

Meeting: Trust Board 4 December 2020	Category of paper	
Report title: Chief Executive's report	For approval	
Responsible director: Chief Executive Report author: Chief Executive	For assurance	Yes
Previously considered by Not applicable	For information	
<p>Purpose of the report</p> <p>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.</p> <p>An update on the key areas of Trust's involvement in managing the Covid pandemic is also included.</p>		
<p>Main issues for consideration</p> <p>This month's report focusses on:</p> <ul style="list-style-type: none"> • Covid response • Flu vaccine campaign • EU Exit • Public Launch of the Leeds Mental Wellbeing Service • Staff survey <p>A further verbal update will be provided at the Board meeting.</p> <p>The Youth Board bulletin is attached at appendix one.</p>		
<p>Recommendation</p> <p>The Board is recommended to:</p> <ul style="list-style-type: none"> • Note the contents of this report and the work undertaken to drive forward our strategic goals 		

Chief Executive's report

1. Covid update

1.1 Seasonal Resilience

Throughout November the number of Covid-positive patients managed in Leeds Teaching Hospitals NHS Trust (LTHT) continued to increase. Out of hospital providers including Leeds Community Healthcare NHS Trust (LCH), Primary Care and Adult Social Care were charged with:

- Reducing the number of patients considered medically optimised for discharge (MOFD) by 100 (baseline was 259 on 5/11/2020). Performance over the month has been inconsistent on this mainly due Community Care Bed bases being closed with infections during the period. LCH and Adult Social Care have instigated a daily check-in to ensure the optimum number of patients have been transferred to beds managed within the Alliance. The newly procured community beds (step down beds) in care homes have come on line, but it has taken time to place patients
- Creating additional capacity within the Virtual Ward (Frailty). The caseload has doubled in November and there are currently 24 patients being managed in the ward. Pathways initially designed for prevention of admission have been adapted to support early discharge. Hospital clinicians and GPs have been working with key specialties to encourage and re-publicise options for community enhanced care options (oxygen, oximetry, IV fluids).
- Patients medically optimised for discharge on 30/11/2020 was 184

In the last week the number of Covid-positive patients has significantly reduced but the system continues to work on the initiatives detailed above in readiness for further winter and potential wave 3 pressures.

1.2 Reset and Recovery

As previously reported, all services are now operational with the restrictions in place caused by the pandemic and the use of PPE. This means that flow is necessarily slower as we cannot use waiting rooms in the same way and there needs to be cleaning between patients.

The Recovery and Reset Team is monitoring progress on the extent of the reset by:

- Comparing month on month activity levels with the same months in the previous year
- Charting the activity over the last three months since reset
- Reviewing the size of waiting lists and the number of patients waiting

There are a number of services where services have extensive waiting lists now and all options are being explored to bring these waiting lists down including exploring outsourcing. The services with intense focus or MSK, Podiatry and CAMHS but all are making significant progress which is the subject of scrutiny at both sub committees of the Board.

At the LCH Clinical/ Operational Bronze meeting on 03.11.2020 it was agreed that some non-essential elements of service resets could be paused. This was for two reasons: to free up some project management/ support capacity to support new logistical projects such as redeployment, admin review, covid-19 vaccine programme, and tenders in Health and Justice, and to support services that may be experiencing additional winter pressures.

A review was undertaken of all reset and recovery projects, looking at:

- What's been achieved to date
- What's still left to complete
- What can be paused
- Risk assessment of the impact of pausing
- What will continue
- Impact on project resource

Overall, plans to pause reset are minimal as services felt much had been achieved/ completed to date and didn't want to stall the momentum. Despite this project, resource was able to be released because now that services had reopened the majority of outstanding work related to the embedding of service developments.

1.3 Infection Prevention and Control (IPC)

The Infection Prevention and Control Team continue to support at a citywide level, including support to care homes where there are outbreaks, and internal support to LCH teams with outbreaks. The Executive Director of Nursing and AHP's has now established a community of practice at the request of the Clinical Senate to support IPC practice across the City. The group have reviewed the discharge to care homes and Community Care Beds' advice to ensure this is fit for purpose and supports safe practice and system flow. .

