Leeds Community Healthcare NHS Trust

Board Meeting (held in public)
Thursday 29 March 2018, 9.00am –12noon
Trust Headquarters, Stockdale House, Victoria Road, Leeds LS6 1PF

AGENDA				
Time	**Item no.**	**Item**	**Lead**	**Paper**
		Preliminary business		
9.00	2017-18 (90)	Welcome, introductions and apologies	Neil Franklin	N
9.05	2017-18 (91)	Declarations of interest	Neil Franklin	N
9.10	2017-18 (92)	Questions from members of the public	Neil Franklin	N
9.15	2017-18 (93)	Patient's story: children's speech and language therapy	Marcia Perry	N
9.30	2017-18 (94)	Minutes of previous meeting and matters arising: a. Minutes of the meeting held on 2 February 2018 b. Actions' log c. Committees' assurance reports: i. Audit Committee: 16 March 2018 ii. Business Committee: 16 March 2018 iii. Charitable Funds Committee:16 March 2018 iv. Nominations and Remuneration Committee:16 March 2018 v. Quality Committee: 19 March 2018	 Neil Franklin Neil Franklin Jane Madeley Tony Dearden Neil Franklin Neil Franklin Ian Lewis	 Y Y Y Y Y Y Y
		Quality and delivery		
9.50	2017-18 (95)	Chief Executive's report	Thea Stein	Y
10.05	2017-18 (96)	Leeds Health and Care Academy - Partner Board briefing	Thea Stein	Y
10.15	2017-18 (97)	Performance brief and domain reports	Bryan Machin	Y
10.35	2017-18 (98)	Annual staff survey 2017	Ann Hobson	Y
		Strategy and planning		
10.55	2017-18 (99)	Child and adolescent mental health services Tier 4: new care model	Bryan Machin	Y
11.05	2017-18 (100)	Operational plan 2018/19	Bryan Machin	Y
11.25	2017-18 (101)	Children's services strategy 2018-2021	Sam Prince	Y
		Governance		
11.35	2017-18 (102)	Significant risks and board assurance framework summary 2017/18	Thea Stein	Y
11.45	2017-18 (103)	Corporate governance report	Thea Stein	Y
11.55	2017-18 (104)	Board workplan	Thea Stein	Y
		Minutes		
11.55	2017-18 (105)	Approved minutes (for noting): a. Audit Committee: 8 December 2017 b. Quality Committee: 22 January 2018 and 19 February 2018 c. Business Committee: 24 January 2018 and 21 February 2018 d. Leeds Health and Wellbeing Board: 19 February 2018	Neil Franklin	 Y Y Y Y
12.00	2017-18 (106)	Close of the public section of the Board	Neil Franklin	N

Date of next meeting (held in public)
Friday 25 May 2018, 9.00am -12noon
Trust Headquarters, Stockdale House, Leeds LS6 1PF

NHS
Leeds Community Healthcare
NHS Trust

AGENDA ITEM 2017-18 (94a)

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

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

Friday 2 February 2018, 9.00am – 12.00noon

Present:	Neil Franklin	Trust Chair
	Thea Stein	Chief Executive
	Brodie Clark	Non-Executive Director
	Dr Tony Dearden	Non-Executive Director
	Jane Madeley	Non-Executive Director
	Professor Ian Lewis	Non-Executive Director
	Bryan Machin	Executive Director of Finance and Resources
	Marcia Perry	Executive Director of Nursing
	Sam Prince	Executive Director of Operations
	Ann Hobson	Interim Director of Workforce
Apologies:	Richard Gladman	Non-Executive Director
	Dr Amanda Thomas	Executive Medical Director
	Dr Phil Ayres	Interim Executive Medical Director
In attendance:	Bridget Lockwood	Business Support Manager, Chief Executive and Chair's Office
	Em Campbell	Interim Service Manager, Continence, Urology and Colorectal Service (for item 78)
Minute taker:	Liz Thornton	Board Administrator
Observers:	Sarah Poole	Organisational Development Lead
	Aliya Rehman	Organisational Development Assistant
Members of the public:	None in attendance	

Item	Discussion points	Action
2017-18 (75)	**Welcome and introductions** The Trust Chair welcomed Trust Board members and extended a welcome to members of staff from the Trust attending as observers. **Apologies** Apologies were noted from the Executive Medical Director, the Interim Executive Medical Director and a Non-Executive Director (RG). **Chair's opening remarks** The Trust Chair said he wished to make some opening remarks in order to provide a strategic context for the Board's deliberations during the course of the meeting, he set out a number of key strategic issues for the Trust: • ***Quality:*** ensuring and evidencing our services are safe, caring, effective,	

	responsive and well-led. We need to pursue the actions linked to the Care Quality Commission report and maintain the many examples of excellent care. Quality performance indicators still needed to be maintained, be a continuing focus for the Board and particularly for the Quality Committee. • ***Financial performance***: the Trust's financial performance remained satisfactory in 2017/18 but the Chair said that there would be additional pressures moving through the winter period and, in the longer term, the focus needed to be on maintaining a viable and sustainable organisation. • ***Leadership:*** meeting the need to grow and retain good leaders to build on achievements in 2016/17 and to continue to address the quality, financial and workforce challenges in 2017/18. • ***Working within the wider Leeds health and social care economy***: working co-operatively with partners in the best interests of patients and their families to achieve change strategically and operationally in the context of the Leeds Health and Care Plan would be a top priority. The Chair spoke in particular about recent conversations he had had with leaders across the city.	
2017-18 (76)	**Declarations of interest** There were no declarations of interest made in relation to any items on the agenda.	
2017-18 (77)	**Questions from members of the public** No questions from the member of public had been notified.	
2017-18 (78)	**Patient's story: Continence, urology and colorectal service** The Executive Director of Nursing introduced the patient's story item. She welcomed the Interim Service Manager from the Continence, Urology and Colorectal Service (CUCS) and a patient who had received care and support from the service. The patient introduced herself to the Board and began by explaining that in recent years she had suffered a number of serious illnesses and consequently had accessed a wide range NHS services from providers in the city. She said that she had been invited to speak to the Board today about her experience of the CUCS service provided by the Trust. The patient said that she had been referred to the service by her general practitioner and been seen by a Clinical Nurse Specialist at Beeston Health Centre. She said that she felt that the nurse was well suited to her role, had listened carefully, responded well to her concerns and dealt professionally with the natural embarrassment she had felt when speaking about her problems. The patient said that her overall experience of the service had been extremely positive. She praised the staff for their caring, professional attitude and the quality of the care and advice she had been given. She went on to explain that the nurse had diagnosed her problem as 'urge incontinence' and together they had developed an appropriate treatment plan which included healthy bladder advice, bladder re-training, pelvic floor exercises and product options. The patient said that there were a couple of issues she wished to raise which she felt would make the service even better and more accessible to patients. She said that incontinence was a common problem but many people were too embarrassed to seek help. She felt that one simple step the Trust could take to help patients feel more comfortable in accessing the service would be to abbreviate its name to the CUCS service.	

	The Chief Executive said that this was an excellent suggestion and the Trust would consider what practical steps could be taken to make the change she had proposed. The patient said that she did not feel that there were enough CUCS clinics across the city. She had been offered an appointment at a clinic in Beeston which was at the opposite side of the city from where she lived. Fortunately she was able to drive but many of her friends had to use public transport and this posed some difficulties for them. The Executive Director of Finance and Resources asked whether the patient thought that offering services in a city centre location would help. The patient agreed that this might be a good idea allowing patients who used public transport to make one journey into the city centre rather than two or three to access clinics on the outskirts of Leeds. The patient also raised an issue which was not the direct responsibility of the Trust but one which she felt had significant implications for the services the Trust provided for patients in the community. Both her elderly parents had spent short periods of time as in-patients in the acute hospital, neither had continence issues on admission but both were incontinent when they were discharged. Their long term care at home included the management and treatment of these problems and these had been provided by the Trust. The Chief Executive thanked the patient for highlighting this important issue and said that the Trust would reflect on whether any further work could be done in partnership with the acute hospital to improve continence management and outcomes on discharge from in patient care. An Non-Executive Director (BC) asked whether the patient felt that incontinence was a condition that was perceived to be suffered solely by the elderly. She said she felt that this was the case but her experience from attending clinics had shown that continence issues were common across all age groups and very often people were too embarrassed speak about their problems and seek treatment. The Trust Chair thanked the patient on behalf of the Board for taking time to attend the meeting, speaking so confidently about her experience of the CUCS service provided by the Trust and highlighting some issues for the Trust to consider further.	
2017-18 (79a) **(79b)**	**Minutes of the previous meeting held on Friday 1 December 2017 and matters arising** The minutes were reviewed for accuracy and agreed to be a correct record. **Items from the actions' log** The Trust Chair noted the two outstanding (amber) actions: • *Clinical Audits: progress* would be reviewed by the Quality Committee in February 2018 • *Retention plan:* would be reviewed by the Business Committee in February 2018 The completed actions from previous meetings were noted.	

(79c)	**Assurance reports from sub-committees** **Item 79c(i) – Audit Committee 8 December 2017** The report was presented by the Chair of the Committee and Non-Executive Director (JM) who highlighted the key issues for the Board's attention, namely: • **Internal Audit –** the Committee had received reports and assurance opinions on three audits completed as part of the 2017/18 audit plan: review of the board assurance framework, deployment of the quality boards in the neighbourhood teams and the quality of data and information used in the neighbourhood teams. All three audits had received a reasonable assurance opinion. The Committee had asked that progress against the internal audit plan be closely monitored and maintained in order to avoid slippage and the over-running of audits towards the end of the financial year. • **European Union General Data Protection Regulation (GDPR) –** the Committee had been briefed on the new data protection regulations due to take effect in May 2018. The Committee had noted that the Trust was preparing for the introduction the GDPR by following the '12 steps' promoted by the Information Commissioners Office (ICO) and had requested that the Trust's action plan be brought to the Audit Committee for review. **Item 79c(ii) – Quality Committee 22 January 2018** The report was presented by the Chair of the Committee and Non-Executive Director (IL) who highlighted the key issues for the Board's attention, namely: • **Continence urology and colorectal service –** the Committee had received a presentation from the continence, urology and colorectal service (CUCS). The Team's work on a number of quality initiatives had been highlighted including: learning from incidents, continence pads audits, catheter product guides, waiting list improvements and supporting neighbourhood teams and community based staff. • **Pressure ulcers –** work to deliver the pressure ulcer improvement plan continued. This had included a review of the action plan to deliver significant improvements in the reduction of avoidable pressure ulcers, and to have no category 4 pressure ulcers. The Committee had reinforced the need to sustain the systematic effort on pressure ulcer avoidance and management to avoid the emergence of a continuing trend. • **Clinical supervision –** the Committee had noted that 70% of practitioners had received clinical supervision to the end of December 2017. This represented an improvement when compared to the quarter two position but remained below the Trust's 80% target. The Executive Director of Operations advised that services continued to be supported to achieve the 80% target and she reported that the latest data showed that 78.98% of practitioners had received clinical supervision. • **Quality Improvement Plan –** the Committee had received a report on implementing the 'must do' and 'should do' actions set out in the Trust's action plan in response to the Care Quality Commission's inspection visit. Of the eight 'must do' actions relating to Hannah House, Little Woodhouse Hall and the Integrated Sexual Health Service: five had been completed by the 31 January 2018 and three were on track for completion by 31 March 2018. Of the 36 'should do' actions, 18 had been completed with the remaining scheduled for completion by 30 April 2018.	

	The Trust Chair said that the need to sustain significant systemic effort on pressure ulcer avoidance and management was a key issue for the Quality Committee. He noted the work in progress to achieve the 80% target for clinical supervision. **Item 79c(iii) – Business Committee 24 January 2018** The report was presented by the Chair of the Committee and Non-Executive Director (BC) who drew the main items to the Board's attention, namely: • **Children's strategy –** the Committee had received an update on the development of the strategy document. The Chief Executive invited the Executive Director of Operations to provide a brief verbal update for the Board. The Executive Director of Operations reported that the timescale for the strategy had been revised to allow for more consultation with clinical leaders. Following a successful consultation event in December 2017 with the integrated services for children with additional needs (ICAN), a further two consultation events were planned for February 2018 with the aim of gathering further information to inform the development of the strategy. A final draft of the strategy would be presented to the Business Committee and the Quality Committee at their meetings in February 2018 and the Trust Board on 29 March 2018. • **Estates strategy –** the Committee had received a six-monthly report which described progress against the five targets in the estates strategy; the Committee had sought more specific measures of progress against the planned programme for the rationalisation of the Trust's estate. Projects for 2017/18 were seen generally as 'on track' and the Committee had asked for information about the plans for 2018/19. • **Activity levels –** the Committee remained concerned about the variance from activity profile which stood at 14.9% below target in December 2017. There remained further work to do in understanding the shortfall and the Committee had asked for some specific independent work to be undertaken. **Outcome:** The Board noted the update reports from the committee chairs and the matters highlighted.	
2017-18 (80)	**Chief Executive's report** The Chief Executive presented her report, the items highlighted included: • Seasonal resilience: winter pressures • New service models: child and adolescent mental health services • Healthcare in police custody suites • Collaboration with partner organisations • Staffing numbers The Chief Executive reported that 'winter' pressures had impacted on services in Leeds and the wider health and social care system had reported operational performance at a high escalation level throughout December 2017 and January 2018. This had meant that the local health and social care system had been under significant pressure and this continued to increase. She advised that to date the pressure in the system had not impacted adversely on the Trust and demand had been managed effectively within existing capacity. A Non-Executive Director (BC) asked why the pressures impacting on Leeds	

	Teaching Hospitals NHS Trust (LTHT) had not yet adversely impacted on the Trust. The Executive Director of Operations reported that this year the Trust had implemented improved staffing ratios and rationalised processes to support the more effective management of patient care. Internally, the Trust had identified a 'winter pressures' team to consider how the Trust could respond to increased demand or reduced capacity. In addition, learning from the experience of last year the Trust now had processes in place to move clinical staff into pressured areas as necessary. A campaign called 'Team LCH' had also been launched aimed at identifying members of staff from non-clinical areas to volunteer to support clinical teams during times of significant pressure. The Chief Executive said that learning from best practice elsewhere, LTHT had set up a 'Winter Room' to support the management of winter pressures, maintain safety and dignity for patients and to improve the overall flow of patients through the system. The Trust, along with colleagues from adult social care and the Leeds Clinical Commissioning Groups (CCGs), had joined the discussion in the 'Winter Room' each day. All organisations had worked together to try and ensure that patients were safely discharged home in a timely way. The Executive Director of Nursing reported that she had spent time working with staff at LTHT to gain a better understanding of what further steps the Trust could take to provide home-based care for patients. In response to a question from a Non-Executive Director (JM) about the numbers of re-admissions to hospital, the Chief Executive advised that monitoring the number of re-admissions was not a key performance indicator (KPI) for the Trust but she agreed to find out whether any analysis had been done which could be shared with members of the Board. **Action: Data on the number of re-admissions to hospital to be shared with members of the Board if available.** A Non-Executive Director (IL) asked what more the Trust could do to ease pressure within the system. The Executive Director of Operations said that the Trust was considering whether it would be appropriate to submit a number of additional business cases to provide services not currently commissioned by the CCG. In response to a question from a Non-Executive Director (JM), the Chief Executive assured the Board that every patient was admitted to the Trust's caseload within 48 hours and every referral was turned around within two hours. She added that more referrals were coming through the system from general practitioners and Yorkshire Ambulance Service and the Trust had received very positive feedback from both these services as well as from LTHT. **Outcome**: The Board noted the Chief Executive's report and the matters highlighted.	**Executive Director of Operations**
2017-18 (81)	**Performance brief and domain reports** The Executive Director of Finance and Resources presented the report, which comprised: • high level performance summary within the Trust during December 2017 • more detailed reports on the five domains: safe, caring, effective,	

responsive, well-led and finance.

The Executive Director of Finance and Resources said that the report highlighted any current concerns relating to contracts held by the Trust, a focus on key performance areas that were of current concern to the Trust and a summary of performance against targets and indicators in these areas. He highlighted the following:

Safe
The Trust was achieving the majority of its targets within the safe domain for the year to date. The exception was avoidable category 4 pressure ulcers where three had been recorded for the year to date. The percentage of venous thromboembolism risk assessments completed had recovered and remained at 100% for a second month after a reduction in Quarter 2 (September 2017) to 89.9%.

All other measures were rated as green.

The Trust Chair observed that although it was important for the focus to be on the avoidance and management of pressure ulcers this should not deflect from wider quality issues.

The Executive Director of Nursing assured the Board that the introduction of quality boards had meant that services were constantly reviewing issues covered by the wider quality portfolio.

In response to a question from a Non-Executive Director (JM), the Executive Director of Nursing confirmed that quality boards had been implemented throughout the Adult Business Unit and implementation was almost complete in the Children's Business Unit. The boards for the Specialist Business Unit had a slightly different focus and consequently implementation had taken longer but should be completed soon.

Caring
A reduction in inpatient provision and low response rates had resulted in the measure for the percentage of inpatients who would recommend care in December 2017 being rated as red. Only seven responses from two small services (Hannah House and Little Woodhouse Hall) had been received together with a nil response from the community neurological inpatient unit and this had contributed to the measure reporting 71.4% for December down from 100% in November 2017.

All indicators were expected to be rated as green at the end of 2017/18.

Effective
70% of practitioners had received clinical supervision in the last quarter, in accordance with the Trust's policy. This remained down from 80% in quarter one but showed that the Trust was moving in the right direction to achieve the end of year target of 80%.

Referring to the information presented on compliance with NICE guidance a Non-Executive Director (IL), noted a significant improvement in the recorded compliance position for December 2017.

Responsive
The Trust continued to perform well in respect of a number of responsive indicators for example waiting times; all were rated as green for December 2017.

	The Board noted the continued variance from activity profile in December 2017 at -14.9% which had resulted in the return to a red rating. The Trust Chair observed that there remained a lack of understanding about the shortfall in activity levels and he welcomed the request from the Business Committee that a specific, focused and independent piece of work be undertaken to investigate the reasons for this further. A Non-Executive Director (BC) advised that the Business Committee had received an overview of the Trust's position on assessments for autistic spectrum conditions and particularly commended the work undertaken to reduce the waiting times. The Executive Director of Operations said that performance against the 12-week wait for assessment had significantly improved over the last six months and work was underway to ensure capacity would sustainably meet demand. ***Well-led*** The Board was disappointed to see that sickness absence rates remained red rated for the fourth month in a row and had risen to 6.5% in December 2017 against the Trust's target of 5.34%. A Non-Executive Director (BC) advised that the Business Committee had discussed the plans to further address staff absence and health and wellbeing amongst the workforce, including a full review. Further reports would be made to the Board on the outcome of these discussions. The Board noted that the rate of staff turnover had steadily improved in 2017/18. At 14.8% in December 2017, although it remained below the Trust's target of 15% it was consistently lower than comparator community provider trusts. ***Financial position*** The Executive Director of Finance and Resources reported that the Trust's financial performance remained strong overall at the end of Quarter 3 and was £0.3million ahead of the financial plan at the end of December 2017. He advised that since the report had been written, NHS Improvement had given permission for the Trust to use the £452,000 held in the CQUIN reserve to offset the non-delivery of CQUINS, winter pressures, contract changes and redundancy costs that might have a negative impact as the year continued. The forecast outturn position demonstrated that the Trust would achieve the control total surplus of £3.034 million **Outcome:** The Board noted the Trust's performance for December 2017.	
2017-2018 (82)	**Safe staffing report** The Executive Director of Nursing presented the report which set out progress on maintaining safe staffing over the last six months. The report outlined where the Trust was meeting safe staffing requirements and where there was further work to be undertaken. The Executive Director of Nursing reported that safe staffing had been maintained across all inpatient units for the time period. She advised that the Trust had ceased to be the lead provider for inpatient beds in the Adult Business Unit on 31 October 2017. A Non-Executive Director (BC) said he was encouraged by the level of assurance	

	contained in the report. Referring to the specialist unit at Hannah House, he asked for an update on the current staffing position. The Executive Director of Nursing reported that an internal, experienced interim manager continued to manage the unit. A recent exercise to recruit to registered nurse and support worker posts had been very successful and by the end of February 2018 only one vacant post would remain. She said that work was also underway to recruit a substantive unit manager. The Executive Director of Nursing said that following the publication of the Care Quality Commission report which assessed the unit as requiring improvement there had been a period of significant staffing challenge and a decision had been made to close some beds. She was pleased to report that following the successful recruitment exercise, the unit would be able to make the full offer to families and normal activity levels would be resumed by the middle of February 2018. A Non-Executive Director (JM) asked how the Trust had engaged with families during the period of reduced activity. The Executive Director of Nursing advised that the Trust had worked proactively to manage the situation. She said that she had sent a personal letter to all parents and carers to help them understand the issues the Trust had faced and the actions taken to address them. A series of events including coffee mornings and seasonal activities had also been arranged. In response to a question from a Non-Executive Director (JM), the Executive Director of Nursing confirmed that the Trust had not received any formal or informal complaints. **Outcome:** The Board noted the content of the report and the progress being made to support safe staffing levels.	
2017-18 (83)	**Serious incidents report** The Executive Director of Nursing introduced the report which provided an update on the outcomes, themes and learning from serious incident investigations closed during the period September to December 2017. The Executive Director of Nursing reported that there had been a total of 25 serious incidents reported during the period September to December 2017 taking the total to date for the year 2017/18 to 59. This represented a 6.5% reduction overall in serious incidents compared to the same time last year. Ten of the serious incidents related to pressure ulcers; with one other related to complex catheter management. Referring to the investigation of an incident of a fall which had resulted in a fracture which had been reclassified as a serious incident, Non-Executive Director (TD) asked what could be done to ensure that incidents were categorised correctly. The Chief Executive proposed that a Non-Executive (IL) and the Executive Director of Nursing review the criteria for categorising incidents and the outcome be reported to the Quality Committee. **Action: A Non-Executive (IL) and the Executive Director of Nursing to review the criteria for categorising incidents and report to the Quality Committee.**	**Executive Director of Nursing**

	Outcome: The Board: • received and noted the contents of the report • received assurance regarding the management of serious incidents and handling of inquests.	
2017-18 (84)	**Guardian for safe working hours** The Chief Executive drew the Board's attention to the quarterly report from the Guardian for Safe Working Hours which provided information on issues affecting trainee doctors and dentists in the Trust including matters such as morale, training and working hours. She said that as the Guardian for Safe Working Hours was unable to present the report in person, it was not appropriate for a substantive discussion to take place. The Board agreed that Non-Executive Director (IL), the Interim Executive Medical Director (PA) and the Guardian for Safe Working Hours should review the report following the meeting with a particular focus on the exception reporting process. A further update would be made to the Board in March 2018. **Action: A meeting to be arranged between Non-Executive Director (IL), the Executive Medical Director and the Guardian for Safe Working Hours.** **Outcome:** The Board received and noted the quarterly report from the Guardian for Safe Working Hours and that a further update on the exception reporting process would be made to the Board in March 2018.	**Board Administrator**
2017-18 (85)	**Quality strategy** The Executive Director of Nursing presented a revised Quality Strategy for 2018-2021. She explained that the strategy described an overarching quality objective to strengthen the approach to quality improvement with a focus on understanding data in order to give the necessary assurances on the quality of services. Using this approach the Trust would focus on four priority areas: • Prevention, proactive care and self-management • Patient experience and engagement • New models of care • Workforce The Executive Director of Nursing advised that the Quality Strategy had been developed in consultation with key leaders in the organisation and had been amended following review by the Quality Committee on 22 January 2018. Further consultation and engagement would be required with other key groups including staff, patients, the public and stakeholders. The strategy would be sent to stakeholders in parallel with the Quality Account for 2018/19. An implementation plan would be developed to support the delivery and monitoring of the strategy and this would be reviewed by the Quality Committee. A Non-Executive Director (BC) sought assurance that the Quality Strategy was aligned with all the other strategies which were currently being developed and implemented across the Trust. The Chief Executive said that the Senior Management Team (SMT) would reflect on how assurance could be provided to the Board that all the Trust's major strategies were aligned together. **Action: The SMT to reflect on how they could provide assurance to the Board that all the Trust's major strategies are aligned together.**	**Chief Executive**

	In response to a question from a Non-Executive Director (BC), the Executive Director of Nursing confirmed that the strategy would be underpinned by an action plan which supported its implementation and clearly set out the key milestones to ensure it was delivered effectively. The action plan would be reviewed by the Quality Committee in April 2018. A Non-Executive Director (JM) asked if the CQC had reviewed and commented on the strategy during their inspection in January 2017. The Executive Director of Nursing said that the CQC had made some positive comments about the strategy and noted the clear reporting lines which were in place through the Quality Committee to the Board as the strategy was refined and developed. She said that further work was needed to include new areas of focus such as New Models of Care, self-care and self-management. **Outcome:** The Board noted the revised strategy.	
2017-18 (86)	**Significant risks and Board assurance framework report** The Chief Executive presented the report which comprised: • the risk register report which provided the Board with information about risks scoring 15 or above, after the application of controls and mitigation measures. It also provided an analysis of all risk movement, presented the risk profile, identified themes and linked risks to the strategic risks on the Board Assurance Framework. • the Board Assurance Framework (BAF) summary report which gave an indication of the current assurance level determined for each of the Trust's strategic risks. **Outcome:** The Board noted: • the content and revisions to the risk register • the current assurance levels provided by the BAF summary	
2017-18 (87)	**Board work plan** The Chief Executive presented the Board work plan (public business) for information and noted 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.	
2017-18 (88)	**Approved minutes of Board committees** The Board noted the following final approved committee meeting minutes and reports presented for information. a. Audit Committee: 13 October 2017 b. Quality Committee: 20 November 2017 b. Business Committee: 25 October 2017 and 27 November 2017 c. Leeds Health and Wellbeing Board minutes: 23 November 2017 e. Leeds Safeguarding Adults Board: 26 September 2017 f. Leeds Safeguarding Children Board:12 July 2017	
2017-18 (89)	**Close of the public section of the Board** The Trust Chair thanked everyone for attending and concluded the public section of the Board meeting.	
Date and time of next meeting Thursday 29 March 2018, 9.00am – 12 noon. Boardroom, Trust Headquarter, Stockdale House, Victoria Road, Leeds LS6 1PF		

Signed by the Trust Chair: Neil Franklin
Date: 29 March 2018

AGENDA ITEM 2017-18 (94b)

Leeds Community Healthcare NHS Trust
Trust Board meeting (held in public) actions' log: 29 March 2018

Agenda Number	Action Agreed	Lead	Timescale	Status
1 December 2017				
2017-18 (63)	**Performance brief and domain reports:** update on clinical audits to be reported to the Quality Committee in January 2018	Executive Director of Nursing	~~January 2018~~ February 2018	Completed
2017-18 (63)	**Performance brief and domain reports:** 12 months retention plan to be included in the quarterly workforce report to Business Committee 22 January 2018	Interim Director of Workforce	~~January 2018~~ February 2018	Completed
2017-18 (65)	**Guardian for safe working hours:** future reports to indicate actions taken to address outstanding issues	Executive Medical Director	May 2018	
2017-18 (67)	**Professional strategy:** further updates to the Quality Committee six monthly (April and October) and the Board annually (December) to ensure alignment with OD strategy and delivery of specific actions	Executive Director of Nursing	April 2018	Completed and annotated on Board and Quality Committee workplans
2017-18 (68)	**Organisational development strategy:** Six monthly report to Business Committee in April 2018 to include identification of evidential measures eg KPIs and outcome measures	Interim Director of Workforce	April 2018	
2017-18 (69)	**Equality report:** actions to address shortfalls against targets (particularly BME) to be included in the operational plan 2018-19	Executive Director of Nursing	March 2018	Completed
2 February 2018				
2017-18 (78)	**Patient story:** consideration to be given to changing the name of the Continence, Urology and Colorectal Service, including a change to the letterhead, to try to reduce levels of embarrassment for patients when reporting for clinics	Executive Director of Operations	March 2018	Completed
2017-18 (80)	**Chief Executive's report:** further analysis to be done regarding re-admissions if possible	Executive Director of Operations	March 2018	Completed
2017-18 (83)	**Serious Incidents Summary Report:** MP to meet with IL to review what is categorised as a serious incident – to reported back through Quality Committee	Executive Director of Nursing	March 2018	Completed
2017-18 (84)	**Quarterly Report of the Guardian for Safe Working Hours:** IL, PA and Turlough Mills to discuss exception reporting and provide feedback to the next Board meeting	Executive Medical Director	March 2018	Completed
2017-18 (85)	**Quality Strategy:** SMT to reflect how assurance can be provided that major strategies are aligned with each other	Chief Executive	March 2018	Completed

Key		
Total actions on action log	**11**	
Total actions on log completed since last Board meeting: 2 February 2018	**9**	
Total actions not due for completion before 29 March 2018; progressing to timescale	**2**	
Total actions not due for completion before 29 March 2018; agreed timescales and/or requirements are at risk or have been delayed		
Total actions outstanding as at 29 March 2018; not having met agreed timescales and/or requirements		

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Leeds Community Healthcare NHS Trust

AGENDA ITEM 2017-18 (94ci)

Report to: Trust Board 29 March 2018
Report title: Audit Committee 16 March 2018: Committee's Chair assurance report
Responsible Director: Chair of Audit Committee **Report author:** Company Secretary (interim)
Previously considered by: Not applicable

Summary

This paper identifies the key issues for the Board arising from the Audit Committee 16 March 2018 and indicates the level of assurance based on the evidence received by the Committee.

