
Neighbourhood Teams

Staff Turnover

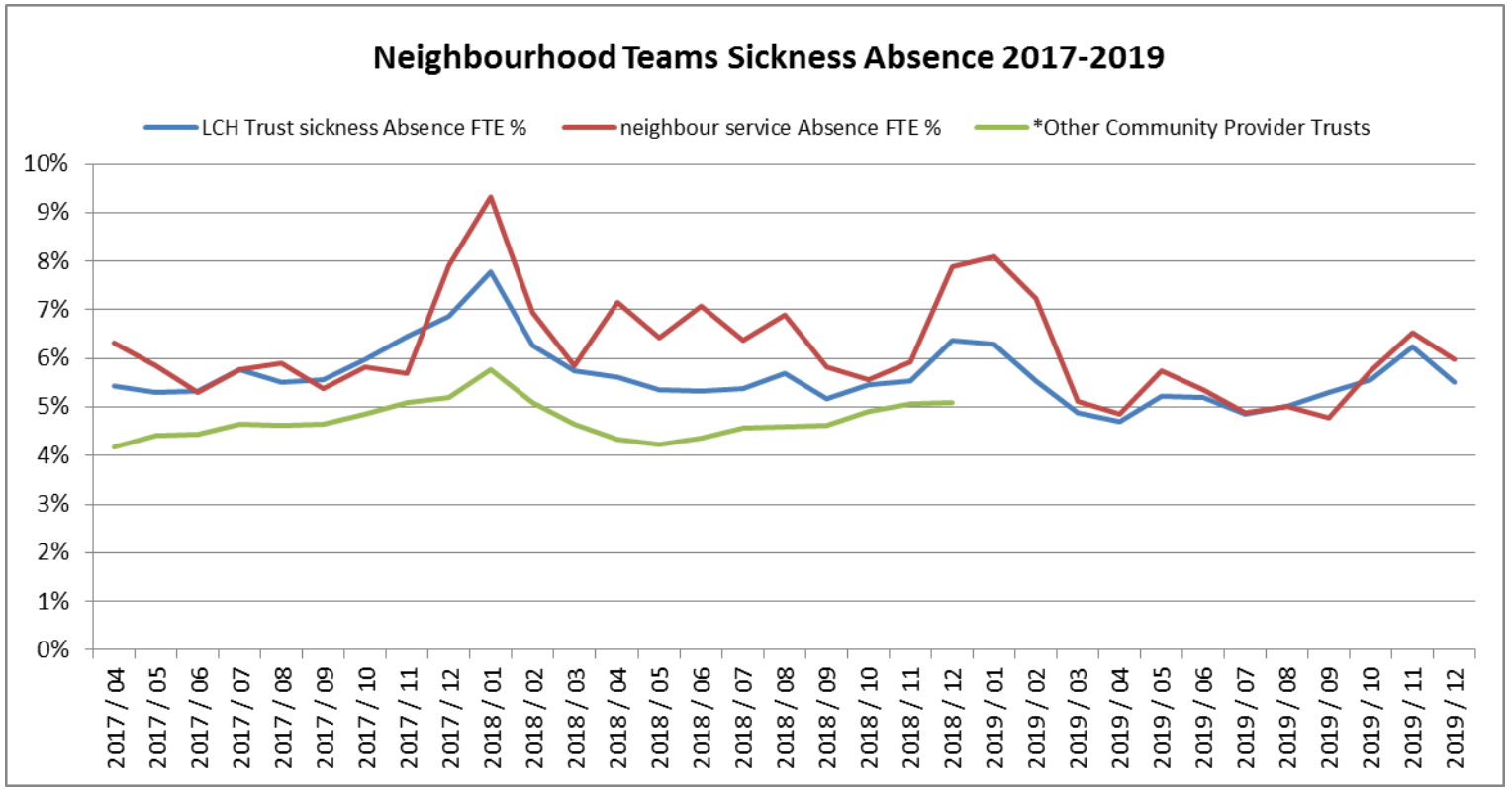
As shown in the chart below Neighbourhood Team staff turnover has returned to a level below the trust total. Neighbourhood Team turnover has decreased in the last 3 months and it compares favourably with 2017 levels.



Number of leavers in their first 12 months of employment in Neighbourhood Teams is now at a similar level to the overall Trust position.

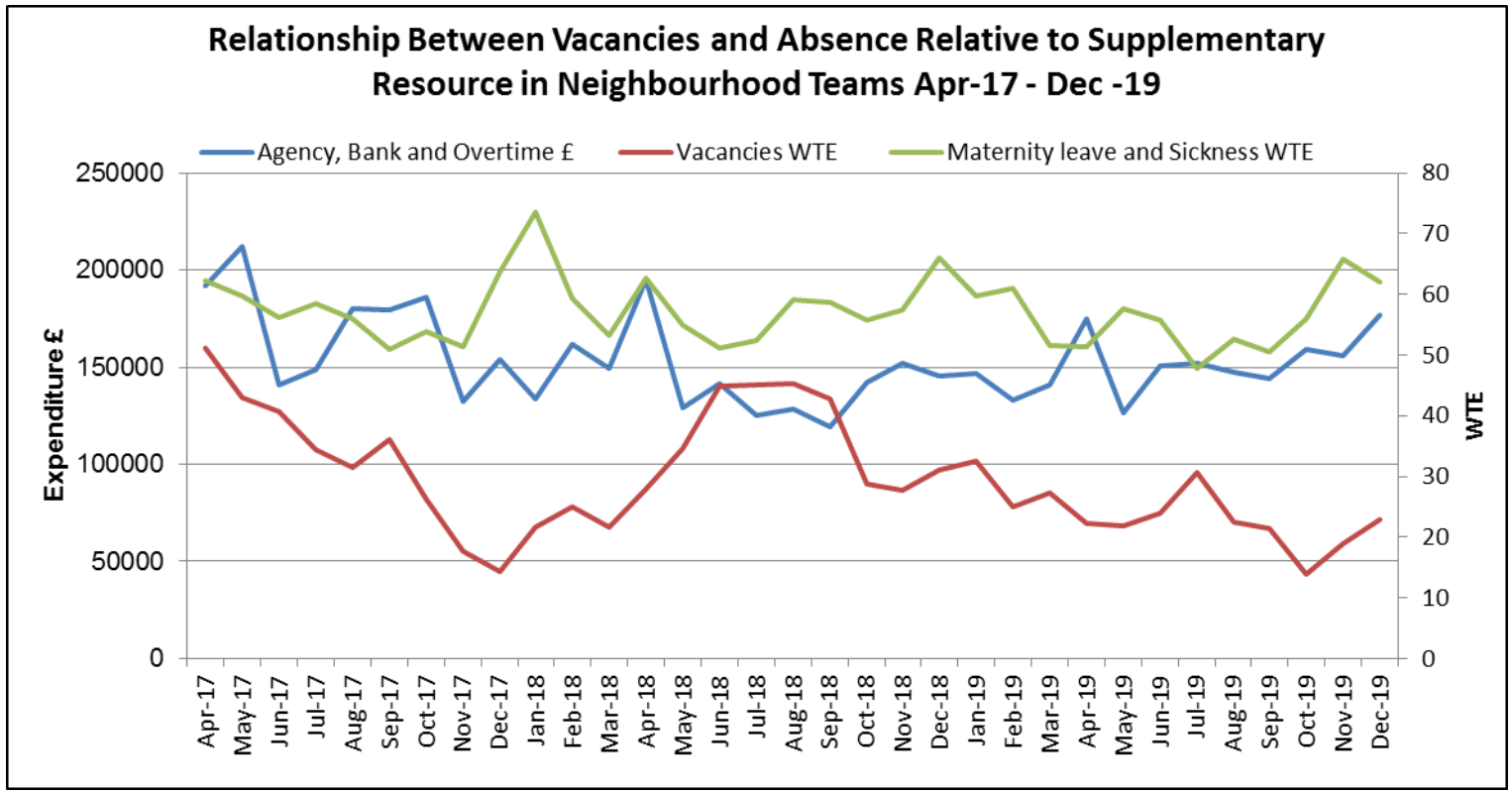


Sickness levels. There is an ongoing focus on staff health and wellbeing and staff sickness. Neighbourhood Team sickness rates have remained generally stable, during the last six months although some Neighbourhood Teams have experienced higher sickness levels than others.



Supplementary staffing

The following chart shows that gaps in staffing related to maternity leave, sickness and vacancies are partially offset by bank, agency and overtime.



Leeds Community Healthcare NHS Trust

AGENDA ITEM 2019-20 (108)

Meeting Trust Board 7 February 2020	**Category of paper** *(please tick)*	
Report title Quarterly Report of the Guardian of Safe Working Hours	**For approval**	
Responsible director Dr Ruth Burnett, Executive Medical Director **Report author** Dr Turlough Mills, Guardian of Safe Working Hours	**For assurance**	√
Previously considered by N/A	**For information**	

Purpose of the report

To provide assurance that doctors and dentists in training within LCH NHS Trust are safely rostered and that their working hours are consistent with the Junior Doctors Contract 2016 Terms & Conditions of Service (TCS).

To report on any identified issues affecting trainee doctors and dentists in Leeds Community Healthcare NHS Trust, including morale, training and working hours.

Main issues for consideration

- No exception reports submitted.
- Work continues to facilitate improved engagement with trainees across all specialities across the Trust, in conjunction with the JDC Staffside Chair and Executive Medical Director.
- A proposal to spend Fatigue and Facilities money has been accepted.
- Liaison with LTHT in relation to paediatric on-call rotas is ongoing.

Recommendations

The Board are recommended to :

- support the GfSWH and Deputy Medical Director in discussion with LTHT to improve the training experience for paediatric trainees.
- Note the work underway to centralise administrative, support and recording functions for trainee doctors and dentists within the Trust

Quarterly Report of the Guardian of Safe Working Hours

1.0 Purpose of this report

1.1 To provide the Trust Boarad with assurance that trainee doctors and dentists within LCH NHS Trust are working safely and in a manner complaint with the 2016 Terms & Conditions of Service (TCS).

1.2 To escalate any identified issues affecting trainee doctors and dentists such as working hours, quality of training and morale.

2.0 Background

2.1 The role of Guardian of Safe Working was introduced as part of the 2016 junior doctor's contract. The guardian role was created through negotiation between the BMA and NHS employers to provide assurance that the protections included in the contract regarding working hours and training would be honoured in practice. Every NHS Trust which employs more than 10 junior doctors is required to appoint a guardian of safe working hours.

3.0 Quarterly Report of Guardian of Safe Working Hours

There are 21 Junior Doctors and Dentists employed throughout the Trust (in different specialities) as detailed in the table below. Doctors and Dentists are mostly employed through honorary contracts.

Department	No.	Grade	Status
Adults	0		Employed
CAMHS	3	ST	Employed
	4	CT	Honorary
Community Paediatrics	2	ST	Employed
	6		Honorary
Sexual Health	1	ST	Employed
Dental Services	5		Honorary

QUARTERLY OVERVIEW

Vacancies		There are 2 vacancies in the CAMHS Specialty Trainee (ST) establishment. LCH produce and populate an ST 2nd on call rota in CAMHS.					
Rota Gaps (number of nights uncovered)		November		December		January	
		CT	ST	CT	ST	CT	ST
	Gaps	n/a	18	n/a	19	n/a	17
	Internal Cover	n/a	8	n/a	6	n/a	9
	External cover	n/a	9	n/a	13	n/a	8
	Unfilled	n/a	0	n/a	0	n/a	0
Exception reports (ER)		0	|0	0	0	0	0
Fines		None.					
Patient Safety Issues		None					
Junior Doctor Forum		Rearranged due to GfSWH sick leave – TBC					

Rota gaps

The CAMHS ST rota is not fully recruited to. There are 2 FTE post unfilled.

External locums have been sourced directly by the Trust to populate the CAMHS 2nd on call rota. The CAMHS Clinical Lead and HR are developing a CAMHS second on call locum bank and locums are now predominantly sourced internally. This increases the consistency of care provided and ensures familiarity with Trust policy and procedure.

Implementing the role of GSWH

Exception reports

No exception reports submitted.

Feedback from trainees

The junior doctors have agreed that the fatigue and facilities spend should go towards specially tailored iPads to support them on-call. Surplus monies can be used to promote attendance at educational events.

Rota concerns persist in the paediatric department. Educational and clinical supervisors have been encouraged to regularly keep exception reporting under review. The GfSWH will be supported by the LCH Deputy Medical Director to discuss concerns with the LTHT paediatrics department.

Update from the BMA

No new updates.

Fines

No fines levied by the GfSWH.

Challenges

Engagement

Although paediatric trainees report concerns relating to training, they are not routinely using the exception report system. The GfSWH has suggested to the Head of Community Placements that all missed training opportunities are reported, in line with the new requirement for reviewing exception reporting in the ARCP.

Administrative support

Since the last Guardian report, work has taken place to consolidate an accurate database of junior doctors in training at LCH. Work is underway to centralise the recording and administrative functions associated with induction and monitoring of trainee doctors and dentists within LCH NHS Trust which we hope will provide increased consistency of support functions (Smartcard access, ESR, statutory and mandatory training etc) for new starters on rotation to the Trust. Local inductions will continue with the relevant speciality.

4.0 Impact

4.1 *Quality*

4.1.1 This report has been informed by discussions with trainees and supervisors in Leeds Community Trust along with meetings with guardians of safe working hours from other trusts, human resources and guidance received from NHS employers and Health Education England.

6.0 Recommendations

The Board are recommended to:

- support the GfSWH and Deputy Medical Director in discussion with LTHT to improve the training experience for paediatric trainees

- Note the work underway to centralise administrative, support and recording functions for trainee doctors and dentists within the Trust

Agenda item 2019-20 (109)

Summary report	
Item:	**First annual review of the WYH Partnership Memorandum of Understanding**
Report author:	Stephen Gregg, Governance Lead, WY&H Health and Care Partnership

Executive summary

Following extensive engagement, the Partnership Memorandum of Understanding (MoU) was signed off by all partners in December 2018. The MoU describes how we organise ourselves at West Yorkshire & Harrogate level to provide the best health and care, ensuring that decisions are always taken in the interest of the patients and populations we serve. The MoU includes a requirement that it is reviewed within its first year of operation and then annually, to ensure it remains consistent with the evolving requirements of the Partnership as an Integrated Care System (ICS).

The MoU formalised many of our existing ways of working, such as the System Leadership Executive and the programme approach to delivery. It also established a number of new arrangements, including the Partnership Board, System Oversight and Assurance Group (SOAG), peer review process and mutual accountability framework.

Twelve months on, many of these arrangements are still in the process of 'bedding in'. In view of this, the WY&H System Leadership Executive agreed that the first review should take a 'light touch' approach, focusing on:

- Learning to date from operationalising the MoU.
- Changes in Partnership arrangements which should be reflected in the MoU.
- A gap analysis against the NHS Long Term Plan expectations for ICSs as set out in the Plan, the Implementation framework and the ICS maturity matrix.

The review found that the Partnership's arrangements align well with the NHS Long Term Plan expectations and most of the proposed changes to the MoU are administrative in nature. The main substantive changes proposed are to:

- reflect the revised priorities and programmes set out in the Partnership's five year plan.
- highlight the Partnership's arrangements for involving patients and the public.
- recognise the establishment of the Finance Forum and the Quality Surveillance Group.

At its meeting on 3rd December 2019, the Partnership Board noted the review findings and approved the revised MoU for agreement by individual Partners. A copy of the revised MOU has been circulated to Board members and a copy will also be made available at the Board meeting. It is proposed that a more comprehensive review is carried out in Autumn 2020.

Recommendations and next steps

The Board is recommended to approve the revised MoU and authorise its Chief Executive to sign the final version (version 3).

First annual review of the WYH Partnership Memorandum of Understanding

Introduction

1. This report sets out the findings of the first annual review of the Partnership Memorandum of Understanding (MoU).

2. Following extensive engagement, the Partnership MoU was signed off by all partners in December 2018. The MoU describes how we organise ourselves at West Yorkshire & Harrogate level to provide the best health and care, ensuring that decisions are always taken in the interest of the patients and populations we serve.

3. The MoU includes a requirement that it is reviewed within its first year of operation to ensure it remains consistent with the evolving requirements of the Partnership as an Integrated Care System. Following that, it will be subject to an annual review by the Partnership Board.

Approach

4. The MoU formalised many of our existing ways of working, such as the System Leadership Executive and the programme approach to delivery. It also established a number of new arrangements, including the Partnership Board, System Oversight and Assurance Group (SOAG), peer review and mutual accountability framework. Many of these arrangements are still in the process of 'bedding in' and the WY&H System Leadership Executive agreed at its meeting on 5th November that the first review of the MoU take a 'light touch' approach and be followed by a more comprehensive review in Autumn 2020.

5. The review was been carried out by seeking comments on the MoU from a representative group of partners from across our places, sectors and programmes. Staff from the Partnership core team supplemented this with a 'desk top' review.

6. The review focused on:
   - Learning to date from operationalising the MoU.
   - Changes in Partnership arrangements which need to be reflected.
   - The NHS Long Term Plan expectations for Integrated Care Systems as set out in the Plan itself, the Implementation framework and the ICS maturity matrix.

7. The next section presents the findings of the review against each of the main chapters of the MoU and includes comments by the Partnership Board at its meeting on 3rd December 2019. **Further amendments were made following feedback from a partner organisation that it would be helpful to include the ambitions in full. Paragraph 3.11 has also been amended to reflect that the five year plan will not now be formally agreed in January 2020. These later amendments are detailed on page 5 of this summary**

paper and version 3 has been circulated to Board members (LCH) in advance of the Board meeting. Version 3 will be available for reference if required during the meeting.

Introduction and context

8. This section sets out the context for Partnership working and includes the following key paragraph:

   "The Memorandum is not a legal contract. It is not intended to be legally binding and no legal obligations or legal rights shall arise between the Partners from this Memorandum. It is a formal understanding between all of the Partners who have each entered into this Memorandum intending to honour all their obligations under it. It is based on an ethos that the partnership is a servant of the people in West Yorkshire and Harrogate and of its member organisations. It does not replace or override the legal and regulatory frameworks that apply to our statutory NHS organisations and Councils. Instead it sits alongside and complements these frameworks, creating the foundations for closer and more formal collaboration

9. The context for why we work as a Partnership remains unchanged, as does our commitment to promote integration and collaboration.

Substantive amendments to the MoU

- *None.*

How we work together in WY&H

10. This section outlines the Partnership's vision, values and leadership principles together with its objectives and approach to delivery improvement.

11. The Partnership's broad vision and values and its approach to leadership remain unchanged and continue to guide all of our arrangements. To support delivery improvement, the 'check and confirm' process has been established successfully and has sought to ensure rigour and delivery focus in all of our programmes.