1.4 Asymptomatic staff testing

Testing for asymptomatic staff is now conducted via the national route, and the Trust has not needed to support restarting of a localised regional testing approach. Asymptomatic staff testing was launched in the week commencing 23 November 2020 in line with national guidance, utilising lateral flow testing with a nasal swab. The lower sensitivity of this test compared to PCR (polymerase chain reaction) is balanced by staff testing twice weekly, and the false positive rate is thought to be 3-4/1000. Staff who do test positive will be required to self-isolate as per standard guidance and have the result confirmed by the national PCR testing system. The Trust has received its first consignment of test kits, with a further consignment expected in February 2021. The implementation of the staff testing programme is being planned as a phased approach and a verbal update will be provided to the Board.

1.5 Care Homes

The number of outbreaks in care homes across the city is falling and they are being well managed. Some outbreaks involve just staff, some just residents and some a combination. Most of these are being picked up on routine testing

and the majority from asymptomatic people. An update on this will be provided verbally to the Board.

1.6 Personal Protective Equipment (PPE)

No clinical issues to report, mask wearing continues in all LCH bases and good supplies of PPE are available to staff. There has been a change in local guidance for staff running school immunisation sessions. Public Health England guidance is that these staff are only required to wear a mask however as contact can be for several minutes with individual children, the Trust has taken the decision to ask staff to wear full PPE during all immunisation sessions in schools to reduce the risk of spread of Covid-19.

1.7 Nightingale hospital

The Nightingale hospital is going through the assurance processes to open as required. Some of the beds have been re-purposed to take more general Covid patients rather than just those requiring ventilation. There are regular meetings with the regional Chief Nurse reviewing the situation. An update will be provided verbally at the Board meeting if the position has changed.

1.8 Vaccination programme

The Trust is playing a full role in ensuring the Covid-19 vaccination programme will be successful in Leeds. A programme team has been established across the City with LTHT as the lead provider. The LCH Executive Director of Operations is the Senior Responsible Officer for the programme and one of the LCH Directors of Workforce has joined the programme full time to provide workforce support. A verbal update of the latest position will be provided at Board.

1.9 Staff Health and Well-Being

Supporting our staff to keep well and at work throughout this period:

- Staff absence at the end of October was 5.2% which is higher than the previous 3 months but lower than this time last year; unsurprisingly this has crept up in light of a second wave of the pandemic and additional COVID sickness absence.
- Daily absence figures will be provided verbally on the day of the Board.
- Monitoring of staff accessing of support and offers available to them including listening line, Occupational Health, Employee Assistance Programme service etc.
- Concentration on Risk Assessment work – how these are recorded on employee records / revisions to the template for capturing and in light of revised national guidance / quality checking process / revisiting for Clinically Extremely Vulnerable (CEV) staff.
- Lunch deliveries to all bases in November – total of 700 lunches by end of 27 November 2020.
- Continued regular attendance at Black, Asian and Minority Ethnic (BAME) network and support to this group of staff.
- Continued 'listening' sessions with various other groups and teams of staff.

1.10 Resourcing and Capacity:

Ensuring we understand and maximise the staffing resource available to us at this time:

- Recording and reporting: Revised template for capturing capacity daily has now gone live and includes information relating to staff impacted by track and trace as well as childcare issues; push to encourage managers to report this accurately daily and operational feedback is that the daily reports are now much more aligned with sense 'on the ground' in terms of capacity.
- Capacity modelling: Being undertaken at both individual service level e.g. for Neighbourhood Teams as well as organisational level e.g. implications of staff testing, vaccine requirements etc.
- Modelling seeks to understand in skills and numbers terms what the impact of a number of scenarios might be and it will be part of the picture to inform planning for a likely third wave in January 2021.
- Organisational redeployment preparation continues – toolkit now finalised / induction pack for staff complete / toolkit and induction pack both published on the staff intranet / work on use of Health Roster to capture clinical skills continues.
- Redeployment project team supporting with organisational call for volunteers to support the Neighbourhood Teams and the flu campaign; really positive response from staff.
- Review of staff on the Bank – all 'dormant' staff contacted; to date one third of those contacted have responded positively to say they wish to be active on the bank and a number have subsequently been deployed into available shifts.
- Focus on Bank only staff health and well-being with contact being made to remind staff of Trust health and well-being offers, risk assessments and other support available.
- Neighbourhood Team posts to support End of Life care – advert continues to run with second round of shortlisting completed; to date 42 applicants and 11 posts offered and now being processed; additional 4 personalised care roles offered as part of the cohort sought.

1.11 Guidance and Advice:

Ensuring national guidance and local questions are responded to and published for managers and staff in a timely manner:

- Weekly meeting with Chairs of JNCF and JNC;
- Ongoing support to managers by the Human Resources team on a range of issues;
- Safe Working Environment work continues – concentration on safe working in office bases and guidance issued on this following a number of outbreaks / continued issuing of equipment to staff working from home (WFH) and re-visit of WFH messages.
- Guidance for staff and managers relating to CEV as well as annual leave recently published.
- Currently working on annual leave and self-isolation interplay / travel at Christmas / time off for testing and COVID vaccine / Risk Assessment guidance updates.

It is important also to note that business continuity plans for the Workforce Directorate remain intact and Payroll continues to function effectively remotely.

1.12 Quality of care

The Quality Assurance and Improvement Group (QAIG) held a focussed workshop on 19 November 2020 to consider the question: “How do we assure ourselves and the Board we are delivering safe quality care during current times?” The Group had noted from the Quarter 3 business meeting the potential impact of pausing Quality Challenge+, NICE guidance, national and local audit during the current year and are working through a model of how high quality assurance can still be maintained. Whilst we continue to review sufficient information to maintain safety, the framework and processes designed by Derbyshire Community Healthcare Trust (CQC Outstanding) were considered, with a view to adapting these for the Trust. Work incorporates the Quality & Performance Panels and Reset & Recovery Team, as it is hoped an innovative review of systems and processes may lead to more streamlined conversations and service-lead ownership of these conversations and the measures that drive this assurance. The outputs are due to be presented back to QAIG in December and then to Quality Committee.

1.13 Safeguarding

There are considerable pressures on all our safeguarding services at the moment with a large increase in referrals for children’s safeguarding cases via the Front Door and a doubling of cases of Domestic Violence being referred. These pressures are being discussed at a city wide level and all partners are supporting. The Executive Director of Nursing and Allied Health Professionals (AHPs) and the Executive Director of Operations have agreed additional capacity in the Front Door service to support. In addition there is a very complex safeguarding adults’ case currently being supported with legal advice from our solicitor. Staff are being supported by the Safeguarding Team and additional supervision is being offered where required.

In the 0-19 Service the clinicians are experiencing significant pressures currently due to workload in terms of trying to catch up but also the complexity of the cases they are dealing with and this includes very difficult and challenging safeguarding cases and a high incidence of mental health related issues. The Executive Director of Nursing and AHP’s has held two specific drop in sessions for these groups of staff and was struck by the emotional toll of the work they are currently undertaking. Additional support has been put in place included psychological de-brief to ensure we support the staff as much as possible. In addition we are talking to partners to ensure support is there when required from other services e.g. primary care, social care etc.

2.0 Flu Campaign

The LCH staff flu campaign continues but is extremely challenging this year due to all the measures in place to ensure social distancing etc. As at 27 November 2020 approx. 60% of front line clinical staff have been vaccinated – this will be updated verbally at the Board meeting with the most up to date figure. We are now reporting this weekly to NHS England as there is a drive to complete the campaign and get to 90% of frontline staff vaccinated by early December 2020 in anticipation of the Covid vaccine becoming available and there needing to be a gap of at least 7 days between the two vaccines. The team is putting on additional clinics on a weekend, doing early morning slots and attending bases to support vaccinating as many staff as possible.