General Data Protection Regulation (GDPR)

The Committee received details of the GDPR action plan, which is aligned with the Information Commissioner's Office '12 steps' guidance. The Committee noted the approach and governance arrangements have been established. The Committee was reasonably assured by the discussion around the presentation of the plan but requested that a follow up paper, specifically responding to questions about assurance of a satisfactory compliance position by May 25th 2018 and assurance that outstanding actions and timescales would be regarded as sufficient by the ICO, be brought to the next meeting in April 2018. The paper should also provide an update on progress in the establishment of a network of information asset owners.

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

Internal audit

The Committee received reports and assurance opinions on the three audits completed as part of the 2017/18 audit plan, namely:

- reasonable assurance in relation to the review of key financial systems, which considered the arrangements in place including accounts payable, accounts receivable, cash receipting, treasury management, asset register and financial ledger.
- reasonable assurance in respect of a review of the contract management framework which covered structures and resources, delivery, development and strategy.
- reasonable assurance about the Trust's recruitment and retention strategy, policies and processes.

The Committee reviewed progress against the 2017/18 internal audit plan and raised concern about progress against the plan in anticipation of the year-end reporting timetable and assurance required. The internal auditor updated the Committee with more detail on the current status of outstanding audits and anticipated completion and reporting dates, advising that all completed audits that were already in draft report stage would be finalised in time for the next Committee meeting in April 2018. He advised that the majority of audits still in fieldwork would be sufficiently complete to assess the level of assurance to be reported. Whilst the internal auditor anticipates the overall audit opinion for the Trust will be 'reasonable', this is caveated whilst the outstanding audits are completed.

Whilst the progress report showed that the Payroll audit, which is currently at draft report stage, has received a limited assurance opinion (which has been accepted by management) in discussion the Committee were assured that the findings within the report did not raise fundamental control issues around payroll, which might give concern for year-end reporting. The Deputy Director of Finance and the External Auditor confirmed that other work their teams had undertaken in the payroll area supported that conclusion.

Although though the discussion and update on the work to complete the 2017/18 audit plan was reassuring, the significant numbers of outstanding audits to be formally completed and reported meant that we were only able to conclude limited assurance at this stage.

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

The draft 2018/19 internal audit plan was reviewed by the Committee. The internal auditor explained that there has already been consultation with the executive team, and that input from the Business and Quality Committees was being requested. The Audit Committee felt that an information/ cyber security audit should feature on an annual basis from now onwards reflecting the heightened and increasing risk that this poses for all organisations. The Committee also made recommendations about the BAF/Risk management, which has been audited on an annual basis, with a suggestion that a 'deep dive' approach to two selected strategic risk areas would be beneficial for this year's audit. The Committee suggested that an audit considering the changing landscape of partnership working should be included, because of the level of exposure to this risk. For practical planning purposes, the Committee noted that the Executive would need to consider ownership of the audits that were assigned to the Medical Directorate in the 2018/19 plan.

Counter fraud annual work plan
The counter fraud specialist presented the 2018/19 work plan. Three key areas were highlighted: the possibility of an NHS Counter Fraud Authority inspection to check compliance with NHS standards, the increasing risk of cybercrime and the consequent disruption to services, the outsourcing of back office and healthcare functions and the increased risk of conflicts of interest.

The counter fraud specialist alerted the Committee to a cybersecurity maturity assessment, which could be performed for the Trust to provide a snapshot of the Trust's current position. The Committee asked that this should be undertaken in 2018/19.

End of year reporting
The Committee were advised of the Trust's plans for the finalisation of the Trust's annual report, accounts and associated activities. A draft annual governance statement (AGS) and going concern statement were reviewed and feedback provided from members on the AGS.

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

NHS
Leeds Community Healthcare
NHS Trust

AGENDA ITEM 2017-18 (94cii)

Report to: Trust Board 29 March 2018
Report title: Business Committee 16 March 2018: Committee's Chair assurance report
Responsible director: Chair of Business Committee **Report author:** Executive Director of Finance and Resources
Previously considered by: Not applicable

Purpose of the report
This paper identifies the key issues for the Board from the Business Committee 16 March 2018 and indicates the level of assurance based on the evidence received by the Committee.

In depth service focus: School Immunisation Team
The Committee received a presentation from the school immunisation team, which reflected the particular challenges around this service area. The committee was particularly interested in issues around the effectiveness and responsiveness to the variable work requirement and whilst it recognised the quality of the team, it pressed on issues of competitiveness, i.e. digital capability etc.

Children Services Strategy
This had been the third iteration of this report at the Business Committee and, given the aims of the report, the committee were content to sign it off as a good, clear and well-connected outline of the work requirement facing this part of the Trust. The strategy had developed strongly over the past months and will now form an important benchmark for the next few years. It adequately described the work of the Trust to a variety of important audiences, not least, the staff of the Trust.

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

E-Rostering.
The committee was updated on the shaping of the rerun of an e-rostering project. It was clear that important lessons had been learned and that a substantial early focus was being given to the requirements definition, through consultation and site visits. A PID was imminent and the committee offered support in 'testing' any further drafts, before finalising. There is a clear expectation of a plan and a concluded PID by the time of the next Business Committee meeting (April 2018). At that stage, the committee would feel it proper to provide an assurance rating.

Trust Operational and Financial Plans
The Committee had a substantial discussion on both papers.
On the Operational Plan, the committee remained concerned over the volume of 'to do….' requirements, described as high-level priorities, with little explicit room for short notice (but inevitable) policy/practical interventions arising from broader Leeds/NHS developments. It was equally concerned about the shortfall in delivery date commitments and success measures. Subject to some work on those issues, and some tidying up on the cross-referencing arrangements within the document, it believed that it should progress for a full Board consideration.
The Committee was very content with the financial plan, which spoke strongly and admirably to the work of managing risks in an uncertain and interesting year ahead.

Operational plan assurance:

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

Financial Plan assurance:

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

Performance Targets, 2018/19.

There was a useful consideration across the range of proposed and imposed performance measures for the next year. The Committee broadly agreed, with some specific issues of recommendation. There was recognition of the particular need to ensure the inclusion of targets that properly reflect feedback arrangements – from the community, patients and staff. These should not be lost, rather, strongly developed.

There was also a discussion on productivity measures – as a possible future focus for the Business Committee. It would be incorporated as part of a developing approach to Trust productivity and a future associated lead group.

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

Business Committee Review

A helpful discussion, following the committee appraisal work, on the shape, focus and connectivity of Business Committee work. In broad terms, looking to maintain the current balance between operational scrutiny, project effectiveness, strategy development and commercial coherence. It will however look to a sharper scrutiny of problem/difficult performance areas and a more regular examination of the issues around effective partnering (commercial/strategic). A separate summary note will be circulated summarising and seeking agreement on next step proposals.

NHS
Leeds Community Healthcare
NHS Trust

AGENDA ITEM 2016-17 (94ciii)

Report to: Trust Board 29 March 2018
Report title: Charitable Funds Committee 16 March 2018: Committee's Chair assurance report
Responsible director: Chair of Charitable Funds Committee **Report author:** Executive Director of Nursing
Previously considered by: Not applicable

Purpose of the report
This paper identifies the key issues for the Board arising from the Charitable Funds Committee 16 March 2018 and indicates the level of assurance based on the evidence received by the committee.

Charitable activity updates
The Executive Director of Nursing provided information on the 'more than a welcome' initiative which was gaining traction with staff. An update report was presented on a review of the approach to 'More than a Welcome'. The committee welcomed the review and approach to mainstream this work and link with Quality Challenge+.
An update was provided in relation to the positive developments in relation to Customer Service Training with John Lewis. The first staff event is planned for the 10 April 2018 with two sessions planned to encourage participation. The Committee welcomed this and that the Committee Chair would wish to support and attend this work. It reflected good progress.

Assurance level						
Substantial		**Reasonable**	x	**Limited**		**No**

Fundraising
There had been a small delay in working up plans to develop a staff lottery. A small group has been established to develop this work and a clear plan and option will be prepared for the June 2018 Committee Meeting.

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

Financial report
The Committee received the financial statements for the charitable funds; including the income and expenditure account, the balance sheet and memorandum note summarising funds available for the year to date 2017/18. The Chair suggested a review of this by the Audit Committee. The Executive Director of Finance reminded the committee that the Trust had been notified it had received an unqualified audit opinion for 2016/17 but would consider a further audit during 2018/19, particularly given the direct link to the expenditure of public donations.

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

Working with Partners
The Trust Chair reported that he had a positive meeting with the Chair of the Charitable Funds Committee at LTHT. There are potential options to work more closely on areas that would benefit identified local communities.
It was agreed that there would need to be a supported internal meeting to potentially work up some options and plans prior to any meeting. The Executive Director of Nursing has been provided with

detail of the New Chief Officer for the LTHT Charitable Funds Committee and is seeking an introductory meeting

Future direction.
The chair invited some fresh consideration on the forward direction of the Charitable Funds Committee. He believed that there would be value in looking again at the ambitions and the focus – with a view to ensuring a coherent agenda and a suitably matching resource commitment. It was agreed that a workshop should be pulled together for the express purpose of pursuing this – in advance of the next meeting.

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2017-18 (94iv)

Report to:
Trust Board - 29 March 2018

Report title:
Nominations and Remuneration Committee 16 March 2018
Committee's Chair Assurance Report

Responsible director:
Chair of Nominations and Remuneration Committee

Report author:
Interim 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 on 16 March 2018.

The Committee considered a paper on the Employer Based Clinical Excellence Awards round for 2016/17, which outlined the number of awards available, together with an indicative timetable for administering the scheme. It was noted that discussions are being held nationally around Clinical Excellence Awards, and the Committee will be updated once the outcome is known.

The End of Year reporting timetable was noted and the Terms of Reference reviewed.

The Committee approved the annual report 2017/18, prior to submission to the Audit Committee.

It was noted that a report on Pay disclosures would need to be discussed virtually by the Nomination and Remuneration Committee, prior to submission to the Audit Committee, in April 2018, in time for the May 2018 Board meeting.

NHS
Leeds Community Healthcare
NHS Trust

AGENDA ITEM 2017-18 (94v)

Report to: Trust Board 29 March 2018
Report title: Quality Committee 19 March 2018: Committee's Chair assurance report
Responsible Director: Chair of Quality Committee **Report author:** Executive Director of Nursing
Previously considered by: Not applicable

Purpose of the report
This paper identifies the key issues for the Board from the Quality Committee held on 19 March 2018 and indicates the level of assurance based on the evidence received by the Committee where applicable.

Service spotlight: Musculoskeletal Service (MSK)
The Committee received a presentation from the MSK service, which provided the Committee with a clear view of the quality elements of the service. This is a large service; it provides 90,000 contacts and a range of interventions. The particular challenges for this service include maintaining staffing capacity amidst the national shortage of band 6 physiotherapists, problems with ensuring career progression and ensuring compliance with statutory and mandatory without having to 'micro-manage' staff. The service has created a succession plan to combat some of these challenges including a development post to progress to band 7. The Committee learned of the outcomes measures used and the exciting research opportunities that the service continues to develop successfully.

Performance brief and domain reports

Safe
The Trust is achieving most of its targets within the safe domain, with the exception of category 4 pressure ulcers. The Committee discussed incident reporting patterns and staff capacity.

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

Caring
All indicators are expected to be green at year-end.

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

Effective
The Committee received an update on the status of the clinical audit 2017/18 programme. Whilst it recognised that clinical audit was not purely about numbers of audits completed, and services being able to demonstrate quality improvement were very important, the number of audits that remain outstanding is still a concern. The committee noted the progress in the monthly update provided. The Committee has asked for a clear plan for next year's clinical audit programme, which should ensure timely completion of qualitative audits.

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

Director of Nursing Report
The Committee received an update on two issues that had received limited assurance at the previous Committee meeting. These QIP plan actions relating to Leeds Sexual Health Service and Community Neurological Rehabilitation Centre were being slow to progress. The update provided information, which showed that the actions were progressing in line with the timetable; however, the Committee felt it important to receive the Q4 update in terms of assurance. The QIP plan is on the May 2018 agenda and at that point, the Committee will determine assurance.

Quality Account
The first draft of the Quality Account was presented. The Committee recognised that as the Quality Account was the Committee's major output and, sufficient focus was provided during the meeting for this agenda item. The Committee found the document easy to read, and it was explained that this year's edition followed an inclusive process, with much consultation with services. The Committee discussed whether there should be fewer priorities. The Committee will review the document again in April 2018.

Operational Plan
The Committee reviewed the operational plan and was broadly accepting of it. However, the Committee found that some objectives were not 'SMART', and queried the feasibility of some of the milestones. It agreed that the quality priorities reflected the discussions at Quality Committee and that the document should be progressed through to Trust Board as scheduled.

Children's strategy
The Executive Director of Operations presented the final draft of the children's strategy for Quality Committee's consideration. The Committee agreed that the revised draft better acknowledged the wider involvement the Trust plays in children's services throughout the city. It was agreed that some minor amendments would be made including a reference to the 'Best start' programme in the context section, and adding a key indicator of avoidable deaths in appendix 1.

Terms of reference
The committee reviewed its annual report and terms of reference. Some minor amendments were agreed for the annual report and this will now be presented at Audit Committee in April 2018. For the terms of reference, the Committee has agreed changes to the wording of the purpose section and to add a bullet point in the governance section to recognise the Committee's responsibilities towards shared governance arrangements that exist and those that will develop in future.

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2017-18 (**95**)

Meeting: Trust Board 29 March 2018	**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. It also recognises recent developments and achievements within the Trust.

Main issues for consideration

The main features of the report are:

- Operational challenges of recent adverse weather
- CQC inspection of Wetherby Young Offenders' Institute
- OFSTED report
- General Data Protection Regulation update
- Gender pay-gap
- Multi Agency Discharge Event (MADE)

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

Recommendation

The Board is recommended to:

- Note the contents of this report

Chief Executive's report

1. Trust news

How LCH services coped in the recent snowfall

The last month has seen a number of periods of inclement weather. Staff across the Trust went the extra mile to ensure services continued to be provided on each occasion. To recognise the commitment of staff we asked for stories of 'Snow Angels' and here are some examples:

- Staff who walked for hours from home to get to work
- Staff who were not able to get to their own base but supported teams close to where they live
- Staff who completed visits on foot when they couldn't get their cars out
- Staff who came into work on their day off to offer support, and staff who worked additional hours to cover when the next shift was unable to get to work
- The domestic service team who literally walked the extra miles in snow to get to our buildings early and ensure they were open
- Staff stuck in the gridlocked traffic who helped others whilst en route. One member of staff helped an elderly woman who started to have an asthma attack in her car
- Members of staff with 4 x 4s who helped by driving other staff to patient visits.
- And of course, our teamLCH volunteers who stepped in to help where required

HMIP/CQC inspection of Wetherby Young Offender Institute

Her Majesty's Inspector of Prisons undertook a review of HM Young Offenders Institute Wetherby over the two weeks commencing 5 March 2018. In the second week, they were joined by a CQC Inspection Team, which inspected the healthcare element of the service under the Respect domain of the prison inspection regime. Early informal feedback from this inspection has been very positive.

OFSTED report

OFSTED inspectors carried out a focused visit to Leeds City Council children's services on 30 and 31 January 2018. Inspectors looked at the local authority's arrangements for the quality of matching, placement and decision-making for children in care, including the quality of planning and the identification and management of risk and vulnerability. They also evaluated the effectiveness of performance management, management oversight, supervision, quality assurance and the continuous professional development of the workforce. Inspectors looked at a range of evidence. They sampled a number of children and young people's cases, spoke to social workers, managers, foster carers and independent reviewing officers and met with groups of children and young people. LCH staff played an active part in the inspection.

OFSTED recognised a great deal of good work with children and their families in Leeds. The Director of Children's Services wrote to LCH noting that the result was not something that children and family services (provided by the Council) could have achieved on their own and that the great results were achieved by a city-wide partnership that is absolutely focussed on and committed to delivering the best possible outcomes for children and young people in the city.

General Data Protection Regulation (GDPR)

The General Data Protection Regulation comes into force on the 25 May 2018. The Trust has developed an action plan based upon the Information Commissioner Office '12 Steps to GDPR compliance' and associated governance structure to ensure compliance with this new regulation. The plan includes detailed planning and an awareness campaign, making the changes to be compliant, and embedding the change into routine practice.

Gender pay gap

In order to comply with the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, all public sector bodies are required to publish their gender pay gap in March 2018 for the position as at 31 March 2017.

LCH total workforce is ranked in order of hourly rate and then divided into 4 sections referred to as 'quartiles'. The pay gap must be reported as both a mean and median average. The mean is derived by adding all of the salaries together and dividing by the number of employees. The median is the middle value between the bottom and top salary paid. Our results for both averages must be published by end of March 2018. Overall, LCH workforce comprises 88% female and 12% male, with the split generally maintained within each Quartile.

The tables below show the Mean and Median Gender Pay Gap:

Pay Quartile – Mean Gender Pay Gap

Quartile	Mean Difference (%)
1	Women are paid 3.7% more than Men
2	Women are paid 3.2% less than Men
3	Women are paid 0.5% more than Men
4	Women are paid 35.1% less than Men

Pay Quartile – Median Gender Pay Gap

Quartile	Median Difference (%)
1	Women are paid 6.3% more than Men
2	Women are paid 1.1% less than Men
3	Women are paid 2.0% less than Men
4	Women are paid 0% more than Men

As can be seen from the Mean Gender Pay Gap table, there is a significant gap in the top quartile where women are paid 35.1% less than men. This quartile is comprised of predominantly senior medical roles and has a greater weighting towards men, which contributes to this gap. The Trust will now undertake further action to ensure there is equality in recruitment and development processes.

Once all public organisations have published their data, a detailed review will be undertaken to understand how we compare to others. Further action will be considered after the review.

Multi Agency Discharge Event (**MADE)**
The system continues to experience severe pressure and NHSI have run an event to look at what more we can do as a system to tackle the high levels of demand in LTHT. A draft report has been received by CEOs and there will be a workshop session for them to explore the findings further before the end of March.

TeamLCH update
The Trust has had an amazing response to the request for staff to volunteer to be a TeamLCH colleague, with over 80 staff volunteering to take part in this initiative. These are staff currently provide indirect patient care who are offering their existing skills to support frontline services. The volunteers are being trained as a support workforce to assist teams during times of extreme pressure. Their duties will include admin, basic personal care, basic food prep and driving. A comprehensive volunteer training package has been developed and is currently being delivered to our TeamLCH volunteers.

Flu campaign – result
After an intense flu campaign led by our infection prevention and control team, and the participation of so many willing members of staff, Public Health England has confirmed the Trust is third best performing Trust for flu vaccination in the country. The success of this effort has helped protect vulnerable patients, staff, families, and communities. The team is already starting to plan for the 2018/19 flu season.

In recognition of this work, the Trust has been shortlisted for the 'flu fighter champion' award, organised by NHS Employers. It is also shortlisted under the 'flu fighter care' award for the collaborative work done with Leeds City Council Adult Social Care. Whilst this second award is not actually in the Trust's name on the shortlist, our contribution will be mentioned in the awards brochure under this entry. The award ceremony is on the 24 April 2018 in Manchester and we wish our team the best of luck.

Changes to approach for quality improvement and organisational development
The Trust is bringing together the Quality Improvement Team and the Organisational Development Team to create an integrated team. The benefits of this approach is to support the creation of the working lives people want – where everyone can give their best, work well with colleagues, feel trusted and empowered to make decisions and feel valued for the work they do. Secondly, by working in this way it means that staff can continuously improve the care delivered to patients.

Apprentice nurse degree.
Leeds Community Healthcare NHS Trust is working with the University of Leeds to deliver the Apprentice Nurse Degree. This clinical apprenticeship is a four-year education work-based learning programme and successful applicants will study to become a Registered Nurse with BSc (Hons) degree. The first cohort of staff will start the course in June 2018.

Staff conferences
This month, the Trust proudly sponsored the 'Culture of Capturing Excellence' Conference for the registered workforce on 27/03/2018 at Cloth Hall Court, Leeds. Organised by the Trust's Lead for Allied Health Professionals, the topics covered at the conference included learning from our patients and what high quality means to them, learning when things go well and how we demonstrate high quality care, as well as learning how 'better conversations' can improve the quality of patient care.

Media focus
The Trust was featured on the front page of the Yorkshire Evening Post, as part of the newspaper's 'We love our NHS' campaign. A journalist described the day they spent with a community nurse from a neighbourhood team, visiting patients with a wide range of needs. There was also local press coverage about our CAMHS Eating Disorder service featured as part of Eating Disorders Awareness Week. The Trust's success in winning the tender for the Yorkshire and the Humber police custody suites healthcare contract was featured in local press recently.

Community dental service award
The Community Dental service has been highly commended for their entry into the British Society of Paediatric Dentistry's Outstanding Innovation Award. This was a four-minute animation to help young people with autism prepare for a dental appointment. It is supported by additional resources to help patients with autism acclimatise to the sights and sounds of a dental clinic. The judges were full of praise for the animation, which benefits an important cohort of patients treated in community clinics and hospitals, recognising that young people on the autistic spectrum in the UK are likely to find going to the dentist a challenging experience and saw this as a valuable resource.

Leeds Infant Mental Health and Health Visiting Services shortlisted for award
The 'Early Attachment Observation' created by the Leeds Infant Mental Health and Health Visiting Services has been shortlisted as one of three finalists for the 'Innovation in Health Visiting Practice' category of the Journal of Health Visiting awards. This project is a universal assessment used by health visitors in Leeds at the 6-8 week contact to assess for early attachment difficulties.

2. Local activity

Memorandum of Understanding

The private session of the Board will consider the draft memorandum of understanding for the establishment of committees in common as a governance mechanism to support the West Yorkshire mental health collaborative.

3. National involvement

CQC: review of the fit and proper person's test

At the CQC board meeting on 21 February 2018, the CQC accepted all the recommendations that relate to it in the Kirkup review into Liverpool Community Healthcare NHS Trust. This includes the fit and proper person's test (FPPR), which the CQC is reviewing with the Department of Health and Social Care, to clarify its purpose and ambition. The Trust is currently reviewing the briefing sent out by NHS providers against its own procedures to ensure that it complies with the current FPPR.

Health Education England: consultation on draft workforce strategy

Health Education England's consultation on its first ever system-wide draft workforce strategy and consultation for health and social care services closed on 23 March 2018. It has been developed by the whole health and care system and it is branded as being both an NHS and Public Health England document.

The strategy entitled *'Facing the Facts, Shaping the Future – a draft health and care workforce strategy for England to 2027'* aims to condense and consider the outputs of major workforce plans for the priorities laid out in the Five Year Forward View – cancer, mental health, maternity, primary and community care and urgent and emergency care. The Trust is responding to the consultation led by Ann Hobson, Interim Director of Workforce.