12. The Partnership's ambitions for improving health outcomes have been reviewed as part of the development of our five year plan and we will have a refreshed set of objectives once the plan has been formally agreed.

13. The Partnership team carried out a gap analysis of the Partnership's arrangements against the expectations for ICSs as set out in the Long Term Plan, the Implementation framework and the ICS maturity matrix. The analysis showed that the Partnership's arrangements align well with the NHS Long Term Plan expectations, but that the MoU did not include a clear enough statement of the Partnership's approach to involving patients, service users and the public and the role of key governance groups in this. There is also a need to recognise Primary Care Networks in the MoU.

14. Discussion at the Partnership Board highlighted the need to recognise the role of the voluntary and community sector in the MoU.

Substantive amendments to the MoU

- *Arrangements for involving patients and the public added at paragraphs 3.4–3.8. New responsibility added to Terms of Reference of Partnership Board (3.1.iii) and System Leadership Executive (3.1.ii).*
- *Paragraphs 3.9-3.10 outline the role of the voluntary and community sector.*
- *Paragraph 3.12 reflects the revised priorities set out in the five year plan.*
- *References to the role of Primary Care Networks added at 2.9 and 4.32.*

Partnership Governance

15. This section formalises the governance arrangements at place, programme, sector and Partnership level, including the role of groups such as the System Leadership Executive, Clinical Forum and sector collaborative forums. It also established the Partnership Board and System Oversight and Assurance Group (SOAG) as new forums.

16. The Partnership Board had its first meeting in June 2019 and the SOAG in October 2018. Whilst these governance structures are the right ones to meet our Partnership's needs, at this relatively early stage there is still work to do to refine how they operate in practice. To inform a more comprehensive review of the operation of the MoU in Autumn 2020, it is proposed that each Partnership governance forum will undertake a self-assessment.

17. The Finance Forum was established in 2019 to replace the Directors of Finance group and strengthen the governance of financial matters. The MoU has been updated to reflect this. The WY&H Quality Surveillance Group (QSG) convened by NHS England, has been established to bring together a range of partners from across the health and care system, to share intelligence about risks to quality. NHS England and NHS Improvement came together to act as a single organisation in April 2019. The MoU has been updated to reflect these organisational and administrative changes.

Substantive amendments to the MoU

- *Summary of the role of the Quality Surveillance Group added at paragraph 4.27.*
- *Paras 4.28-4.31 added to reflect the establishment of the Finance Forum.*
- *Partnership governance schematic at Annex 2 updated to reflect revised structures.*

Mutual accountability framework

18. This section establishes a consistent approach for assurance and accountability between partners on WY&H system-wide matters.
19. The agreed approach has been operationalised by monitoring performance against key standards and plans in each place and across programmes. The arrangements for ensuring this include SOAG, Peer Review and the check and confirm process.

20. As with wider Partnership governance, these arrangements are still 'bedding' in and work is ongoing to ensure that they operate effectively in practice.

Substantive amendments to the MoU

- *None.*

Decision making and resolving disagreements

21. This section sets out the Partnership's overall approach to making decisions, following the principle of subsidiarity. It also sets out the Partnership's dispute resolution process. The Partnership Board aims to make decisions by consensus. The Chair will seek to resolve the disagreement, but if a consensus decision cannot be reached, the matter will be referred to the dispute resolution process. Financial matters will be decided on a 75% majority vote.

22. Comments from some partners and questions from members of the public have highlighted a lack of clarity about the relationship between the Board, other Partnership forums and statutory organisations. Discussion at the September Partnership Board on transformation funding highlighted the lack of an agreed mechanism for taking urgent decisions in between meetings of the Board.

Substantive amendments to the MoU

- *Partnership Board Terms of Reference updated to make provision for the Board to delegate urgent decisions (5.4).*
- *Table appended to the MoU at Annex 3, which summarises the roles and responsibilities of each Partnership governance forum and sits alongside the Partnership governance schematic at Annex 2.*

Financial Framework

23. The establishment of the Finance Forum has strengthened financial management arrangements and is reflected in paras 4.28-4.31.

Substantive amendments to the MoU

- *None.*

West Yorkshire and Harrogate Memorandum of Understanding
Addendum to Version 2 20.12.19

In Version 3 of the Memorandum of Understanding, Paras 3.11 and 3.12 have been replaced with the following:

3.11 Our ambitions for improving health outcomes, joining up care locally, and living within our financial means were set out in our STP plan (November 2016, available at: https://wyhpartnership.co.uk/meetings-andpublications/publications). This Memorandum reaffirms our shared commitment to achieving these ambitions and to the further commitments made in Next Steps for the West Yorkshire and Harrogate Health and Care Partnership, published in February 2018 and the Partnership 5 Year Plan, developed in 2019.

3.12 We have agreed the following big ambitions for our Partnership. We will:

• increase the years of life that people live in good health in West Yorkshire and Harrogate compared to the rest of England. We will reduce the gap in life expectancy by 5% (six months of life for men and five months of life for women) between the people living in our most deprived communities compared with the least deprived communities by 2024.

• achieve a 10% reduction in the gap in life expectancy between people with mental ill health, learning disabilities and autism and the rest of the population by 2024 (approx. 220,000 people). In doing this we will focus on early support for children and young people.

• address the health inequality gap for children living in households with the lowest incomes. This will be central for our approach to improving outcomes by 2024. This will include halting the trend in childhood obesity, including those children living in poverty.

• by 2024 we will have increased our early diagnosis rates for cancer, ensuring at least 1,000 more people will have the chance of curative treatment.

• reduce suicide by 10% across West Yorkshire and Harrogate by 2020/21 and achieve a 75% reduction in targeted areas by 2022.

• achieve at least a 10% reduction in anti-microbial resistance infections by 2024 by, for example, reducing antibiotic use by 15%.

• achieve a 50% reduction in stillbirths, neonatal deaths and brain injuries and a reduction in maternal morbidity and mortality by 2025.

• have a more diverse leadership that better reflects the broad range of talent in West Yorkshire and Harrogate, helping to ensure that the poor experiences in the workplace that are particularly high for Black, Asian and Minority Ethnic (BAME) staff will become a thing of the past.

• aspire to become a global leader in responding to the climate emergency through increased mitigation, investment and culture change throughout our system.

• strengthen local economic growth by reducing health inequalities and improving skills, increasing productivity and the earning power of people and our region as a whole.

V3 14.01.20

Recommendations

The Board is recommended to approve the revised MoU (V3) and authorise its Chief Executive to sign the final version.

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2019-20 (110)

Meeting Trust Board – 7 February 2020	**Category of paper** *(please tick)*	
Report title Update on the Workforce strategy priority: Integration and Partnership	**For approval**	
Responsible director Director of Workforce **Report author** Director of Workforce	**For assurance**	√
Previously considered by The Business Committee	**For information**	√

Purpose of the report

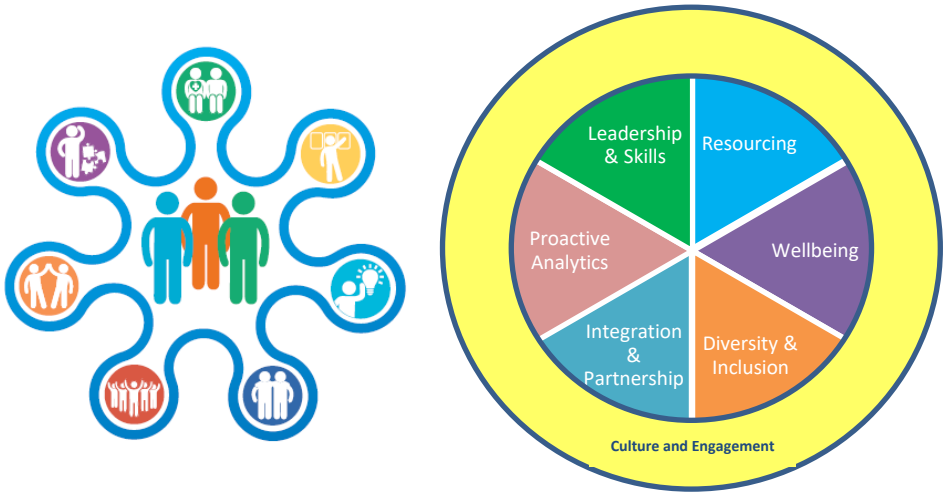
To provide the Trust Board with an update on progress and delivery on the Integration and Partnership work-stream within the Workforce Strategy.

Main issues for consideration

- The progress made in the following areas:
  - GP confederation and primary care networks
  - Citywide and Integrated Care System
- The risks and considerations related to system resources and changing context due to the evolution of context and priorities, particularly in the PCN space.

Recommendations
The Board/Committee is recommended to:

The Trust Board are recommended to note the progress which has been made in the area of Integration & Partnership, particularly in the GP Confederation and Primary Care Network arena; and to note the considerations outwith the control of LCH that may impact on achievement of some the original objectives set down in the Workforce Strategy.



Workforce Strategy 2019-21: Progress and Delivery

Ensuring LCH's workforce is able to deliver the best possible care in all our communities

Leadership & skills **Resourcing** **Wellbeing** **Diversity & Inclusion** **Integration & Partnership** **Proactive analytics**

1. Introduction

The LCH Workforce Strategy 2019-21 was approved by the LCH Board on 1 February 2019. It was agreed that the Board would receive an update on one of the Strategy's 6 priorities at each of 2019/20's Public Board meetings. The updates are received and examined by the Business Committee in advance of Board.

This report provides the Business Committee and Trust Board with an update on the progress made on the delivery of the **Integration & Partnership** priority during the period April 2019 – December 2019.

Details of the other 5 priorities and the associated schedule of dates for their updates to be presented are at ***Appendix 1***.

2. Integration & Partnership

Priority's Aim	We will work effectively as a system partner in the development and implementation of workforce and HR strategies, systems and plans across primary care, the city of Leeds and the West Yorks & Harrogate Integrated Care System (ICS) area delivering benefits to our patients and communities.	**On target**

The Integration & Partnership priority is on target overall, with the overall priority aim (above) predicted to remain on target.

During the first three quarters of this first year of the Workforce Strategy, particularly strong progress has been made in the GP Confederation and Primary Care Network space.

The integration & partnership space is a fast moving area which has seen changing contexts both in the city and locally since the launch of the Workforce Strategy. This has led to increased focus on the GP Confederation and Primary Care Networks in particular, where additional priorities have arisen. Meanwhile, system level resource constraints and priority alterations have impacted on the focus and scope of some citywide work.

A full summary of the 2019-21 objectives associated with the Integration & Partnership priority is at ***Appendix 2***.

3. Progress: GP Confederation and Primary Care Networks

GP Confederation:

Progress achieved in this area includes:

- Establishment of GP Confederation Workforce and Remuneration Committees
- Implementation of improved resourcing and employment procedures relating to the Extended Access contract

- Securing of NHS Pensions access for staff categorised as APMS (Alternative Provider Medical Services)
- Development and progression of employer-readiness plans in anticipation of staff transfers into the Confederation
- Targeted OD interventions for executive, leadership, service, and cultural development
- Delivery of professional HR support across operational teams

- Dedicated Workforce resource of £84k per annum has been secured until March 2022 to support the GP Confederation. This includes strategic support from the LCH Director of Workforce and a dedicated GP Confederation HR Advisor, with ad hoc input from other workforce experts within the LCH infrastructure.
- In addition to the funded resource, substantial Organisational Development support has been provided by LCH to the GP Confederation, to deliver the OD interventions.

Primary Care Networks (PCNs)

- An innovative **"employ / deploy" service** has been developed by LCH, enabling participating PCNs to take advantage of the substantial infrastructure and expertise of LCH to resource and deliver the 5 mandated role-specific services required of PCNs by the national GP Contract.

- The service has been developed in partnership with legal specialists and the associated service level agreement (SLA) has been taken up by 7 PCNs to date for the first service required under the GP Contract: Clinical Pharmacy. Discussions are ongoing with an 8th PCN.

- 13 Clinical Pharmacist roles have been appointed under the SLA to date, with 4 already in post. Conversations about approach to the next PCN roles (Social Prescribers and Paramedics) are underway, with LCH planning and seeking approval for the design and delivery of a citywide resourcing approach for social prescribing in partnership with several PCN Clinical Directors in the PCN space.

- External business analysis has been undertaken to quantify and assess the requirement for a **GPN / HCA bank**. The analysis suggested demand from primary care for this service at that time did not warrant proceeding. In recent weeks LCH has been asked to revisit this work in response to Clinical Director feedback.

4. Progress: Citywide and Integrated Care System

- LCH continues to be instrumental on the **Leeds One Workforce** agenda, with the Director of Workforce designated as strategic lead on one of the seven **strategic workforce priorities** agreed in autumn 2019 for the city (staff flow across organisational boundaries). This work has been scoped and is now the subject of discussions across partner organisations.

- The current staff flow focus within available resources has been on the integration of Information Governance (IG) statutory & mandatory training across the city. Agreement in principle to mutually accredit each other's IG training has been secured across Leeds' four statutory health and care organisations. Work is ongoing to embed this agreement in the processes of those organisations.

- Consideration is being given to a further one of Leeds' seven strategic workforce priorities, linked to **integration of workforces**, being led by the LCH Director of Workforce in partnership with the GP Confederation's Director of Transformation, associated with the progress made on this agenda by the two organisations in partnership.

- Engagement is ongoing as part of the WY&H ICS, including involvement in a recent successful collaborative bid for e-job planning project funding.

5. Risks and considerations:

- **System resources:** some objectives under the Integration and Partnership priority are subject to resource constraints outside of the control of LCH.

  For example, in the ongoing absence of citywide resource or substantial funding opportunities linked to the delivery of mutually accredited statutory & mandatory training for Leeds, the opportunity to share elements of statutory and mandatory training across Leeds health and care employers is likely to be limited to the current Information Governance scope only.

As a consequence, the objective to reduce by 50% the time new employees in Leeds spend on carrying out statutory & mandatory training overall may not be achievable. This will be reviewed in 2020/21 Q1.

- **Changing context:** this priority may continue to adjust its alignment and scope during the remaining lifespan of the LCH Workforce Strategy, in response to ongoing evolution of context and priorities, particularly in the PCN space.

6. Recommendations

Business Committee and the Board are recommended to note the progress which has been made in the area of **Integration & Partnership**, particularly in the GP Confederation and Primary Care Network arena; and to note the considerations outwith the control of LCH that may impact on achievement of some the original objectives set down in the Workforce Strategy.

Appendix 1: LCH Workforce Strategy Priorities & Board dates

Priority	Priority's Aim	RAG status	Planned update to LCH Board
Leadership & Skills	We support the development of our leaders to ensure that every individual at LCH experiences good or excellent leadership and has access to appropriate training and development, regardless of where in the organisation they work.		**May 2019**
Resourcing	We recruit the right people with the right skills and deploy them to deliver the best possible care in all of our communities for now and for the future.		**August 2019**
Health & Wellbeing	Our staff at LCH are more likely to be well and at work as well as more engaged with work irrespective of service or geographical location than in 2016-18.		**October 2019**
Diversity & Inclusion	Each member of the workforce is treated as an individual, with particular regard to advancing equality for those with a protected characteristic.		**December 2019**
Integration & Partnership	We work effectively as a system partner in the development and implementation of workforce and HR strategies, systems and plans across primary care, the city of Leeds and the West Yorkshire & Harrogate Integrated Care System (ICS)		**February 2020**
Proactive Analytics	Workforce systems including the Electronic Staff Record are improved by a newly-created Systems & Intelligence function, delivering sophisticated workforce data and analytics that drive impactful business decisions.		**March 2020**

Appendix 2: Integration & Partnership Objectives (from the LCH Workforce Strategy 2019-21)

Priority's Aim	We will work effectively as a system partner in the development and implementation of workforce and HR strategies, systems and plans across primary care, the city of Leeds and the Strategic Transformation Partnership (STP) area delivering benefits to our patients and communities.	On target

What do we plan to achieve?	How will we achieve it?	How will we know that we've achieved it?
Objectives	**Initiatives**	**Outcomes**
The healthcare workforce in Leeds can flow across organisational boundaries with minimal disruption to clinical working time.	Automatic transfer of recognised statutory and mandatory training via ESR Inter Authority Transfer Strategic leadership of the Leeds "One Workforce" Statutory & Mandatory training work-stream	New employee time spent on statutory and mandatory training is reduced by >50% Elements of statutory and mandatory training are universally shared across Leeds NHS providers
The GP Confederation directly employs staff, with a suite of policies, procedures and contractual terms in place – all of which are CQC ready.	Establishment of GPC Workforce Subgroup and associated resources to design and implement working arrangements	GPC operates its own Remuneration Committee, contracts and suite of policies & procedures TUPE of key staff to GPC has taken place
LCH bank arrangements fill some temporary staff assignments in primary care settings.	Introduction of bank Practice Nurse opportunities and training	Practice Nurse assignments are filled by LCH bank arrangements on a regular basis
Integrated working with colleagues employed by partner organisations is normal, not exceptional.	Support to teams exploring integration Facilitation of joint and hosted recruitment	More LCH teams are integrated with partners LCH regularly recruits with / for partners

This priority aligns with the following organisational behaviours

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2019-20 (111)

Meeting Trust Board, February 2020	**Category of paper**	
Report title Research & Development Strategy 2020-2025	**For approval**	✓
Responsible director Executive Medical Director **Report author** Head of Research & Development	**For assurance**	
Previously considered by Draft research strategy considered by the Quality Committee in March and September 2019 and January 2020. Request for implementation funding resource to be considered during 2020/21 financial process	**For information**	

Executive Summary

The revised strategy updates and replaces the previous strategy that ran from 2015 to 2019. The 2015-2019 strategy delivered a number of its aims however, objectives relating to increasing the amount of funding into the organisation and the dissemination of research were challenging to achieve.

The 2020-2025 strategy addresses the challenging aspects previously identified and proposes new strategic aims which develop and restructure work ongoing from the old strategy and take account of the need to:

- Better engage and capacity build within the workforce such that research is embedded within LCH culture as an expected part of working life;
- Develop more direct patient/local community research engagement dialogue/activity;
- Achieve better and more integrated working research partnerships with other research organisations; and
- Develop resourcing streams and sustainable approaches to research planning

The draft strategy has been considered by the Quality Committee on three occasions during 2019/20. Following each of these meetings, the strategy has been revised to reflect the feedback received including:

- Increased collaboration with academics to support the embedding of research within the Trust;
- The appetite to advance research within the organisation;
- The development of a five year strategy (as a three year timeframe was deemed to be overambitious);
- Linking the research agenda with the Patient Engagement Strategy work plan;
- The addition of an ambition to collaborate with social care research; and
- Strengthening links to the National Primary Care Research and Development Centre.