3.0 EU Exit

All NHS organisations have been asked to re-start their preparations for EU Exit (with or without a deal). At the moment there are still many uncertainties, but the Trust has put the following actions in place:

- Reaffirmed the Senior Responsible Officer (SRO) arrangements – Executive Director of Finance and Resources
- Started to monitor the Trusts EU Exit email account on a regular basis
- Responded to the recent NHS England EU Exit transition assurance exercise/ checklist with no major concerns identified
- Asked all subject matter experts to update the risk assessments around staffing, supplies, information governance, and reciprocal healthcare charges. The biggest risk recorded for LCH last year was the potential for fuel shortages linked to port disruption. It is now felt that there will be very little disruption to fuel supplies
- Made a commitment to “walk the floor” in specific teams/ risk areas if new information is made available highlighting new or escalating risks.

We have been assured by NHS England that the arrangements for situation reports, escalations and bronze, silver, gold command will merge with current winter pressures arrangements, and be conducted on a Trust, citywide and integrated Care System (ICS) level, as it is now.

4.0 Public Launch of the Leeds Mental Wellbeing Service

In November 2020, the Leeds Mental Wellbeing Service (LMWS) was launched citywide to the public. LMWS is a partnership between the NHS, GP practices and community organisations, with Leeds Community Healthcare NHS Trust as the lead partner, delivering mental health support and a range of psychological therapies to the people of Leeds.

The service website 'leedsmentalwellbeingservice.co.uk' includes self-referral tools and the ability to book into daytime sessions run by NHS mental health experts. Although it is not a mental health crisis service, there is an option to access a range of free online self-help video courses, so Leeds residents can receive a level of support day or night.

5.0 Staff survey 2020

We really appreciate our colleagues taking the time to complete the NHS survey and we look forward to working with colleagues in the New Year on both the areas of strength and areas for further improvement. To date, Picker has confirmed our overall response rate for the 2020 NHS Survey was 42.1%. This represented 1288 respondents from an eligible sample of 3058 Staff. This is likely to be adjusted slightly upwards by 2 to 3 % when Picker takes into account colleagues who have left the Trust, long term sickness and once paper based form returns are added to the total. This is expected by the end of the week (4 December 2020). The final total for 2019 was 55%.

We are expecting the results of the survey back from Picker just before Christmas although these will as in previous years be embargoed until early 2021. Once we are able to release the results we will share widely and work on areas to improve as well as celebrate any successes.

6.0 The Thank You Event 2020

The Trust's Thank You Awards is a national award winning internal communications event, launched in 2016, to recognise the contribution staff make and increase the amount of staff feeling engaged and valued. The awards are designed to deliver a personal touch to recognise and celebrate individuals or teams with the Trust's directors visiting the winners and highly commended staff at their base of work.

Now in its fourth year the awards go from strength to strength with an increased number of entries each time. In 2019 we received 123 nominations (an increase from 83 the year before) and this year has been record breaking with 137 nominations across all categories. The awards are judged by a staff panel made up of staff volunteers from a cross section of roles and the general public. This year the Trust's Youth Board is providing the patient/citizen perspective.

Due to COVID 19 pandemic we are adapting this year's event and host virtual 'pop ins' to team meetings and we will be arranging this with nominators. There's going to be one extra award presented this year - but it's a surprise and we are working through the logistics now and hopefully the winning recipient will prove a hit with the majority of staff.

Youth Board update November 2020

We now have 27 young people who take part in our Youth Board. Our ethos is that we will support and empower all children and young people who would like to be involved and have their say in developing our services. We have also recently reviewed the age range for those wishing to take part and have removed the minimum joining of age of 14 to ensure that all children and young people can be involved.