Agenda for Change pay structure and terms and conditions reform (2018 contract refresh)

NHS Employers has announced that the NHS Staff Council has formally signed off a framework agreement for the reform of the NHS pay structure and terms and conditions for all Agenda for Change staff. Details of the framework are on the 'NHS Employers' website.

The NHS trade unions will now set in motion a consultation period with their members on the proposed agreement, with any ballots likely to report by the beginning of June 2018 at the latest.

4. Recommendations

4.1 The Board is recommended to:

- Note the contents of this report

Leeds Community Healthcare NHS Trust

Agenda Item 2017-18 96

Meeting: Trust Board 29 March 2018	**Category of paper** *(please tick)*	
Report title: Leeds Health and Care Academy - Partner Board Briefing	**For approval**	
Responsible director: Chief Executive **Report author:** Company Secretary (interim)	**For assurance**	
Previously considered by: N/A	**For information**	√

Purpose of the report:

Leeds Community Healthcare NHS Trust is part of the Leeds Academic Health Partnership, which brings together leading expertise from all of Leeds's NHS organisations, three of the city's universities and Leeds City Council.

The Partnership identifies, attracts and implements innovation and inward investment that responds to the challenges facing health and care, including reducing health inequalities across the city.

This report updates the partner Board on the progress of the Academy project to date.

Main issues for consideration:

The following information is summarised in the report:

- The agreed long term outcomes for the Academy
- Vision and values have been identified
- Governance arrangements have been established
- Work streams have been approved by the Project Board

Recommendations

The (partner) Board is recommended to:

I. Acknowledge progress made to date on the Leeds Health and Care Academy project
II. Note the decision of the Project Board to progress the delivery and enabling work streams and commit to the follow up actions of making these happen
III. Await a detailed business case in May 2018 at the earliest that specifies the financial and people resourcing model with the objective of gaining partner Board sign off

Leeds Health and Care Academy - Partner Board Briefing

1. Introduction

This report has been produced by the Leeds Health and Care Academy (hereafter 'Academy') project and intended recipients are Boards/Executive Groups of Leeds Teaching Hospitals NHS Trust, Leeds Community Health Care Trust, Leeds & York Partnership Foundation Trust, The Leeds Clinical Commissioning Group Partnership and Leeds City Council, these being the bodies that have initially funded the project.

This is an information giving report with the following aims:

I. Update the partner Board on the background to the Academy and the progress of the project to date

II. Specifically highlight the work streams that the Academy will progress in 2018 as approved by the Project Board

III. Explain the next steps of the Academy project and how partner Boards will be engaged, both for information and on future decisions related to resourcing.

2. Background

The Leeds Academic Health Partnership (LAHP) decided at its meeting of the 19th June 2017 to approve the outline business case for establishing a Leeds Health and Care Academy to support the Leeds Plan and wider Health & well-being strategy 2016-2021, and bring more integrated working across health and care in Leeds.

This reflects that the workforce will need to:

I. Work differently with a radical shift towards prevention and proactive work around people, families, and communities rather than organisations.

II. Work flexibly across community, acute, mental health, and social care as 'one workforce'.

III. Work innovatively and efficiently through changes in role and skill mix and better use of digital opportunities and new technologies.

The proposed Academy offers the potential for integration of learning and development for an estimated 57,000 strong workforce across the health and care sector in the city. By staff in training and development working together, across organisational and professional boundaries, this will promote systems thinking and leadership, and embed research and innovation. The agreed long term outcomes for the Academy are summarised below:

		Outcome	
Transformation	1	**Quality of Learning and Development activity is aligned with the strategic five year plan.** Quality of L&D opportunities received by workforce currently is variable, this focus will allow the workforce to meet the demands more effectively.	One Workforce
	2	**Digital Ready Workforce**. The rapidly changing technological landscape requires organisations to be ready for new technologies. The Academy should ensure improved digital literacy and that staff are trained for such technologies.	
	3	**Managing Demand and Care in the Right Place.** Supporting and empowering people to manage their health and receive care in the most appropriate settings, including their own homes.	
Efficiency	4	**Stable Workforce.** This will ensure consistent high quality services. The Academy must increase staff retention and more agile career pathways.	
	5	**Reduction of role boundaries.** A flexible workforce will ease pressures on understaffed divisions and can act as a stimulus for change of the whole Health and Social Care economy to start working together	
Leeds Brand	6	**Better value for Leeds Pound.** Pooling at least a part of the collective budget being spent across the city on H&SC L&D, capitalising on the apprenticeship levy and where possible engaging Leeds providers to deliver L&D.	
	7	**Leeds becomes a Job Magnet.** It is important that Leeds as a region is able to attract high quality talent. The Academy must successfully create a strong reputation for LAHP partners in learning and development. It must also support economic growth through increasing employment and aid social mobility within the city.	

was designated to continue as the Senior Responsible Officer and Leeds Teaching Hospitals agreed to become the host organisation for the programme and project team to establish the Academy by September 2018.

3. Vision and Values

The project has been working to the original vision and values for the planning and implementation phase. Stakeholder engagement and feedback received suggested the vision needed to be more aspirational in the use of language and to have greater focus on benefit for Leeds citizens. The Vision and Values have been modified to reflect the feedback received and they were signed off at the Project Board on 13th March 2018.

Vision

To create one Leeds workforce with the best skills, founded upon the best research and evidence, to care for and empower the people of Leeds

Ambitions:

- Improve system sustainability through collaboration on learning and development to deliver 'One workforce'
- Accelerate learning transfer from universities and research and innovation into care delivery
- Engage with citizens to expand career and employment opportunities and enhance social mobility

The Leeds Health and Wellbeing Strategy

Health and Care Academy Values

We **value and support our one Leeds workforce**, maximising their strengths through learning and development

We **work with people** to improve the health and wellbeing of our citizens, patients and workforce

We **embrace digital solutions**, maximising benefits from information and technology for learning and development

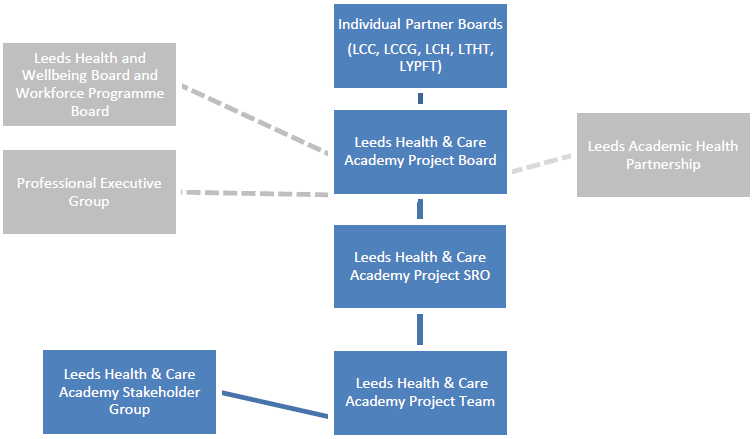
We are a **beacon of excellence in learning and development**, achieving innovation through collaboration

We put people first | **We are Team Leeds** | **We deliver**

Leeds will be the best city for health and wellbeing

4. Governance

The project team was established in October 2017 with Sue Ellis identified as the Programme Director and governance arrangements were put into place for the 12 months Planning and Implementation stage.



Sara Munro was appointed as the Project Board Chair as the lead Chief Executive for Workforce within the Leeds Plan and every partner organisation has a member of its own Board on the Project Board.

The Stakeholder Group, Project Board and broader stakeholders have been engaged in the project in a variety of ways, including:

- Partnership Executive Group meeting 7.12.17
- Stakeholder Engagement Event 12.12.17
- Stakeholder Group meeting 22.1.18
- Project Board Meetings 5.2.18 and 13.3.18
- Leeds Academic Health Partnership Board 13.2.18

This has enabled the project to develop the Academy Vision, Values and Workstreams that will transition into the Academy in 2018.

The LAHP Board on 13th February 2018 identified that as a future provider, the Academy curriculum needs a commissioner or range of commissioners and this issue is to be discussed and resolved at Partnership Executive Group (PEG), led by Tom Riordan as Chair of that group.

5. Work streams

The work streams, set out as 'delivery' and 'enabling' were approved at the Project Board on 5.2.18 and reported to LAHP Board 13.2.18.

Delivery work streams relate to the types of learning and development provision that will transition into the Academy during 2018. Enabling work streams are underpinning and cross cutting work streams that are needed to enable the delivery work streams to be achieved.

The first three delivery work streams will start from April 2018 (soft launch) and the others from September 2018. The Academy is also progressing enabling work streams, recognising and working with complexity due to different organisational forms. We are planning for an Academy conference which will also be the formal launch on 18th July 2018.

The Boards are being asked to note the decision made by the Project Board for these work streams that are progressed into the Academy in 2018.

6. Next Steps

The next steps of the project are to:

I. Progress the work streams to deliver the Planning and Implementation stage of the project and have the outputs ready to be fully operational when the Academy goes live

II. Conduct detailed mapping of the people and financial resources that exist within each partner organisation that is aligned to each of the work streams for when the Academy goes live and in the longer term - this process has been initiated and is being completed as a collaboration between the project team and L&D departments in partner organisations

III. Develop the Academy Structure and Form and have this approved by the Project Board so that key senior posts can start to be filled and the model of pooling resources between partners can be agreed

IV. Achieve partner board sign off during May 2018 at the earliest for the financial and people resources to be transferred into the Academy workstreams and the future model of resourcing

7. Recommendations

The partner Board is recommended to:

IV. Acknowledge progress made to date on the Leeds Health and Care Academy project

V. Note the decision of the Project Board to progress the delivery and enabling workstreams and commit to the follow up actions of making these happen

VI. Await a detailed business case in May 2018 at the earliest that specifies the financial and people resourcing model with the objective of gaining partner Board sign off

NHS
Leeds Community Healthcare
NHS Trust

AGENDA ITEM 2017-18 (97i)

Meeting: Trust Board, 29 March 2018	**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, 14 March 2018 Business Committee, 16 March 2018 Quality Committee – 19th March 2018	**For information**	

Purpose of the report

This report provides a high level summary of performance within the Trust during February 2018.

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.

More detailed narrative on each of the individual indicators will be available in the domain reports.

Main issues for consideration

Safe
The Trust is currently achieving most of its targets within the safe domain for the year to date. The exception is avoidable category 4 pressure ulcers where 3 have been recorded for the Year to Date.

Caring
All indicators remain expected to be rated green at year end. The percentage of inpatients recommending care (FFT) in February is 100%

Effective
Clinical Audits measure forecast remains rated as green for the year but a number of Audits are now abandoned from the programme due to reconfiguration of services (7 audits). A further more detailed update will be provided to March Quality Committee to provide further assurance. Other contributing factors include resources within teams/services reduced due to capacity and some services decided that audits were no longer necessary or relevant to their service.

Responsive
The Trust continues to perform well in its indicators relating to waiting lists. All remain rated as green for February.

Patient Contacts is reported as -10.5% below profile in February but remains amber rated YTD

Well Led
Total sickness absence remains above target but is now rated amber for short term sickness (2.4%).

Long term sickness (3.6%) is improving and is rated green for February. There has been a slight improvement in the AfC Staff Appraisal Rate (80.3%) but it remains rated as red.

Finance
The Trust's financial position at the end of February remains very strong overall and the surplus is £0.2m ahead of the plan. Recurrent CIP delivery continues to be a concern and a small overspending on pay has been mitigated by underspending on non pay. Staffing levels are 102 below funded wte; temporary staffing is in place to mitigate service delivery risks. Activity levels continue to be 5.5% less than planned for the year to date at last month. Adult Neighbourhood Teams activity is 0.5% more behind target than last month at 7.8% less than profile for the year.

The forecast outturn position demonstrates the Trust will achieve the control total surplus of £3.034m and a further £150k of the risk reserve has been released into the surplus bottom line following discussions with NHS Improvement. This will be matched by additional incentive STF income bring the adjusted surplus to £3.338m for the year. There are further financial risks such as CQUIN delivery however the Trust has sufficient flexibility to mitigate these should they arise.

Recommendations
The Board is recommended to:

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

Leeds Community Healthcare NHS Trust

Leeds Community Healthcare NHS Trust

Performance Brief, February 2018

Senior Management Team – 14th March 2018
Business Committee – 16th March 2018
Quality Committee – 19th March 2018
Trust Board – 29 March 2018

Executive Summary

This report provides a high level summary of performance within Leeds Community Healthcare (LCH).

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

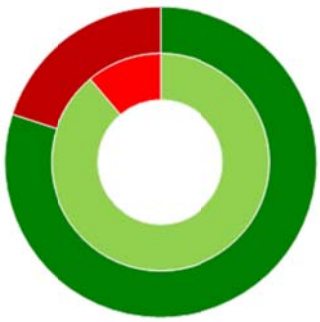
It provides a focus on key performance areas that are of current concern to the Trust. It provides a summary of performance against targets and indicators in these areas, highlighting areas of note and adding additional information where this would help to explain current or forecast performance.

1. High Level Performance Summary

1.1 Summary of Performance Against High Level Indicators

Please note that the charts included below do not represent the CQC key lines of enquiry. They do reflect the Trust's high level indicators which are aligned to the CQC domains.

1.1.1 Safe

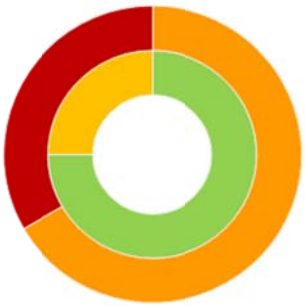


The Trust is currently achieving most of its targets within the safe domain for the year to date. The exception is avoidable category 4 pressure ulcers where 3 have been recorded for the Year to Date.

1.1.2 Caring

All indicators remain expected to be rated green at year end. The percentage of inpatients recommending care (FFT) in February is 100%

1.1.3 Effective



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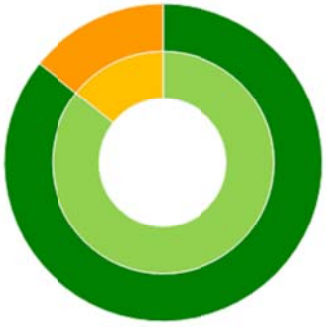
1.1.4 Responsive



The Trust continues to perform well in its indicators relating to waiting lists. All remain rated as green for February.

Patient Contacts is reported as -10.5% below profile in February but remains amber rated YTD.

1.1.5 Well Led

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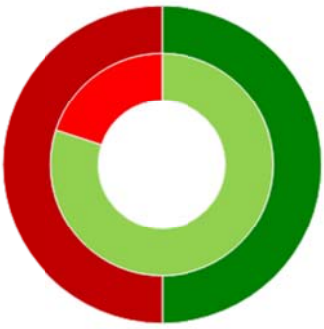
1.1.6 Finance



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1.2 Statutory Breaches

Leeds Community Healthcare NHS Trust is currently performing within all nationally set targets.

2. Contract Related Performance Highlights

No contract related performance issues this month

Leeds Community Healthcare NHS Trust

Director of Nursing Report

Safe and Caring Domain Report

Safe - people are protected from abuse and avoidable harm		YTD Target	YTD	Q1	Q2	Q3	Jan	Feb	Mar	Forecast
Overall Safe Staffing Fill Rate - Inpatients	2017/18	>=97%	-	97.7%	98.7%	98.1%	99.4%	99.6%		●
	2016/17		-	100.9%	100.6%	99.4%	103.9%	104.5%	104.3%	
Patient Safety Incidents Reported in Month Reported as Harmful	2017/18	0.56 to 1.1	0.89	0.91	0.90	0.97	1.02	1.00		●
	2016/17		0.77	-	-	-	0.72	0.78	0.83	
Potential Under Reporting of Patient Safety Incidents	2017/18	1.33 to 2.63	2.10	2.21	2.19	2.00	1.90	1.99		●
	2016/17		2.47	-	-	-	2.06	2.47	3.09	
Serious Incident Rate	2017/18	0 to 0.13	0.05	0.05	0.08	0.05	0.07	0.07		●
	2016/17		0.05	-	-	-	0.07	0.06	0.09	
Percentage VTE Risk Assessment Completed*	2017/18	>=95%	90.0%	96.3%	89.9%	98.3%	91.7%	70.0%		●
	2016/17		83.4%	81.0%	88.8%	83.9%	67.2%	73.7%	100.0%	
5% Reduction in Falls Resulting in Avoidable Harm in our Community Inpatient Units	2017/18	11	4	3	0	1	0	0		●
	2016/17		13	-	-	-	-	-	-	
10% Category 3 Avoidable Pressure Ulcer Reduction Target	2017/18	18	10	2	6	1	0	1		●
	2016/17		24	12	4	6	1	0	1	
0 Avoidable Category 4 Pressure Ulcers	2017/18	0	3	0	0	3	0	0		●
	2016/17		0	1	2	1	0	0	0	
Percentage of Incidents Applicable for DoC Dealt with Appropriately	2017/18	100%	100.0%	100%	100%	100%	100%	100%		●
	2016/17		57.8%	79%	75%	55%	35%	62%	100%	

Caring - staff involve and treat people with compassion, kindness, dignity and respect		YTD Target	YTD	Q1	Q2	Q3	Jan	Feb	March	Forecast
Percentage of Staff Recommending Care (Staff FFT)	2017/18	>=73%	-	81.0%	75.0%		-			●
	2016/17		-	77.5%	73.7%		77.7%			
Percentage of Inpatients Recommending Care (FFT)	2017/18	>=95%	-	100.0%	96.7%	90.5%	-	100.0%		●
	2016/17		-	100.0%	93.9%	97.0%	100.0%	100.0%	100.0%	
Percentage of Community Patients Recommending Care (FFT)	2017/18	>=95%	-	95.3%	95.5%	96.0%	96.3%	96.3%		●
	2016/17		-	96.3%	95.2%	94.0%	97.0%	95.1%	97.1%	
Written Complaints - Rate	2017/18	No Target	128	50	57	52	22	10		
	2016/17		217	77	48	29	24	16	23	
Mixed Sex Accommodation Breaches	2017/18	0	0							
	2016/17		0	0	0	0	0	0	0	

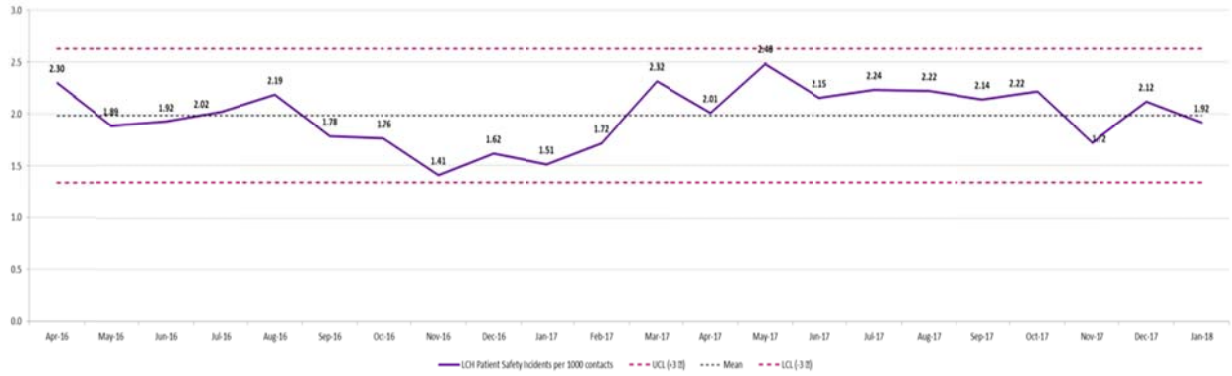
1. Patient Safety Incidents (LCH only)

1.1 Patient safety 'harm' incident data is reported to the end of January 2018 and reflected in the graphs below. Reporting on PSI's lags a month behind, as the data is not available for February until the end of March. February data will be captured and reported on for the April Exception report.

1.2.1 LCH PSIs per 1000 contacts remain within control limits, with eight out of ten months reflecting a fairly stable position above the mean. This suggests these are the seasonal norms for the Trust. The Business Intelligence Unit has confirmed that a review of the upper and lower parameters will be undertaken once there are a sufficient number of data points.

1.2.2 The activity reported in January has returned to normal levels of activity with a slight dip in activity being recorded in December. All patient safety incidents for January reflect a slight increase on December – remaining just below the mean and well within control limits.

**data available to Jan 2017 only*



2. Incidents causing harm (LCH only)

2.1 There were 118 incidents reported as causing harm during February. As a result, this is below the 2017/18 YTD average reported at 125 incidents of harm and a reduction of 14% on incidents of harm reported in January 2018. This is likely to be explained by the fact January is a longer month than February.

2.2 There have been some variations in activity with November showing considerably higher levels of activity and December somewhat lower than normal. However, January has returned to normal levels of activity and data for February is yet to be reported.

2.3 The number of LCH ***patient safety incidents causing harm per 1000 contacts*** broken down by business unit is currently not meaningful as there is insufficient data to report at this time. It had been anticipated that SPC Charts with control limits could be developed pulling data going beyond 2017/18 data to provide a meaningful picture for business units. However, this information is not recorded beyond April 2017, therefore cannot be produced at this point in time.

3. No Harm incidents

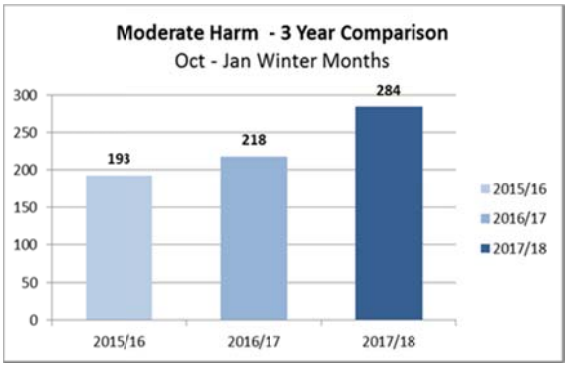
3.1 The number of LCH ***patient safety incidents causing no harm per 1000 contacts*** remains within the control limits. January PSI's resulting in no harm sits slightly below the mean. It is suggested that with 8 data points above the mean over a 10 month period January is slightly below the levels of normal activity.

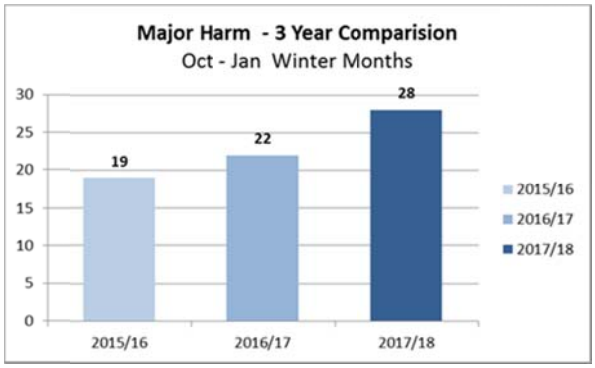
	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
No injury sustained	216	148	202	174	198	163	151	186	140	140	119	113
Minimal Harm	79	68	95	89	70	81	79	62	73	66	82	62
Moderate Harm	39	27	47	37	23	39	39	48	36	36	51	45
Major Harm	5	4	4	4	5	5	6	8	4	5	4	9
Death	5	6	4	2	11	5	9	9	10	7	0	2
Total	344	253	352	306	307	293	284	313	263	254	256	231
Ratio: (moderate/major incidents : minimal/no harm incidents for LCH Patient Safety Incidents)	1:6.7	1:7	1:5.8	1:6.4	1:9.6	1:5.5	1:5.1	1:4.4	1:5.3	1:5	1:3.7	1:3.2

**data available to Jan 2018 only*

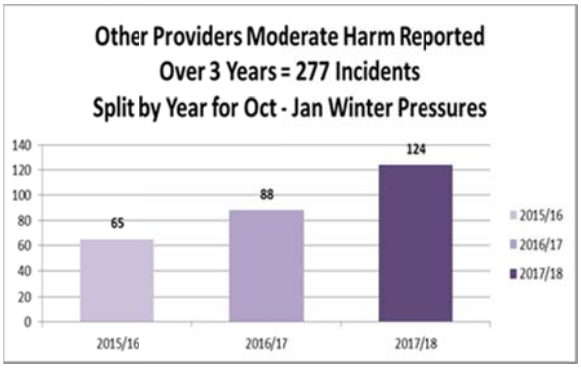
3.2 The ratio of moderate/major incidents to minimal/no harm incidents for LCH Patient Safety Incidents was 1:3.2 during February; the rolling year data is shown below. February is reflecting the lowest recorded ratio of PSI's moderate/major compared with minimal/no harm over the past 12 months.

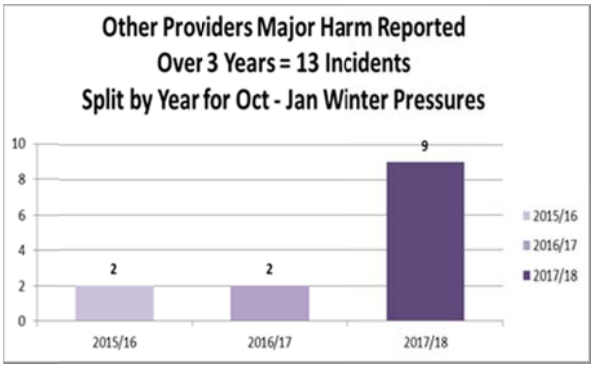
3.3 The following charts compare the Winter Pressure period of October through to January over a three year period for Moderate / Major Harms reported. The numbers of PSI's causing Moderate/Major harm both reflect an increase year on year.





3.4 The annual incremental increases of Mod/Major harm have been broken down into LCH and Other Providers below to identify the level of harm that is out with the control of LCH as well as to ascertain where the increases are occurring.