These have been addressed in the final version presented to Board (and are included as maroon text for ease of identification).

A governance framework to oversee implementation of the Research and Development Strategy will be established; this group will report to the Quality Committee on a periodic basis.

A request for additional resource to support the implementation of the strategy has been developed and submitted to the Senior Management Team for consideration for funding in 2020/21.

Recommendations

The Quality Committee is recommended to:

- **Receive** this report and **approve** the Research and Development Strategy 2020 - 2025

Leeds Community Healthcare
NHS Trust

Research & Development Strategy 2020-2025

Delivering the best possible care to all our communities in Leeds and beyond

v FINAL

Contents

1 Our Vision, Values and Behaviours

The Leeds Community Healthcare NHS Trust (LCH) vision is to provide the best possible care in every community we serve. Research is essential to pursuit of outstanding quality in healthcare and in enabling the Trust to do this. The LCH strategic vision for research supports the vision of the National Institute for Health Research (NIHR) *"To improve the health and wealth of the nation through research".* [i]

Specifically the Leeds Community Healthcare NHS Trust (LCH) Research Strategy 2020 - 2025 has the following overall aspirations:

LCH will become a centre of research excellence where:

- We provide opportunities to participate in world class research for patients and their families, the findings of which are translated into improvements in care and clinical outcomes
- Partners in the statutory, academic, industry and voluntary sectors seek research collaboration with us as an organisation of first choice, across health and social care pathways of care
- Staff are enthused about research activity and perceive it to be part of their "day job"
- Leaders understand how and why research is core NHS business
- It is recognised that we employ key academic leaders in their area of expertise
- We have a robust structure to ensure appropriate governance, support and leadership so that research which flourish and develop in the Trust will Structure to support research growth; governance of research; oversight.

The LCH vision is underpinned by values that we:

- Are open and honest and do what we say we will
- Treat everyone as an individual
- Continuously listen, learn and improve

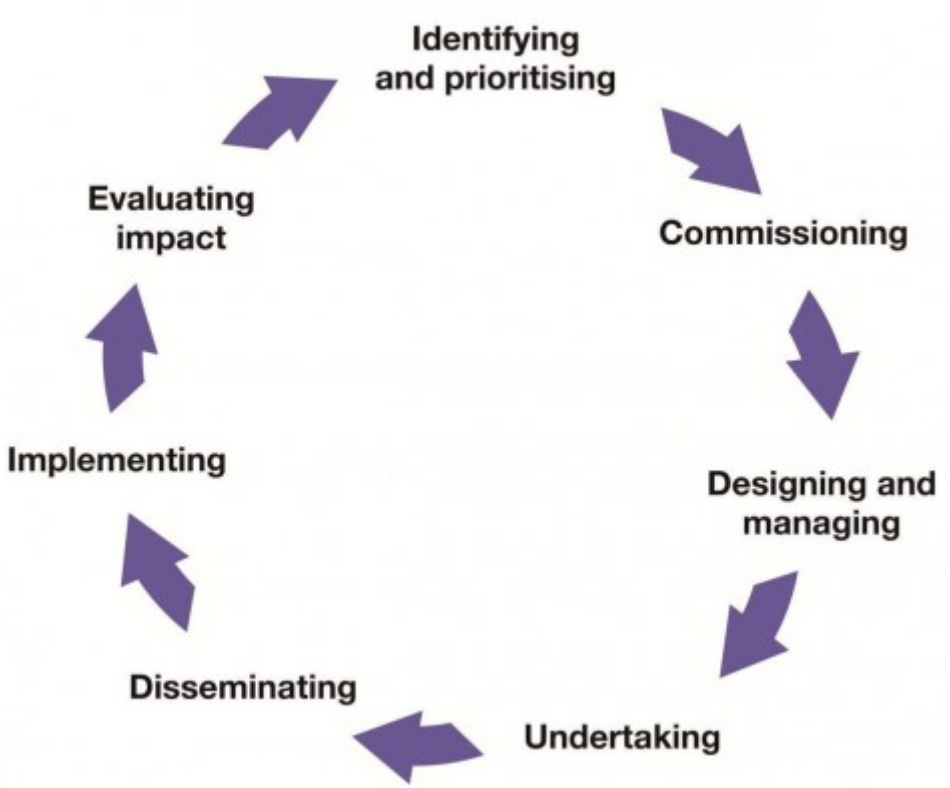
Our values are delivered by the belief that our work should be underpinned through 7 (magnificent) behaviours:

1. Making the best decisions
2. Working together
3. Finding solutions
4. Caring for our patients
5. Leading by example
6. Adapting to change & delivering improvements
7. Caring for one another

The strategy will first outline the context in which LCH works – particularly the wider national research picture, its situation within the locality of Leeds and the context of delivering healthcare research in community settings. It will then go on to define the challenges faced as a Community Trust undertaking research. Lastly it will outline 4 strategic aims around which a number of objectives, initiatives to meeting those objectives and desired outcomes will be defined.

2 Research in the NHS

On their website[ii] the NIHR illustrate the cycle of research as such:



Understanding the potential breadth of research activity in NHS organisations requires appreciation of the different aspects of the research cycle. This strategy seeks to address research activity throughout the research cycle. In the past one aspect of the cycle (undertaking) has been more associated with the activity of "NHS Research departments" than other parts (e.g. "Identifying and prioritising" or "Implementing"). For LCH it's important that we better define areas of our research activity, why these are important and how we will do so.

Research activity is a marker of an intellectually curious organisation which encourages continuous learning and embraces change and innovation. Research active organisations are known to provide higher quality care [iii]by:

- Providing learning and development for staff with positive impacts for job satisfaction leading to increased levels of recruitment and retention
- Allowing us to provide services that are based on current evidence
- Generating income through externally funded studies
- Providing patients with more choice around their own care and treatment
- Affording patients and their families the right to take part in research studies that may be of benefit to their health and care
- Providing staff with a means to develop their own clinical skills and applying these to research

NHS Research is managed and governed in accordance with the UK policy framework for health and social care research[1] which sets out the principles and responsibilities that take account of relevant legislation in the UK. NHS England's research needs assessment conducted in collaboration with the NIHR (2018) [2] identified very specific UK research needs, whilst National priority programmes identified by NHSE and The NIHR communications strategy (2017-2022) [3] outlined the principles of NHS research which included:

- Research should only be undertaken if it will provide rigorous and relevant outcomes to improve NHS services
- Research should be meaningfully translatable at the point of anticipated conclusion
- New research should only be undertaken in areas where there are defined evidence gaps and the need for the research can be clearly articulated
- The research needs identified should be value for money; the costs of investigating should be outweighed by the clinical and financial benefits of having the evidence in the future
- Research needs identified should help to address the key objectives of the five year forward, long term plan and other relevant national policy documents from Public Health England, NHS England, NICE

[1] https://www.medschl.cam.ac.uk/wp-content/uploads/2014/02/uk-policy-framework-health-social-care-research.pdf
[2] https://www.england.nhs.uk/publication/nhs-englands-research-needs-assessment-2018/
[3] https://www.nihr.ac.uk/about-us/documents/NIHR%20communications%20strategy.pdf

3 LCH in Leeds

Leeds Community Healthcare NHS Trust (LCH) is one of three NHS providers which, along with primary care colleagues in the Leeds GP confederation, the Yorkshire Ambulance NHS Trust and an increasing number of non NHS providers, deliver NHS services to the population of over 750 000 across Leeds. In addition to the Leeds population, LCH delivers specialist services to individuals across Yorkshire and Humberside and sometimes more widely.

The publication of the NHS long term plan recently[iv] highlighted the important role Community services will have as part of Primary care networks, the bedrock upon which NHS care is delivered. Nationally £4.5 billion is forecast to be invested within the sector annually up to 2023/24. Locally plans have been well developed over 2018/19 for the West Yorkshire and Harrogate Health Integrated Care System now known as the West Yorkshire and Harrogate Health and Care Partnership, and plans for Leeds have derived from the Leeds Health and Wellbeing plan[v] (including the importance of supporting self-care, a supported workforce, use of IT and healthy aging). Similarly the work themes of the Leeds Academic Health Partnership (Workforce, Personalised health, Informatics usage and Innovative thinking encouraging work across boundaries) as well as three of the themes developed in the regional Applied Research Collaboration (ARC) bid (early life and prevention, older people and frailty and physical & mental health multi-morbidities) link significant local priorities for care and research with those identified nationally.

4 LCH as a community provider

LCH is one of only 20 distinct NHS Community Care provider Trusts in England. Characteristics of community trusts are that their “core business” is focussed upon delivery of care in patient/client homes, community based clinics or local community based non acute facilities. By the very nature of their care delivery, practitioners are used to working autonomously, without access to immediate support, providing follow up care, ongoing care for chronic conditions, and instituting interventions which require prolonged periods of time to reach desired outcomes. In many cases care is led by clinicians who are nurses or Allied Healthcare Professionals (AHPs) such as therapists, with medical care provided by either the GP or relatively small numbers of trust employed medical/dental consultants.

The context in which services are organised and commissioned differs significantly to the bulk of those provided in acute settings. In particular the delivery of community care services happens under contracting arrangements which can include the delivery of services by more than one provider, and involve non NHS providers. This makes planning research difficult as organisations acquire new areas of work or lose established services where significant research resource/investment is established or ongoing[vi].

In the NHS, “undertaking” research is supported by local Clinical Research Networks (CRNs). CRNs are part of the National Institute for Health Research (NIHR) and provide NHS organisations with funding to support “portfolio”[vii] research studies. Key research performance measures for NHS

organisations are recruitment of participants to these portfolio studies over defined timescales and in line with target participant numbers. Traditionally the basis for study performance measurement has focused around participant recruitment (termed “accruals” by CRN).

“Value for money” in terms of its efficient use of resource is usually expressed in terms of weighted study accrual against overall funding allocation. Traditionally community care trusts have not been considered to be particularly active in terms of Research activity, especially when compared to large acute “teaching hospitals” and measured in terms of overall study accruals and study participation. LCH’s position compared with the other 19 community Trusts in the annual research activity league tables for 2017/18 was “upper mid table or lower top league” at 7= for the number of portfolio studies we were a recruiting site for and 6th for total number of accruals we registered.

As a Trust we need to balance decisions about the type of participation that we undertake within studies. Those that enable us to be a study recruiting site (reflecting well in terms of current performance measures) need to be balanced against the need to undertaking studies as a partner identifying potential recruits to new studies being delivered by partner organisations (PIC Site) and/or delivering continued care as part of the study pathway to patients who have been recruited by partner Trusts or providers, but are now receiving care from us. In doing this it is important that LCH (along with similar Trusts) start to document and proactively measure the research activity which does not routinely feature in the NIHR league tables. Importantly the Trust needs to identify research related outcome measures by which it can provide evaluative evidence and a better assessment of its research activity in terms of the impact of delivering evidenced healthcare. In particular how that activity relates to the clinical outcomes that LCH has identified to be key targets.

5 LCH’s place as a research organisation

Alongside this LCH needs to be cognisant of agendas of key partners to its research endeavours. Four groups of key partners in particular are:

1. **Patient and associated voluntary and third sector groups**: This is a relatively under developed area of work and we will need to link with existing networks both within and externally to the Trust
2. **Universities**: For most universities research is “core business”. As a Trust we need to ensure that we understand and tune into the measures that can drive university priority setting to develop ongoing working partnerships. Priorities in academic organisations include maximising grant income (ideally via competitive national funding bodies such as research councils, NIHR or national charities), delivering research student success, good publication impact factor scores and developing “Impact” case studies for “REF” exercises.
3. **Commercial research organisations**: including pharmaceutical and medical device companies: In the past a key driver for metrics to improve research implementation and delivery timelines for governance checks, and time and target recruitment data have been big pharma and commercial organisations who were frustrated by the delays often inherent in processes of ensuring proper governance.

4. **Other service providers** (GP organisations, NHS providers, Local Authorities (including social care and public health) and third sector providers) are obviously key to our delivery of care and research across the care pathway. Locally these organisations are part of the West Yorkshire and Harrogate Health Care Partnership

6 Strength and challenges

This strategy recognises that it takes time and resources to develop new research expertise and activity; we are keen to ensure that areas of potential development can build on and support areas of existing strength.

As a research organisation our current **strengths** lie in research delivery in the areas of Palliative care, Musculoskeletal conditions and CAMHS. As a Trust we will consolidate and develop our established research portfolio in these three areas through a commitment to establish clinical research posts, specifically investing in posts which will establish and lead studies addressing clinical questions pertinent to delivery of care in community settings.

Theme	Current Lead clinician involvement	Proposed infrastructure development
Palliative Care / End of Life - collaborative work to deliver research at Gemma's Hospice	Professor of Palliative Care (employed by University of Leeds): CI on numerous palliative care grants who works closely with LCH employed Research nurses: Two Specialist Research Nurses supporting Hospice and Palliative care research	Establishment of Clinical Academic nursing post to develop studies with clinical teams in the Adult and Specialist Business Units in collaboration with University of Leeds's AUPC and School of Healthcare
Musculoskeletal conditions (including Podiatry)	Senior Physiotherapist and NIHR Clinical Lectureship holder. Spinal stenosis specialism Associate Professor and Clinical Academic. MSK and pain specialisms. Joint appointment with University of Leeds Research Physiotherapist Senior Podiatrist and PI on a number of studies.	Establishment of Clinical Academic AHP posts (Physiotherapist and Podiatrist) to sustain well established activity and develop studies across the MSK and podiatry specialities Potentially Research Physio secondment initiative to become a rolling programme
CAMHS (including community, Tier 4 and forensic)	Clinical Academic. Community CAMHS specialist. New joint appointee with University of Leeds Senior Research Officer – delivering Forensic Adolescent Psychiatry studies in the secure estate	Scoping to develop the research offer in CAMHS and specifically opportunities presented by the tier 4 CAHMS development in collaboration with partner NHS Trusts and academics at LIHS and Leeds School of Healthcare Potential establishment of Clinical Psychologist clinical academic post to support and develop CAMHS forensic and other YOI/secure estate research

Areas in which we have significant potential to develop existing research capacity are amongst services serving children with complex needs and services serving adults with long term conditions:

Theme	Current Lead clinician involvement	Proposed Infrastructure Development
Children with Complex Needs (including mental health conditions)	Children's Physiotherapist and quality lead PI. Community paediatrician(s) undertaking PI roles	Scoping of academic infrastructure support and linkage with Martin House (Hospice) Research Unit (with University of York) and University of Newcastle Neurodevelopment and Disability research group. Potential Establishment of a Clinical Academic post – Paediatrician/AHP dependent on scoping. Clinical research advisor post
Long term conditions (including wound management, musculoskeletal conditions and mental health conditions)	Senior Nurse and Co –I on a number of NIHR wounds grants, PI involvement in CUCS Team.	Scoping the potential for re-invigorating wound research theme. Scoping and development of work with LUCID Leeds Unit for complex intervention development linking with ARC co-morbidity themes Potential development of a Clinical Academic nursing/AHP role

The **challenges** for us as a Trust seeking to establish itself as a serious player in the delivery of NHS research in community settings are twofold:

1. Seizing the clear opportunities present both in national and local strategic plans to enable growth and sustainability for our research. Opportunities are clear within the NHS long term plan (including the West Yorkshire and Harrogate Health and Care Partnership), priorities required of ARC regional bids, and the Leeds Academic Health Partnership strategy, in order for LCH to become the centre of community research excellence described above. Specifically we will need to grasp the research opportunities that are apparent in developing our services alongside **primary care** colleagues, as well as our **Local Authority/non NHS providers** in the fields of social care and educational contexts.

2. We need to work with and bench mark alongside similar organisations. This will include producing more meaningful "measures" of "research activity" through defining and highlighting our outcomes and more specific community orientated measures of success and research effectiveness.

7 Four Strategic Aims

This Strategy will deliver on the overall aspirations outlined above through programmes of activity around four strategic thematic aims:

1. **Workforce**: LCH's workforce culture becomes one in which in which Research (in all its guises) is an accepted and expected aspect of life, visibly apparent within all the contexts that the Trust operates. We need to ensure that we employ appropriate staff to manage and lead research in LCH and develop the environment in which research can become a core part of daily activity and improve patient care.

   The key to delivering this strategy lies with empowering and developing the capability and capacity of LCH's workforce. Staff at all levels of LCH need to be able to recognise why research is important and necessary in delivering high quality care. Recent work from the Health Care Improvement Studies Institute[viii] identifies a number of enablers to staff research participation. They include organisational leadership and strategic support for research and integrating research within clinical practice by promoting evidence based practice and engaging with research in clinical decision making. Included within a number of barriers to successful engagement are staff perceptions that research is a very specialist activity, outside the domain of some health professionals. Importantly for LCH, staff need to understand what aspects of their everyday practice are (or are not) informed by research derived evidence and how they are able to appraise and utilise research evidence. Importantly staff in the trust need to appreciate that "undertaking" research (e.g. recruiting patients into studies) is one aspect of the research cycle, and that research related activity spans across all areas of LCH work. There needs to be a clear understanding across the workforce of the opportunities for career development of all types through research engagement, this will be achieved by establishing clinical posts with a specific research role – this will improve patient care.

   An active research organisation will allow us attract individuals to work in LCH who may otherwise not have considered a role here and improve our overall workforce recruitment. Active research may allow an increase in placements from Universities and exposure to trainees to the community, which they may not have experienced.

2. **Patients and communities**: Patients, members of the communities whom we serve and the Leeds public are actively represented and engaged in our research activities and our wider research agenda
   Research activity which includes and enables patients and carers in the process of concept, design, delivery and implementation is ultimately better and more effective research. This aim will address the need to directly and proactively engage our communities in the research work that we undertake to make it relevant and fit for purpose.

3. **Partnerships**: LCH will have active research partnerships with key local and national organisations. We will be in a better position to deliver high quality research by working in collaboration with local partners who already have a significant number of research active individuals. Collaboration will allow us to utilise our existing workforce and our interactions with a significant number of patients and carers to engage in

research. These organisations often have research ambitions that match with our and effective research partnerships with appropriate neighbouring organisations will be crucial to developing a world class environment in which healthcare research prospers and grows.

Partnerships with organisations of all types will bring with them different skills, ambitions and agenda/priorities. Understanding the objectives and motivators of partner organisations will help to clarify what we require to deliver successful working research partnerships. Strengthening our key partnerships across the patient pathway by offering partners increased activity as a Patient Identification Centre (PIC), and advertising research databases such as Join Dementia Research[ix] will enable our whole patient population to access studies across Leeds and beyond.