Some of our young people wanted to share why they joined and what they have achieved from joining the Youth Board;

- Erin says, I joined the Youth Board because I strongly believe that patients should be able to help shape the services they use with their input and I wanted to make my ideas heard in a way that could make a difference. Since joining, the Youth Board has helped me do this in many ways and offered many amazing opportunities. An experience that I will always remember was when I was taken to look around the site of the new CAMHS inpatient unit, where construction was underway. I had all my questions answered, had a chance to share my ideas, and even got to sign the steel frame of the building! Helping out with recruitment interviews for the ICAN and CAMHS outreach services has also been extremely valuable and fun. The Youth Board so far has been an incredible experience and I can't wait for future projects.
- Francesca - During my time in Youth Board it has so far been such a positive and enjoyable experience. I joined Youth Board in the hope that as an individual I can make an impact in the way that we view mental health. So far, as a group we have made decisions about different posters that will be featured in either CAMHS or within the NHS itself. Being involved in such a group like this has enabled me to express my views and opinions about the issue of mental health by bringing new ideas forward that will ultimately make a difference.
- Katie ... I am a more recent member of Youth Board and joining I felt very nervous but there really wasn't anything to worry about. The first time I joined a meeting we all introduced ourselves and it was such a friendly and welcoming group of people. Everyone can talk about their ideas openly and bring up issues that they want to talk about whether it is personal or general. We've talked about loads of different things such as the new inpatient unit, CAMHS and recruitment interview training. It's given so many opportunities to be involved with things you wouldn't be involved in outside of this. It's just nice to have a different outlet and to talk and listen to the opinions of new people!!! I wasn't expecting it to be so relaxed and not stressful! It's different to any other kind of club or organisation which is really good!
- Maddie tells us why she joined the Youth Board: I joined the Youth Board because when I heard they were looking for more people, I thought it would be such a good opportunity to get involved with the community more and be the voice of young people!

- Sylvie... The reason I joined the Youth Board was that my sister has been in and out of hospital when I was a little younger and still a bit now and I became quite interested in medicine and the hospital so wanted a way I could be involved.
- Abi- I was very enthusiastic to join the Youth Board because of what is discussed and the opinions that can be shared seemed like they could really make a difference and benefit the trust. I wanted to help in any way I could. Personally, I am very passionate about mental health and so was excited to get involved in discussions about this but everything the Youth Board was about appealed to me. I also wanted to be able to develop and add to my own experiences in the hope they would help me to grow and gain confidence, but also help with things like university applications. Overall, I am just happy to help and the members I meet and work with are so lovely! I hope to carry on being involved with the Youth Board for a while to come, contribute and learn more - I think it is a very important group.

We are continuing to promote our Youth Board and work closely with groups such as Youth Watch, VOICE, Common Room and we are starting to work with Young Black Minds Leeds - MIND. One of our Youth Board members has also recently been successful in joining the national NHS youth forum and we are starting to build links with this group as well.

We have recently been involved in the following projects:

- Our group continues to take part in consultation around the CAMHS new build and one of the most recent discussions that they took part in was their ideas and themes around the name of the unit.
- Staff recruitment interviews for ICAN, CAMHS and SLT.
- We were asked to develop a youth charter for CAMHS – this is a list of promises that CAMHS will make to young people accessing their services and will now be known as the CAMHS pledge.
- Our group developed a care plan for CAMHS which is now going to be used by young people accessing their services. This followed consultation with young people, their families and staff working for CAMHS. One of our youth board members designed the care plan and also used her own experience of CAMHS to think about what it should contain and what would be useful to other young people.
- ICAN and CAMHS Leaflet design.
- Trust website consultation
- Hoodie design for youth board members
- New Youth Board poster design

Our upcoming projects are:

- Trust website design consultation
- Waiting list consultation

- Thank you event! Our group will be taking part in the judging of each category
- Staff recruitment interviews (SLT and CAMHS)
- CAMHS development
- Youth Board promotional video

We have also been approached by the Humber Teaching NHS Foundation Trust who have heard about our Youth Board and would like to start their own. They have asked if we can support them and provide some guidance in developing their group.

Chris Lake

Involvement Lead

Children's Business Unit