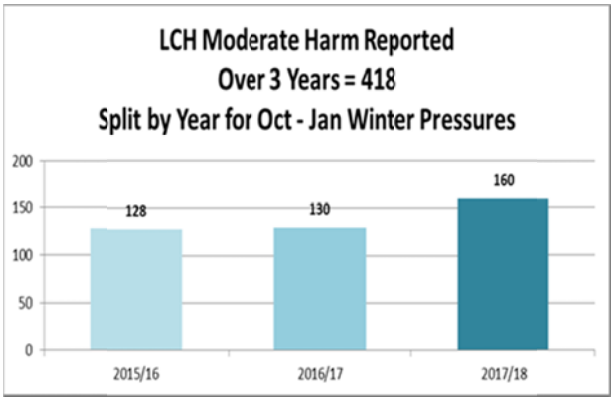


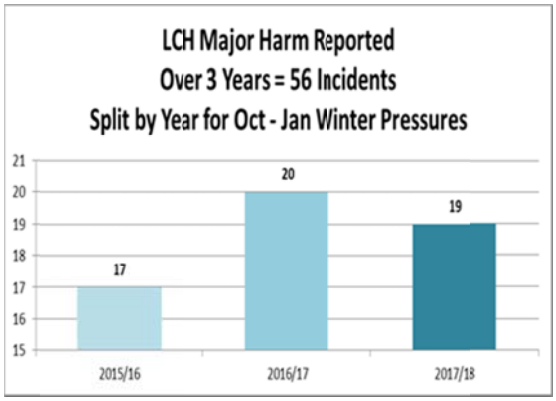


3.5 The charts above reflect a significant increase year on year of Mod/Major harm incidents reported during the winter period for Other Providers of care i.e. discharges from hospital where harm has occurred. This data suggests that the incremental increases of Mod/Major harm are out with LCH control.

However, the increases may also suggest that LCH teams are increasing their ability to identify harm more accurately as well as increasing the reporting of incidents. The numbers of Mod/Major harm incidents reported into DATIX during the winter pressures period have indeed increased year on year with 212 incidents 2015/16; 240 incidents 2016/17 and 312 incidents reported for 2017/18.

3.6 The charts below identify a more static position for Mod/Maj incidents of harm reported during the winter period for LCH. This data provides assurance that LCH have maintained a stable picture for Mod/Maj incidents of harm. LCH continue to focus on quality improvements across teams to reduce incidents of harm.





4. Overdue Incidents

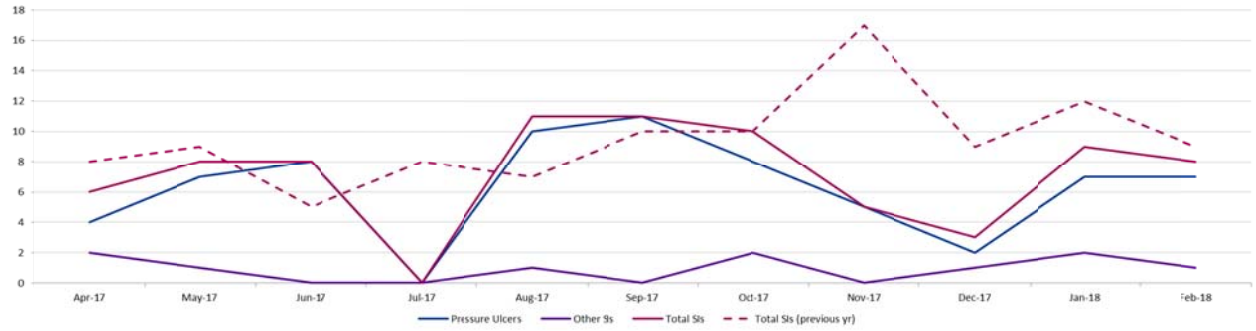
4.1 There are a total of 143 overdue incidents which is a significant increase from 107 reported in the last exception report. Of these, 127 incidents are reported as no injury sustained. There are 16 Moderate or Major Harms that are overdue. There are 2 distinct areas where the overdue numbers have increased. 40 are attributable to 'patient flow services' and are mainly awaiting investigation reports from the Discharge Facilitators, who report that it is difficult to get timely investigation information back from LTHT. 26 are managed by the South 1 Neighbourhood Teams. Extra support to deal with the South overdue incidents has already been put in place and the figures should have reduced substantially before the next reporting period.

5. Serious Incidents

5.1 The pattern of reported SIs has changed in consistency with the new process for reporting avoidable only pressure ulcers as SI's. The overall number of SI's is reflective of the pattern of Pressure Ulcers reported as SI's.

There were 8 SI's reported in February, 7 of which related to pressure ulcers (5 category 3 and 2 unstageable). There was 1 SUDIC with CAMHS/LYPFT involvement.

A more detailed review of SIs can be found in the flash report - Appendix 1.



6. Protecting Patients from harm

6.1 Protecting patients from harm that happens in our care remains a Quality Account quality improvement priority for 2018/19 with the following priorities identified:

- reduce the number of patients who have a fall resulting in avoidable harm whilst in our care
- reduce the number of patients who develop an avoidable pressure ulcer

6.2 Progress against the quality improvement priorities for 2017/18 is reported in full on a quarterly basis to the SMT. Any concerns regarding progress against the relevant priorities will also be escalated to the PSEGG by the Clinical Governance Team.

6.3 A falls focus and pressure ulcer focus can be found in the flash report - Appendix 1.

7. Never Events

There has been no Never Event reported in February 2018.

8. Safety Alerts (CAS)

There were no Safety Alert response breaches in February 2018.

9. Duty of Candour

In February 2018, 34 incidents were closed that had triggered the duty of candour.

- 31 (91.2%) were identified as not being as a result of the healthcare intervention following a 3 day fact find or SI investigation.
- 3 (8.8%) were verified as actual moderate + harm attributable to LCH.

All 3 were given a verbal apology at the time of incident and all are documented as not wanting any further information or update following the investigation.

In conclusion, DoC was applicable in 3 incidents. Therefore LCH are 100% compliant with the regulations.

10. Infection Prevention Control (IPC)

10.1 **MRSA bacteraemia and C difficile Infection**

During February there were no reported cases of MRSA bacteraemia or C Difficile Infection assigned to LCH.

10.2 **Other contractual issues or Outbreaks**

- During November a Measles outbreak started in Leeds. During February there have been no confirmed new cases since the 20th December 17. This outbreak has now been closed by PHE.

- There were expected levels of viral gastroenteritis across all sectors throughout January.

- PHE have reported a significant decrease in viral gastroenteritis at the end of February. The majority of outbreaks remain in the care home setting.

- During February there have been two cases of confirmed whooping cough reported in members of staff who work in LTHT. PHE and LTHT have implemented a number of control measures and all contacts have been traced and either vaccinated or offered prophylaxis. The response is ongoing with regular outbreak control meetings taking place. There has been no required input by LCH, and due to the containment no control measures have been required amongst staff groups.

- In February a child has been reported with Hep A and was infectious whilst at nursery in LS8. PHE completed a risk assessment and following an infection control audit of the school a warn and inform letter was sent to all parents. PHE remain vigilant for any further cases in the area. No further input required from LCH IPC.

Leeds Community Healthcare NHS Trust

Effective Domain Report

Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence		YTD Target	YTD	Q1	Q2	Q3	Jan	Feb	March	Forecast
Compliance with Technology Appraisals Within 3 Months	2017/18	100%	-	0	0	0				●
	2016/17		-	100%	100%	-		100%		
Compliance with Other NICE Guidance Within 1 Year	2017/18									
Full Compliance			-	2	2	3				
Working Towards Compliance			-	1	1	5				
Under Review		No Target	-	5	8	0				-
2016/17										
Full Compliance			-	4	3	12		4		
Working Towards Compliance			-	3	2	4		0		
Under Review			-	4	6	6		13		
Compliance with Other NICE Guidance Within 2 Years	2017/18									
Full Compliance		No Target	-	2	5	9				-
Working Towards Compliance			-	3	6	1				
Under Review			-	2	1	0				
Number of Clinical Audits Completed	2017/18	117 by year end	-	0	10	15				●
	2016/17		-	-	-	-		-		
Compliance with Clinical Supervision	2017/18	>=80%	-	80%	61.0%	70.0%				●
	2016/17		-	65.0%	72.5%	68.1%		77.0%		
Increase the number of Services Centrally Reporting Outcome Measures	2017/18	>7	-	7	7	7				●
	2016/17		-	-	-	-		-		
Number of Unexpected Deaths in Bed Bases	2017/18	No Target		0	2	1				
	2016/17		-	4	0	1		0		
Number of Sudden Unexpected Deaths in Infants and Children on the LCH Caseload	2017/18	No Target		1	1	2				
	2016/17		-	3	1	5		3		
Number of Unexpected Deaths of Patients on EPaCCS	2017/18	-								
	2016/17		-	-	-	-		-		

Clinical Audits not on track or not delivered according to 2017/18 clinical audit programme:

- A number of Clinical Audits are now abandoned from the programme due to reconfiguration of services (7 audits)
- Resources within teams/services reduced due to capacity
- Some services decided that audits were no longer necessary or relevant to their service

This measure forecast has been rated as amber for the year.

The number of clinical audits identified and registered within the Clinical Audit and Effectiveness Team for Quarter 3 - 2017-18 financial year is 133. There is an increase of 16 clinical audits against the previously expected number of 117 as identified on the rolling annual audit programme 2017-18. This increase would suggest that services are engaging with clinical audit and are aware that all clinical audits commenced within LCH must be registered within the Clinical Audit & Effectiveness Team.

The annual audit programme is called a rolling annual audit programme as clinical audits have different start and end dates and some of these will span across more than one year. In 2017-18 the number of audits that will continue into 2018-19 is 21.

There is ongoing scrutiny as to the reason for audits not progressing against the proposed timeframe or those that are abandoned or postponed with negotiation and support from the clinical audit team to negotiate and complete these wherever possible. Support is given to teams and staff through many different methods. This includes 1:1 meetings, attending services, telephone discussions, team meetings, business forums, audit meetings etc.

Not all teams are fully engaged in clinical audit and this is still work in progress. There are several things that the clinical audit team are doing to try and increase engagement and ensure clinical teams understand the importance of audit and this includes:

- Have an audit awareness week in 2017 and another one planned for 2018
- Drop in sessions arranged within different locations/bases throughout March and April 2018.
- Ad hoc training has been happening but more formal training is being planned in partnership with other teams e.g. Quality Improvement. This will include ongoing engagement with services and the business units to understand what training is required.
- Clinical audit is a standing agenda item at quality and performance meetings within the business unit service areas.
- Flash reports are taken to the Clinical Effectiveness Group on a regular basis.

The Clinical Audit Policy is under review and will incorporate advances in the audit process and how to escalate concerns.

Clinical supervision remains a key area of focus and whilst reported quarterly is reviewed on a monthly basis via a dashboard to the Director of Nursing. With concerted effort there is a level of confidence that LCH will achieve the target of 80% by year end.

Leeds Community Healthcare NHS Trust

Responsive Domain Report

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		YTD Target	YTD	Q1	Q2	Q3	Jan	Feb	March	Forecast
Patient Contacts - Variance from Profile	2017/18	0 to ±5%	-5.9%	-6.1%	-7.7%	-1.5%	-5.8%	-10.5%		
	2016/17		0.0%	1.2%	1.2%	0.3%	0.8%	-8.1%	-2.1%	
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	2017/18	>=92%	-	99.6%	99.5%	98.8%	99.2%	99.1%		
	2016/17		-	100.0%	99.9%	99.9%	99.8%	99.8%	99.9%	
Number of patients waiting more than 52 Weeks (Consultant-Led)	2017/18	0	0	0	0	0	0	0		
	2016/17		0	0	0	0	0	0	0	
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	2017/18	>=99%	-	99.5%	100.0%	100.0%	100.0%	100.0%		
	2016/17		-	100.0%	98.1%	99.2%	99.5%	100.0%	100.0%	
% Patients waiting under 18 weeks (non reportable)	2017/18	>=95%	-	98.8%	98.8%	98.9%	99.0%	98.9%		
	2016/17		-	98.8%	98.7%	97.8%	97.6%	97.6%	98.7%	
IAPT - Percentage of people treated within 18 weeks of referral	2017/18	>=95%	-	100.0%	98.6%	99.2%	99.8%	98.9%		
	2016/17		-	99.9%	98.9%	98.8%	99.4%	99.4%	99.6%	
IAPT - Percentage of people treated within 6 weeks of referral	2017/18	>=75%	-	96.1%	94.4%	96.2%	95.9%	95.1%		
	2016/17		-	98.3%	98.3%	98.7%	97.4%	96.6%	94.6%	

At the end of February, 13 patients were waiting more than 18 weeks for treatment in consultant-led services.

There were 8 waiters for Child Development Centres (CDC). 6 patients have now been seen or are scheduled to be seen. 2 patients are yet to receive an appointment.

There were 3 waiters in Paediatric Neuro Disability Service (PND) with each patient having now been seen or is scheduled to be seen.

There was 1 waiter for Children's Audiology (CH – P AUD) but the patient now has an appointment scheduled.

There was 1 waiter for CPC (CHICS) Children's Paediatric Clinic but the patient now has an appointment scheduled.

Leeds Community Healthcare NHS Trust

Well Led Domain Report

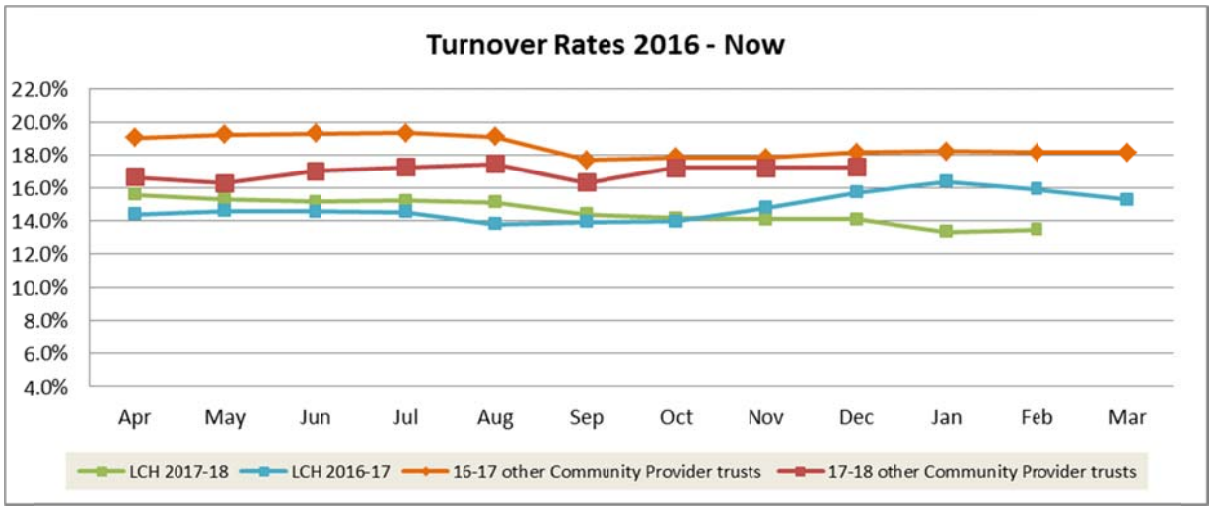
Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture		YTD Target	YTD	Q1	Q2	Q3	Jan	Feb	March	Forecast
Workforce Race Equality Standard	2017/18	>=14.7%	9.45%		9.45%					
	2016/17		-		-					
Staff Turnover	2017/18	<=15%	-	15.2%	14.4%	14.8%	13.3%	13.5%		
	2016/17		-	14.6%	13.9%	15.7%	16.4%	15.9%	15.3%	
Executive Team Turnover	2017/18	<=15%	-	0.0%	0.0%	0.0%	0.0%	0.0%		
	2016/17		-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Stability Index	2017/18	>=85%	-	83.8%	82.5%	85.3%	85.4%	85.0%		
	2016/17		-	-	-	-	-	-	-	
Short term sickness absence rate (%)	2017/18	<=1.65%	-	1.8%	1.9%	2.5%	3.5%	2.4%		
	2016/17		-	1.3%	1.6%	2.3%	2.5%	2.5%	2.2%	
Long term sickness absence rate (%)	2017/18	<=3.6%	-	3.5%	3.4%	4.0%	4.1%	3.6%		
	2016/17		-	4.5%	4.0%	3.8%	4.0%	3.9%	3.5%	
Total sickness absence rate (%)	2017/18	<=5.30%	-	5.2%	5.4%	6.5%	7.5%	6.0%		
	2016/17		-	5.6%	5.1%	6.3%	6.5%	6.4%	5.7%	
AfC Staff Appraisal Rate (12 Month Rolling - %)	2017/18	>=94.4%	-	86.6%	82.5%	78.3%	79.7%	80.3%		
	2016/17		-	89.1%	87.2%	85.7%	87.8%	84.5%	87.1%	
Medical staff appraisal rate (%)	2017/18	100%	-	100.0%	100.0%	100.0%				
	2016/17		-	86.4%	93.3%	98.0%		78.1%		
6 universal Statutory and Mandatory training requirements	2017/18	>=94.5%	-	91.0%	90.5%	90.2%	90.9%	90.6%		
	2016/17		-	88.9%	87.5%	89.4%	90.3%	86.7%	89.4%	
Percentage of Staff that would recommend LCH as a place of work (Staff FFT)	2017/18	>52.0%	-	54.0%	53.0%					
	2016/17		-	49.0%	42.8%			52.0%		
Percentage of staff who are satisfied with the support they received from their immediate line manager	2017/18	>52.0%	-	62.0%	60.0%					
	2016/17		-	-	-			-		
Response Rate for Staff FFT	2017/18	>23.0%	-	22.0%	18.0%					
	2016/17		-	22.2%	21.0%			24.5%		
Sustain the time between placing adverts and filling vacancies										
Qualified Nurses		<= 112 Days	-	97	124	121				
Police Custody		<=145 Days	-	124	106	133				
Administration		<=83 Days	-	83	85	85				
Reduce the number of staff leaving the organisation within 12 months	2017/18	<=22%	-	16.3%	12.0%	11.0%	11.0%	12.1%		
	2016/17		-	-	-	-	-	-	-	
Category for Reason for Leaving in ESR Recorded as "other/unknown"	2017/18	<=10%		0.0%	0.0%	0.0%	11.0%	0.0%		
	2016/17		-	-	-	-	-	-	-	
Response Rate for Inpatient FFT	2017/18	>=23.1%	-	15.4%	11.8%	175.0%	0.0%	76.5%		
	2016/17		-	-	9.7%	7.9%	10.5%	11.7%	23.1%	
Response Rate for Community FFT	2017/18	>=6.8%	-	6.9%	4.6%	7.4%	5.8%	5.9%		
	2016/17		-	-	5.1%	2.9%	4.4%	3.3%	6.8%	
Total agency cap	2017/18	£583k	£4,991k	£1,544k	£3,123k	£4532k	£459k	£442k		
	2016/17		£6,366k	£1,926k	£3,576k	£4,796k	£388k	£507k	£675k	
Percentage Spend on Temporary Staff	2017/18	None	8.0%	8.1%	8.1%	7.7%	6.5%	7.5%		
	2016/17		7.5%	9.6%	8.5%	8.3%	6.0%	8.0%	9.8%	

1 Turnover

The rate of turnover during the rolling year has continued to steadily improve during 2017/18, and at 13.5% at February 2018, remains below the Trust target of 14.5%

The number of staff leaving the trust within the first 12 months of employment has reduced from 18% at April 2017 to 12% at February 2018.

The trust continues to report a lower turnover than other community provider trusts who reported a 17.2% turnover at December 2017.



In February 2018 there were 24 leavers across the Trust as set out below by Business Unit and staff group:

Bus Unit	Feb 18 Leavers
833 Adult Business unit	12
833 Children's Business Unit	2
833 Operations	1
833 Specialist Business Unit	9
Grand Total	**24**

Staff Grp	Feb 18 Leavers
Additional Clinical Services	3
Administrative and Clerical	5
Allied Health Professionals	3
Nursing and Midwifery Registered	13
Grand Total	**24**

The top 4 reasons for leaving were:

1. Voluntary Resignation - Relocation (5)
2. Voluntary Resignation – Work life balance (5)
3. Voluntary Resignation - Promotion (4)
4. Voluntary Resignation – Better reward package (4)

2 Retention

The trust is making good progress in reducing turnover and has an overall stability index of 85% which is on target.

The “signed off” retention plan is progressing and momentum will be maintained through the Recruitment and Retention Steering Group, with progress continuing to be monitored and reported on throughout the coming year, both internally and externally to NHS improvement.

This work continues to supplement other work programmes within the OD plan such as coaching, leadership development and apprenticeships.

3 Recruitment

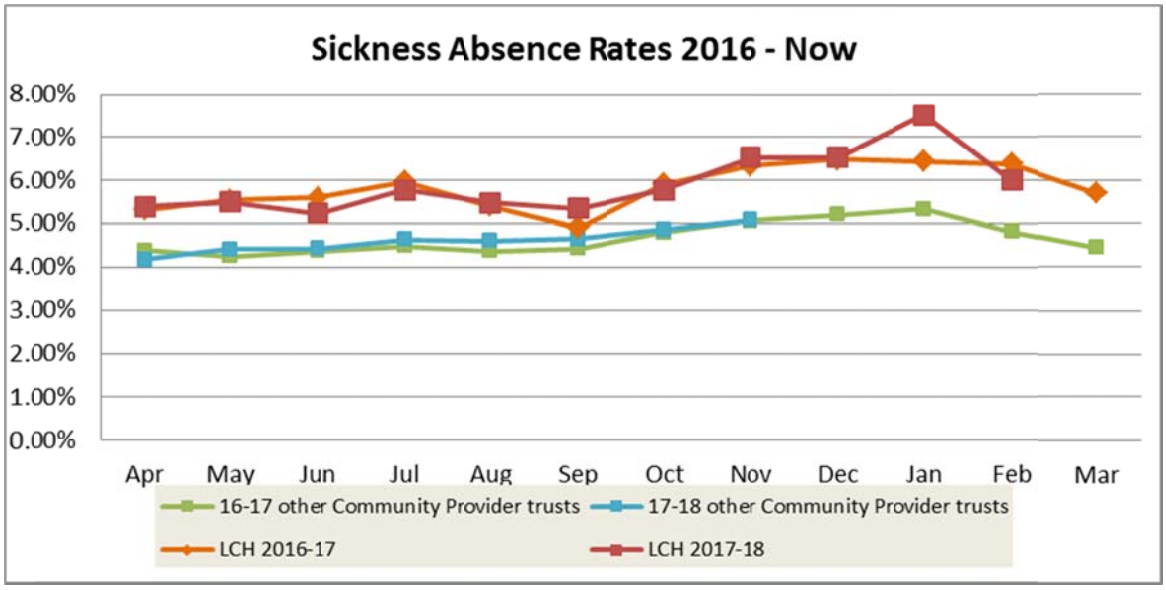
This month focus is on recruiting to 30 newly qualified Band 5 community nurses and 30 Band 6 Healthcare Professionals (nurses/paramedics) for the Custody Service.

A range of recruitment and retention initiatives are in place to attract candidates such as social media, Facebook, be-spoke assessment centres for newly qualified nurses to test out key competences and an open day to visit 3 neighbourhood teams and promotion of apprentice opportunities. Evaluation of these initiatives will take place through the Recruitment and Retention Steering Group.

4 Sickness absence

Sickness absence rate for February was 6%, a drop of 1.5% from January’s figure. The overall figure is broken down into Long-term absence 3.6% and Short-term absence at 2.4%. The largest percentage drop within the business units is within the Adult BU with a decrease of 2.7% - it is believed that this decrease is due to the drop in staff reporting sick with a viral infection that affected many frontline staff across Christmas and January 2018.

Business Unit	February 2018 absence rate
Adult	6.5%↓
Children	6.7%↓
Specialist	4.9%↓
Estates & Ancillary Staff (Operations)/Corporate	5.3%↓



Areas of HWB focus during March 2018 to include:

- Review findings from the Attendance Management policy compliance research work / report and discuss with Staff side at JNCF

5 Appraisal

As at the end of February 2018, 80.3% of available staff were registered as having had an appraisal within the last 12 months which is a slight increase from last month. This is below the target of 95%. There is notable reduced compliance within the Corporate Services and further exploration will take place and be reported on upon completion. Triangulation of the hard data and the results from the 2017 staff survey around development, communication and support from managers will take place to help inform appropriate action.

6 Statutory and Mandatory training

The overall level of compliance stands at 90.6% which is below the target of 95% but also a very slight decrease of 0.1% from January's figure.

Evaluations of a number of options to better enable e-learning and easier access to statutory mandatory on- line training continues. Other proposals being considered is the possibility of incorporating this training into induction before staff begin their role in the workplace.

Following the CQC finding in relation to Littlewood House Hall that noted within the 'safe' domain:

The trust should ensure that the use of temporary staff does not impact on the safety and quality of patient care

The CLaSS team worked with service managers to increase stat / man compliance for temporary staff. Following a targeted piece of work, compliance increased to 92% at the end of February 2018.

7 Workforce Race Equality Scheme

NHS England has developed a WRES Experts Programme which aims to equip NHS organisations with in-house expertise to embed good practice and improve workforce race equality. The Equality and Diversity Manager has been awarded a place on this intensive 9 month development programme and will use this to support the trust in developing its strategy.