4. **Sustainability**: Research becomes a sustainable aspect of LCH core business.
   In order to support and protect the LCH research effort from the effects of service recommissioning and national funding changes, The need for a mixed basket of alternative income streams as well as development of the LCH offer – both in terms of supplying research and healthcare expertise and identifying patients who might benefit from trial and innovative treatment options.

8 Six research implementation themes

Implementation of the aims and objectives will be undertaken with reference to six themes, four of which mirror aspects of the research cycle. The Research Strategy demonstrates research as being a cycle of activity that is broader simply “undertaking” research.

1. **Needs identification/Commissioning**
   Key Trust partners in identifying trust Research needs are Business Units and the clinical services within them, alongside the Patient Engagement Team

2. **Planning/delivery (Undertaking)**
   The Research Team will lead this activity and their implementation plan for this activity is at Appendix 1.

3. **Evidence implementation**
   Service teams, Quality Improvement Team and Library Service colleagues are key to ensuring that research evidence is implemented.

4. **Outcome and evaluation**
   The Quality Improvement Team and Clinical Outcome Measures colleagues are key to ensuring that the implementation of evidence and improved ways of working are captured. That is that we know what we do works, and that we are improving.

5. **Learning**
   The Organisational Development Team and Workforce Directorate in general are key to ensuring the research culture of our organisation is fostered and that LCH is structurally equipped to ensure that "research is everyone's business".

6. **Communication**
   The Research Team will be drawing on the expertise of the Communications Team in order to ensure that a plan for research communication is devised and enacted.

These themes are flagged within the implementation column in the strategy "grids"

Five of the six themes require more explicit input of other colleagues and teams across the breadth of the Trust and externally with partners to ensure successful implementation. Therefore the implementation plan in Appendix 1 refers to delivery activity that will be led by the Research Team.

To deliver the strategy it is essential that there is appropriate support to establish relations with partner organisations, to lead the team across LCH setting out a vision for the whole organisation and addressing local concerns. There needs to be appropriate governance in place to ensure that research is conducted in line with GCP and that assurance can be given to the board that research is delivering the improvements in patient care envisaged, meeting the commitments to other organisations and patients in safe and effective way.

Strategic Aim 1:	LCH's workforce culture becomes one in which in which Research (in all its guises) is an accepted and expected aspect of life, visibly apparent within all the contexts that the Trust operates	
What do we plan to achieve?	**How will we achieve it?**	**How will we know that we've achieved it?**
Objectives	**Implementation**	**Outcomes**
Research mentoring opportunities are made available to all across the breadth of research activity types	***Learning Theme*** A research mentorship programme is developed and put into place	Increasing numbers of staff who have taken up research mentorship opportunities both as mentored and mentors
Well supported individuals and teams throughout the trust who are able to initiate and deliver research studies	***Delivery theme*** Development/implementation of part time clinical research adviser posts and/or "Research Talent Pool" ***Learning*** Structured Principal Investigator (PI) support arrangements implemented Support for a Research champions programme Development and support approach for individuals with identified research interests – including via appraisals Liaison and partnership with academics	Increased % of studies that are initiated and led by LCH employed staff especially AHPs and nurses as CIs (Chief Investigators) and PIs (Principal Investigators) Increase in number of portfolio LCH sponsored studies Increased number of joint academic appointments across all types of professional staff Increased number of NIHR clinical fellowships and awards
Visible opportunities for all the workforce to participate in LCH hosted research studies	***Communication theme*** Advertising of generic opportunities a regular aspect of Community Talk, on ELSIE via local Team meetings across the organisation consider research participation as a regular aspect of care delivery ***Delivery*** Use of CLASS/Talent pool to provide flexible research work opportunities to practitioners employed in other parts of the Trust or who have recently retired	Increased % of studies in which staff have been active participants. LCH AHPs and nurses are PIs Retention of skills of recently retired members of staff

Objectives	Implementation	Outcomes
Research as an acknowledged to be part of everyone's work and recognised within job descriptions, Job plans and the appraisal process. Hence a conversation about research related activity and how it fits within quality improvement takes place in everyone's appraisal	***Learning theme*** Research as an aspect of quality improvement and clinical effectiveness becomes embedded in job planning and appraisal cycle which is linked to identification of training needs Use of appraisal models developed by LCH Podiatry Team and the Leeds Clinical Academic Podiatry group[x] SOPs developed to ensure that Research activity part of Medical and Dental appraisals is captured and feeds into organisational output Work with HR to ensure that Research related activity sits alongside other quality improvement within core Job descriptions	Research skills of all types are understood/ identified by staff across the organisation within job planning and appraisals, with steps taken and documented to address these identified training and educational needs. Medical and dental research activity in appraisals recorded as research output All core Job descriptions include research related activity alongside quality improvement activities.
Research communications strategy implemented in a way that targets key individuals/appropriate audiences at appropriate levels of engagement. Clearly accessible and up to date information about learning, courses and research opportunities available to staff which clearly link to the existing Trust infrastructure.	***Communication theme*** Develop and institute a research communications plan in liaison with LCH Communications Team, and other key services such as Library, Clinical Outcome Measures, Organisational Development and Quality Improvement/Innovations Teams.	Staff engaged differing levels – particularly as it connects to their work practice/life experience. Multi-faceted approach should visible on a generic level: Quarterly research newsletter, Monthly Community talk news articles and dissemination of research information email via opt in staff e-mailing lists – to be refined/targeted as capacity develops. Up to date information on Elsie and LCH Website Social media via Twitter and other platforms Up to date Notice boards in staff and public areas Research stands/presentation at existing staff and public events (e.g. induction, Thea blog, staff conferences, AGM etc.)
Clarity about the journey that the organisation takes in developing its culture of healthcare research and innovation	***Learning*** Roll out across the organisation of the research capacity in context tool	Improved measure of Research Capability as measured by the research capacity in context tool

Objectives	Implementation	Outcomes
An environment where healthcare delivery is rooted in practitioner knowledge about the evidence available for care and treatment that is delivered, and practitioners who are able to act on and/or critically evaluate the evidence available to support care/treatment. Journal clubs/brown bag lunches for staff evident as a regular aspect of service delivery.	***Evidence Implementation/Outcome & Evaluation/Learning*** Support for the development of embedded research/evidence librarian (knowledge manager) post to work across LCH Clinical and Quality Teams Sign-posting to Library Service colleagues for training and support with evidence Initiate the support of journal clubs, "lunch clubs" or seminar sessions in liaison with services and library colleagues – include invites to local researchers and academics who have recently published service relevant papers/reports.	Improved care/treatment outcomes (as specifically detailed in clinical outcomes work plans) Output documenting the literature and systematic reviews and other publications undertaken by staff Literature and Systematic review output reviewed, documented, published and circulated
LCH is able to promote its support for research activity as a positive reason to encourage staff recruitment	*Communication theme* Develop awareness of Research promotion amongst HR/Recruitment Teams	The Trust's commitment to research participation, relevant research output and staff development is included in recruitment advertising

Strategic Aim 2:	LCH Patients, members of the communities whom we serve and the public of the Leeds region are actively involved in driving and shaping our research activities and our wider research agenda

What do we plan to achieve?	How will we achieve it?	How will we know that we've achieved it?
Objectives	**Implementation**	**Outcomes**
LCH has well engaged groups of patients and service users who are able to: a) Highlight what they believe to be the important issues b) Get actively involved in setting, delivering and learning from the research agenda	***Needs/Commissioning theme*** Plan and initiatives for patient engagement, agreed with Trust Patient Engagement Team and alongside other patient involvement initiatives within the Trust. Ensure that the research communication strategy (referenced above in Aim 1) includes specific patient/public communication themes which incorporate including information on routine patient communications (eg footers on appointment letters or emails) Patient Research Ambassador (PRA) role description agreed Links developed with other CRN PRAs and PI staff	Clear joint strategies across and approach to research communication and patient research engagement. Visible patient and public facing information about research involvement LCH will have established patient involvement groups which have research involvement as part of their remit LCH will have formally appointed 2 or more Patient Research Ambassadors (PRAs) LCH PRAs are represented in work with CRN and other Patient Involvement groups Studies will have been developed and funded with the direct support of LCH patients/service users
LCH staff have established and ongoing links with local third and national sector organisations through which they are able to support groups to articulate a patient driven research agenda.	***Needs/Commissioning*** Agree overall approach with LCH Patient Engagement Team for understanding current local and national voluntary sector involvement within services Build on existing arrangement with established groups Scope third sector involvement opportunities as research opportunities arise in specific services Scope local/national research funding potential with existing and new charitable partners (Linking with Strategic Aim 4)	Local voluntary sector organisation members contribute to research activity within LCH Research activity led by LCH staff is demonstrably informed by the input of patient/carers.

Objectives	Implementation	Outcomes
Service users have good experiences taking part in research and would recommend it to others	***Delivery/Evaluation/Outcomes*** LCH Patient Research Experience Survey (PRES) undertaken on an annual basis encompassing 10% of patients participant in studies. PRES includes additional questions about the LCH research experience that are informed by previous surveys or feedback Friends and Family test to incorporate a question about Research	PRES results report positive experiences which are utilised to support future research growth and recruitment

Strategic Aim 3:	LCH has working research partnerships with key local and national organisations	
What do we plan to achieve?	**How will we achieve it?**	**How will we know that we've achieved it?**
Objectives	**Initiatives**	**Outcomes**
LCH has strong collaborative working relationships with key Universities and their staff especially with regards to mutual understanding of research priorities and clinical needs	Needs/Commissioning	LCH has strong collaborative working relationships with key Universities and their staff especially with regards to mutual understanding of research priorities and clinical needs
LCH and the Leeds GP confederation work in an integrated and cohesive way to deliver research that is relevant and can underpin health care practice across Leeds's communities	***Delivery*** Scoping exercise of existing confederation infrastructure, CRN linkage and research activity	A joint research office Studies that are delivered seamlessly across the LCH and Leeds GP Confed structures
LCH collaborates with partners to utilise data across health organisations to identify opportunities to work collaboratively	***Planning/Delivery*** Scope work in the informatics and the Data usage themes within the LAHP to identify opportunities for joined working Identify and work with appropriate partners to better understand data collected in research databases – including those utilised for research management purposes.	Studies will have been developed and delivered that have been able to utilise Leeds health record and similar shared health records that cross organisational boundaries The R&D Team will have clear understandings of and access to information about the research it hosts, including real time recruitment and dissemination information
A better understanding and accommodation across the NIHR and the local and national Clinical Research Networks (CRN) of the specific issues that relate to delivery of research by community based organisations	***Evaluation/Outputs*** Identification and Development of broader meaningful measures of research activity and output within LCH. Development of specific Research performance measures that link to clinical outcome measures identified by LCH teams. Increased annual reporting of research activity/output to CRN and other partners Development of collaborative links with similar Trusts locally and nationally, to represent the research interests common to community Trusts.	Regional/national measurement of research standings/achievements take account of metrics reflecting a broader research delivery agenda than is currently the case

Objectives	Initiatives	Outcomes
LCH Partnership within the Applied Research Collaborative (ARC) (Next generation of CLARCH)	***Needs/Commissioning*** *&* ***Planning/Delivery*** Director/Assistant Director level engagement with ARC bid leaders to clarify how LCH is best engaged* (*The ARC bid success has recently been announced and it seems that by being a partner organisation of CRN we are already encompassed however clarity on terms of engagement currently lacking)*	Active inclusion in the Applied Research Collaborative (ARC) studies addressing one or more of the 4 areas defined within the ARC bid (eg. early life and prevention, frailty, mental and physical health multi morbidities and urgent care.)
Increased LCH research partnership with third sector organisations (link to Strategic aim 2 for further detail)	***Communication*** Scope existing links and partnerships with LCH Patient Involvement Team	Research activity demonstrably informed by input of members of third sector organisations
Good working relationships with CROs and industry partners (link to strategic aim 4 for further detail)	***Communication*** Establishment and scope areas of potential growth for commercial studies.	Increasing amounts of collaborative industry funded research activity
Establishment of a LCH research partnership with primary care partners, including the National Primary Care Research and Development Centre	***Communication*** Establishment and scope areas of potential growth for primary care collaboration.	*Leeds Left Shift* work streams demonstrably informing research activity
Establishment of a LCH research partnership with social care	***Communication*** Scope existing links and partnerships with Social Care providers in Leeds	Research activity demonstrably informed by input of local authority partnerships

Strategic Aim 4:	Research is a sustainable aspect of the LCH core business

What do we plan to achieve?	How will we achieve it?	How will we know that we've achieved it?
Objectives	**Implementation**	**Outcomes**
LCH has portfolio of industry funded research activity that is self-sustaining	***Delivery*** Identify areas of service within LCH which have the potential to grow research activity	A growing portfolio of industry funded studies
An attractive offer to potential Commercial Research Organisations (CROs) and their clients in industry which makes clear the potential for: 1. PIC activity 2. Study recruitment 3. Study delivery to time and target 4. Relatively competitive costing offer	***Delivery/Planning*** Scoping exercises to clarify 1. Potential areas of interest for Commercial partners 2. Potential areas of interest for academic partners 3. Potential "offers" from services in the three Business Units 4. Tender timetables and existing contracting arrangements for LCH services	Research income identifiable in services across all Business Units Business Unit based "offer" documents use with potential research partners, highlighting service areas in which for research partnerships might best develop.
LCH research activity spans across all Business Units and service areas.	***Communication*** Detailed mapping of research activity by type across the organisation to include evidence implementation, outcome and evaluative activity. Services and practitioners currently engaged in high levels of research activity demonstrate/model research delivery approaches that might benefit other services. Existing high research activity areas supported in developing sustainability plans, ensuring that research activity and "added value" is demonstrated and captured for the benefit of commissioners to support recommissioning bids. Research champions identified and supported. Clinical research advisors appointed to part time posts Utilisation of CLASS to support delivery of commercial studies requiring a flexible delivery workforce Collaboration with Trusts successfully delivering research in similar services	All Business Units can demonstrate research activity of different types underway in services across their services and have processes in place for capturing the output of this activity.

Objectives	Implementation	Outcomes
Services participate in research which aligns with identified areas of research need	***Needs/Commissioning*** Services are supported to work with academic and community partners (as outlined in Aim 3) to identify and develop themes or areas of relevant research activity.	Research participation in studies which are recognised to be important to LCH and its communities
Business Units and corporate departments understand the financial benefits of being actively involved in a range of Research activity.	***Communication*** Research income policy developed and implemented	Clarity amongst clinical services about the income benefits of research activity, and the potential to utilise existing resource to maximise income for reinvestment in services
LCH Research Department offers research management services to neighbouring/partner non NHS organisations who are involved in delivering care to Leeds communities. (eg. care homes, the local authority, other hospices, schools etc.)	***Delivery*** Scoping exercise to identify suitable potential partners to offer such a service to. Engagement with CRN around additional allocation support available for extending delivery activity to such "Green shoot" areas	NHS Research delivery taking place in neighbouring (non NHS) organisations Patients/service users are able to participate in research across care pathways

[i] https://www.nihr.ac.uk/about-us/our-purpose/vision-mission-and-aims/
[ii] https://www.nihr.ac.uk/patients-and-public/how-to-join-in/the-research-cycle/
[iii] https://sapc.ac.uk/conference/2017/abstract/research-activity-and-quality-indicators-primary-care-there-correlation
[iv] The NHS Long Term Plan 2019 https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/
[v] Leeds Health and Wellbeing Strategy 2016-2021 http://inspiringchangeleeds.org/wp-content/uploads/2018/08/Health-and-Wellbeing-2016-2021-WEB.pdf
[vi] The loss of the prison health services contract in 2016 was a particular blow to research activity and resource at LCH, as approximately a third to a half of the organisation's ongoing research activity lay with its' the prison research program. This included losing its role as a grant holder on an NIHR programme.
[vii] To qualify for support from the NIHR CRN, a study has to be included in the NIHR CRN "Portfolio". Inclusion is automatic for NIHR funded studies. It is usually available to studies funded as a result of nationally competitive funding streams such as research council grants or national research charities.
[viii] Healthcare Improvement Studies Institute (2019) " Involving NHS Staff in Research" https://www.thisinstitute.cam.ac.uk/research-articles/involving-nhs-staff-in-research/
[ix] Join Dementia Research (JDR) encourages members of the public to register interest in participating in research about dementia. Trusts and research staff are then able to access the JDR database to support study recruitment. https://www.joindementiaresearch.nihr.ac.uk/
[x] Leeds Clinical Academic Podiatry Group appraisal model

Appendix 1

Research & Development Strategy

Key dates

Leeds Community Healthcare NHS Trust

Workforce culture

Short (April 2020 to March 2021)
- Development of Clinical Research Adviser posts
- Development of structured research offer for retirees and part-time staff thorough CLASS

Medium (April 2021 to March 2023)
- Implementation of Clinical Research Adviser posts
- Launch of formal research offer as part of retirement planning package
- Development of research mentoring programme
- Scoping of how research can be included in appraisal and job planning

Long (April 2023+)
- Evaluation of Clinical Research Adviser posts
- Embedding of research into appraisal and job planning
- Research career opportunities promoted as positive reason to join LCH through recruitment routes

Patients and communities

Short (April 2020 to March 2021)
- Refinement of the Patient Experience Survey (PRES)

Medium (April 2021 to March 2023)
- Increased participation in PRES from all research active services

Long (April 2023+)
- Friends and Family test to incorporate a question about participation in research

Partnerships

Short (April 2020 to March 2021)
- Scoping of additional academic clinical posts

Medium (April 2021 to March 2023)
- Appointment of additional Clinical Academic posts
- Scoping of existing primary care research infrastructure and opportunities for development

Long (April 2023+)
- Evaluation of Clinical Academic posts
- Development of joint LCH/Leeds GP Confederation Research Office
- Establishment of research partnership with social care

Sustainability

Short (April 2020 to March 2021)
- Identification of potential non-NHS partners to offer research management studies to
- Evaluation of ‘Green Shoots’ physio pilot with MSK Service & scoping of further areas for ‘Green Shoots’ funding

Medium (April 2021 to March 2023)
- Development of research management service offer