Leeds Community Healthcare NHS Trust

Finance Report

Finance		YTD Target	YTD	Q1	Q2	Q3	Jan	Feb	March	Forecast
Net surplus (-)/Deficit (+) (£m) - YTD	2017/18	-£2.8m	-£2.8m	-£0.9m	-£2.1m	-£2.9m	-£2.8m	-£3.0m		●
	2016/17			-£0.1m	-£1.8m	-£0.2m	-£0.3m	-£0.4m	-£0.2m	
Net surplus (-)/Deficit (+) (£m) - Forecast	2017/18	-£3.3m	-£3.2m	-£3.0m	-£3.0m	-£3.0m	-£3.2m	-£3.3m		●
	2016/17		-	-£2.9m	-£2.9m	-£2.9m	-£2.9m	£-2.9m	-£2.9m	
Forecast underlying surplus	2017/18	-£1.4m	-£1.4m	-£1.4m	-£1.4m	-£1.4m	-£1.4m	-£1.4m		●
	2016/17		-	-£1.5m	-£1.5m	-£1.5m	-£1.5m	-£1.5m	-£1.5m	
Capital expenditure in comparison to plan (£k) - YTD	2017/18	£1.6m	£0.6m	£0.2m	£0.3m	£0.6k	£0.6k	£0.9k		
	2016/17		-	£354k	£510k	£740k	£800k	£909k	£1,574k	
Capital expenditure in comparison to plan (£m) - Forecast	2017/18	£1.8m	£1.6m	£1.8m	£1.8m	£1.6m	£1.7m	£1.6m		●
	2016/17		-	£3.2m	£3.2m	£2.1m	£1.8m	£1.6m	£1.6m	
CIP delivery (£m) - YTD	2017/18	£3.1m	£2.1m	£0.6m	£1.2m	£2.1m	£2.4m	£2.6m		
	2016/17		-	£0.2m	£0.4m	£1.1m	£1.6m	£2.1m	£2.4m	
CIP delivery (£m) - Forecast	2017/18	£3.4m	£2.9m	£3.4m	£2.9m	£2.9m	£2.9m	£2.9m		●
	2016/17			£0.7m	£0.7m	£1.8m	£2.1m	£2.4m	£2.4m	
Use of Resources Risk Rating (from Oct 2016)	2017/18	2	1	1	1	1	1	1		●
	2016/17		-	-	-	1	1	1	1	

1. Summary & KPIs

The Trust's surplus continues to be is £0.2m ahead of the planned position for the year to date. Pay expenditure was marginally less than planned in month; non pay expenditure was more than planned for the month but continues to underspend at the end of February. Expenditure on agency staffing is below the agency cap.

Cost savings plans are 17% below expected levels year to date overall which is slightly more than last month. The Trust forecasts that it will meet its control total of £3.034m and following the release of the CQUIN risk reserve the surplus will increase by £150k. NHS Improvement will match this with incentive Sustainability and Transformation Fund (STF) monies bringing the forecast surplus for the year to £3.338m.

The Trust has spent £0.9m on capital assets for the year to date this is less than planned. The forecast outturn for capital expenditure is £0.1m underspend.

Cash is running £6.9m more than planned and the use of resources risk rating continues to be 1.

Table 1 Key Financial Data Statutory Duties	Year to Date	Variance from plan	Forecast Outturn	Performance
Income & Expenditure retained surplus	(£3.1m)	(£0.2m)	(£3.338m)	G
Remain with EFL of £2.941m			£2.941m	G
Remain within CRL of £1.816m	£0.9m	(£0.7m)	£1.421m	G
Capital Cost Absorption Duty 3.5%			3.5%	G
BPPC NHS Invoices Number 95%	98%	3%	95%	G
BPPC NHS Invoices Value 95%	99%	4%	95%	G
BPPC Non NHS Invoices Number 95%	96%	1%	95%	G
BPPC Non NHS Invoices Value 95%	96%	1%	95%	G
Trust Specific Financial Objectives				
Use of Resources Risk Rating	1	-	1	G
CIP Savings £3.0m recurrent in year	£2.3m	-13%	£2.6m	R
CIP Savings £0.5m planned non recurrent in year	£0.3m	-37%	£0.3m	R
CIP Savings other non recurrent in year	£0.5m	NA	£0.6m	G

2. Income & Expenditure

The Trust's contract income is running marginally behind plan at the end of February. The year to date expenditure is underspending by £0.9m; with pay costs £0.1m less than planned and a £0.8m underspending on non-pay.

The forecast outturn surplus is now £3.338m which is £304k more than planned due to the release of the CQUIN risk reserve and matching increase in STF.

Table 2 Income & Expenditure Summary	February Plan WTE	February 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			(125.4)	(125.3)	0.1	(136.8)	(136.8)	(0.0)	0.1
Other Income			(10.2)	(10.1)	0.2	(11.3)	(11.1)	0.2	0.2
Total Income			***(135.7)***	***(135.4)***	***0.3***	***(148.1)***	***(147.9)***	***0.2***	***0.3***
Expenditure									
Pay	2,631.2	2,529.2	95.3	95.2	(0.1)	103.9	103.8	(0.1)	0.0
Non pay			34.3	33.4	(0.8)	37.6	36.8	(0.8)	(1.0)
Reserves & Non Recurrent			1.0	1.8	0.8	1.1	1.9	0.8	0.7
Total Expenditure	***2,631.2***	***2,529.2***	***130.6***	***130.4***	***(0.2)***	***142.6***	***142.5***	***(0.1)***	***(0.3)***
EBITDA	**2,631.2**	**2,529.2**	**(5.1)**	**(5.0)**	**0.1**	**(5.5)**	**(5.4)**	**0.1**	**(0.0)**
Depreciation			1.6	1.6	(0.0)	1.7	1.7	(0.0)	(0.0)
Public Dividend Capital			0.7	0.5	(0.2)	0.8	0.5	(0.3)	0.0
Profit/Loss on Asset Disp			0.0	(0.1)	(0.1)	0.0	(0.1)	(0.1)	(0.1)
Impairment			0.0	0.0	0.0	0.0	(0.0)	(0.0)	0.0
Interest Received			(0.0)	(0.1)	(0.0)	(0.0)	(0.1)	(0.0)	(0.0)
Retained Net Surplus	**2,631.2**	**2,529.2**	**(2.8)**	**(3.1)**	**(0.2)**	**(3.0)**	**(3.3)**	**(0.3)**	**(0.1)**
	Variance =	**(102.0)**							

2.1 Income

The Trust has incurred penalties for missed shift and performance for the Police Custody service which is the year to date underperformance of £0.1m. Non-contract income is running £0.1m behind plan. The income figures include accruals for CQUIN income which is paid in arrears; Quarter 3 CQUIN income has been agreed

The forecast income assumes the Trust will deliver all the CQUINs agreed with commissioners; following the quarter 3 review of progress the expected outcome at the end of quarter 4 has now been agreed with Leeds CCG. It is clear the Trust will not achieved the staff survey health and well-being CQUIN target in full and as a consequence will not receive circa £10k of income.

The reported income figure assumes all the STF monies for 2017/18 will be achieved; the second tranche of this was paid late December and third tranche was paid second week in March.

2.2 Pay

Table 3 illustrates the total pay costs by category. Expenditure on substantive staff in post underspent again in February bringing the year to date variance to £95k underspent. The Trust had 102 wte or 3.9% less staff in post than funded in February; this is after the planned vacancy factor reduction. Temporary staffing costs are £608k for month 11. The forecast outturn is consistent with the year to date position.

Table 3 Annual Pay Costs by Category	YTD Plan £k	YTD Actual £k	YTD Variance £k	Last Month YTD Variance £k	Forecast Outturn Variance £k
Cost of staff directly employed	93,959	86,875	(7,084)	(6,439)	
Seconded staff costs	794	916	122	81	
Vacancy Factor	(5,977)		5,977	5,417	
Sub-total Direct Pay	**88,776**	**87,791**	**(985)**	**(940)**	
Bank Staff	124	1,997	1,873	1,715	
Agency Staff	6,415	5,433	(983)	(842)	
Total Pay Costs	**95,316**	**95,220**	**(95)**	**(66)**	**(107)**

Table 4 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	Jan £k	Feb £k	YTD Actuals £k
Directly employed staff	7,816	8,037	7,831	7,817	7,982	7,715	7,898	7,961	7,949	7,981	7,887	86,875
Seconded staff costs	72	111	117	92	-111	216	101	90	37	91	101	916
Bank staff	182	175	212	156	164	219	182	181	222	139	166	1,997
Agency staff	563	474	507	416	625	538	509	476	423	459	442	5,433
Total Pay Costs	**8,633**	**8,798**	**8,668**	**8,480**	**8,659**	**8,689**	**8,690**	**8,707**	**8,631**	**8,669**	**8,596**	**95,220**

Agency costs, at £5.4m for the year to date, and are 15% less than the planned spend.

The Trust planned for agency expenditure of up to £7.0m for the year the agency cap for 2017/18 set by NHS Improvement is £7.386m. The Trust will not breach the agency cap.

2.3 Non Pay

Non pay expenditure continues to run less than planned for the year. The main movements this month are in clinical supplies and services where higher than expected enteral feeding costs have been incurred in month. Premises expenses include one off expenditure on IT equipment and costs in respect of the services moving into the third floor at Stockdale House.

Table 5 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	870	809	(62)	(45)	
Clinical Supplies & Services	8,834	8,967	133	87	
General Supplies & Services	3,222	3,122	(100)	(94)	
Establishment Expenses	6,277	6,097	(180)	(198)	
Premises	12,440	11,782	(658)	(752)	
Other non pay	2,610	2,651	41	(7)	
Total Non Pay Costs	**34,253**	**33,427**	**(826)**	**(1,008)**	**(755)**

3. Reserves & Non Recurrent

The Trust has £0.9m in reserve at the end of February all of this is committed.

4. Cost Improvement Plans

The Trust's performance against the cost savings plan for 2017/18 is £516k or 17% behind plan overall at the end of February; see table 6. The forecast CIP delivery has been updated to reflect current estimates. Any shortfall in the delivery of a recurrent CIP will be a cost pressure for 2018/19 and will be addressed through the financial planning process.

Table 6 Savings Scheme	2017/18 YTD Plan £k	2017/18 YTD Actual £k	2017/18 YTD Variance £k	2017/18 Annual Plan £k	2017/18 Forecast Outturn £k	2017/18 Forecast Variance £k	2017/18 Forecast Variance %
Child Health Admin	18	16	(2)	20	18	(2)	-9%
Night Nursing	46	46	0	50	50	0	0%
JCMT	183	31	(153)	200	34	(166)	-83%
Admin Review	208	208	(0)	250	250	0	0%
CAMHS	229	0	(229)	250	0	(250)	-100%
Corporate Support	138	138	0	150	150	0	0%
LSH	138	138	0	150	150	0	0%
Orthotics	18	18	0	20	20	0	0%
Child Health Continence Products	23	0	(23)	25	0	(25)	-100%
Geriatricians Overhead Charge	46	0	(46)	50	0	(50)	-100%
Training	183	119	(64)	200	130	(70)	-35%
Procurement	165	165	0	180	180	0	0%
Travel	138	138	0	150	150	0	0%
Drugs	46	46	0	50	50	0	0%
Non pay inflation	330	330	0	360	360	0	0%
Mobile/data line charges	92	92	0	100	100	0	0%
Rents	128	128	0	140	140	0	0%
Estates other	92	92	0	100	100	0	0%
Contribution to overheads/fixed costs	298	298	0	325	325	0	0%
IT kit	229	229	0	250	250	0	0%
Release of reserves	367	367	0	400	400	0	0%
Total Efficiency Savings Delivery	**3,114**	**2,598**	**(516)**	**3,420**	**2,857**	**(563)**	**-16%**

5. Capital Expenditure

NHS Improvement has confirmed the Trust's Capital Resource Limit as £1.816m. At the end of February the capital expenditure is running £0.7m less than planned; further equipment has been received early March.

Estates expenditure is £0.3m for health centre refurbishment. Plans for the Estates expenditure have been agreed and work is currently underway.

Equipment and IT requirements have been reviewed and the forecast outturn has been amended to reflect revised expenditure plans. The Trust will underspend against IT by £0.1m and there will be £0.1m less expenditure on equipment.

Expenditure has been incurred in respect of the EPR project of £0.4m for the year to date of which £0.3m is staffing costs for the project and the balance is for IT equipment; overall this continues to run slightly less than plan due to vacancies earlier in the year. The full year project delivery remains on plan however expenditure will be £0.1m less than the approved budget.

The overall forecast outturn on capital expenditure is £1.6m; the charge against the Capital Resource Limit is forecast to be £1.4m as the capital receipts from the sale of the former Garforth Clinic are netted off the expenditure.

Table 7 Scheme	YTD Plan £m	YTD Actual £m	YTD Variance £m	Annual Plan £m	Forecast Outturn £m	Forecast Variance £m
Estate maintenance	0.4	0.3	(0.1)	0.5	0.6	0.1
Equipment/IT	0.7	0.2	(0.5)	0.8	0.6	(0.2)
Electronic Patient Records	0.5	0.4	(0.1)	0.5	0.4	(0.1)
Totals	**1.6**	**0.9**	**(0.7)**	**1.8**	**1.6**	**(0.2)**

6. Statement of Financial Position

The statement of financial position as at the end of February is at table 8; the year to date position reflects that the Trust is £0.2m ahead of the planned surplus. The cash position is £6.9m higher than planned, with cash and cash equivalents totalling £27.8m.

Table 8 Statement of Financial Position	Plan 28/02/2018 £m	Actual 28/02/2018 £m	Variance 28/02/2018 £m	*Opening 01/04/17 £m*	Planned Outturn 31/03/18 £m	Forecast Outturn 31/03/18 £m	Forecast Variance 31/03/18 £m
Property, Plant and Equipment	27.2	26.4	(0.9)	*27.1*	27.5	29.5	2.1
Intangible Assets	0.0	0.1	0.0	*0.1*	0.0	0.1	0.0
Total Non Current Assets	**27.2**	**26.4**	**(0.8)**	*27.2*	**27.5**	**29.6**	**2.1**
Current Assets							
Inventories	0.0	0.0	0.0	*0.0*	0.0	0.0	0.0
Trade and Other Receivables	6.5	9.3	2.7	*6.7*	6.6	6.9	0.3
Cash and Cash Equivalents	20.9	27.8	6.9	*19.1*	20.7	24.0	3.3
Sub-Total Current Assets	**27.4**	**37.0**	**9.6**	*25.8*	**27.3**	**30.9**	**3.6**
Non-Current Assets held for sale	0.0	0.0	0.0	*0.2*	0.0	0.0	0.0
Total Current Assets	**27.4**	**37.0**	**9.6**	*26.0*	**27.3**	**30.9**	**3.6**
TOTAL ASSETS	**54.7**	**63.5**	**8.8**	*53.2*	**54.8**	**60.5**	**5.8**
Current Liabilities							
Trade and Other Payables	(11.3)	(18.6)	(7.3)	*(11.1)*	(11.1)	(13.4)	(2.3)
Provisions	(0.4)	(1.1)	(0.7)	*(1.4)*	(0.4)	(0.4)	0.0
Total Current Liabilities	**(11.7)**	**(19.7)**	**(8.0)**	*(12.5)*	**(11.5)**	**(13.8)**	**(2.3)**
Net Current Assets/(Liabilities)	**15.7**	**17.3**	**1.6**	*13.5*	**15.8**	**17.1**	**1.4**
TOTAL ASSETS LESS CURRENT LIABILITIES	**42.9**	**43.7**	**0.8**	*40.7*	**43.2**	**46.7**	**3.5**
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	**42.9**	**43.7**	**0.8**	40.7	**43.2**	**46.7**	**3.5**
TAXPAYERS EQUITY							
Public Dividend Capital	0.3	0.3	0.0	*0.3*	0.3	0.3	0.0
Retained Earnings Reserve	15.3	15.8	0.4	*12.8*	15.6	16.2	0.6
General Fund	18.2	18.5	0.3	*18.2*	18.2	18.5	0.3
Revaluation Reserve	9.2	9.2	0.0	*9.5*	9.2	11.7	2.5
TOTAL EQUITY	**42.9**	**43.7**	**0.8**	40.7	**43.2**	**46.7**	**3.5**

Table 9 Measure	Performance This Month	Target	RAG
NHS Invoices			
By Number	98%	95%	G
By Value	99%	95%	G
Non NHS Invoices			
By Number	96%	95%	G
By Value	96%	95%	G

Table 9 demonstrates the Trust's performance in respect of the Better Payment Practice Code.

The Trust continues to meet all the performance targets.

7. Use of Resources Risk Rating

Table 10 reports the Trust's financial performance calculated using the single oversight framework; which has revised criteria to determine an overall use of resources risk rating. The Trust's overall result continues to be 1, which is the lowest risk.

Table 10 Criteria	Metric	Performance	Rating	Weighting	Score
Liquidity	Liquidity ratio (days without WCF)	44	1	20%	0.2
Balance Sheet sustainability	Capital servicing capacity (times)	10.1	1	20%	0.2
Underlying performance	I&E margin	2%	1	20%	0.2
Variance from plan	Distance from plan	0	1	20%	0.2
Agency spend above ceiling	Agency	-20%	1	20%	0.2
Overall Use of Resources Risk Rating					**1**

8. Conclusion on Financial Performance

The Trust's financial performance at the end of February remains very strong overall. Recurrent CIP delivery continues to be a concern as it impacts on the underlying position; this will be addressed through the financial planning for 2018/19.

Staffing levels are 102 below funded wte; temporary staffing is in place to mitigate service delivery risks.

The forecast outturn position demonstrates the Trust will achieve the control total set by NHS Improvement and a further £150k of the CQUIN risk reserve has been released into the surplus position. Following discussions with NHS Improvement this will be matched by additional incentive STF income bringing the adjusted surplus to £3.338m for the year.

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2017-18 (98)

Meeting: Trust Board 29 March 2018	**Category of paper**	
Report title: Annual Staff Survey 2017	**For approval**	
Responsible director: Interim Director of Workforce **Report author:** Organisational Development Lead	**For assurance**	
Previously considered by Not applicable	**For information**	√

Purpose of the report

The purpose of this report is to present the findings of the 2017 NHS national staff survey related to Leeds Community Healthcare.

Main issues for consideration

This report outlines the key themes relating to improvements and areas of concern at LCH.

The key improvements have been experienced in:

1. Care is top priority of organisation
2. Would recommend organisation as a place to work
3. Communication between senior management and staff

The key areas of dissatisfaction relate to level of pay and immediate manager support. Related themes include recognition, feeling valued and resourcing.

In the context of our national benchmark group of other community trusts, we perform above average in the areas of equality and fairness, appraisals and support for development and confidence in error/near miss/ incident reporting. However, core areas of concern where LCH is below average when compared with the national benchmark group are:

- Our people witnessing potential harmful errors
- Work-related stress
- Immediate manager support

Full details of the staff survey are available through the following link:
http://www.nhsstaffsurveys.com/Page/1073/Latest-Results/Community-Trusts/

The response rate was higher than previously at 54%, reflecting 1491 employees responding. The NHS average response rate was 43%.

Year-on-year, overall employee engagement has improved and we perform at average within the benchmark group. The engagement measurement comprises of three key areas:

- Recommendation of the Trust as a place to work and receive treatment (LCH scores above average)
- Staff motivation (LCH scores average)
- Staff ability to contribute to improvements (LCH scores below average)

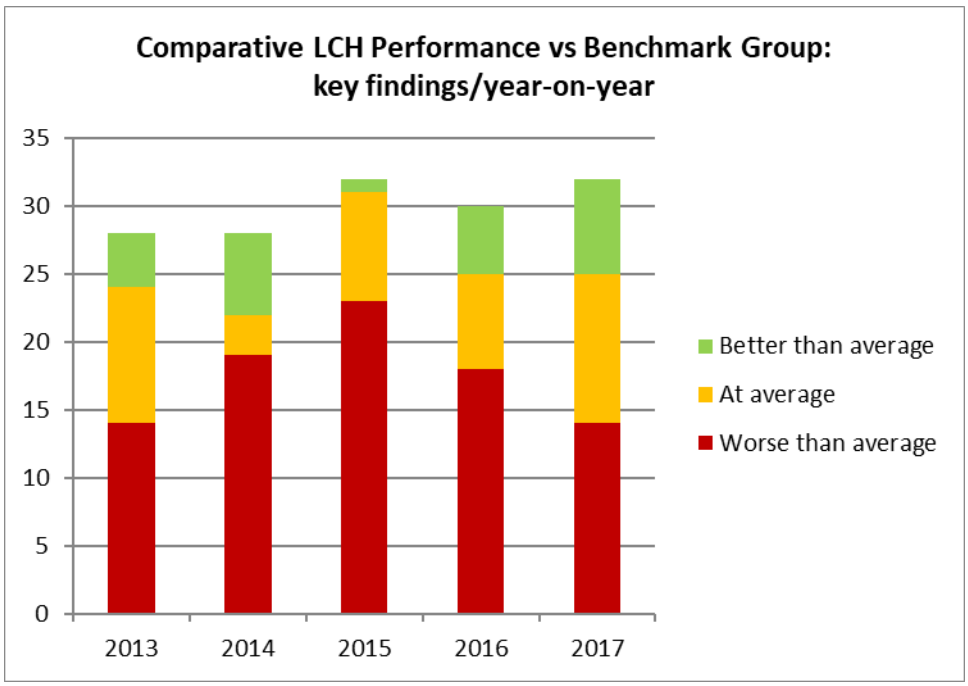
Reports against the Staff Survey action plans will form part of the OD reporting during the year and is core to work on retention and staff wellbeing
Recommendations The Board is recommended to: • Note the summary and highlights of the National 2017 Staff Survey • Note key next steps

Annual Staff Survey 2017

1.0 Introduction

Since 2015 we have seen good and steady positive progress across all 'key findings' areas and our recent comparisons with the benchmark group of other community trusts show that year on year we have improved (See Table 1).

Table 1 – LCH Comparative Performance vs Other Community Trusts 2013-2017:



The results of the 2017 NHS National Staff Survey were formally released by the Department of Health on the 6 March 2018. The outcome of the staff survey for Leeds Community Healthcare Trust is based on the results from over half of our workforce.

The purpose of the survey is to enable NHS organisations to use their results to review and improve staff experience, which can directly contribute to staff providing better care. Regulatory bodies, such as the CQC and NHS Improvement (NHSi) use the results from the survey to monitor on-going compliance with the essential standards of quality and safety.

2.0 Background

The first set of Staff Survey feedback data released in January 2018 (under embargo until March 2018) was focused on local findings based on the original 58 survey questions, categorised in five key areas (job, manager, health, safety, well-being, personal development, organisational development).

Comparative benchmark data (showing +/- average) was released on 21February 2018. In the benchmark data, the findings of the questionnaire were summarised and presented in the form of 32 Key Findings, under nine themes, plus an overall engagement score.

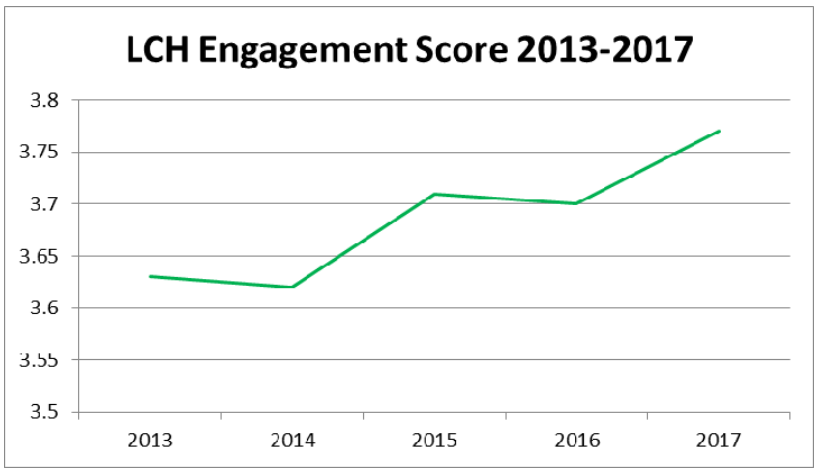
The benchmark report is structured thematically so that key findings are grouped under nine themes:

- Appraisals & support for development
- Equality & diversity
- Errors & incidents
- Health and wellbeing
- Working patterns
- Job satisfaction
- Managers
- Patient care & experience
- Violence, harassment & bullying

The overall engagement score has improved since 2016 and has been steadily increasing since 2013 (See Table 2). LCH performs at average (-0.01%) versus the benchmark group. The engagement measurement comprises of three key areas:

- Recommendation of the Trust as a place to work and receive treatment (LCH scores above average) (Key Finding 1)
- Staff motivation (LCH scores average) (Key Finding 4)
- Staff ability to contribute to improvements (LCH scores below average) (Key Finding 7)

Table 2 – LCH Engagement Score 2013-2017:



3.0 Core findings – context & approach

The core findings presented within this report outline the key themes relating to improvements and areas of concern at LCH and focus on our granular LCH data on which we will build support for, and action with, our frontline workforce. These local LCH findings will be overlaid with the national comparative data to ensure appropriate context is maintained to continuously improve our performance against the benchmark grouping.

More of our people than ever have responded to the staff survey. Whilst not forgetting the areas we have improved on, we need to create action plans for addressing the areas of concern, share learnings across teams and build on the positive work being done across the organisation.

The detailed findings are in the process of being shared with General Managers, Corporate Heads of Service, and their respective leadership teams. Results will be shared with individual teams with local action plans being developed.

To ensure momentum is maintained, progression against the action plans will be discussed at performance panels, senior performance panel, in addition to quarterly business plan meetings with SMT. We are creating a collaborative approach to sharing and actioning change following our 2017 staff feedback, which is truly locally-led, and corporately supported.

4.0 Next steps & timeline

The detailed local and benchmarked results have been shared with Staffside through JNCF, Senior Leaders and Management (SMT, Senior Operations, Leaders' Network) and will also form part of the next 50 Voices session.

In previous years, LCH has taken more of a Trust wide, high level approach to the staff survey results. With a renewed focus within the Operational Plan on leadership, retention and a refreshed focus on Quality Improvement, we are taking a different "bottom-up" approach this year.

This year the granular detail will be shared at a local level within the Business Units and Corporate teams for local ownership. There will be a bottom up approach, whereby each team will review their information and develop their own local action plans. The action plans are expected to be collated and understood by General Managers/Corporate Heads of Service by June 2018.
For those specific "hot-spot" areas identified for attention, bespoke support will also be provided from the OD team.

A comprehensive communications plan is being developed to share 2017 results and prepare for the 2018/19 survey. This will involve centralised and local communication, and also include a visit with Staffside reps and staff who question the anonymity of the data to visit Capita (current staff survey provider) to help dispel myths and encourage participation in giving feedback via the survey.

5.0 Recommendations

It is recommended that the Board:

- Note the summary and highlights of the National 2017 Staff Survey
- Note key next steps

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2017-18 (99)

Meeting Trust Board 29 March 2018	**Category of paper**	
Report title Approval of CAMHS New Care Model	**For approval**	✓
Responsible director Executive Director of Finance and Resources	**For assurance**	
Previously considered by Senior Management Team 14 March 2018 Business Committee 16 March 2018	**For information**	

Purpose of the report

In December, the Board approved in principle a proposal to commence the New Care Model pilot for Children and Adolescent Mental Health Services (CAMHS) Tier 4 on 1 April 2018.

This report therefore seeks reaffirmation of the Board's support in the light of the new information.

Main issues for consideration

The Board accepted a recommendation to delegate final sign off to the Chief Executive, escalating back to Board in the event the business case anticipated savings change by more than £50,000 in advance of sign-off.

The cohort of CAMHS Tier 4 patients in scope has now reduced, which reduces the budget and the reported savings by over £50,000 and, on very prudent assumptions, suggests a non-recurrent deficit in 2018/19. However, this report also notes that 'low risk' deficit can be covered and that the recurrent saving for reinvestment opportunity remains significant.

Recommendation

The Board is asked to confirm its approval to LCH taking lead provider responsibility for the West Yorkshire NCM from 1 April 2018.

Child and Adolescent Mental Health Services: New Care Model

1. BACKGROUND

1.1. As the Board are aware, in May 2017, Leeds Community Healthcare NHS Trust (LCH) submitted a successful proposal to NHS England to become a New Model of Care Child and Adolescent Mental Health Services Tier 4 pilot site. The pilot includes a partnership of providers, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT), Bradford District Care NHS Foundation Trust (BDCT) and Leeds & York Partnership NHS Foundation Trust (LYPFT) in additional to working closely with colleagues from the ten West Yorkshire CCGs and, vitally, NHS England Yorkshire & Humber (NHSEY&H) specialised commissioning hub.

1.2. The Board will wish to note that Claire Murdoch, the National Mental Health Director, met with Simon Stevens on 14 February 2018 and has now written to NHE chief executives to say:

> Following this meeting, we have received confirmation that the programme will extend beyond the initial 2 years. **This means that where we have sites already in place, we would continue with delegated commissioning arrangements.** (LCH bold) We would need to be assured of the positive impact on patient outcomes and service quality, ensuring that the New Care Models are discharging the same responsibilities as is expected of all commissioners.
>
> Additionally, we wish to expand the programme to additional sites elsewhere in the country, with the goal of establishing delegated commissioning arrangements in all parts of the country for the relevant services (adult low and medium secure, Tier 4 CAMHS and adult eating disorders). We are recommending to NHS England regional teams that they work to establish New Care Models across the country. This is consistent with the general direction of travel across the sector, and we will coordinate this work with the progress of the Integrated Care Systems in order to provide full integration of the pathway.

2. CHANGES IN FINANCIAL ASSESSMENT

2.1. The financial case approved by the Board in December set out that:

- At 2016/17 prices, a commissioning budget of £9.47m would become the responsibility of LCH
- The forecast spend against this budget after realising only the most easily attainable savings was estimated at £8.78m
- It was planned to commit £0.39m to a new role of 'care navigators'
- Uncommitted funds of £0.3m were therefore estimated to be available for initial investment in new community services.

2.2. It has now been agreed with NHS England that a cohort of patients whose needs are being addressed by Transforming Care Partnerships are not in scope for this New Care Model. Transforming Care Partnerships are responsible for meeting the needs of a diverse group of children and young

people with a learning disability, autism or both, who display, or are at risk of developing behaviour that challenges, including those with mental health conditions.

2.3. Additionally, NHS England has identified an error in the 2016/17 baseline which reduces the budget by £0.25m.

2.4. The new budget offer is £7.57m. The potential savings have been recalculated taking into account both these amendments.

2.5. The financial savings outlined in the December Board paper were estimated at £0.3m after investment in three care navigator posts and taking into account the most easily attainable savings. On the new budget basis the £0.3m savings becomes a notional deficit of £0.1m.

2.6. However, there are a range of factors that lead to the recommendation in this report that the commencement of the New Care Model in 1 April 2018 should be confirmed.

2.7. Slippage in the use of the set up costs and 'crisis monies' allocated to LCH in 2017/18 means that £0.1m can be carried forward into 2018/19. The forecast deficit, on the basis of realising only the most easily attainable savings, can therefore be covered by monies carried forward.

2.8. The Programme Board has agreed that there needs to be investment in the LCH finance and business management infrastructure to provide the capacity to manage this budget. In 2018/19 this will cost £40k. This report recommends that LCH proceeds with this investment from its own resources at risk, being the first call on any additional savings achieved.

2.9. The NCM team's assessment of the savings opportunity in a full year by the end of 2019/20 is £0.9m. The rationale for this assessment was contained in the December Board paper. This is now based, not only on the original NCM assessment of savings opportunities from scrutiny of patient episodes in 2016/17, but now also on scrutiny of 8 months' data from 2017/18.

2.10. Since December the NCM has received an assessment by NHS England that the forecast underspend against the 2017/18 budget is over £0.8m. This is before the NCM has started and reflects the initial assessment that the 2016/17 cost base was a relatively high basis on which to set the budget for the NCM.

2.11. In conclusion, whilst there is a very small financial risk for LCH from up-front investment in infrastructure to manage the budget, there is every reason to believe that the savings available for reinvestment in 2018/19 will be significantly greater than those assumed and that once the care navigators are in post and begin their work the savings will remain significant.

3. RECOMMENDATION

3.1. The Board is asked to confirm its approval to LCH taking lead provider responsibility for the West Yorkshire NCM from 1 April 2018.

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2017-18 (100i)

Meeting: Trust Board 29 March 2018	**Category of paper**	
Report title: Operational Plan 2018/19	**For approval**	√
Responsible director: Executive Director of Finance and Resources **Report author:** Business Planning Manager	**For assurance**	
Previously considered by: Quality Committee 19 March 2018 Business Committee 16 March 2018	**For information**	

Purpose of the report

The Trust's 2018/19 operational plan is attached for Board approval. It includes budget proposals.

The plan has been reviewed by Business Committee (16 March 2018), Quality Committee (19 March 2018) and Senior Management Team. The Board planning workshops in November 2017 and January 2018 informed the development of the Trust's priorities for 2018/19 and plan. The plan is consistent with the 2017-2019 Plan submitted to NHS Improvement on 23 December 2016 and the summary of changes for 2018/19 submitted 8 March 2018 in line with national planning requirements.

Budget proposals were considered by the Business Committee on 21 February and 16 March 2018.

Main issues for consideration

The Trust's plan for 2018/19 describes how the Trust will continue to deliver high quality services supported by sustainable financial and workforce plans in a challenging financial context with continuing national and local recruitment challenges and some services experiencing increased referrals and complexity.

The plan reflects continuity as well as clear alignment with the West Yorkshire and Harrogate Health and Care Partnership Plan and Leeds Health and Care Plan. The operational plan sets out corporate priorities and success measures for 2018-2019.

The budget proposals set out plans to meet financial targets agreed with NHS Improvement.

The Business Committee will receive reports on progress in delivering the Trust's priorities post quarters 1 and 3 and the Board will receive a mid-year and year-end progress report.

Recommendation

The Board is asked to approve the 2018/19 operational plan and the supporting financial plan within it.

Leeds Community Healthcare NHS Trust

Leeds Community Healthcare NHS Trust
Operational Plan
2018 / 2019

March 2018

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Leeds Community Healthcare NHS Trust

Operational Plan 2018/19

Executive Summary

1. In 2017/18 we have delivered high quality care in what has continued to be an extremely challenging context: difficulty recruiting to vacancies, severe system pressures over the winter period and the uncertainty of services being tendered. There has been recognition from partners city-wide of the positive role played by Adult and city-wide Specialist services in supporting patient flow over the winter. We were delighted to receive a 'good' overall rating from the CQC and 'outstanding' for caring for our Adult community services.

2. The 2018/19 plan reflects continuity and clear alignment with the West Yorkshire and Harrogate Health and Care Partnership Plan and Leeds Health and Care Plan. LCH continues to be well placed to play a leading, facilitative and integrative role in the development of integrated care systems for out of hospital care in Leeds. We will continue to play a strong role in supporting the development of Local Care Partnerships (LCPs) and the Leeds Primary Care Partnership.

3. We will increasingly support the implementation of the West Yorkshire and Harrogate Health and Care Plan and Leeds Health and Care Plan in 2018/19 e.g. implementing the West Yorkshire New Model of Care for Mental Health Tier 4 provision for Children and Young People, development of an integrated frailty pathway and establishing Urgent Treatment Centres.

4. Our 3 Business Units will work with commissioners and other Leeds providers to implement agreed developments and be pro-active in identifying and developing proposals that enable a shift from hospital to the community and support early intervention, pro-active care and self-management. It is vital that there is investment to enable this.

5. We face fewer tenders in 2018/19 than in recent years but we will aim to develop a compelling bid for 0-19 services.

6. 2018/19 will be a landmark year for our neighbourhood teams who will complete roll out and embedding of the electronic patient record, mobile working and new ways of working across all teams. We will progress work to integrate city-wide Adult and Specialist business unit services with our neighbourhood teams.

7. We will develop and implement our Quality Improvement approach, putting it at the heart of how we work at every level.

8. We will develop a 'strengths based' approach organisation-wide so that we 'work with' and don't 'do to' patients.

9. Although the financial context remains challenging we will deliver the financial control total for 2018/19.

Leeds Community Healthcare NHS Trust

Operational Plan 2018 - 2019

1. Strategic Context

1.1. National

1.1.1. National planning guidance for 2017/18-18/19 sought to drive system planning, through 2 year contracts aligned to 5 Year Forward View and Sustainability and Transformation Plans (STP) implementation. It required all provider and commissioner plans to align with the STP and deliver the organisation and system control total. The guidance set out 9 Priority 'must-do's', 2 year CQUINs and dedicated funding streams building over five years for core priorities, principally mental health, cancer care, general practice, diabetes and technology.

1.1.2. National planning guidance for 2018/19, as expected, did not include any new priorities. It set out how the additional funding announced in the November 2017 budget would be allocated, the principle focuses being

- Acute sector achieving A & E targets and financial balance by March 2019
- Expanding and developing care provided by individual GP practices, federations and super-partnerships
- CCGs achieving financial balance by March 2019
- Ensuring commissioners pass down additional investment in mental health and protect funding for primary care and cancer services
- Promoting further development of Integrated Care Systems – previously known as Accountable Care Systems
- Funding for innovative development of IT infrastructure

1.1.3. The Trust's Operational Plan is also framed within continuing low funding increases for the NHS in the context of increasing demand and workforce shortages continuing to impact on our ability to recruit nurses and therapists in particular.

1.2. West Yorkshire and Harrogate Health and Care Partnership Plan

1.2.1. The West Yorkshire and Harrogate Health and Care Partnership Plan (WYHP) (previously known as the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP)) sets out priority focuses and SMART targets in relation to closing the health and well-being gap, care and quality gap and financial gap for the region – see Appendix 2

1.2.2. The WYHP sets out workstreams to be progressed at the regional level and 6 place based plans, including the Leeds Health and Care Plan. The priority focuses and SMART targets in relation to closing the health and well-being gap, care and quality gap and financial gap in Leeds are set out in Appendix 1.

1.3. **Leeds Health and Care Plan**

1.3.1. The Leeds Health and Wellbeing Strategy provides the strategic context for the Leeds Health and Care Plan as it sets out the major challenges and strategic priorities for health and well-being in Leeds.

1.3.2. There has been significant progress over the past year in developing and implementing plans for the 4 over-arching Leeds Health and Care Plan workstreams,

- Prevention
- Pro-active care, early intervention and self-management
- Urgent care and rapid response
- Improving secondary care

LCH continues to be involved in each, particularly the first three. Further detail in section 2.3

1.3.3. In 2018/19 we expect there to be a step change in the impact on the Trust of developing and implementing the Leeds Health and Care Plan, which is reflected throughout this Plan

2. Alignment of the LCH 2018/19 Operational Plan with the West Yorkshire and Harrogate Health and Care Partnership Plan and Leeds Health and Care Plan

2.1. The vision and intent of LCH's Operational Plan is fully aligned with both the West Yorkshire and Harrogate Health and Care Partnership Plan and the Leeds Health and Care Plan. We remain strongly committed to delivering the Leeds Health and Care Plan ambition. However, LCH will only be able to take forward some key elements of the local plans if there is additional investment given the context we are operating in:

- increasing demand and complexity as a result of demographic change
- potential service decommissioning by Leeds CCG
- competitive tendering of services we currently provide

At present we cannot be confident that there will be any significant investment in the services provided by the Trust.

2.2. **Development Aligned with the West Yorkshire and Harrogate Health and Care Partnership Plan**

2.2.1. LCH was successful in its partnership bid to NHS England to be a New Model of Care for Children and Adolescent Mental Health Services Tier 4 pilot site. The New Model of Care will develop a revised pathway across West Yorkshire to reduce the use of Tier 4 beds with more services being delivered in the community and closer to home. Any savings that arise from the new pathway will

be invested in developing community mental health services for children and young people to provide equitable and effective crisis services across the region. LCH will manage the £7.5m budget for a two year pilot period from April 2018, reviewable at six monthly periods. This will be complemented by the building of a new Tier 4 Unit with an enlarged bed base, with building work planned to commence during next financial year.

2.3. Development Aligned with the Leeds Health and Care Plan

2.3.1. Prevention

LCH has a central role in tackling the key public health challenges of obesity, smoking, lack of exercise and alcohol consumption by promoting healthy living through every contact. National CQUINs continue to support this agenda, the focus for 2017-19 being smoking and alcohol use screening and provision of advice. Our Community Neuro Rehabilitation unit services will embed this in assessment and care planning in 2018/19.

Front-line staff adopting a health coaching approach will also support prevention.

2.3.2. Pro-active care, early intervention and self-management

2.3.2.1. **Increasing and integrating the community offer for out of hospital health and social care** – the work to develop and redesign integrated primary care organised around peoples' needs at the neighbourhood level (c.30,000 – 60,000) has progressed substantively during 2017/18. There will be 18 Local Care Partnerships (LCPs) under the umbrella of the 13 neighbourhoods. We have shown our commitment by seconding our Head of Organisational Development to support LCP development. LCH is fully involved in developing and implementing plans within and across LCPs e.g. funding a lead nurse to support Armley LCP implement redesigned primary care, development of a new model for Diabetes care building on the Chapeltown Diabetes pilot and implementing new models of care for MSK. We expect all LCPs to develop more integrated working during 2018/19.

We expect our joint work with the three GP Federations in Leeds as they transition to one GP Confederation to continue at pace during 2018/19.

Work will commence on developing an integrated frailty pathway and associated outcome orientated integrated commissioning, including contracting and budgets. We expect LCH Adults and Specialist services to be fully involved. Commissioners have also signalled their intention to develop integrated Respiratory and

Cardiology pathways in 2018/19 in order to extend and increase provision in the community by increasing specialist support to neighbourhoods and extended general practice. We have secured £156k Improved Better Care Fund (iBCF) funding to support Falls pathway development in 2018/19.

In 2018/19 we will evaluate pilots funded by commissioners in 2017/18, and seek recurrent funding for those that deliver intended outcomes:

- Leeds Integrated Discharge Service (LIDS) – partnership approach with LTHT and a 3rd sector organisation
- Extension of the Respiratory Early Discharge service from a 5-day to a 7-day service – improving patient flow

2.3.2.2. **Providing care close to home - shift from the acute sector to the community** – our Virtual Respiratory Ward service, funded by the iBCF, will go live in July.

We have re-structured our CIVAS service to create capacity for pathways direct from primary care which will enable more patients to be treated in the community who would otherwise receive treatment in hospital. We will progress discussions with commissioners about extending CIVAS to other pathways.

In 2017/18 we invested in an innovative neighbourhood team self-management pilot which aims to optimise self-management. As well as benefitting patient health and well-being we expect this to free up capacity within teams. Evaluation of the pilot will inform the neighbourhood model going forward. We are agreeing with commissioners a 6 month extension to roll-out the learning from the Beeston and Crossgates Live Well Leeds pilot.

We will continue to work with primary care and acute services to assess opportunities and develop business cases.

2.3.2.3. '**Shifting' the conversation with staff, service users and the public** - so that health services 'work with' and don't 'do to' people, encouraging and enabling service users to do more themselves and reducing demand for services. This is a key underpinning principle of the West Yorkshire and Harrogate Health and Care Partnership Plan and Leeds Health and Care Plan and the focus of a national CQUIN for 2017-19. Leeds has gained recognition nationally for work to develop and roll-out a system-wide asset based approach encompassing health coaching and social care's restorative practice.

Commissioners have provided £900k over 2 years to start rolling out a city-wide 'Better Conversations' approach, which is expected to focus initially on 2 / 3 Local Care Partnerships. We are developing our plans for further rolling out a health coaching approach across our services.

2.3.2.4. **Strengthening mental and emotional health and well-being health provision** – commissioning intentions are reflected in the recently refreshed city plan: Future in Mind Leeds Local Transformation Plan 2017 – 2020. CAMHS developments for 2018/19 include

- Mindmate SPA Enhancement Plan
- Positive Behaviour Support Service
- Input to the Yorkshire Centre for Excellence in Adoption Support
- Tier 4 transition
- Learning Disability services
- Autism provision

2.3.3. **Urgent Care and Rapid Response**

One of the national priorities for urgent care and rapid response is the requirement to establish Urgent Treatment Centres: Leeds is required to establish 4-5. We are working with the Leeds Primary Care Partnership (an alliance of GP Federations, two not-for-profit NHS providers and LCH) and Leeds Teaching Hospitals Trust to establish the Urgent Treatment Centres in 2018/19. The first centre will be set up at the St George's Centre by the end of March 2018 with 3-4 additional centres in place by April 2019.

Partners have commented favourably about the positive contribution our neighbourhood teams and city-wide services made to supporting patient flow during the 2017/18 winter pressures. We will continue to work closely with health and care partners to support winter plans and system flow. We have an internal delivery plan to help smooth out peaks and troughs in demand and capacity.

2.3.4. **Supporting work streams:**

Leeds Health and Care Plan supporting work streams reflect commitment across providers and social care to collaborate more effectively on infrastructure, support services and to attract inward investment. LCH will continue to be fully involved in these workstreams in 2018/19 where the key focuses will include:

- Next stage development of the Leeds Care Record, an integrated electronic record accessible across providers, to link the record to other health and social care record systems and enable patient access

- Further developing the ‘one approach’ to workforce recruitment and development, including developing rotational roles across providers, developing integrated working across providers and establishing the Leeds Health and Care Academy – initial focuses are developing and widening access for the future workforce including apprenticeship development
- working collaboratively with partners city-wide on future procurement: procuring IT hardware on this basis in quarter 1 and exploring a city-wide payment card with cash back facility
- creating a supportive environment to attract investment, research and development of healthcare related solutions through collaboration and partnerships across Leeds academic institutions and health and social care providers and commissioners

3. LCH Strategy

3.1. Whilst the national, West Yorkshire and Harrogate and Leeds NHS environment is very dynamic, LCH is retaining its strategy, strategic goals and our value proposition; see Appendix 2. They guide our service offer and strategy for growth**.**

3.2. **Business Development**

3.2.1. A key enabler for delivering the vision for community services is the development of integrated systems working together to improve patient outcomes. LCH is well placed to play a leading, facilitative and integrative role in the development of integrated systems for out of hospital care in Leeds. We have made tangible progress in realising our ambition to become the under-arching structure for the delivery of primary care and position ourselves at the heart of the Leeds Primary Care Partnership, bidding jointly with other members for primary care developments within the Leeds system. The partnership was successful in bidding to deliver GP Streaming in A&E. Discussions are progressing about widening the partnership to include all Leeds health and care providers.

3.2.2. Our Neighbourhood Teams and wider Adult Specialist services, including Respiratory, CUCS, Falls and Wound Management, MSK, Diabetes and Cardiac services, work together to provide care for adults and older people; they are central to delivery of the West Yorkshire and Harrogate Health and Care Partnership Plan and Leeds Plan. If the Leeds Plan is to be realised, the Trust would expect there to be significant investment by commissioners in these services over the next 3 years.

3.2.3. We will develop a traded offer for our specialist expertise in community services, which may include Wound Care, Continence, Urology and Colorectal, Falls, Palliative / End of Life, Long Term Conditions, Healthy Lifestyles, Physiotherapy,

Speech and Language Therapy and CAMHS with a scope to extend to other children's services such as school nursing.

3.2.4. We are finalising a new Childrens' Services Strategy. The Strategy reflects the ambition to develop a more integrated approach to delivering services which promotes a better experience and outcome for children and young people. The strategy will be complimentary to the wider context of the city's ambition for children, the Leeds Heath and Care Plan and Future in Mind strategy and partnership working with primary, secondary and social care, education and third sector organisations.

3.2.5. We will undertake responsible geographic expansion of services where we are leaders in the field already, where the tender includes other elements in this patch, or where there is strong fit with our identity. The geographic focus is neighbouring areas to Leeds. At present these services include MSK, Podiatry, Nutrition and Dietetics and Long Term Conditions. We will respond to opportunities as they arise.

3.2.6. We provide a discrete part of many pathways for long term conditions, for example, diabetes and cardiac rehabilitation. We already provide leadership across the whole pathway for the integrated sexual health service. In 2018/19 we will aim to be more strategic in identifying opportunities to lead pathway work for the city, which is a clear focus of the Leeds Plan.

3.2.7. During 2018/19 we will review our stakeholder relationships and engagement. We want our key stakeholders to have good understanding of our performance and operating context, and support our ambitions and plans.

3.3. Competitive Environment

3.3.1. LCH continues to operate in a competitive environment with multiple commissioners. Public Health services commissioned by Leeds City Council, criminal justice services commissioned by NHS England and police forces, primary care services commissioned by NHS England and the CCG and CAMHS tier 4 services commissioned by NHS England are potentially competitively tendered.

3.3.2. LCHs plan for 2018/19 includes pro-active work to ensure that the Trust retains services where it makes sense to do so. Our aim is to offer innovative, efficient services that deliver high quality patient care, working in partnership with other providers where it enables us to enhance our offer.

3.3.3. A key part of our strategy is to position ourselves at the heart of the Leeds Primary Care Partnership in bidding to provide New Models of Care in partnership with other members.

3.4. **Regulatory Context**

3.4.1. LCH plans to deliver high quality services at all times and will respond positively to all quality improvements recommended by external regulators. CQC 'good' and 'outstanding' ratings remain the required quality benchmark for providers.

3.4.2. The CQC published its inspection reports in August 2017. We were delighted that the CQC rated LCH overall 'good' and our Adult community services 'outstanding' for 'caring'. We submitted our action plan to address the CQC's improvement actions, as required, on 31 October. All improvement actions will have been satisfactorily addressed by the end of May 2018. We expect the CQC to re-inspect 1 or more of the 3 services rated 'requires improvement' in the coming months which will provide the opportunity to evidence improvements made and for the CQC to re-assess the ratings.

3.4.3. We were also delighted that the CQC / Ofsted's joint inspection of Childrens SEND services city-wide assessed services to be good. We will have addressed the 2 requirements for improvement by the end of FY 17/18. We await the outcome of Her Majesty's Inspectorate of Prisons (HMIP) inspection in March 2018 of provision of health care in Wetherby Young Offenders Institute (YOI) and Adel Beck.

3.4.4. The Trust will continue to work closely with NHS Improvement to ensure we meet all our regulatory requirements.

4. Achievements and Challenges in 2017/18

4.1. LCH's priorities for the second year of the 2017-19 planning period will be guided by our achievements during 2017/18 and the challenges that we continue to face.

4.2. LCH delivered high quality, compassionate care throughout the year despite significant pressure on some services, particularly neighbourhood teams, as a result of extreme winter pressures system-wide, uncertainty for staff in services facing tenders, financial pressures, increased referrals and increased complexity for some services and continuing difficulty recruiting nurses and therapists. This was reflected in continuing high patient satisfaction: 96% and in the CQC's 'good' overall rating for the Trust and 'outstanding' rating for 'caring' for our Adult community services. They found:

- staff passionate about providing good care, treat patients with dignity and compassion, involve patients in their care, promote independence and self-care and meet the individual needs of patients including meeting the needs of vulnerable people, and work well together for the benefit of our patients across all disciplines
- stable and cohesive leadership with accessible, visible leaders who work collectively

- an open and transparent culture and staff able to articulate the Trust values and strategy
- good staff engagement and patient feedback
- stronger governance process and a 'maturing safety culture'

4.3. The inspection highlighted requirement for improvement at Hannah House, Little Woodhouse Hall and Leeds Sexual Health service. All 3 services have demonstrated strong commitment to addressing the issues identified by the CQC and will have completed all actions by the end of May 2018.

4.4. Good progress was been made against many of the quality improvement priorities set out in our Quality Account including:

- on track to reduce waiting times for CAMHS Autism Spectrum Disorder Assessments to no more than 12 weeks, achieved through a programme of pathway redesign and creating additional capacity
- Safety Huddles and Quality Boards introduced and embedded in neighbourhood teams and Childrens in-patient units, strengthening focus on safety and risk to quality
- target for reducing incidence of avoidable Cat 3 pressure ulcers achieved. We were disappointed not to achieve the zero cat 4 pressure ulcer target. We are confident that processes established over the past year are effective and will maintain focus to drive further improvement

4.5. Quality Account priorities not achieved include:

- Rolling out E-rostering - the contract for developing and implementing an E-rostering system was ended by mutual agreement. The Trust remains committed to introducing e-rostering and will invest in a new solution during 2018/19
- rolling out the electronic patient record and new ways of working to neighbourhood teams. This is a major change programme which has been implemented in a context of extreme system pressures and service capacity pressures which led to slippage against time-frames. All teams will have migrated fully to the electronic patient record by the year-end and are now scheduled to complete by August 2018
- developing clinical outcomes reporting - there has been limited progress due to capacity constraints. We have invested in dedicated capacity to enable this to be progressed at pace in 2018/19 in line with the agreed plan.

4.6. We once again met national waiting time targets for consultant led, diagnostic services and IAPT and safe staffing requirements for in-patient units throughout the year.

4.7. Section 2 describes new model of care pilots, service developments and organisational development initiatives funded and / or implemented in 2017/18 aligned to the key Leeds Health and Care Pan workstreams.