Long (April 2023+)
- Implementation of research management service offer

Appendix 2
Glossary of abbreviations and organisations

AHPs	**Allied Health Professionals** – The term for clinical professionals who usually deliver therapy services such as Occupational therapists, Physiotherapists, Podiatrists, Dieticians etc.
AMRC	**Association of Medical Research Charities** – A grouping of the larger charities who fund medical and health research
ARC	**Applied Research Collaborations** – Newly devised and funded collaborations of academic and health organisations who are funded to develop and deliver applied health/social care research. Applied research is research that is directly applicable to the delivery of health or social care.
AUPC	**St Gemma's Academic Unit of Palliative Care** – A research unit of University of Leeds School of Medicine
CAMHS	**Child and Adolescent Mental Health Service**
CI	**Chief Investigator** – The investigator/researcher who leads a large study
Co-I	**Co- Investigator** – A researcher who joins with chief and principle investigators to collaborate on the delivery of a study
CLASS	**Clinical And Support Service** - Leeds Community Healthcare NHS Trust's temporary Staff bank
CRN	**Clinical Research Network**- Part of the NIHR responsible for ensuring delivery of clinical research studies. The CRN is organised into 15 regional organisations across England. LCH is part of the Yorkshire and Humber CRN
CRO	**Contract Research Organisation** – Usually commercial organisations who undertake to deliver clinical research studies on behalf of third parties such as pharmaceutical organisations
ELSIE	Leeds Community Healthcare's Intranet pages
HR	Human Resources
LAHP	**Leeds Academic Health Partnership** a partnership of Universities, NHS Trusts and other Statutory health organisations in the City of Leeds.
LCH	**Leeds Community Healthcare NHS Trust**
HEE	**Health Education England** – The organisation in charge of strategically supporting and leading workforce development within the NHS in England
NICE	**National Institute for Clinical Excellence**
NIHR	**National Institute for Health Research** - The government funded agency which funds and organises delivery of Health and social care research, leading national strategic research delivery.
NHS	**National Health Service**
NHSE	**NHS England –** Organisation taking the strategic lead for England's NHS services
PI	**Principle Investigator** – The site specific lead investigator of a study who has responsibility for the delivery of a study at a specific site or organisation

PIC sites	**Patient Identification Centre sites** – a term used to refer to organisations who support the identification of potential research participants
“Portfolio” Research	Research that is on the CRN portfolio is funded research which qualifies for service support from the NIHR
PRA	**Patient Research Ambassador** – A patient or carer who has been recruited to an NHS Trust support the delivery and promotion of research
Public Health England	**Public Health England**
PRES	**Patient Research Experience Survey** – An annual survey undertaken within NHS Trusts to assess the experience of patients who participate in research
REF	**Research Excellence Framework** - The exercise measuring research performance in Universities.
R&D	Research and Development
SOPs	**Standard Operating Procedures** - Document specifying the process for undertaking procedures of most types.
West Yorkshire and Harrogate Health and Care Partnership	A partnership of NHS organisations, local councils, local care providers, voluntary groups and national NHS bodies from 7 areas across West Yorkshire and Harrogate, who are working together to plan and deliver health and social care to the population of the area. This group is also sometimes referred to as the “**STP**” or “Sustainability and Transformation Partnership“ or the **Integrated Care System**

Leeds Community Healthcare NHS Trust

Agenda item
2019-20
(112)

Version 9: 14 January 2020

Topic	Frequency	Lead officer	4 October 2019	6 December 2019	7 February 2020	27 March 2020	27 May 2020	7 August 2020
Preliminary business								
Minutes of previous meeting	every meeting	CS	X	X	X	X	X	X
Action log	every meeting	CS	X	X	X	X	X	X
Committee's assurance reports	every meeting	CELs	X	X	X	X	X	X
Patient story	every meeting	EDN&AHPS	X	X	X	X	X	X
Quality and delivery								
Chief Executive's report	every meeting	CE	X	X	X	X	X	X
Performance Brief	every meeting	EDFR	X	X	X	X	X	X
Perfomance Brief: annual report	Annual	EDFR					X	
Significant risks and risk assurance report	every meeting	CS	X	X	X	X	X	X
Care Quality Commission inspection reports	as required	EMD						
Quality account	annual	EDN&AHPS					X	
Mortality report	annual	EMD					X	
Staff survey	annual	DW				X		
Safe staffing report	2 x year	EDN&AHPS			X			X
Seasonal resilience	annual	EDO	X CE's report					
Serious incidents report	4 x year	EDN&AHPS		X	X		X	X
Patient experience: complaints and incidents report	2 x year (six monthly Dec annual August)	EDN&AHPS		X Six monthly report				X Annual report
Freedom to speak up report	2 x year	CE		X				X Annual report
Guardian for safe working hours report	4 x year	EMD		X	X		X Annual report	X
Strategy and planning								
Organisational priorities position paper	3 x year	EDFR	X			X 2020-21	x 2019-20 End of year report	
Service strategy	as required	EDFR	X Patient engagement strategy					
Digital Strategy	2x year	EDFR		X			X	
Engagement Strategy	2 x year (Mar &Oct from 2020)	EDN&AHPS				X		
Quality Strategy	annual	EDN&AHPS				X		
Workforce Strategy	every meeting from May 2019	DW	X Wellbeing	X Diversity and inclusion	X Integration and Partnership	X Proactive Analytics	X	X Resourcing
Research and development strategy	annual	EMD	Deferred to December	Deferred to February 2020	X			X
Governance								
Medical Director's report: doctors' revalidation	annual	EMD					X b/f prev August	X
Nurse and AHP revalidation	annual	EDN&AHPS						X
Well-led framework	as required	CS						
Annual report	annual	EDFR					X	
Annual accounts	annual	EDFR					X	
Letter of representation (ISA 260)	annual	EDFR					X	
Audit opinion	annual	EDFR					X	
Audit Committee annual report (part of corporate governance report)	annual	CS					X	
Standing orders/standing financial instructions review (part of corporate governance report)	annual	CS					X	
Annual governance statement (part of corporate governance report)	annual	CS					X	
Going concern statement (part of corporate governance report)	annual	EDFR				X		
NHS provider licence compliance	annual	CS					X	
Committee terms of reference review	annual	CS					X	
Board and sub-committee effectiveness	annual	CS					X	
Register of sealings	annual	CS					X	
Declarations of interest/fit and proper persons test (part of corporate governance report)	annual	CS				X		
Corporate governance update	as required	CS						
Reports								
Equality and diversity - annual report	annual (Dec)	DW		X -taken as part of the Workforce Strat				
Safeguarding	annual	EDN&AHPS	X					
Health and safety report	2 x year	EDFR		X -in the performance brief			X	
Infection prevention control annual report	annual	EDN&AHPS	X					
Additional items								
West Yorkshire Mental Health Services Collaborative	as required	CE		X	X			
Leeds Providers Integrated Care Collaborative - Committees in Common	as required	CE						
Leeds Community Healthcare/Leeds General Practice Confederation - Committees in Common	as required	CE						
CAMHS Tier 4 - Building - New Care Models	as required	EDFR		X				
West Yorkshire and Harrogate Health and Care Partnership (Formerly STP)	as required	CE						

Key

CE	**Chief Executive**
EDFR	**Executive Director of Finance and Resources**
EDN	**Executive Director of Nursing**
EDO	**Executive Director of Operations**
EMD	**Executive Medical Director**
DW	**Director of Workforce**
CELs	**Committees' Executive Leads**
CS	**Company Secretary**

= received
= deferred to another meeting
= not required

Leeds Community Healthcare NHS Trust

Agenda item 2019-20 (113a)

Audit Committee

Boardroom, Stockdale House, Headingley Office Park,
Victoria Road, Leeds, LS6 1PF
Friday 18 October 2019
9.00am–11.15am

Present:	Jane Madeley (JM)	Chair, Non-Executive Director
	Richard Gladman (RG)	Non-Executive Director
	Professor Ian Lewis (IL)	Non-Executive Director
In Attendance	Bryan Machin	Executive Director of Finance and Resources
	Diane Allison	Company Secretary
	Clare Partridge	External Audit Partner (KPMG)
	Tim Norris	Internal Audit Manager (TiAA Limited)
	Beric Dawson	Counter Fraud Specialist (TiAA Limited)
Apologies:	Peter Harrison	Head of Internal Audit (TIAA)
	Matthew Moore	External Audit Manager (KPMG)
Minutes:	Liz Thornton	Board Administrator

Item	Discussion Points	Action
2019-20 (34)	**Welcome, introductions and preliminary business** The Chair welcomed members and attendees.	
2019-20 (34a)	**Apologies** Apologies were noted from Peter Harrison (TIAA) and Matthew Moore (KPMG).	
2019-20 (34b)	**Declarations of interest** Prior to the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Committee members. There were no declarations of interest made in relation to any items on the agenda.	
2019-20 (34c)	**Minutes of the previous meeting: 1 August 2019** The minutes of the meeting held on 1 August 2019 were reviewed and agreed as an accurate record.	
2019-20 (34d)	**Actions' log** The Chair asked that verbal updates be given on the actions agreed at the previous meeting: *Item 24a: Equality and Diversity internal audit report - rationale behind recommendations' implementation timetable:* the Executive Director of Finance and Resources agreed to provide an update to members by e-mail following the meeting. *Item 24b: Internal audit recommendations update* - the Executive Director of Finance and Resources advised that he had reminded responsible directors about	

	the importance of implementing all internal audit recommendations by their agreed due date. *Item 25b: External audit technical update - KPMG report 'creating a culture of experience in healthcare':* Executive Director of Finance and Resources reported that he had received a copy of the report and would circulate it to members following the meeting. *Item 28a: Board assurance framework - risk assigned to the Quality Committee:* Non-Executive Director (IL) reported that he had met with the Company Secretary to review the sources of assurance and the BAF had been amended to reflect the outcome of that discussion. *Item 28b: Risk management update* – the Company Secretary reported that the Operations Support Manager was co-ordinating a specification for procurement for a risk assessment software system, based on the needs of Health and Safety, risk, security and fire (and possible IPC). The Company Secretary said that an initial scan of the market had identified one particular system of interest but the cost meant that it was likely to be subject to a procurement process. She added that the Trust's Health and Safety Group had been tasked with an action to progress this and that it would form an integral part of the Health and Safety Executive improvement action plan. There were no other matters arising from the minutes.	
2019-20 (35a)	**Internal audit** **Summary of internal controls assurance report** The Internal Audit Manager introduced the report and advised that four audits had been completed: Budgetary Controls and Cost Improvement Plans, Conflicts of Interest, Professional Medical Assurance and GDPR. The Committee discussed the executive summaries and management actions for each audit included in the report. *Budgetary Controls and Cost Improvement Plans* This audit had been determined as **reasonable assurance** with two important recommendations relating to the development of a formal feedback mechanism to maintain and improve the service and a long term programme of efficiencies that aligns with the Trust's long term plan ambitions. In response to a question from a Non-Executive Director (RG), the Executive Director of Finance and Resources said that a group had already been established to align efficiencies with the Trust's long term plan ambitions. In response to a question from a Non-Executive Director (IL), the Internal Audit Manager confirmed that a Quality Impact Assessment had been included as part of the audit process and auditors were assured by the processes in place and no recommendations had been made in this area. *Conflicts of interest* The audit had been determined as **reasonable assurance** with four important recommendations relating to broadening the categorisation of decision making staff, embedding the Conflicts of Interest Policy in the Trust, showcasing at key forums and aligning sponsorship principles with the Conflict of Interest requirements.	

	In response to a question from Non-Executive Director (RG), the Executive Director of Finance and Resources advised that currently 20 individuals were identified as decision making staff and were asked to make an annual declaration. He added that the Senior Management Team (SMT) would be reviewing the number of decision making staff against the definition in the policy to decide if the categorisation of such staff needed to be clarified or extended. The Chair of the Committee was concerned about the extended timescales for implementing some of the recommendations which she suggested could be achieved more quickly than the five to six months proposed in the report. *Professional Medical Assurance* The audit had been determined as **reasonable assurance** with two important recommendations relating to a review of the Appraisal Policy and Guidance for Consultants and Speciality Doctors and Associate Specialists (SAS) and ensuring that all doctors and dentists had a current and fit-for-purpose job plan. The Committee discussed the audit findings and were satisfied that the professional assurance processes for doctors and dentists were well embedded and working as intended in the Trust and that plans were in place to address the two recommendations identified by the audit. No questions were raised. *GDPR* The audit had been determined as **substantial assurance**. The Committee noted that the review had evidenced that the Trust had a robust framework in place to ensure ongoing compliance of the Data Protection legislation including appropriate policies, procedures and guidance. There were no recommendations made from the audit. The Committee reviewed progress to date against the Annual Plan for 2019/20. The Chair of the Committee noted that a significant number of audits were on schedule for completion in quarter 3 and she asked the Internal Audit Manager to ensure that as many reports as possible were presented to the Committee at its meeting in January 2020 to avoid a backlog in spring 2020. **Outcome:** The Committee noted the contents of the summary internal controls assurance report, including the outcome of four audits.	
2019-20 (35b)	**Internal audit recommendations update** The Executive Director of Finance and Resources introduced the report and the Committee discussed the ten recommendations not completed by their due dates and the proposed revised dates for completion. Two overdue recommendations related to the 2017/18 Data Quality 2 audit – waiting lists and loaned IT devices and had proposed revised dates for completion of 31 December 2019. The Executive Director of Finance and Resources explained that the revised dates for completion were linked to the Trust's new contract with O2 which included the provision of a Mobile Device Management System (MDM). He said that the implementation of the MDM was planned for 31 October 2019 and this would allow an assessment of the existing devices to be made. The Committee also discussed the two overdue recommendations and management comments relating to the audit of complaints management completed in 2018/19 which both had an original due date of 31 March 2019 and proposed new deadlines of 31 October 2019 and 31 December 2019 respectively.	

	In response to a question from the Chair of the Committee, the Executive Director of Finance and Resources confirmed that the Datix system had been updated on 1 October 2019 to make it more effective. The Chair of the Committee asked that responsible directors were asked to provide updates against each internal audit recommendation more succinctly to provide the Committee with a more effective summary of progress. **Action: Executive Director of Finance and Resources to remind responsible directors about the importance of providing more succinct reports on the progress against overdue recommendations.** **Outcome:** The Committee noted the status report.	**Executive Director of Finance and Resources**
2019-20 (36a) **2019-20** (36b)	**External audit** **External audit technical update** The External Audit Partner introduced the monthly health sector update for information. There were no significant matters to draw attention to. The Committee noted that the DHSC group accounting manual (GAM) had been updated and received assurance that the changes would be reviewed by the Finance Team. The Company Secretary referred to the GAM and asked for the Committee's support in restructuring the Trust's annual report in line with the suggested structure provided in the GAM. The Company Secretary outlined the benefits of doing so and the Committee agreed to the request. **Outcome:** The Committee noted the technical update and agreed to the restructuring of the Trust's annual report in line with the suggestion in the GAM. **KPMG payroll ESR review** The ~~Internal~~ External Audit Partner introduced the report on the NHS Payroll ESR Review. She explained that as part of the audit fieldwork for 2018/19 a data analytics of the payroll data for the whole of year had been conducted. The Committee discussed the overall findings and conclusions from the review and noted the follow up actions undertaken by the Trust. **Outcome:** The Committee noted the report which provided in depth assurance that the controls and procedures within the payroll processes were working effectively.	
2019-20 (37)	**Counter fraud progress report 2019/20** The Counter Fraud Specialist presented the annual report which summarised counter fraud activity since April 2019. The Committee discussed the commentary contained in the 'Prevent and Deter' section of the report, which related to the risks associated with Bank Mandate Fraud. The Counter Fraud Specialist explained that a review of the controls in place to prevent the risk of mandate fraud specific to the Trust had been undertaken and a draft report had been issued. The Committee Chair noted that one low level recommendation had been made as	

	a result of the review relating to the verification of receipt of payments with new suppliers or accounts and asked for clarification as to whether the Trust had accepted the recommendation. **Action: The Executive Director of Finance and Resources agreed to clarify whether the Finance Team had accepted and were acting on this recommendation.** The Committee discussed the results of TIAA's Counter Fraud cross Trust review of Consultant Job Planning at 11 NHS provider Trusts. The Committee Chair asked how the Trust planned to develop controls in this key area. The Executive Director of Finance and Resources explained that a report on how the Trust would develop controls in this area would be included in the next Counter Fraud Progress Report. The Chair of the Committee thanked the Counter Fraud Specialist for his report. **Outcome:** The Committee received and noted the progress report for 2019/20.	**Executive Director of Finance and Resources**
2019-20 (38a) **2019-20** (38b)	**Information Governance** **Data security and protection toolkit baseline assessment** The Executive Director of Finance and Resources introduced the report and reminded members that the assurance requirements for the 2019-20 toolkit consisted of a 2 stage external reporting process to NHS Digital: a baseline report on the 31 October 2019 and a final submission on the 31 March 2020. The report presented to the Committee was intended to provide assurance that the Trust had assessed its current position with the 10 Data Standards with 11 assertions out of 40 reporting as compliant. An improvement plan had been developed to ensure compliance with the remaining 29 assertions by 31 March 2020. The Committee reviewed the DSPT Assertion and Sub-Assertion compliance table. Member expressed concern about the 29 assertions currently non-compliant. The Committee Chair observed that many of the assertions were not new and she suggested that it should be relatively simple for the Trust to achieve compliance quickly. **Action: The Executive Director of Finance and Resources agreed to provide an updated report on compliance to the Committee in January 2020.** The Committee discussed the concerns identified in the report which might affect the Trust's ability to meet full compliance by 31 March 2020; in particular the fact the Trust did not have a cyber security specialist within the organisational structures. The Executive Director of Finance and Resources reported that a process was underway to recruit the services of a cyber security trained specialist but if as result of the process the Trust was not able to appoint a suitable candidate then a separate procurement exercise would have to be considered. **Outcome:** The Committee approved the Data Security and Protection Toolkit Baseline Assessment for submission to NHS Digital for 31 October 2019.	**Executive Director of Finance and Resources**

	Information Governance Group Terms of Reference for approval The Executive Director of Finance and Resources presented the updated terms of reference for the Information Governance Group. The Committee reviewed the membership of the Information Governance Group and suggested that to enhance the level of discussion and challenge the number of independent members should be increased. **Outcome:** The Committee received and approved the updated terms of reference for the Information Governance Group as presented, subject to the suggested review of membership.	
2019-20 (39a) **2019-20** (39b)	**Financial controls** **Losses and special payments report** The Executive Director of Finance and Resources introduced the report which covered payments made between July and September 2019. **Outcome:** The Committee noted the report. **Tenders and quotations waiver report** The Executive Director of Finance and Resources introduced the report which presented an extract from the 2019/20 register and showed that a total of six waivers had been completed since the last report to the Audit Committee. In response to a request by the Chair of the Committee the Executive Director of Finance and Resources agreed to check whether any of the contractors were subject to the IR35 tax legislation. **Action: The Executive Director of Finance and Resources to check whether any of the contractors could be subject to the IR35 tax legislation.** The Committee discussed the most significant tender value on the register relating to 'Storm Creative'. The Committee Chair asked if more detail could be provided about the initial tender process, whether the contract was 'open-ended' and if an assessment of whether it delivered value for money had been undertaken. **Action: The Executive Director of Finance and Resources to request that more narrative about the nature of the Storm Creative contract is included in the next Tender and Quotations waiver report to the Committee.** The Chair of the Committee suggested that the report should be reformatted and split into suppliers and contractors. **Action: The Executive Director of Finance and Resources to request that the report be reformatted and split into suppliers and contractors for future meetings.** **Outcome:** The Committee noted the report.	**Executive Director of Finance and Resources** **Executive Director of Finance and Resources** **Executive Director of Finance and Resources**
2019-20 (40)	**Governance** **Standards of partnership governance** The Company Secretary introduced the report which presented the draft standards expected for partnership governance arrangements and the process to support the application of the standards. She reminded members that in April 2019 the Committee had requested additional work on the standards including: an indication of the in contract development and agreement of when the standards should be	

	introduced and applied; some indication of which standards would apply depending on partnership complexity; and some additional information to be included in the quality governance standard. The Committee discussed the updated standards, process map, clinical governance mobilisation framework and the responsibilities for the management of sub contracts. A Non-Executive Director (IL) commended the document but expressed some remaining concerns about the clinical governance arrangements described in Standard 10 and how they would work in practice. He said that more clarity was required in terms of the clinical responsibility for patient pathways. It was agreed that this standard should be reviewed further and discussed in more detail by the Quality Committee. **Action: Standard 10: Clinical accountability to be reviewed and discussed with the Chair of the Quality Committee.** The Committee also requested additions to the draft document including amendments to the wording around the level of governance arrangements required depending on partnership complexity and the addition of an escalation process up to director level for when there were concerns about the management of contracts. The Committee agreed that subject to these amendments, it was satisfied that the document could be presented to the Board for approval in December 2019. **Outcome:** Subject to the observations and additions set out above the Committee agreed that the document could be presented to the Board for approval in December 2019.	**Company Secretary**
2019-20 (41)	**Committee's Workplan** There were no items removed or changes made to the workplan.	
2019-20 (42)	**Minutes of noting** **Information Governance Group: 18 June 2019** The minutes were noted and no questions were raised. The Executive Director of Finance and Resources provided a brief verbal update on the matters discussed at a meeting of the Information Governance Group on 17 October 2019. The Group had discussed the development of a protocol for the approval and use of new apps which the Trust might implement. The Committee discussed the development of the protocol and how the group would consider the clinical implications related to the use of any new Apps. The Committee asked the group to produce an assurance report following each meeting to ensure that issues were reported, reviewed and discussed in relevant forums and committees across the Trust. **Action: The Executive Director of Finance and Resources to ensure that the Information Governance Group produce an assurance report following each meeting to ensure that that issues are reported, reviewed and discussed in relevant forums and committees across the Trust.**	**Executive Director of Finance and Resources**
2019-20 (43)	**Matters for the Board and other committees** The Chair noted the following items to be referred to Board colleagues:	

	• Progress against the 2019/20 audit plan • Data security and protection toolkit baseline assessment • Standards of partnership governance - draft	
2019-20 (44)	**Any other business** No matters of any other business were raised.	
	Date and time of next meeting Friday 10 January 2020 9.00-11.30 am Boardroom Stockdale House Leeds LS6 1PF Stockdale House Leeds LS6 1PF	

NHS
Leeds Community Healthcare
NHS Trust

Quality Committee
Monday 25 November 2019
Boardroom, Stockdale House, Leeds
09:30 – 12:30

AGENDA ITEM 2019-20 (113b)

Present	Professor Ian Lewis	Committee Chair
	Neil Franklin	Trust Chair
	Helen Thomson	Non-Executive Director
	Thea Stein	Chief Executive (joined by telephone)
	Steph Lawrence	Executive Director of Nursing and Allied Health Professionals (AHPs)
	Dr Ruth Burnett	Executive Medical Director
In Attendance	Sam Prince	Executive Director of Operations
	Sheila Sorby	Assistant Director of Nursing and Clinical Governance
	Elaine Goodwin	Clinical Lead for Specialist Services
	Helen Rowland	Clinical Lead for Children's Services
	Caroline McNamara	Clinical Lead, Adult Services
	Debra Gill	Head of Service, 0-19 Service (Item 61)
	Jill Walker	Service Manager, 0-19 Service (Item 61)
	Sarah Cooke	0-19 Change Lead (Item 61)
	Charlene Stapleton	PA to Head of Service & Service Managers for 0-19 Leadership Teams
Observing	Mandy Young	Portfolio Lead for Specialist Services
Minutes	Lisa Rollitt	PA to Executive Medical Director
Apologies	Diane Allison	Company Secretary
	Carolyn Nelson	Head of Medicines Management
	Suzanne Slater	Clinical Governance Manager

Item no	Discussion item	Actions
Welcome and introductions		
2019-20 (60a)	**Welcome and Apologies** The Committee Chair opened the meeting and welcomed attendees. The group introduced themselves. Apologies were received from the Company Secretary, the Clinical Governance Manager and the Head of Medicines Management.	
2019-20 (60b)	**Declarations of Interest** Prior to the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Committee members. The Chair asked if there were any additional interests. There were no additional declarations of interest received.	
2019-20 (60c)	**Minutes of meeting held on 21 October 2019** The minutes were reviewed for accuracy and agreed as a true record of the meeting.	

2019-20 (60d)	**Matters arising and review of action log** The Committee Chair referred to item (53), Specialist Business Unit workshop – Integrated pathway Sexual Health. It was acknowledged that the Care Quality Commission (CQC) had recommended the service showcase the service changes nationally. The Committee Chair asked how this was to be approached. The Executive Director of Operations confirmed that the service were showcasing their work through award submissions and would be happy to work with any services that may have similar challenges. <u>Item (25c) Outcome measures update</u> It was confirmed that the action was on the agenda and the Committee agreed that the action was complete. <u>Item (42c) Duty of Candour update</u> The Executive Director of Nursing and AHPs informed the Committee that the Duty of Candour process had been updated and would be brought to the Committee in January 2020. The Committee agreed that the timescale would be amended and this is within the action log. <u>Item (42d) CAMHS Inpatient Unit: NHS England Quality Monitoring Visit Action Plan</u> It was confirmed that the action was on the agenda and the Committee agreed that the action was complete. <u>Item (54) National Patient Safety Strategy</u> The Assistant Director of Nursing and Clinical Governance confirmed that an update was included in the Clinical Governance report and proposed to bring a defined action plan to the Committee in March 2020. The Committee agreed to the proposal and this is within the action log. <u>Item (55c) Clinical Governance report (Children's Clinical Lead section)</u> It was confirmed that the action was on the agenda and the Committee agreed that the action was complete. It was agreed that all completed actions would be removed from the action log.	
2019-20 (61a)	**Quality Spotlight: 0-19 service mobilisation** Debra Gill (Head of Service, 0-19 Service), Jill Walker (Service Manager, 0-19 Service) and Sarah Cooke (0-19 Change Lead) joined the meeting and gave a presentation detailing the journey and learning that came from the mobilisation and transition into the new 0-19 Public Health Integrated Nursing Service (PHINS). The Trust Chair referred to staff development and asked how comfortable the staff that formerly worked with 0-5 years within the school nursing service felt in relation to the changes. The Head of Service reported that implementation of the new model was a challenge however there had been positive staff engagement from the bid stage, and this is still ongoing. There has been a proposal to commissioners that where families had more complex needs, their Health Visitor would assist with the transition into school by delivering the service to Key Stage 1 (age 7). It was also noted that they were investigating how to showcase the service and share learning in order to deliver the best packages of care. The Executive Director of Operations asked how improvements would be recognised by the Public. The Clinical Lead for Children's Services stated that	

	there was a strong patient engagement and experience thread within the PHINS service and that there was an involvement champion in each team. The service is building on the Friends and Family Test (FFT) which only collects very basic data and which had focused on mobilisation in the first year, but was now looking at the impact of the service and how to gain feedback on this. The Committee Chair spoke about the service Key Performance Indicators (KPIs) and asked if these reflected real improvements in child health against national outcomes expected over the next 5 years. The Executive Medical Director referred to the children's goal based outcomes stating that there was still a need to identify contributions to clinical outcome measures. The Executive Director of Operations asked the Committee to consider how service evaluation could focus on key clinical and population based and public health outcomes in order to evidence improvement. The Executive Medical Director commented that if the data was not collected now, they would not be able to report the benefit in five years. The Committee agreed that the Service would return to the Quality Committee in 12 months' time to give an update on their progress. Action log prompt added to ensure goal based outcome measures brought back to Quality Committee. The Committee Chair thanked the team for their attendance and presentation.	
Key issues		
2019-20 (62a)	**CAMHS in-patients** The Executive Director of Nursing and AHPs referred to the supporting papers which had been circulated prior to the meeting. The Committee was updated on the unannounced Mental Health Act Care Quality Commission (CQC) inspection to the Child and Adolescent Mental Health Service (CAMHS) at Little Woodhouse Hall (LWH). It was reported that the verbal outcome was very positive and noted the positive changes in care planning within the unit. It was noted that the report is yet to be issued. It was agreed that the Transformation plan would be presented to the Committee in January 2020. **Action: Executive Director of Nursing and AHPs to present transformation proposal plan in January 2020** The Committee noted the current issues and updates: • External governance support has been sourced for CAMHS to begin in December 2019. • Mental Health Act (MHA) process The administration of the MHA will be outsourced to Leeds and York Partnership Foundation Trust (LYPFT) from January 2020. The Committee Chair stated that he felt this would be helpful to have specialist Mental Health Trust support to progress the mental health governance in LCH.	**Executive Director of Nursing and AHPs**
2019-20 (62b)	**CAMHS community** The Executive Director of Nursing and AHPs stated that it was still challenging in community CAMHS. It was reported that the Assistant Director of Nursing	

	and Clinical Governance was leading on engagement in community CAMHS around the CQC action plan. The transformation plan due back to Committee in January 2020 would detail this work. The Executive Director of Operations commented that it was nice to see different professional leads in the CAMHS meetings. The Committee Chair asked about channels of accountability in relation to the transformation plan. The Executive Director of Nursing and AHPs felt that good conversations were ongoing with the services. It was agreed that some staff from the services would attend the January 2020 Committee and would require a briefing of what to expect before the meeting. **Action: Executive Director of Nursing and AHPs to present transformation proposal plan in January 2020 (as above)**	**Executive Director of Nursing and AHPs**
2019-20 (62c)	**Dental** The Committee noted that work to address the action on waiting times was ongoing. The Clinical Lead for Specialist Services confirmed that the risk assessment had been completed and this would be reviewed. It was reported that there were concerns around waiting lists and the challenges with recruitment although it was noted that the dental lead had been recruited. An update would be given to the Quality Committee in January 2020. **Action: Clinical Lead for Specialist Services to provide update to the Committee in January 2020 within the Clinical Leads' report.**	**Clinical Lead for Specialist Services**
2019-20 (62d)	**Action from outcome measures** The Executive Medical Director referred to the paper which had been circulated prior to the meeting, highlighting that the project team was now fully recruited to and that progress was being made. A Non-Executive Director (HT) praised the helpfulness of the paper. The Committee Chair asked about goal based outcomes versus clinical outcomes. He felt that the paper omitted population outcome issues. It was acknowledged by business unit clinical leads that not all outcome measures from all services were reflected within the report and therefore the actual position was improved on the position presented. The Executive Director of Operations reported that outcomes based commissioning was discussed at contract management board and that commissioners' want to move to an outcomes based contract. **Action: Update position paper to be provided in May 2020.**	**Executive Medical Director**
Quality governance and safety		
2019-20 (63a)	**Performance brief and domain reports** The paper which had been circulated before the meeting was noted and the following specific issues were discussed. *Safe domain* The Executive Director of Nursing and AHPs reported that it was expected	

	there would be an increase in avoidable Pressure Ulcers in the next performance brief. The Committee Chair queried if the performance brief was required every month and the committee agreed they were happy to receive the briefs quarterly with exception reporting in between. The Trust Chair suggested that the agenda setting meeting should identify key issues for escalation that need to be brought before the Committee. Where escalations are required, it was agreed that a brief paper would be provided. It was agreed that the Executive Director of Operations would discuss this change in business committee. *Caring domain* The Executive Director of Nursing and AHPs asked the Committee for approval to report FFT data six monthly as this would be more meaningful than the small numbers reported monthly. The Committee agreed to the proposal. *Responsive domain* The Trust Chair referred to a recent service visit to ICAN. Noted was a paediatric patient who had waited many months for physiotherapy. The Trust Chair reported there were clear benefits and progress seen during the appointment but his observation was that, particularly for children the delay to be seen has potentially significant unintended consequences. It was mentioned that 18 week waits for children with additional needs seemed generous however this was not ideal and that a more efficient approach was required. The Executive Director of Operations acknowledged that waiting times in ICAN are of particular concern. Director of Operations provided an update to Quality Committee of where the service was with the Integrated Design Office (IDO) rapid improvement work and the positive impact this is expected to have in relation to waiting times	
2019-20 (63b)	**Neighbourhood team triangulation report** This paper was presented for the first time at Quality Committee. It noted that capacity and demand had largely remained stable alongside improvements in recruitment and retention. However it was identified that variation does exist between teams at any given point in time. The Trust Chair questioned the process for moving capacity to cross cover to address staffing shortages. The Executive Director of Operations confirmed that this is an established process with Neighbourhood teams 'buddying'. Where a team's 'buddy' is unable to provide support this is extended across the city. The Clinical Lead for Adult Services reported that further analysis was taking place in relation to the demand in West 2. The Committee Chair referred to a recent service visit and discussion around the impact on quality of care for patients. The Executive Director of Operations reported that teams prioritise their essential visits against organisational guidance and the Executive Director of Nursing and AHPs reported that every rescheduled visit will become an essential visit and therefore will be undertaken. The Executive Director of Operations agreed to share the essential visits criteria guidance with the Committee. **Action: Essential visits criteria to be circulated** The Committee were asked for suggestions of how the report could provide	**Executive Director of Operations**

	better assurance in future. The Committee agreed that the report should focus on the quality impact of variations in staffing and a pro-active audit of rescheduled visits would be appropriate with other quality issues being presented in future quarterly reports. **Action: Quarterly report to be added to work plan for Quality Committee to include quality impact**	**Executive Director of Nursing and AHP**
2019-20 (63c)	**Clinical governance report** Escalations from the report were received by the Committee. The Executive Director of Nursing & AHPs reported that the senior team would be undertaking monthly clinical days from January 2020 to improve visibility and support to clinical colleagues. *Adult Business Unit* The Committee noted that it was the first day of the Leeds Virtual Frailty Ward. The Chief Executive asked about whether the LCH night nursing team were involved. The Clinical Lead for Adult Services identified that they would be involved, and patients would have their input in the course of the evening and overnight if needed. *Specialist Business Unit* It was reported that the Specialist Business Unit were reviewing the risk assessment around the Dental waiting list times and that this would be on the Risk Register next week. The Trust Chair acknowledged the waiting times and requested that this be monitored. A Non-Executive Director (HT) questioned the low clinical supervision rate reported within SBU. The Clinical Lead for Specialist Services stated that this would be raised at the Senior Operations performance panel and whilst there are a number of reasons, it was also acknowledged that there was not the confidence in the Business Intelligence data whilst individuals are being aligned correctly to services. It was reported that a piece of work is being undertaken to understand the reason around the data anomalies and the Clinical Lead for Specialist Services provided reassurance that supervision levels were good on local data. *Children's Business Unit* The Clinical Lead for Children's Services provided an update on the progress of the Youth Board who are now looking at increasing their profile, recruiting more members and to progress a "take-over" challenge in 2020. Work is also progressing with the CCG around road safety.	
2019-20 (63d)	**Risk register report** The paper highlighted a number of new risks which had been added to the risk register. It was noted that all eight new risks have potential implications on quality. All new risks were discussed and agreed that appropriate mitigation was in place and recorded. Additional discussion around four of the risks was reflected below: Risk 984 – Six week waiting list breach risk in children's audiology The Trust Chair raised concerns in relation to capacity. The Executive Director of Operations updated that this was a small team and therefore if one audiologist was absent, this would significantly impact on activity and therefore	

	waiting lists. Risk 985 – Deprivation of Liberty for 16 and 17 year olds The Executive Director of Nursing and AHPs confirmed that the implications of the national change were being reviewed by the Named Nurse for Safeguarding. The Executive Medical Director identified this had implications wider than just Hannah House. Risk 987 – Cardiac team non-compliance with 2 week wait for initial assessment and review The Clinical Lead for Specialist Services confirmed that the risk score was incorrect and should be 9 not 12. Funding had been established and recruitment to the team was reported to be underway. Risk 991 – Primary Care reduced staffing levels - Wetherby YOI and Adel Beck The Clinical Lead for Specialist Services reported that the risk was being monitored and that new staff would be in post in December 2019. It was noted that there appeared to be a trend between the highlighted risks such that workforce (either recruitment/retention or sickness absence) was cited as a factor for all. The Executive Director of Operations explained that the risks were very different in their situations, and that whilst this might appear to be a common theme, she did not feel that was really the case. The Committee Chair suggested that Executive Leads should take a more detailed approach to ensuring that the content of risks and mitigations truly articulated the situation they reference.	
2019-20 (63e)	**Standards of partnership governance clinical accountability** The paper was presented with a proposed addition of a section on clinical accountability to the draft Standards of Partnership Governance as requested by Audit Committee. The Committee approved the added paragraph.	
2019-20 (63f)	**Mortality report** The Committee accepted the increasingly comprehensive and robust nature of the information provided. The Executive Medical Director highlighted the recent mortality information and identified a recurrence of the challenges of obtaining timely and accurate data required for the mortality reviews. The Committee heard how discussions had been held to resolve this between clinical and business intelligence colleagues. It was noted that work with other partners continued to refine processes and learning, particularly with LTHT at present. A discussion took place in relation to the Children's Mortality Group which had not met since May 2019. The Executive Medical Director reported that all Child deaths were subject to a comprehensive review as part of city-wide systems. However work was underway in Quarter 3 to ensure that internal processes were robust and would be reflected in the next mortality report.	
2019-20 (63g)	**Guardian for Safe Working Hours** The paper was received and approved by the Committee, who agreed the recommendations to support the Guardian for Safe Working Hours and Deputy Medical Director in discussion with LTHT to improve the training experience for	

	paediatric trainees. The Committee also recognised the work underway to engage trainee doctors and dentists within the Trust.	
2019-20 (63h)	**Freedom to Speak Up update report** The report was received and approved by the Committee.	
2019-20 (63i)	**Board members' service visits** **i) Alignment with Quality Challenge+** It was agreed that some of the required one to one discussions were yet to take place and the discussion would be brought back to January Committee. **Action: Proposal for Board member service visits and Quality Challenge+ to be brought back to January Quality Committee** **ii) Visits report** The Committee noted the report from the Trust Chair's visit to ICAN North Hub.	**Executive Medical Director**
Clinical effectiveness		
2019-20 (64a)	**Patient group directions (PGDs)** The report was received and noted by the Committee. Both of the PGDs were ratified.	
2019-20 (64b)	**NICE guidance compliance update** The report was presented by the Executive Medical Director and provided an update on the 70 relevant National Institute for Health and Care Excellence (NICE) guidance documents issued between April 2016 and March 2019. The Committee were asked to agree to no longer receive updates relating to implementation of guidance published during 2016/17 as full compliance with all relevant recommendations had been achieved by all services. The Committee agreed, however the Committee Chair requested that these be included in an audit to ensure compliance is tracked and met. The Committee Chair questioned whether the services still working towards 2017/18 full compliance (> 2 years since publication) was an issue for the Children's Business Unit as site of 5 of the 7 outstanding areas. The Clinical Lead, Children's Services stated that it was in progress and that all services would be compliant. **Action: Executive Medical Director to ensure audits of existing NICE guidance are reflected within annual audit plans via Clinical Effectiveness Group**	**Executive Medical Director**
2019-20 (64c)	**Clinical audit plan update** The paper was presented summarising Q1 and Q2 2019/20 data as an improved position on the previous year. The Executive Director of Nursing and AHPs informed the Committee that it was National Clinical Audit week and the first LCH Clinical Audit Plaudit was taking place on 26 November 2019.	