4.8. A significant focus in 2017/18 was supporting services to be 'tender-ready' - developing service offers and bids - and when successful, subsequently mobilising the service. The Trust was successful in:

- Retaining the Police Custody service for West Yorkshire, South Yorkshire, North Yorkshire and the Humber. Mobilisation preparation is underway
- A partnership bid with the Local Authority to deliver part of the Leeds Community Beds Contract. The service went live 1 November 2018.
- Acquiring the Substance Misuse contract for Wetherby YOI and Adel Beck

4.9. NHS England withdrew, for the second time, the Community Dental tender. We anticipate that the current contract will be extended until March 2019.

4.10. There has been considerable service planning for the forthcoming 0-19 tender. In 2018/19 we will continue to identify ways to improve our offer and will develop a compelling bid

4.11. Workforce, service and business unit managers worked hard to support staff impacted by services being de-commissioned and contracts awarded or lost as a result of the tender process, which included the Healthy Living service, CICU and the Expert Patient Programme. We looked to redeploy staff internally wherever possible. There was good partnership working with other providers about employment opportunities across the system for staff at risk of redundancy, and to expedite trialling and / or recruitment into new roles.

4.12. In 2017/18 the Trust refreshed its OD Strategy. The key focuses are:

- Recruitment, retention and workforce planning
- Leadership development – through implementing our Trust coaching strategy
- Staff engagement and morale – through our Feel Good Pledge: strengthening our health and well-being offer

4.13. We have had significant success in **reducing turnover** – down to 13.5% at the end of February 2018 (significantly below community provider average). Our focus on strengthening preceptorship, strengthening our health and well-being offer and the continued use of individual, team and health coaching to support staff health and well-being, leadership development and team effectiveness - have contributed to this. We worked with NHSI on developing our Retention Plan for the year ahead.

4.14. We have worked hard to **reduce the level of vacancies**, particularly for hard to recruit to nursing, therapy and medical roles, including introducing standing recruitment panels for Band 5 community nursing. Our Deputy Director of Nursing has led on work for the Trust to develop a nursing degree apprenticeship in partnership with the other Leeds providers, which creates a much needed alternative entry route to nursing. We worked with Leeds universities and LTHT in trialling an

additional cohort of student nurses. This will now be adopted permanently, ensuring 2 intakes of student nurses in the city every year.

4.15. **Staff sickness absence** levels remain a concern and reducing them will remain a priority in 2018/19.

4.16. The 2017/18 national staff survey indicates continued improvement across many indicators of **staff engagement and morale**. We developed a 'Feel Good Pledge' pledge in response to key issues flagged by staff through the 2016/17 national staff survey. Resulting changes include re-introducing health checks, running pension planning advisory sessions and raising awareness about flexible working options.

4.17. Our staff continued to drive development of **innovative practice** and service models. All 3 Business Units held celebration days to bring staff together to celebrate and raise awareness of innovation and improvement work. Examples include:

- CAMHS - Step-Up App enables young people to complete questionnaires, keep a track of their care, set and rate goals on their device outside of the clinical session. They can be sent resources and strategies and carry with them 'a how to help plan' that they can share with others. A clinical portal supports the app that allows clinicians to develop bespoke packages of care.
- Dietetics - development and use of smart electronic forms for assessment and monitoring of Irritable Bowel Syndrome (IBS) patients which enables more patient-centred, personalised consultations and saves approximately a third of clinical appointment time.

4.18. We delivered our financial savings and utilisation targets in **rationalising our estate** during 2017/18. We vacated James Reid House and Shaftesbury House and have made significant progress towards leaving St Marys. Further progress will be made in 2018/19.

4.19. In a very challenging financial environment for the NHS the Trust will achieve the financial control total set by NHS Improvement for 2017/18.

5. 2018/19 Corporate Priorities

5.1. Our 14 corporate priorities for 2018/19 reflect significant continuity from 2017/18. They are listed here, aligned to our 4 strategic goals. Further details of how we will measure success and what we plan to do to under each priority is contained in Appendix 3.

Strategic goal 1: Recruit, develop and retain the staff we need now and for the future

Priority 1: Improve retention

Priority 2: Improve recruitment with a particular focus on recruiting in hard to recruit areas

Priority 3: Reduce sickness absence

Strategic goal 2: Provide high quality services

Priority 4: Achieve or maintain good or outstanding rating for all services (CQC and internal Quality Challenge +)

Priority 5: Develop LCH's quality improvement approach which engages staff, service users and the public

Priority 6: Provide harm-free evidence based care

Strategic goal 3: Work in partnership to deliver integrated care and care closer to home.

Priority 7: Engage fully in development and implementation of the Leeds Health and Care Plan and West Yorkshire and Harrogate STP underpinned by an effective relationship with all partners

Priority 8: Engage fully as a key partner in the development of Local Care Partnerships and their plans and ensure service responsiveness in implementing new models of care and pathway redesign

Priority 9: Increase service and organisational focus on prevention, early intervention, pro-active care and self-management to keep people well in the community

Priority 10: Ensure that LCH is at the forefront of the development of the Leeds Primary Care Provider Partnership (previously known as the Alliance)

Strategic goal 4: Create sustainable services

Priority 11: Establish a project team and implement the project plan for developing the CAMHS Tier 4 new building and service offer

Priority 12: Implement year one of the business development strategy by proactively generating income, scoping opportunities to provide services in neighbouring areas, and supporting the Leeds Primary Care Partnership in developing business development propositions

Priority 13: Develop an innovative and viable model for the 0-19 pathway that meets commissioners'

Priority 14: Work on productivity within agreed services with clear expectations regarding workload and efficiency requirements requirements

6. Quality Priorities

6.1. We are currently consulting key stakeholders on our refreshed Quality Strategy: 2018-2021. The primary objective of the strategy is to implement a more structured Quality Improvement approach which engages staff and service users. There is strong commitment from the Board to embedding this in the way that we work at every level.

6.2. Quality Priorities - the Trust's quality priorities have been developed in consultation with Business Units and corporate teams. They align with the Quality Strategy, OD Strategy, the Trust's priorities and Business Unit plans and key Quality policies. They will be set out in the Trusts Quality Account for 2017/18 due to be approved by the Board on 30 June 2018. The 10 priorities are listed in Appendix 4.

6.3. We continuously review quality governance. Following last year's CQC inspection we are developing additional mechanisms for monitoring risk in services and ensuring adequate focus on small and / or isolated services and staff. We are also implementing a 2-tier Quality Impact Assessment process for all service change where there is potential to impact on quality of care.

7. Service Plans

7.1. In 2018/19 we will continue work undertaken in 2017/18 to strengthen service planning so that every service has a clear service strategy underpinned by robust assessment of its performance, internal and market context.

7.2. **Adult Business Unit**

7.2.1. There is significant continuity in the Adult Business Unit plan for 2018/19. We will complete consolidation of the integrated neighbourhood teams and embed new ways of working, including establishing mobile working and effective caseload management, which will enable more effective and efficient working, strengthen service resilience and reduce therapy waiting times.

7.2.2. We expect the Leeds Health and Care Plan to have a greater impact on the Adult Business Unit in 2018/19. We will work with commissioners and partners to:

- develop and trial a population health management approach for the first patient cohort: frailty. This will also include corporate teams in developing and testing new payment mechanisms, incentives and risk sharing arrangements across providers to support the delivery of agreed outcomes
- phased implementation of a joint health and social care performance and outcomes framework that interfaces with primary and secondary care to demonstrate the impact of integrated community services within neighbourhoods
- develop with Leeds Primary Care Partnership the service model and offer for the city-wide Extended Care Homes contract
- develop detailed plans for and implement the first Urgent Treatment Centres
- support city-wide winter planning. We have an internal delivery plan to help smooth out any peaks and troughs in

demand capacity building on successful initiatives utilised this winter

7.2.3. In 2018/19 the Adult Business Unit will drive further integration with our pharmacy technicians and specialist adult services, such as MSK, diabetes, COPD, podiatry and CUCS to better meet patient need and provide seamless, efficient care. This builds on work during 2017/18 to develop integrated working with the end of life service.

7.3. Specialist Business Unit – Specialist Services and Health and Justice Services

7.3.1. There will be a shift in focus for the Specialist Services Business Unit in 2018/19 away from preparing and bidding for tenders to service development. The key focuses will be:

- mobilise the new Police Custody service, including recruiting an expanded workforce.
- work closely with NHS England to collaboratively develop the community dental service.
- work in partnership with commissioners and LTHT to develop integrated care pathways for long term conditions services and provide care closer to home in alignment with the Leeds Health and Care Plan
    - support a shift in provision from hospitals to the community:
        - implement the Virtual Respiratory Ward
        - evaluate pilot schemes and seek recurrent funding where there is a compelling case
        - engage with commissioners about introducing additional CIVAS pathways including direct referrals from primary care
    - strengthen pro-active care:
        - agree and implement a new model of care for Diabetes building on the Chapeltown LCP pilot
        - agree and implement new models of care for MSK across all localities
    - work with commissioners to develop and implement commissioning for outcomes for podiatry and cardiac services
    - complete mobilisation requirements for HM Youth Offenders Institute and Adel Beck Secure Childrens Home and work in partnership with SWYFT to implement the Secure Stairs model

7.4. Children's Business Unit

7.4.1. The Childrens Business Unit have a significant agenda for service retention, service and pathway development, quality and productivity improvement in 2018/19 in line with the introduction of a new Childrens' Services Strategy.

7.4.2. A key focus in the 1st quarter will be developing our service offer and bid for the forthcoming 0-19 Childrens services tender covering Heath Visiting, School Nursing and School Immunisation, and if successful, mobilisation in quarter 3 and 4.

7.4.3. CAMHS has a significant agenda of service and pathway redesign and development over the next 2 years aligned to the cities Future in Mind plan, which includes the New Model of Care for Children and Adolescent Mental Health Services Tier 4 pilot and new build for expanded Tier 4 provision. This will be supported by a programme of work to improve productivity in CAMHS: implementing revised clinical pathways, ongoing use of capacity and demand analysis and implementing new ways of working. This programme of work will underpin CAMHS achieving the 12 week waiting time target for initial consultations and internal referrals.

7.4.4. We will progress work to counter difficulty recruiting to some vacancies e.g. developing rotational posts and recruit to train options, work with the Royal College of Speech and Language Therapists and Leeds Becket University to develop apprenticeships for SLTs; CAMHS and SLT working with accrediting bodies to accredit learning courses for non-registered staff

7.4.5. Childrens Business Unit will build on its excellent track record of innovation with digital technology to enable self-management, provide more effective care and deliver efficiencies. In 2018/19 CAMHS will continue implementing the ‘Step-up’ and ‘Let me Show You’ Apps and CAMHS, SLT and School Nursing will explore opportunities for skype consultations, texting and on-line live chat.

8. Workforce

8.1. The Trust refreshed the Organisational Development Strategy during 2017/18. Key focuses during 2018/19 will be

8.1.1. **Recruitment, retention and workforce planning**
We will implement our retention plan. Our focus on improving our staff ‘offer’ will support both recruitment and retention. We will develop further preceptorship to ensure we continue improving retention of newly qualified staff. We will explore scope for local agreement within Agenda for Change for improving rewards and benefits, increase awareness about and improve our flexible working offer, particularly for those nearing retirement, and develop and raise awareness about career development opportunities both internally and across the system, including apprenticeships. We will work with teams / services to address persistent high turnover and have allocated additional resource to develop and implement a sustainable approach to

reducing sickness absence, this being a key priority for the Board.

8.1.2. **Leadership development**
We will develop clinical and operational leadership using a coaching approach, our LEAD leadership development programme and Manager as Coach programme and development of the senior leadership team.

8.1.3. **Staff engagement and morale**
Our focus continues to be not only supporting staff physical wellbeing but also psychological wellbeing and quality of life. All the above supports staff engagement and morale and reducing sickness absence. We will continue to develop our staff engagement networks, implement our 'feel good pledge' and use national staff survey results and other feedback mechanisms to target support.

8.2. 2018/19 improvement targets will include reduction in turnover and sickness absence, improved recruitment in hard to recruit areas and evidence of continued improvement in staff engagement through the results of the annual staff survey.

8.3. Our pilot (one of 11 eleven national pilots) to train 10 of our existing Band 3 staff into the new Nursing Associates role (Band 4) is in its second year. We await guidance from the Nursing and Midwifery Council (NMC) about how this role will be regulated and the tasks practitioners will be regulated before deciding how many Nursing Associates to train going forward.

8.4. A key system development in 2018/19 will be establishing the Leeds Health and Care Academy. Key workstreams have been identified to start in April 2018:

- Apprenticeships – we have worked with partners to procure an apprenticeship route for the training of registered nurses and nursing associates. Recruitment is currently in progress for the nursing degree route and we hope to start up to 10 internal employees on this apprenticeship in 2018/19.
- Developing and widening access for the future workforce

Workstreams to start in September 2018 are:

- System OD and Leadership
- Statutory, mandatory and priority training

8.5. In 2018/19 we will participate in NHS England's Workplace Race Equality Standard (WRES) Experts Programme to develop in-house expertise in improving workforce race equality. We will revise our WRES action plan drawing on good practice and work with the Black, Asian and Minority Ethnic (BAME) staff network on the Trust NHS staff survey results to inform and shape future actions and targets.

8.6. The Trust will contain its agency costs within the agency ceiling for 2017/18, 2018/19.

9. Key Enablers

9.1. Digital Technology

9.1.1. The Trust's Digital Strategy was approved by 4 August 2017 Board. It reflects the commitment to adopt technology to enable efficient effective working, implement the city digital plan (the Leeds Local Digital Roadmap) and achieve a paperless NHS by 2020. In 2018/19 we will:

- complete EPR roll-out
- procure and plan for the roll out of e-rostering to neighbourhood teams and the wider Trust.
- implement free to access public WIFI service
- ensure our infrastructure is robust and resistant to the increased cyber-security threat levels.

9.1.2. During 2018/19 the Trust will continue with preparations to be compliant with the General Data Protection Regulation which comes into force on the 25th May 2018. We have developed an action plan which is linked to the 'Information Commissioner Officer 12 Steps to GDPR Compliance. In quarter 1 2018/19 the main focus of work is awareness raising and cementing a network of Information Asset Owners throughout the Trust who will ensure that all data flows are suitably mapped and that the legal justification for each flow is properly established and documented.

9.2. Estates rationalisation

9.2.1. The plan in 2018/19 for the next phase of implementation of the Estates Strategy is to continue to improve the utilisation of the space we lease and own.

10. Financial Plan

10.1. 2018/19 Summary Financial Plan

The budget proposals underpin the delivery of the Trust's priorities and "business as usual" as expressed in this 2018/19 Operational Plan. The Trust is planning to achieve a control total of £2.541m set by NHS Improvement.

At the time of writing, the Trust has yet to resolve an outstanding £1.5m contract issue with the Leeds CCG but all other income assumptions are in line with expectations.

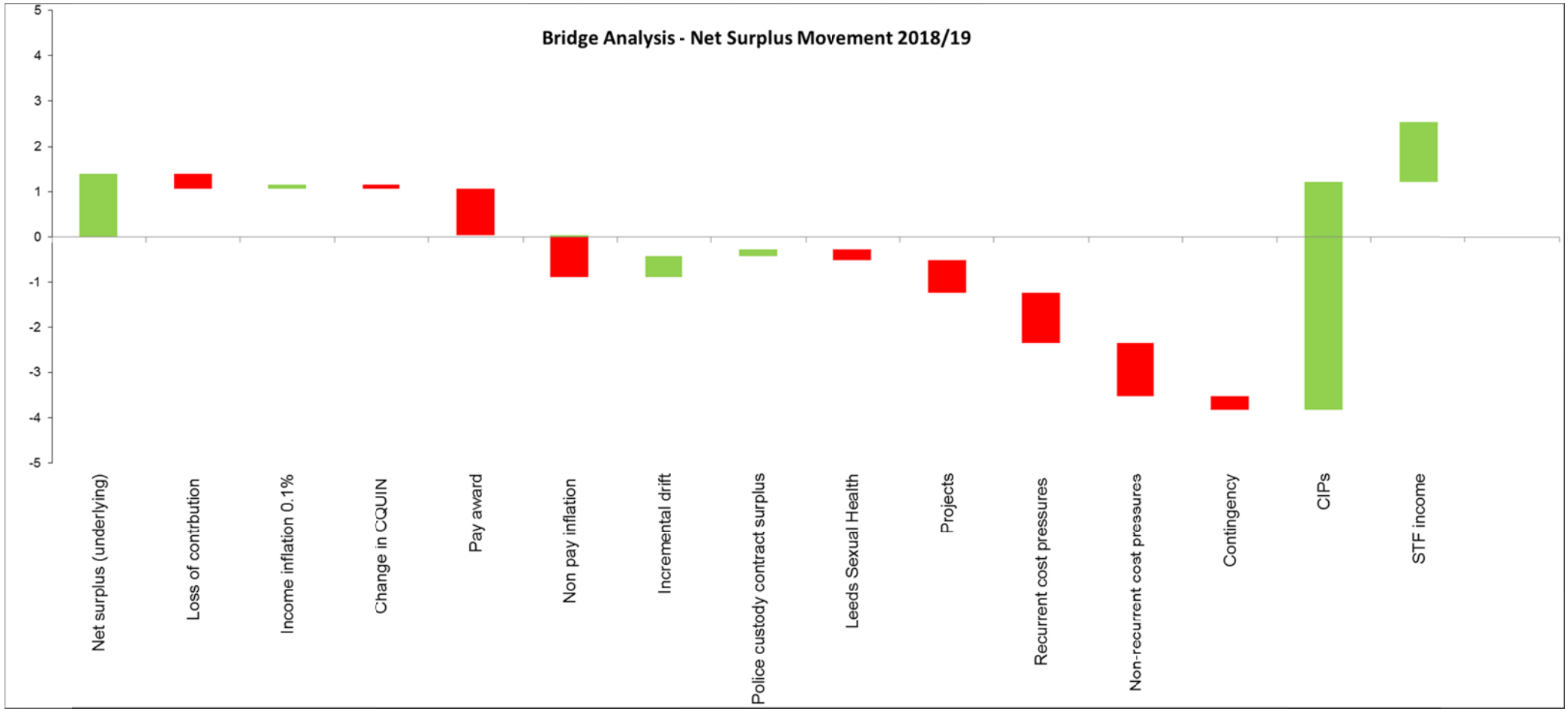
The national tariff uplift for 2018/19 is 0.1%. Average cost inflation assumptions are 2.1% which drive an efficiency assumption of 2.0%. The CCG block contract and NHS England contracts are assumed at the rolled forward rate with 0.1% uplift applied.

The expenditure budget proposals for 2018/19 have been prepared to meet prevailing inflation expectations and known changes in costs. As a result of realistic but challenging cost plans that include efficiency savings of £5.0m (3.4%), the Trust can achieve the required control total surplus.

10.1.1. Income and Expenditure

Income & Expenditure Summary	Annual Plan £m
Income	
Contract Income	(138.0)
Sustainability & Transformation Fund	(1.3)
Other Income	(7.3)
Total Income	***(146.6)***
Expenditure	
Pay	100.8
Non pay	33.3
Reserves	7.5
Total Expenditure	***141.6***
EBITDA	***(5.0)***
Depreciation	1.7
Public Dividend Capital	0.7
Interest Received	(0.1)
Retained Net Surplus	**(2.5)**

The key drivers for the revenue financial plan are illustrated in the bridge diagram on the following page. The under pinning detail is contained in the remainder of the report.


Bridge Analysis - Net Surplus Movement 2018/19
5
4
3
2
1
0
-1
-2
-3
-4
-5
Net surplus (underlying)
Loss of contrbution
Income inflation 0.1%
Change in CQUIN
Pay award
Non pay inflation
Incremental drift
Police custody contract surplus
Leeds Sexual Health
Projects
Recurrent cost pressures
Non-recurrent cost pressures
Contingency
CIPs
STF income

10.1.2. **Capital**
The Trust's capital expenditure plans for 2018/19 total £3.241m.

10.1.3. **Use of Resources Rating**
These budget proposals meet all requirements of NHS Improvement and deliver a maximum Use of Resources rating of 1 across the accounting period.

10.2. **Income**

10.2.1. Total income planned for the Trust for 2018/19 is shown in the table below. This report has been prepared on the most likely contract income position. The main risk is around the Leeds CCG contract where there is a £1.5m dispute. During the year any savings derived from the CAMHS new care model will increase the income made available to the Trust by NHS England to spend on new CAMHS community service delivery across West Yorkshire.

Income Summary	Annual Plan £m
Leeds CCG	101.8
NHS England	8.0
Police Custody	8.1
Leeds City Council	20.1
Sustainability & Transformation Fund	1.3
Other Income	7.3
Total Income	**146.6**

10.2.2. The national guidance for NHS commissioners includes a tariff uplift of 0.1%. In line with this the contract uplift from **Leeds CCG** includes a 0.1% inflator to the recurrent block contract baseline.

10.2.3. There is no provision in the contract sum for adjustment, up or down, in the event that activity varies from agreed levels.

10.2.4. The balance to full year effect of the 2017/18 developments have been included in the rolled forward income.

10.2.5. CQUIN income of £2.158m (2.5% of the recurrent contract value) has been included in the planned CCG contract. CQUIN details for next year have still to be agreed. Based on expected 2017/18 performance, a non-material amount of CQUIN income may be at risk in 2018/19.

10.2.6. **NHS England's** commissioned service lines have all had the 0.1% inflator applied in the planning assumptions.

10.2.7. The planned income from the **Regional Police Custody** contract is £8.1m.

10.2.8. **<u>Local Authority</u>** contracts are expected to be agreed at:

- £17.4m for Public Health services. This includes:
  - £8.7m for health visiting
  - £2.1m for school nursing
  - £5.8m for sexual health services
  - £0.5m Infection prevention and control,
- £0.9m for Leeds Equipment Service, and
- £1.7m the Community Care Bed Service.

10.2.9. The Sustainability & Transformation Fund income has been increased to £1.333m for 2018/19 from £0.948m in 2017/18. This income is not available for expenditure.

10.2.10. Other income including training and education, research and developments and all other income have been rolled forward at the current values for the plan; Training and Research budgets will be amended to reflect actual changes as these are agreed; these are cost neutral in that income is offset by increases in costs.

10.3. **Expenditure**

10.3.1. Material changes to planned rolled forward expenditure include:

- Reduction to the pay costs baseline in respect of incremental drift of £0.5m; this is as a result of staff turnover.
- Pay award at £1.0m; this is based on the planning assumption of a 1% pay rise. The budget in November 2017 indicated the pay cap for NHS staff would be lifted for 2018/19 and the pay award is currently being negotiated; however this brings significant additional financial risk to the Trust which is explored further in section 1.9.2.
- The balance to full year effect of in year investments; Community Care Bed Service and new Police Custody contract and YOI secure stairs development.

10.3.2. **Planned pay costs** assume an in year saving of £6.2m for vacancies. This represents a 6.0% vacancy factor.

10.3.3. Pay expenditure for 2017/18 is forecast to be £0.1m underspent for the year. The Board will wish to be assured that pay costs can be kept within budget in 2018/19. Moving into 2018/19 the budget assumes agency costs within cap, no use of unfunded locum medical staff and costs within a specific contract have been renegotiated. The budget assumes that pay CIPs of £250k for the admin review and £300k corporate savings will be delivered in 2018/19 plus £125k being half of the CAMHS CIP for 2017/18.

10.3.4. There is a degree of risk that the vacancy factor won't be delivered but, mitigating that, account should be taken that that Trust will start the year with vacancies. Although efforts are being made to fill most of these vacancies, and temporary staff will be used, there will be a degree of lag in recruitment.

10.3.5. Taking everything into account the judgement made in these budget proposals is that the vacancy factor at £6.2m is reasonable.

10.3.6. The Trust's **agency cap** has been reduced to £6.4m for 2018/19 which is a £1m reduction on last year. The financial plan assumes the expenditure will remain within the cap.

10.3.7. £0.83m is included in the plan for inflation on **non-pay expenditure**; this is derived from the national inflation assumptions as applied to the Trust's expenditure profile. Of this £0.44m is required to contribute towards the efficiency savings leaving £0.39m for cost increases.

10.3.8. New and increased budgets put before the Board/Committee include **cost pressures and SMT expenditure proposals.** The budget proposals are made in the context of the need to ensure delivery of the Trust's priorities as detailed in the Operational Plan and manage cost pressures that have arisen during 2017/18.

Increased recurrent expenditure proposals are:

Recurrent Investments & Cost Pressures	£k	Comments
Training costs	200	Corporate
Continence Products	182	Adults
Living Wage	150	Trustwide
Enteral Feeds	110	Specialist
N3 transfer shortfall in funding transferred	60	Corporate
CIP not delivered in 2017/18	50	Adults
Leeds Academic Health Partnership	48	Corporate
Children's continence products	25	Children's
Other	285	Trustwide
Total funded in plan	**1,110**	

Expenditure on significant project proposals includes:

Project Costs	£k
EPR project costs	330
E-rostering project costs	250
Estates & Admin Review project costs	150
Total funded in plan	**730**

Increased non-recurrent costs are:

Non-recurrent Cost Pressures	Non-recurrent £k	Business Unit
NT maternity and sickness cover	287	Adults
Sub-contracted Healthcare	247	Adults
CAMHS	125	Children's
Self management team	50	Adults
Preceptorship	38	Corporate
Other	424	Trustwide
Contingency	300	Reserves
Total proposed	**1,471**	

10.4. Reserves

10.4.1. The financial plan proposes the Trust starts the year with net reserves total of £7.5m. This comprises:

- £8.4m committed reserve will be deployed to budgets as the Trust gets certainty of timing and/or expenditure values
- £0.3m uncommitted contingency
- Less £1.2m un-identified savings requirement

10.5. Cost Improvement Programme and Other Planned Savings

10.5.1. The need to deliver cost improvement programmes will continue to be a significant challenge for the Trust.

10.5.2. The efficiency expectation nationally for 2018/19 is 2%. The Trust's plans represent CIP savings of 3.4% of expenditure or £5.0m. This is the level of savings required for the Trust to achieve its planned surplus after the inflationary and other discretionary and non-discretionary cost pressures have been included.