	The Clinical Lead, Adult Services asked the Committee to acknowledge the support from the Audit and Effectiveness Team. The Committee concluded that future reports would benefit from having more examples of learning and improvements to provide further assurance. A Non-Executive Director (HT) asked about the number of audits recorded as abandoned. The Executive Medical Director explained this was discussed in the Clinical Effectiveness Group (CEG) and these were the audits which were identified during the initial review / screening stage as unjustified for the service to undertake. It was agreed to reconsider the terminology of 'abandoned' which suggested they were started and stopped prematurely.	
2019-20 (64d)	**Internal audit report – compliance review of professional standards** The Committee noted the paper and requested the potential for a wider assurance audit across all professional disciplines be brought to the attention of Audit Committee. **Action: Executive Medical Director to feedback to Internal Audit Manager**	**Executive Medical Director**
Patient experience		
2019-20 (65a)	**Patient Experience and Engagement update** The report was presented by the Executive Director of Nursing and AHPs. The Committee Chair commented that the paper gave more perspective than the Performance Brief. The Committee agreed that the report was a useful synthesis of performance in providing assurances around specific areas of quality. It was noted that a number of 'avoidable' Unstageable Pressure Ulcers were included within the report yet these were not reflected in monthly reports and that this would be resolved. The Committee Chair queried if only avoidable Unstageable Pressure Ulcers were investigated. The Executive Director of Nursing and AHPs confirmed that all Pressure Ulcers were investigated in the same way to determine avoidability. The Committee Chair asked how room for improvement was identified. The Executive Director of Nursing and AHPs reported that learning from all serious incidents was taken whether avoidable or not. The Assistant Director of Nursing and Clinical Governance clarified that the confirmation of avoidable or unavoidable rating would only be given after the investigation had taken place. The Executive Director of Nursing and AHPs reported that a thorough review of processes was being undertaken. Three incidents had been identified that should have been StEIS reported, but had not been in the expected timeframe. It was noted that although these had not been correctly reported externally, they had been investigated and learning had been identified and actioned in line with the Trust's processes. The Executive Director of Nursing and AHPs expressed a confidence that these processes would be addressed and improved. The Executive Director of Nursing and AHPs offered to provide all Pressure Ulcer data to future committees. A Non-Executive Director (HT) asked about StEIS reporting for patients who	

	come in to the care of the Trust with a Pressure Ulcer and whether the Trust or the other organisation reports this on StEIS. The Executive Director of Nursing and AHPs confirmed this would be reported by the organisation in which the patient harm had occurred. **Action: Unstageable Pressure Ulcers to be included in future performance brief reports**	**Executive Director of Nursing and AHPs**
Sub group minutes for noting		
2019-20 (66a)	**Mental Health Act Governance meeting: 20 September 2019** The Committee noted that the group were discussing restraints. The Committee agreed that the report on restraints should be included with future minutes.	
2019-20 (66b)	**Mortality Surveillance Group meeting: 15 October 2019** The Committee noted the minutes.	
2019-20 (66c)	**Safeguarding Committee meeting: 24 October 2019** The Committee noted the minutes. It was acknowledged that the actions escalated were being reviewed.	
2019-20 (66d)	**Clinical Effectiveness Group meeting: 31 October 2019** The Committee noted the minutes.	
Committee governance		
2019-20 (67)	**Committee's effectiveness and agenda composition review** It was noted that the review was ongoing.	
Quality Committee work plan		
2019-20 (68a)	**Work plan** The work plan was noted, with nothing to escalate.	
2019-20 (69)	**Matters for the Board and other committees including assurance levels** It was agreed that the Committee Chair would provide an update to the Board at the next meeting on the following: *Recommended for Board approval:* • Quarterly report of the Guardian for Safe Working Hours (Reasonable Assurance) • Freedom to Speak Up Guardian report (Reasonable Assurance) • Patient Group Directions • MHA Governance Group report (accepted with noting of inclusion of discussions around restraint) *Assurance levels:* • CAMHS transformation plan: **Limited** • Outcome measures: **Reasonable** • Performance Brief and Domain reports: **Reasonable** • Neighbourhood Team triangulation report: **Reasonable** • Clinical Governance report: **Reasonable** • Risk Register report: **Reasonable** • Mortality report: **Reasonable**	

	• NICE guidance: **Reasonable** • Clinical audit update: **Reasonable** • Internal Audit of Compliance Review of Professional Assurance (Medical Staff): **Reasonable** • Patient Safety, Experience and Engagement (six monthly report): **Reasonable**	
2019-20 (70)	**Any other business** The Executive Director of Nursing and AHPs reported that a recent MRSA Bacteraemia had been attributed to the Trust. This was being progressed through a serious incident process and would be reported on in due course. Learning had been identified through the post infection review and the serious incident investigation was expected to raise learning across the wider system. The Executive Director of Nursing & AHPs reported that CQC had been made aware of the incident and the delayed StEIS reporting.	
	Dates and times of future meetings (09:30 – 12:30) 27 January 2020 24 February 2020 23 March 2020 27 April 2020 18 May 2020 22 June 2020 27 July 2020 21 September 2020 26 October 2020 23 November 2020	

Leeds Community Healthcare NHS Trust

Agenda Item 2019-20 (113c)

Business Committee Meeting
Boardroom, Stockdale House
Wednesday 26 November 2019 (9.00 am to 12.00 noon)

Present:	Brodie Clark (Chair)	Non-Executive Director (BC)
	Thea Stein	Chief Executive
	Bryan Machin	Executive Director of Finance & Resources
	Sam Prince	Executive Director of Operations
	Helen Thomson	Non-Executive Director (HT)
	Richard Gladman	Non-Executive Director (RG)
Attendance:	Laura Smith	Director of Workforce
	Diane Allison	Company Secretary
Apologies:	None recorded	
Note Taker:	Bridget Lockwood	Business Support Manager (CEO and Chair's Office)

Item	Discussion Points	Action
2019/20 (53)	**Welcome and introductions** The Committee Chair welcomed everyone to the meeting. **a) Apologies**: No apologies to note. **b) Declarations of Interest** Prior to the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Committee members. No additional potential conflict of interest regarding the meeting's agenda were raised. **c) Minutes of last meeting** The public and private minutes of the meeting dated 23 October 2019 were noted for accuracy and approved by the Committee. **d) Matters arising from the minutes and review of action log** The Committee reviewed the action log and the following updates were noted: *Item 2019/20 36(a) – EU exit risk assessment* The Executive Director of Operations informed the Committee that reporting requirements were currently paused and due to resume in January 2020. *Item 2019/20 39(a) – Admin review* The Committee Chair requested an update on the position and how the impact might be felt by staff across the organisation. The Executive Director of Operations responded that the Senior Management Team was to receive position statements in December 2019 and January 2020, and an update was due to the Business Committee in January 2020. The Executive Director of Operations acknowledged that the changes would be felt by some staff. It was likely that turnover would be used to counteract the impact of a change in banding. It was noted that there could be a cost implication for the Trust.	

	Item 2019/20 46(b) – CAMHS Tier 4 business case The Executive Director of Finance and Resources confirmed that a summary had been sent to the Principal Scrutiny Adviser for circulation to members of the Scrutiny Board. The Committee Chair reflected on the session held between Trust Board members and Leeds and York Partnership NHS Foundation Trust the previous evening and the positive collaboration between the two organisations.	
2019/20 (54)	**Service support session ICAN** The Executive Director of Operations delivered a presentation in the absence of the Programme Manager, Major Change Projects. The presentation offered Committee members an opportunity to gain a greater understanding of the ICAN Transformation Programme including its vision, aims and scope. The Committee noted that staff engagement had been a key priority in taking the project forward and one of the outputs of this was shared in the form of a flower shaped diagram which illustrated the aims in delivering 'ICAN Best Possible Care'. The Executive Director of Operations outlined the scope of the programme which covered 300 staff, a budget of £13m and eight services. The programme was due to be implemented by September 2020. Benefits in achieving the aims of the programme included an improvement in waiting times, the elimination of breaches of waiting times, making the most effective use of skill mix within teams, a reduction in DNAs over time, a reduction in unnecessary follow up appointments, a reduction in the length of patient journeys, and improved and effective triage to ensure children see the right clinician first time, every time. The Executive Director of Operations outlined the key workstreams where an integrated design office (IDO) approach had been taken, with rapid improvement three day events which allowed staff to be engaged with the programme. The Executive Director of Operations highlighted the constant theme of staff engagement, with ample opportunities for involvement offered. Champions were identified at the end of each IDO to ensure that staff that had been unable to attend were briefed, along with briefing leaflets to keep staff informed about developments. The Committee noted that a pathway launch had taken place in the last week. Work was also underway to streamline the POST triage administrative process, including the creation of one minute guides and updates to pathways. Progress had been limited on IDO 4, Complex Communication Assistance for 0-5 year olds, partly due to staffing reasons. The rapid EPR workstream had been completed, and the number of other EPR workstreams that underpinned all other workstreams was noted. The Committee Chair asked if the benefits in terms of staff satisfaction, reduced waiting times and more efficient admin processes had been defined in a way that would assist any staff struggling with the proposed changes. The Executive Director of Operations responded that the aim to ensure that children were seen in a timely way by the right clinician defined the benefits of the programme; however, it was acknowledged that a significant cultural change was required within teams in order to achieve this. A Non-Executive Director (RG) asked what anxieties existed amongst staff regarding the project. The Executive Director of Operations responded that the scale of the project was of concern to some, and there was some anxiety around the proposals around skill mixing.	

	A Non-Executive Director (RG) asked if patients, carers and commissioners were involved in the programme. The Executive Director of Operations responded that commissioners had been involved from a strategic point of view. Colleagues from Leeds City Council and schools, along with young people and families had been involved in the SEND workstreams and this would continue. The Chief Executive asked if children and families had been involved in shaping the benefits of the programme. The Executive Director of Operations acknowledged that they had not been involved enough. The Chief Executive asked that the 'I statements' that had been incorporated in the population health management tools used for the citywide frailty workstream be included in the ICAN workstreams. A Non-Executive Director (HT) asked if the teams had been working with Leeds Teaching Hospitals NHS Trust (LTHT) regarding the discharge of children into community settings. The Executive Director of Operations acknowledged that whilst the children's commissioner held quarterly meetings with providers to review pathways, LTHT had not been involved in the IDOs to date, and agreed to consider the inclusion of an LTHT representative in the steering group meeting. The Executive Director of Operations added that work was underway to improve the link between the two clinical systems used by the two trusts however, and further work would be undertaken as part of the EPR workstream. A Non-Executive Director (RG) highlighted the need for the Trust to be involved in the work underway in the Yorkshire and Humber region on sharing datasets. The Committee Chair thanked the Executive Director of Operations for the update, acknowledged the compelling vision of the programme and the significant staff engagement exercise underway. The Committee wished to pass on its encouragement to the Programme Manager and workstream leads. The Committee Chair asked that the 'across partner organisation' data sharing issues be taken forward and the Committee be provided with an update on this and the progress of the overall programme at a future meeting. **Actions:** ICAN transformation programme update to be scheduled for a future Committee meeting and added to the work plan. **Outcome:** The Committee noted the programme update.	**DA**
2019/20 **(55)**	**Project management** **a) CAMHS Tier 4 business case** The Executive Director of Finance and Resources invited questions on the full business case and the joint session held with Leeds and York Partnership NHS Foundation Trust the previous evening. It was noted that the Board would be asked to approve the business case on 6 December 2019. A Non-Executive Director (RG) asked if the Board could consider the business case during purdah. The Company Secretary clarified that where it could be demonstrated that a proposal was for the good of the patient, the Board could consider and make a decision during purdah. The Executive Director of Finance and Resources confirmed that the Board would be asked to consider the business case in the private session.	

	A Non-Executive Director (HT) referred to a discussion on the provision of the service and it was acknowledged that recruitment to new roles at the new unit was a concern for both trusts. The Committee Chair requested that the paper to the Trust Board provide further clarification on the terms of the collaboration between the two organisations, potentially with an acknowledgement that further recruitment may need to be carried out collaboratively. **Action:** Paper to Trust Board to include further clarification on the terms of collaboration between LCH and LYPFT, potentially to include recruitment of staff to the new unit. **Outcome:** The Committee received the business case. **b) Projects report (Change Management Board)** The Executive Director of Operations introduced the report and invited questions. The Chief Executive requested an update on the e-rostering project. The Executive Director of Operations and Director of Workforce confirmed that the project had now gone live across a number of neighbourhood teams, with no issues to highlight. A Non-Executive Director (RG) acknowledged the excellent work of the project manager in achieving this. The Director of Workforce confirmed that the project was on target for completion by the end of December 2019. The Chief Executive requested an update on the room booking software project. The Executive Director of Finance and Resources informed the Committee that spending on the project was on hold pending further work on identifying responsibility for the project roll out, and the availability of funding in the next financial year. The Committee Chair queried the number of areas stated as being behind target in the flash report relating to the Estates rationalisation project. The Executive Director of Finance and Resources clarified that the projects relating to Stockdale House and Community Neurological Rehabilitation Centre (CNRC) had been delayed but were nearing completion. The other project behind plan was the room booking project which had been paused. A Non-Executive Director (RG) asked if the CAMHS Tier 4 project would be included in the scope of the change programmes. The Executive Director of Operations responded that this would be a standalone project and would therefore not be included in the Change Programme Board update. **Outcome:** The Committee received the report.	**BM**
2019/20 **(56)**	**Strategies** **a) Digital strategy update** The Executive Director of Finance and Resources asked the Committee to note the changes made since the Strategy had been considered the previous month, and requested agreement that the Strategy be submitted to the Trust Board for approval. A Non-Executive Director (RG) wished to provide some comments to the Head of Business Intelligence regarding some of the inclusions in the Strategy, but confirmed that this should not delay a submission to the Trust Board for approval.	

	The Chief Executive requested that a link be made in the Strategy to the Trust's aims around sustainability and that an Executive Summary be added to highlight five key areas of focus for the Strategy. **Action:** Executive Summary and inclusion of aims relating to sustainability to be added to the Digital Strategy prior to consideration by the Trust Board. **Outcome:** The Committee agreed that, with minor changes, the Board should receive the draft strategy at the meeting on 6 December 2019 for approval. **b) Business development strategy update** The Executive Director of Operations introduced a discussion paper which aimed to assist with the planning for a Board workshop in January 2020, and ultimately inform any revisions to be made to the Strategy which was due to be updated in March 2020. A Non-Executive Director (RG) proposed that a service transformation strategy be drafted rather than a revision to the business development strategy. The Executive Director of Finance and Resources agreed that this would assist in describing a potential future partnership with Leeds GP Confederation. The Executive Director of Operations suggested that a two year Strategy be drafted, to be refreshed as developments emerged with the GP Confederation and the West Yorkshire and Harrogate Integrated Care System (ICS), which were likely to change rapidly during that timeframe. The Committee agreed that the Board workshop needed to be used to explore the Trust's core offer and identity, based on risk profile, key values and principles, and agreement on geographical spread. Once determined, these factors would determine the services delivered by the Trust, and those services the Trust wished to bid for in the future. **Outcome:** The Business Committee considered the paper and the questions posed in relation to framing the Board workshop in January 2020 and the updating of the Strategy. **c) Workforce strategy priority: Diversity & Inclusion** The Director of Workforce introduced the paper which sought to provide a combined update on Diversity and Inclusion and an annual report on Equality and Diversity. The Committee noted that the paper had been previously considered by the Senior Management Team and the Joint Negotiating and Consultation Forum (JNCF), and would be submitted to the Trust Board on 6 December 2019. The Director of Workforce highlighted work undertaken on race over the last twelve months, including the reverse mentoring programme and the Trust being placed in the Top 50 of Inclusive UK Employers for the second year running. Focussed work had been undertaken on disability, with 61 managers receiving reasonable adjustment training to date. In the coming year, the team would also be focussing on the gender pay gap and age profiling. It was noted that the Board would be asked to approve the Equality objectives included in the WRES action plan for 2019/20 and the Director of Workforce invited the Committee to provide feedback on these. A Non-Executive Director (RG) asked if the first two new actions (understanding WRES data at business unit level and equality analysis of the recruitment and selection process) could	**BM**

	be more action focussed. The Director of Workforce responded that greater understanding was required in these areas before these could be more action orientated. A Non-Executive Director (HT) queried the graph which outlined the percentage of staff experiencing harassment, bullying or abuse from other staff members in the last 12 months, which appeared to have declined in 2017 but increased since then. The Chief Executive responded that, whilst it was difficult to substantiate, it was felt that the increase was due to people from BAME backgrounds being more comfortable in talking about issues on race and bullying than they had been, often through conversations with the Freedom to Speak Up Guardian. The Committee Chair felt that this needed testing further, potentially through the BAME Network. The Director of Workforce added that the staff survey results may provide clarity on this when released at the end of the calendar year. The Committee Chair expressed concern at the relatively small number of staff from BAME backgrounds employed by the organisation, and particularly at more senior levels. The Director of Workforce acknowledged the challenges of attracting people from BAME backgrounds to work for the NHS. There had been more success in progressing people within the organisation through work on talent management with the BAME Network. The Chief Executive highlighted that the Trust had been invited to be one of six organisations (including NHS England) to take part in an initiative to go further, faster in this area. The Committee Chair asked if this could form part of a Board workshop and the Chief Executive and Company Secretary undertook to review the plan for Board workshops in order to accommodate this. The Committee Chair felt that this was helpful and very detailed report. The Committee's concerns regarding certain aspects were noted and a Board workshop would be planned in order to explore these further. **Action:** BAME staffing to be discussed at a future Board workshop. **Outcome:** The Committee noted the Workforce Strategy update	**DA**
2019/20 **(57)**	**Business and commercial** a) **Leeds childhood flu immunisation bid** The Executive Director of Operations introduced a retrospective paper regarding the school-age flu immunisations bid. It was noted that a bid had been submitted to NHE England for the 3 year plus 1 year contract which was valued at c.£500k, based on a price per immunisation. The outcome of the tender was due on 12 December 2019. The Committee was advised there were no quality or TUPE risks identified in relation to the tender. A Non-Executive Director (RG) queried the target of 65 per cent to be attained across all primary school years. The Executive Director of Operations clarified that this was based on the number of children in the city whose whereabouts was known. **Outcome:** The Business Committee noted the submission of the bid. **b) LILIE system replacement (CASH)** The Executive Director of Operations presented an options appraisal regarding the electronic patient record used in the Leeds Sexual Health Service. The contract for the current system, Lilie, was due to expire in July 2020. It was	

	noted that Lilie did not meet service requirements, specifically; it was not compatible with the system used for pathology. The options appraisal incorporated staff engagement regarding the requirements of the service and a review of systems used by similar services elsewhere in the country had been undertaken. The Committee noted the recommendation to move to the use of SystmOne with supplier managed migration. A cost would be associated with the migration of data, however, a cost saving would be made despite this charge. The options appraisal included a request for resources of approx. £65k to complete the project by July 2020. The Executive Director of Finance and Resources asked if SystmOne would be compatible with the systems used by Leeds Teaching Hospitals NHS Trust, specifically in the HIV service. The Executive Director of Operations confirmed there was an expectation that the service would have access to this. **Outcome:** The Committee approved the recommendation to implement SystmOne with supplier managed migration, and the resource required to complete the project.	
2019/20 **(58)**	**Performance management** **a) Performance brief and domain reports** The Committee reviewed the October 2019 performance data, in particular the responsive, well-led and finance sections. The Executive Director of Finance and Resources highlighted; the inclusion for the first time of staff incident data, the breach of 18 week waiting times for a consultant-led service, and that the financial performance and outturn for the Children's Business Unit had significantly improved. ***Safety*** A Non-Executive Director (HT) confirmed that a detailed discussion on the Safety domain had taken place at the Quality Committee, specifically on incident data in relation to pressure ulcers and skin damage. It was noted that the Executive Director of Nursing and Allied Health Professionals had informed the Committee that the Trust would be reporting a further increase in the number of incidents relating to pressure ulcers, and a more detailed report on this would be submitted to the Quality Committee. The Committee Chair referred to the inclusion of staff incidents and queried the number of physical incidents on staff and asked if the Police would be involved in such cases. The Executive Director of Operations responded that the Trust took a zero tolerance approach to such incidents, and added that it would firstly be determined if an incident had occurred because of a patient's presentation or condition, or if there had been intent to harm. Any violent incidents with intent would be escalated to the Police. The Chief Executive asked if it would be possible to code incidents where a member of staff had been held against their will. The Company Secretary undertook to establish if incidents could be coded in this way. A Non-Executive Director (RG) asked if it would be possible to provide data prior to that recorded in the report in order to establish a trend. The Company Secretary suggested the inclusion of a trend line in future reports and that data be categorised to determine the number of incidents where there had been intent to harm. The Committee Chair requested that this proposition be put to the Health and Safety Group and asked that it be considered whether the	

	message to staff on reporting incidents was sufficiently clear. **Action:** • Check to be carried out if incidents involving staff being held against their will could be coded separately on Datix. • Trend line and further detail re incidents where that had been intent to harm to be added to the staff incident inclusion. ***Responsive*** The Executive Director of Operations confirmed that all KPIs were performing above target in this domain with one exception. The area where performance had fallen below the 18 week waiting time for a consultant-led service target was in the Child Development Centres. It was noted that this was the first time the Trust had fallen below target on this KPI and the decline in performance had not been anticipated. The Executive Director of Finance and Resources reflected on whether this should have been identified by the Senior Management Team and the Business Committee previously. A Non-Executive Director (RG) asked if more management information systems needed to be developed in services to ensure they were better informed and in a position to escalate appropriately. The Executive Director of Operations confirmed that this conversation had been picked up with the Head of Business Intelligence. A Non-Executive Director (HT) asked how many patients had breached the target. The Executive Director of Operations responded that 87 patients had breached and it was likely that this had been caused by a sudden increase in the number of children referred into the autism pathway that firstly needed to been seen by medical services. Two permanent Consultant Paediatricians had been recruited to reduce the reliance on locums in the service and assist in recovering the position. The Business Committee were reasonably assured that shortcomings in reporting systems had been recognised and that steps were being taken to address any gaps in capacity and reporting, with a view to rectifying the position in the next two to three months. ***Well-led*** The Director of Workforce highlighted that this was the final week for Staff Survey responses to be submitted, with a current response rate of 53 per cent, which was nine per cent higher than the NHS average. Committee members were invited to raise any questions on current performance in the domain A Non-Executive Director (HT) asked if it would be possible to achieve the 95 per cent target for appraisals, and if so, how. The Committee recognised that it had been agreed at the beginning of the financial year to retain the stretch target of 95 per cent, pending the outcome of the ESR reconfiguration work. The Director of Workforce felt that the target was high but the reconfiguration work, targeted work with specific services, and with all managers on the recording of appraisal discussions on ESR in a timely way, would assist in clarifying the position. A Non-Executive Director (RG) asked if there were any areas of concern regarding staff sickness, specifically any trends relating to flu over the winter period. The Director of Workforce confirmed that there were some areas with long term sickness absences that the HR team were supporting. The Executive Director of Operations confirmed that there were currently no reported cases of flu in Leeds. The Committee Chair queried the indicators in the Performance Brief relating to	**DA** **DA**

	Workforce Race Equality Standards (WRES). The Director of Workforce clarified that the indicators were reported on annually. The Committee agreed that a narrative was to be included in the report each month around WRES, and the KPIs were to be included in the year-end report only. The Head of Workforce was asked to consider the inclusion of alternative (and more immediate) WRES measures within the performance brief reporting pack. **Action:** Performance Brief to be amended – Current WRES indicators to be reported in year-end report. Alternative monthly WRES indicators to be identified. ***Finance*** The Executive Director of Finance and Resources informed the Committee that the Trust was achieving its year to date targets and forecasted achievement of its control total at year-end. Expenditure was being monitored throughout the financial year, however, spend on priority areas was not being restricted. The position would be reviewed over the winter months. The Committee noted that an under spend in the CAMHS New Care Models service, along with underspends across Trust budgets, would support the funding of the CAMHS Tier 4 new build. A Non-Executive Director (RG) queried the underspend position in the CAMHS New Care Models service. The Executive Director of Finance and Resources clarified that the costs relating to some Learning and Development patients had been charged to the service incorrectly and this position had now been rectified. It was noted that the Trust Board would receive further information on this at its meeting on 6 December 2019. The Committee Chair asked if the contractual financial sanctions referred to in the report were of concern. The Executive Director of Operations responded that these were new inclusions in the report and future reports would include further narrative to highlight any areas of concern. **Outcome:** The Committee received an overview of the Trust's current performance. **b) Neighbourhood team dashboard + Quality, staffing and Finance triangulation report** The Executive Director of Operations introduced the report and highlighted that capacity and demand within teams remained stable but that performance varied. The Quality Committee had agreed that the report was helpful but requested more information on safety. The Executive Director of Finance and Resources reflected on a discussion at the Senior Operations Performance Panel regarding the variance in contacts and staffing. The Executive Director of Operations expanded that more work was to be carried out to ensure that activity in each team was captured more accurately. The Chief Executive queried the sickness levels included in the report. The Executive Director of Operations responded that the use of bank and agency staff needed to be established to clarify if sickness absence had adversely impacted on these teams. The Chief Executive felt that the report also needed to highlight the work underway to address the challenges around leadership. A Non-Executive Director (HT) added that the quality indicator in the report needed to be strengthened in order to establish any impact on patients rather than describing staffing issues in great detail.	**LS**

	A Non-Executive Director (RG) commented that it was not apparent from the report if there was a problem with staff morale and team leadership. The Executive Director of Operations responded that a heat map approach would be developed in order to present this intelligence alongside the hard data. The Committee Chair asked if additional support was being offered to any specific Neighbourhood Teams. The Executive Director of Operations responded that the report highlighted that particular pressures were being felt by the teams in Seacroft, Armley, Pudsey and Kippax. It was noted that a deep dive methodology used in another Neighbourhood Team that was no longer of concern was being applied in these teams. The Committee Chair looked forward to reviewing progress in these teams in the next report. **Outcome:** The Committee received the report and noted the issues outlined **c) Operational and non-clinical risks register** The Committee considered changes to the non-clinical risks on the risk register as follows: There were three new risks scoring 8 or above: • Reduced capacity in the Infant Mental Health Service • Unable to meet 10 working day turnaround of dictated medical letters • Primary care reduced staffing levels at Wetherby YOI and Adel Beck The Committee noted that there were no extreme risks, no escalated non-clinical risks and one de-escalated non-clinical risk (increased service demand within the Foot Protection Service). The Committee Chair queried the new risk regarding reduced primary care capacity at HMP Wetherby YOI and Adel Beck. The Executive Director of Operations assured the Committee that this was a short term issue and the risk was being minimised through the use of a cohort of good people that undertook bank shifts with the service. The position would be rectified once new substantive staff were in post. A Non-Executive Director (RG) queried the risk related to the backlog of letters dictated by medical staff, and highlighted the savings that could be made by moving away from the use of letters. The Executive Director of Operations confirmed that electronic referrals were being used and a new server had been procured to support the use of digital dictation. **Outcome:** The Committee noted the recent revisions made to the risk register. **d) Procurement update** The Committee received a paper which, in line with the Trust's Procurement Strategy, provided an update on procurement activity and performance for the first half of 2019/20. The Committee noted the positive performance against the potential savings identified for the year. The Executive Director of Finance and Resources highlighted the risk relating to the enteral feed tender due to delays in agreeing the specification, the need to extend current arrangements into early 2021/22 and the need to replace existing pumps on the feeders. A Non-Executive Director (HT) queried the level of risk and the Executive Director of Operations confirmed that, whilst this was on the risk register, the risk was being mitigated well and related predominantly to financial risks regarding the contract.	

	The Chief Executive requested that future reports on procurement reference the work underway on sustainability. A Non-Executive Director (HT) highlighted the absence of any reference to modern slavery in the report, and steps being taken to prevent this. The Executive Director of Finance and Resources agreed to consider this further. **Action:** Future updates on procurement to include work underway on sustainability and a position on modern slavery. **Outcome:** The Committee noted progress made on procurement so far in 2019/20	**BM**
2019/20 **(59)**	**Business Committee work plan** **a) Committee effectiveness** Following the submission of feedback on the effectiveness of the Business Committee, the Committee Chair and Company Secretary had reflected on the results and the Company Secretary had drafted a report that summarised the committee's activities and focus in 2019. The Chief Executive reflected that issues relating to Health and Safety had not been discussed sufficiently. The Company Secretary confirmed that the Executive Director of Finance and Resources would be submitting a bi-annual report on this to the Committee going forward. The Committee Chair asked if topics relating to integrated systems were discussed as often as they should be. A Non-Executive Director (RG) felt work relating to integrated systems was discussed at the Board but not the Business Committee and it was agreed that this should be considered further. It was noted that the report stated that the proportion of time spent on operational and strategic issues had been almost equal in 2019. The Chief Executive felt that conversations at the Committee covered assurance on operational issues rather than being purely operational and it was agreed that on this basis the balance was correct. The Committee reviewed the number of times BAF risks pertinent to the Business Committee had been discussed at meetings. It was noted that the report stated that BAF risk 4.4 (key workstream capacity) had not been discussed by the Committee in 2019. It was felt that, whilst this may not have been discussed in isolation, or been included as a specific item on the agenda, discussions on this had taken place. A Non-Executive Director (HT) suggested that an analysis of the minutes rather than the agendas may confirm these conversations had taken place and this was acknowledged. The Executive Director of Finance and Resources felt that the Committee should spend more time discussing capacity to deliver projects and the implications for those involved or impacted. A Non-Executive Director (RG) agreed that the viability of projects and capacity to deliver could be discussed more. The Committee Chair highlighted that the Committee had determined that no papers had offered 'limited' or 'no' assurance in 2019 and asked if it was felt that this was an accurate reflection of those presented for consideration. The Committee felt that the correct levels of assurance had been evaluated and the Chief Executive confirmed that the Senior Team was unlikely to submit a report to the Committee without a level of confidence that 'reasonable' or 'substantial' assurance would be given. The Committee concluded that discussions were taking place about the correct	

	areas and further consideration was to be given to issues relating to integrated systems and capacity to deliver projects. It was felt that discussions linked to the BAF were appropriate, and Committee members could recollect conversations relating to workstream capacity. The Committee were content that the evaluation of assurance ratings had been correct. **Outcome:** The Committee considered the outcome of the committee effectiveness survey and areas of focus required on agendas in the coming year. **b) Future work plan** The work plan was reviewed by the Committee members and no changes were requested. **Outcome:** The Committee agreed the work plan.	
2019/20 **(60)**	**Matters for the Board and Committees** • ICAN – good discussion and recognition of a challenging agenda ahead: Reasonable assurance • Change management update: Reasonable assurance • Digital Strategy • Workforce Strategy (Diversity and Inclusion and Equality and Diversity Annual Report): Reasonable assurance • Leeds school-age flu immunisation bid • LILIE system replacement in the Leeds Sexual Health Service • Performance brief • Neighbourhood Teams Triangulation report.	
2019/20 **(61)**	**Any other business** None discussed.	

West Yorkshire and Harrogate
Health and Care Partnership
Mental Health, Learning Disabilities & Autism

AGENDA ITEM 2019-20 (113d)

Committees in Common
Mental Health, Learning Disability and Autism Collaborative

West Yorkshire and Harrogate Health and Care Partnership

21st January 2020

Paper Title:	Update to Boards from the Committees in Common
Paper Author:	Keir Shillaker

1. **Introduction**

This paper updates individual Trust boards on the discussions and decisions taken at the Committees in Common on 21 January 2020.

2. **The Committees in Common noted:**

- Approval of the West Yorkshire & Harrogate; Mental Health, Learning Disability and Autism strategy and its availability on the partnership web pages:https://www.wyhpartnership.co.uk/application/files/6915/7486/5141/mental_health_learning_disability_and_autsim_five_year_strategy.pdf

- That the collaborative has been successful in securing a range of recent funding bids through NHSE/I:

  i. Community Mental Health transformation funding – circa £2.5m
  ii. Pre-diagnostic support for people on Autism waiting lists - £100k
  iii. Winter crisis funding – just under £1.5m.

- Summary updates from each of the programme workstreams; Secondary Care Pathways; Improving Determinants of Health; Children & Young People; Adult Autism/ADHD; Learning Disabilities; Specialist services; Complex Rehabilitation and Core Performance.

- Recruitment to the programme team, with the full compliment of team members in post from mid-March 2020.

- The engagement work taking place with local authorities, overview and scrutiny committees and NHSE/I regarding the provision of Assessment & Treatment Units (ATU).

- The programme of improvement works taking place at Little Woodhouse Hall, following previous CQC inspections.

- The forthcoming milestones for the Adult Eating Disorders and Forensics steady state commissioning bids.

- Which services are likely to form part of the next phase of the steady state commissioning process; Adult Low and Medium Secure, Acquired Brain Injury, Secure Deaf and Women's Enhanced Medium Secure, Adult High Secure, Children's Medium Secure and Deaf services, Obsessive Compulsive Disorder, Body Dysmorphic Disorder, Tier 4 Personality Disorder, non-secure Adult Deaf services, Perinatal inpatient services.

- LYPFT bidding to host High Intensity Mental Health Services for Veterans on behalf on the North region.

3. **The Committees in Common discussed and made decisions regarding:**

- Expectations of the forthcoming planning guidance, acknowledging that because publication has been delayed, we don't yet have sight of the detail. It was agreed that any implications picked up from the planning guidance will be reviewed and considered at the next Committees in Common.

- The escalation of risks and performance issues. Agreeing an approach for escalation to the meeting, (to trial and review in 9 months) any risk that:

    i. Is 'red rated' on the programme risk register OR there is an NHSE/I escalated performance issue that affects more than one provider, and
    ii. relates to the core business of 'care delivery' by a provider
    iii. is either 'new', has been agreed by the Committee in Common to require extra vigilance OR hasn't seen a positive improvement in risk rating/performance over a six- month period.
    iv. allows any member to raise a risk, or issue, in person during each meeting

- The timeframe for the submission of the CAMHS steady state commissioning bid. Requesting further information to be provided to allow discussion within

individual provider boards.

- The need to review the terms of reference outside of the meeting. Angela Monaghan, Cathy Elliott and Keir Shillaker will progress and formalise proposals at the April meeting. This will include both increasing the length of each meeting by 30 minutes and holding a broader 'strategic' meeting at least one per year.

- Membership of the meeting; that it will remain as it is now for the time being. However, this will be reviewed once more work has been completed across the partnership of the future of commissioning.

- The workplan; agreeing an outline proposal for the 'big ticket' items to discuss and approve in the coming months. This includes ATU provision, Psychiatric Intensive Care, Tier 4 CAMHS, Adult Eating Disorders and Forensics.

- Programme metrics and dashboard. Agreeing that core performance measures should come to each meeting for discussion, but that more detailed metrics should be discussed only when they relate to a 'deep dive' topic area. However once per year the full suite of metrics should be made available for discussion and interrogation at the 'strategic meeting' (see above).

- The development of a commissioning team to fulfil the requirements of steady state commissioning. It was agreed that following discussion at the Specialised Services Board and the February Collaborative Exec, a proposal would need to be agreed 'virtually' by the Committees in Common, or through individual provider boards.

- Reporting on progress against specialised commissioning 'steady state' requirements, using the same highlight report that is being developed for the 'Specialised Services' workstream of the MHLDA programme board.

Keir Shillaker
Programme Director
21 January 2020