CIP Scheme	2018/19 £k	Risk Rating
Estates	700	L
Admin review	250	M
Corporate Support	300	M
Procurement	180	H
Non pay inflation	440	L
0.5% CQUIN risk reserve (2017/18)	452	L
Contribution to overheads/fixed costs	831	L
Release of reserves	375	L
IT kit	300	L
Un-identified discretionary spending	1,200	H
Total CIPs Identified	**5,028**	

10.5.3. The CIP proposals for 2018/19 recognise the severe pressure that many of services have continued to face during 2017/18. For that reason there is no new general CIP applied across the Trust or across business units. The 2018/19 CIPs seek to protect front line clinical delivery wherever possible.

10.5.4. Non pay inflation savings will be delivered directly from the inflation reserve and will not require actions from budget holders other than to manage their non-pay expenditure with no real terms increase.

10.5.5. The relaxation of the 0.5% CQUIN risk reserve for 2018/19 means the trust can utilise this income to offset the CIP requirement.

10.5.6. Other CIPs take advantage of pre-existing plans and identified opportunities.

10.5.7. In order to deliver the control total of £2.541m the Trust requires a further £1.2m of, as yet, unidentified savings. There are a number of opportunities and flexibilities to deliver these cost reductions which require further work. Based on historic performance the Executive Director of Finance & Resources is confident these can be achieved.

10.6. **Capital**

10.6.1. The Department of Health & Social Care has once again informed all trusts that permission to spend capital in 2018/19 will be severely restricted. This includes projects that are financed from the Trust's cash.

10.6.2. This budget proposal report includes £1.5m planned expenditure in respect of the CAMHS inpatient new building. The Department of Health & Social Care has set aside £13m towards this new building. Access to this is dependent on the approval of a Full Business Case and funds cannot be drawn down in advance of need.

10.6.3. The rest of the proposed capital expenditure offers no change from the well-established strategy of funding capex from internally generated resources. Accordingly a capital budget of £0.74m for estate maintenance, £0.5m for IT and clinical equipment and £0.5m for EPR is proposed.

10.6.4. The £0.74m estates expenditure will address £0.49m of significant backlog maintenance and £0.25m of routine works, prioritising those properties of longer term strategic importance to the Trust. All properties in use will be maintained to the required standard for patient care.

10.6.5. The IT and clinical equipment expenditure of £0.5m, is notionally planned at £0.2m for IT and £0.3m for clinical equipment, will be planned towards the second half of the year to ensure any unforeseen failure can be addressed.

10.6.6. The continued roll out of the electronic patient record will require a further £0.5m capital investment; this is split between pay costs and additional equipment costs.

10.6.7. In summary, total capital expenditure planned for the year is £3.24m as follows:

Capex	£m
EPR Project	0.50
Estates (general maintenance)	0.25
Estates (significant backlog maint)	0.49
IT	0.20
Clinical equipment	0.30
CAMHS Inpatient Unit	1.50
Total Capex	**3.24**

The Trust's depreciation charges of £1.74m plus £1.5m drawn down from the Department of Health will provide the cash to fund the planned capital expenditure.

10.7. **Cash**

10.7.1. The Trust has a very strong cash position going into 2017/18 with an anticipated balance at 31 March of £22.0m. This includes additional cash generated from historic sustainability and transformation fund income.

10.7.2. Funding capital expenditure from depreciation and public dividend capital from the Department of Health & Social Care means the operating surplus continues to improve liquidity; acceptance of the control total in 2018/19 gives the Trust access to £1.333m of Sustainability and Transformation Fund income, as this cannot be spent it also increases the Trust's cash position.

10.8. **Use of Resources**

10.8.1. The Use of Resources risk rating is how NHS Improvement assesses an organisation's ability to meet its financial obligations and determine the Trust's performance across 5 different metrics to establish a single, overall Use of Resources score. The scores range from 1 to 4; where 1 represents the lowest risk and 4 the highest. The plan presented here represents the minimum risk score for Use of Resources of 1.

10.9. **Financial Risks**

10.9.1. The risks to delivering the agreed control total are principally around control of costs as most of the Trust's income is fixed. The biggest risk to income, the loss of £1.5m from Leeds CCG, has not been reflected in the financial plan. The assumption is that it will be matched with decommissioning of an equivalent value of services.

10.9.2. The most significant cost risk concerns pay expenditure. The judgement made in this budget is explained in the expenditure section earlier.

- There is a financial risk that recruitment to vacancies is successful. Whilst there is budget for the vacant posts over and above the vacancy factor to be filled, the Trust cannot afford to return to the position that has occurred historically where vacant posts were filled but overtime, bank and agency costs did not fall commensurately.

- The most significant risk to pay costs is the uncertainty around the pay award and the level of income the Trust will receive to fund this. This risk is estimated at £0.9m based on a set of assumptions about the nature of any pay award and the funds that flow to meet the additional costs although details of the pay offer are considerably more complicated than assumed in this estimate of risk.

10.9.3. Given the £1m reduction in the Trust's agency cap achieving this is a performance risk and breaching the agency cap will detrimentally impact on the use of resources risk rating as this is one of the five metrics that are monitored.

10.9.4. The level of risk in CIP delivery is shown in the CIP scheme table above. The Trust has a good record of delivering cost reduction on discretionary expenditure in-year and this would be the first port of call to cover the unidentified non-recurrent CIP requirement if the overall financial position was not on target during the year.

10.10. **Conclusions**

10.10.1. The income and expenditure budgets within the financial plan:

- Reflect 2018/19 expected contract income
- Include agreed service developments and changes in line with commissioning intentions
- Deliver the required control total of £2.541m
- Exceed national efficiency requirements
- Provide financial support to ensure Neighbourhood Teams have sufficient staffing
- Provide resources to support services with the implementation of the EPR, e-rostering, admin review and estates projects
- Address significant non-discretionary financial cost pressures
- Creates a general contingency of £0.3m
- Have an un-identified non-recurrent CIP requirement of £1.2m; which will be delivered by flexibilities in-year.
- Additional risks, principally any shortfall in pay award funding or the impact of any resolution of the contract income discussions with the Leeds CCG will be need to be managed as they materialise.

10.10.2. There are two major unknown risks :

- Impact of the pay award and any potential shortfall in funding this, and
- Outcome of the £1.5m dispute with the CCG.

10.10.3. In a very difficult financial environment for the NHS, Leeds Community Healthcare has a strong financial position and met or exceeded all its statutory financial duties in 2017/18. For 2018/19 the Trust has a plan that underpins service delivery and its strategic objectives whilst demonstrating it is able to deliver its financial duties.

11. Risks and Mitigation

11.1. The plan reflects work required to mitigate the key operational risks and strategic risks to delivering the plan. The key strategic risks are reflected in the refreshed Board Assurance Framework: attached at appendix 5. Robustness of controls and mitigation is monitored through the Trust's risk review and reporting process.

Appendix 1. Strategic Context: West Yorkshire and Harrogate Health and Care Partnership Plan and Leeds Health and Care Plan Aims

WY & Harrogate Partnership Plan – triple aim

Health & Well-Being Gap	Care & Quality Gap	Financial Gap
Reduce **smoking rates** to 13% by 2020-21 – approx 125,000 fewer smokers compared to 2015-16.	Consistently deliver **4 hour A&E** & standard; by March '17 transfer 30% **111** calls to a clinical advisor	'Do nothing' scenario: £1.07bn gap by 2021: • NHS £809m • Social care and public health £265m
Offer **diabetes prevention** support to 50% of people at risk of diabetes, with 50% success by 2021	Consistently deliver **18 week RTT** standard	
Reduce **alcohol related hospital admissions** by 500 p.a & 3% reduction in alcohol related non-elective admissions	Deliver an aggregate improvement in patient experience for all major services by 2020/21	
75% increase in **cancer survival** rate by 2020-21, potential to save 700 lives p.a.	Deliver a new 28 days to diagnosis standard for 95% of people investigated for cancer symptoms	
Zero **suicide** approach to prevention, 75% reduction in numbers by 2020-21	40% reduction in A&E attendances for people with mental health issues by 2020-21	
Reduce **cardiovascular events** by 10% by 2020-21	Eliminate out of area placements by end of 2017	

Leeds Health and Care Plan – triple aim

Health & Well-Being Gap	Care & Quality Gap	
Progress the 12 Leeds Health and Wellbeing Strategy priorities to reduce premature morbidity, mortality and health inequalities	Ensure 60% on Severe Mental Illness registers have an annual physical health check	Reduce bed days lost due to delayed discharges to 2.5% of the acute bed base by 2020/21
Reduce smoking rates from 21% to 13% by 2020/21 (aged 16+)	Eliminate acute mental health out-of-area placements by 2020/21	Reduce learning disability inpatient placements to 40 per million population by 2019/20
Breast cancer screening: increase uptake to England average of 75% by 2020	Deliver the Emergency Care Standard	Reduce the staff capacity gap by building multi-disciplinary teams and a wider skills base for specific functions
Bowel cancer screening: increase uptake by 3% by 2020	80% of people with a dementia diagnosis to be offered information and support to live with the condition and a named contact with a 'care navigator' role by 2020	Reduce the numbers of patients admitted as emergency cases for bed-based care
Bring the Leeds suicide rate down below the national average by 2020/21		
By 2019/20 support 2880 people at risk of developing diabetes to attend the Diabetes Prevention Programme		

Financial Gap
'Do nothing' scenario: £723m gap across NHS and Social Care by 2021

Appendix 2: LCH's Strategic Framework

Organisational Vision

To provide the best possible care to every community we serve

Strategic goals

1: Recruit, develop and retain the staff we need now and for the future
2: Provide high quality services
3: Work in partnership to deliver integrated care and care closer to home.
4: Create sustainable services

Value proposition

The benefit LCH offers - what differentiates LCH from other providers:

- **Scale of our operation** – We are the only organisation that provides community care 24/7 in Leeds and across Yorkshire and the Humber. We have the ability to mobilise services at scale and pace across the city and in any venue, including people's homes.
- **Diversity of services provided –** We provide a very diverse range of universal and specialist services at citywide and very local level across all ages and all communities, tailoring the offer to meet the patients' needs
- **Diverse and highly capable workforce** – Our workforce is multi-skilled which allows us to evolve our service portfolio quickly to meet the constantly changing needs in our communities.
- **Community insight** – Working closely with people in the community on a day-to-day basis provides us with deep insight into the population's health needs, trends, complexities and potential solutions.
- **Strong relationships with people** – The close relationships that we have with people put us in a strong position to empower patients to take control of their own health and provide us with insight into the best way to manage their care.
- **Flexible and value driven culture** – We 'work with' and don't 'do to' patients. We tailor 'the offer' to meet patients' needs, actively reaching out to the most vulnerable groups in our communities. We are committed to creating effective and caring cultures for both patients and staff.

Appendix 3

2018/19 Trust Priorities

Priority 1: Improve retention
Success measures • Reduce trust turnover to 14.5% by the end of FY18/19. • Increase in the score for staff who feel engaged in the organisation and its work as reported in the NHS National Staff Survey. • Increase in the medical engagement score
Key focuses Deliver the following priority focuses of the Organisational Development Plan: • **Retention –** implement the 12 initiatives of the retention plan • **Engagement** - focus at every level of the organisation to support effective action to address key issues indicated in the 2017/18 national staff survey. Continued focus on 'Creating the Working Life we want' and 'Building the Workplace we want' • **Leadership Development –** Develop leadership and management throughout the Trust through implementation of the leader development LEAD Programme and development of the senior leadership team 8b and above.

Priority 2: **Improve recruitment with a particular focus on recruiting in hard to recruit areas**
Success measures • An increase in the number of vacancies to which we recruit first-time • Improve recruitment in hard to recruit areas • Improvement of time to hire for identified staff groups eg nursing/admin/policy custody
Key focus • Review recruitment and selection process, systems and methodologies

Priority 3: **Reduce sickness absence**
Success measures: • Reduction in overall year sickness absence rate for 2018/19
Key focus • Develop a Sickness absence Project led by an independent person.

Priority 4: **Achieve or maintain good or outstanding rating for all services (CQC and internal Quality Challenge +)**

Success measures

- 70% of services rate themselves as good or outstanding through the Quality Challenge self-assessment
- 80% of services rated good or outstanding following a (Quality Challenge +) peer Quality Visit
- Services currently rated 'requires improvement' by CQC, achieve a good or outstanding rating if re-inspected

Key focuses

- Deliver on actions identified in QIP from CQC inspection undertaken in February 2017 by end June 2018
- Roll out refreshed Quality Challenge + by May 2018 in light of feedback
- Implement our approach to ensure adequate focus on quality governance and ensure appropriate support to small isolated services

Priority 5: **Develop LCH's quality improvement approach which engages staff, service users and the public**

Success measures

- An increase in the number of staff recognising the importance of quality improvement (QI) as a priority within the organisation – to measure through the annual national staff survey
- An increase in the number of staff who report that they are able to make improvements and changes within their service areas – to measure through the annual staff survey questions about engagement and contribution to change
- completion of up to 4 QI projects – with good outcomes, and service user involvement - to measure against the objectives of the individual projects
- increase in the number of staff trained in QI from 50 to 150

Key focuses

- Develop a clear and appropriate QI model and improvement methodology for use across the organisation which is evidence-based by the end of quarter 1
- Identify QI projects at organisational and business unit level to be implemented during 2018/19 (up to 4 formal projects) by the end of quarter 1. Encourage QI projects to be undertaken at team / service level.

Priority 6: **Provide harm-free evidence based care**

Success measures

- No avoidable Cat 4 pressure ulcers.
- 25% reduction in Cat 3 pressure ulcers from the 17/18 baseline
- reduce the number of avoidable/attributable patient harms reported through DATIX – target to be agreed

Key focuses

- Further develop use of tools and provision of information to front line staff that support service quality improvement:
- Reduce the main incidence of avoidable harms through implementing pressure ulcer, falls and CAUTI work plans
- Further develop the clinical outcomes work in line with the agreed plan (TBA Q4 17/18)

Priority 7: **Engage fully in development and implementation of the Leeds Health and Care Plan and West Yorkshire and Harrogate STP underpinned by an effective relationship with all partners**

Success measures

- Active engagement in the development of governance in relation to Population Health Management and new models of care e.g. risk-sharing arrangements, activity / service costings, contract management and quality governance frameworks, operational protocols
- Meet agreed time-frames and requirements for developing and implementing the Population Health Management 1st segment pathway, shadow budget, contracting and financial arrangements and the West Yorkshire and Harrogate CAMHS New Model of Care project
- LCH involvement in NMoC and / or pathway developments in year, and / or pilots being further developed or recurrently funded
- Achieve the 1% West Yorkshire and Harrogate engagement CQIN

Key focuses

- Ensure the necessary capabilities, capacity and systems are in place to support the development and testing of Population Health Management and new models of care governance e.g. clinical governance, costing, contracting, risk-sharing arrangements etc
- Develop our relationship with primary care with a particular focus on developing integrated nursing
- Ensure robust project management and governance of the West Yorkshire and Harrogate CAMHS New Model of Care project and delivery to key milestones, quality and financial parameters

Priority 8: **Engage fully as a key partner in the development of Local Care Partnerships and their plans and ensure service responsiveness in implementing new models of care and pathway redesign**

Success measures

- Active engagement and influence in all 18 LCPs
- NMoC implemented to agreed time-frames and specifications

Key focus

- Work actively with partners to develop and implement Local Care Partnership plans and more integrated ways of working across all locality areas.

Priority 9: **Increase service and organisational focus on prevention, early intervention, pro-active care and self-management to keep people well in the community**

Success measures

- NT staff trained to enable roll-out and embedding of LCH's NT self-management model in line with the agreed plan
- Embedded self-management approach in Neighbourhood teams (informed by pilot evaluation)
- Roll-out and embedding of health coaching and restorative practice in services across the organisation in line with the agreed city-wide plan

Key focuses

- Evaluation of self-care service currently being trialled in Neighbourhood teams and adoption of principles into business as usual. By September 2018 we should understand the impact of the model on staff capacity.
- Embed health coaching/restorative practice approach in Children's, Specialist and Adult Business Units

Priority 10 : **Ensure that LCH is at the forefront of the development of the Leeds Primary Care Provider Partnership (previously known as the Alliance)**

Success measures

- Robust governance in place for Primary Care Provider Partnership contracts – will vary for each contract but may include risk-sharing arrangements, clinical governance and contract management frameworks, operational protocols

Key focuses

- Pro-actively support the development of the Leeds Primary Care Provider Partnership
- Maximise the role of LCH services and corporate teams in service, pathway and new model of care development and provision by the Leeds Primary Care Provider Partnership, in line with our business development strategy

Priority 11: **Establish a project team and implement the project plan for developing the CAMHS Tier 4 new building and service offer**

Success measures

- Approvals received and work starts on site
- Progress made on developing the service offer in line with the project implementation plan

Key focus

- Ensure the capacity, skills and experience are in place to develop and implement the PID and business cases for the new build

Priority 12: Implement year one of the business development strategy by proactively generating income, scoping opportunities to provide services in neighbouring areas, and supporting the Leeds Primary Care Partnership in developing business development propositions

Success measures

- Surplus / profit created from traded services projects
- Number of out of area bids submitted
- Number of bids awarded

Key focuses

- In quarters 1 and 2 develop a corporate infrastructure that will ensure we can generate income effectively, to include costing, marketing, payments processes
- In quarters 3 and 4 complete / refresh self-assessments annually to support understanding about the market and service competitiveness, agree priority actions to improve competitiveness and review the service strategy

Priority 13: **Develop an innovative and viable model for the 0-19 pathway that meets commissioners' requirements**

Success measures

- Viable response to invitation to tender within price constraints and that does not compromise quality

Key focuses

- Close working with commissioners to influence the specification
- Development and implementation of engagement plan with staff, young people and other stakeholders to maximise the users voice in our submission
- Establishment of bidding team with clear capacity and capability to write a winning bid

Priority 14: **Work on productivity within agreed services with clear expectations regarding workload and efficiency requirements**
Success measures • Prioritised services achieve target productivity improvements – to be agreed
Key focuses • Establish a working group to prioritise services and areas to be explored by May 2018 • Use of Quality Improvement methodology to support productivity gains, to include developing capability and use by services of capacity and demand tools and analysis

Appendix 4

2018/19 Quality Priorities

1. To reduce the number of avoidable pressure ulcers

2. Increase the number of services rating themselves as good or outstanding against the Quality Challenge+ Standards and demonstrate improvement for services that have been rated as requiring improvement by the Care Quality Commission.

3. Learning what quality care means to our patients, and working in partnership with our patients to improve their experience of LCH using the Always Events Toolkit.

4. Increase service and organisational focus on prevention, early intervention, pro-active care and self-management to keep people well in the community

5. Develop a clear and appropriate QI model and improvement methodology for use across the organisation which is evidence-based

6. Increase the response rates for FFT and ensure FFT equality data is reflective of the patient population, in order to identify and better understand health inequalities; and bring about improvements in patient care

7. Increase the number of services using outcome measures that are effective and meaningful and ensure that data from outcomes is extracted to ensure that outcome measures are meaningful

8. Commence implementation of 'Always Events' building on patient experience and engagement work to date

9. Improve patient Friends and Family Test response rates and how we use and respond to learning from patient experience and complaints

10. Reduce waiting times in CAMHS and ICAN and agree further priority areas for intervention

11. Develop leadership and management throughout the Organisation through implementation of the leader development LEAD Programme and development of the senior leadership team

12. 'Creating the working life we want' - increase year on year the score for staff who feel engaged in the organisation and its work as reported in the NHS National Staff Survey

13. Improve retention and reduce trust turnover

Appendix 5. BAF (2018/19) strategic risks

Changes from 2017/18 BAF indicated in green font

Strategic Goals	Provide high quality services	Provide sustainable services	Recruit, develop and retain the staff we need now and for the future	Work in partnership to deliver integrated care and care closer to home
Strategic Risks	**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 **(MP / Quality Committee)**	**Risk 2.1** If the Trust does not achieve principal internal projects (EPR, E-rostering, administration review) then it will fail to effectively transform services and the positive impact on quality and financial benefits may not be realised **(SP/ Business Committee)**	**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 **(SE / Business Committee)**	**RISK 4.1** If the Trust does not respond to the changes in commissioning, contracting and planning landscape (Health and Care Partnership 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 / Business Committee)**
	RISK 1.2 If the Trust does not implement and embed lessons from internal and external reviews and reports, then it may compromise patient safety, and may experience intervention or damage to reputation and relationships **(MP / Quality Committee)**	**RISK 2.2** If the Trust does not deliver contracted activity requirement, then commissioners may reduce the value of service contracts, with adverse consequences for financial sustainability **(SP / Business Committee)**	**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. **(SE / Business Committee)**	**RISK 4.2** If the Trust does not maintain relationships with stakeholders, including commissioners and scrutiny board then it may not be successful in new business opportunities. The impact is on the Trust's reputation and on investment in the Trust . **(TS / Board)**
	RISK 1.3) If the Trust does not maintain and continue to improve the quality of all services, then it may not maintain a 'Good' CQC rating and will not achieve 'Outstanding'. This will have an impact on the Trust's reputation and it will receive a greater degree of oversight and scrutiny **(AT / Quality Committee)**	**RISK 2.3** If the Trust does not improve productivity, efficiency and value for money and achieve key targets, supported by optimum use of accurate performance information, then it may fail to retain a competitive market position **(SP / Business Committee)**	**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 / Business Committee)**	**RISK 4.3** If the Trust does not engage patients and the public effectively in Trust decisions, the impact will be difficulties in transacting change, and reputational damage. **(MP / Quality Committee)**
	RISK 1.4 If the Trust does not achieve external and internal quality priorities and targets then this may cause damage to reputation and loss of income **(MP/ Quality Committee)**	**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 / 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 **(SP / Business Committee)**	**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 / Business Committee)**
		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 / Business Committee)**		Risk 4.5 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 / Business Committee)**

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2017-18 (101i)

Meeting Board Meeting – 29 March 2018	**Category of paper** *(please tick)*	
Report title Children's Services Strategy 2018-2021	**For approval**	
Responsible director Executive Director of Operations **Report author** Head of Service for Children's Speech and Language Therapy/Project Lead for LCH Children's Strategy	**For assurance**	
Previously considered by Business/Quality Committee – September, November 2017, February 2018 and March 2018	**For information**	✓

Purpose of the report

This is the first coordinated strategy for Children's services within the Trust. There has been significant consultation on content and the clear setting of direction has been welcomed by staff working in the Business Unit (and other areas of the Trust).

LCH is an active partner in the Leeds Children's Trust Board and this strategy is influenced by the Children and Young People's Plan as well as the Leeds Health and Wellbeing Plan. It should be noted that reference is also made to the emerging agenda around new models of care

The purpose of this strategy is to define the children's offer and to outline the developing journey ahead. LCH will continue its leadership role within the Children's services arena and aims to play a more influential part in the development of a children's strategy for Leeds.

Whilst this is a three-year plan, the changing nature of the health and social care landscape may well mean the Plan will be subject to revision over time; notwithstanding that, it will be reviewed in 12 months.

The accompanying action plan details how the ambition within the strategy will be implemented over the life of the strategy

The strategy has the full support of the Senior Management Team and has been considered by both the Quality Committee and Business Committee

Recommendations

The Board is recommended to:

- Approve the strategy
- Consider the changing health and social care landscape and the future positioning of LCH with its partners

NHS
Leeds Community Healthcare
NHS Trust

Children's Services Strategy

2018:2021

We are child friendly Leeds


we are
child
friendly
Leeds

Contents

Foreword

Here at Leeds Community Healthcare (LCH) we are working together with Leeds City Council, schools, GPs, the hospital, Clinical Commissioning Group (CCG), local agencies and other services, to jointly achieve our aim – to be the best city in the UK for children and young people to grow up in.

We understand how important it is for them (and their families and carers) to have a smooth journey between the different levels of care and support they may need, wherever they may be receiving that care.

Our LCH Children and Young People's Strategy describes how our Children's Services will achieve this. The ambition is, wherever possible, to develop co-ordinated pathways with other health and social care partners. We'll also be making sure a child or young person's own goals and aspirations are upheld and heard. We are clear that care should be 'wrapped around' their wishes and goals and that commissioners should measure our services against these. In the future, more and more of our role will be about supporting these individual aims.

One key way we will work towards this, is by actively encouraging children, young people and families to have greater involvement in service plans, delivery and development. We always want people to have the best experience of our services that they can.

We know that the earlier children, young people and families can obtain information, support and guidance, the more positive the outcome for them. Recent collaborations on our Baby Buddy, StepUp! and Let Me Show U apps are great examples of our commitment to use technology to increase access to advice. This type of early intervention and the promotion of good self-care will be built into all of the pathways and services we offer. Our Single Point of Access will also make sure children, young people and their families are getting the right access to help at the right time without having to share their story several times with lots of different professionals

Thea Stein, Chief Executive
Leeds Community Care NHS Trust

Executive summary

Leeds Community Healthcare NHS Trust (LCH) has developed a strategy for children and young people who use our services. The strategy reflects the shared ambition of LCH and individual children's services to develop a more integrated approach to delivering services which promote a better experience and outcome for children and young people. This will be achieved by ensuring the following 7 strategic objectives are at the heart of our planning:

1. Agree and develop fully integrated pathways for children and young people in Leeds
2. Demonstrate the effectiveness of services through outcomes and best practice
3. Children and young people will have a positive experience of our services
4. Services will be delivered within budget, be cost effective, productive and value for money
5. Retain and expand services (where appropriate) by being tender-ready and open to business development opportunities
6. Services will have a workforce that is skilled and competent to meet the changing health and wellbeing needs of children and young people
7. Maximise the potential of technology

The strategy is being launched at a time of significant change in the health and social care agenda. It is, therefore, mindful of the need to consider how pathways for children and young people are integrated both horizontally with the local authority and schools as well as vertically with primary care and acute settings.

The strategy is underpinned by a detailed Implementation Plan and a commitment to develop the strategy in partnership with children, young people and their families over the next 3 years. The strategy will only be successful if considered in the wider context of the city and partner agencies including primary, secondary and social care as well as third sector organisations and education.

Introduction

Leeds Community Healthcare NHS Trust (LCH) is the main provider of community-based health services across Leeds, offering high quality healthcare in the most appropriate setting for children, young people and adults. We achieve this by working in partnership with other organisations and groups, involving and developing our staff, and using our resources wisely to continually improve our services.

The purpose of the LCH Children and Young People's Strategy document is to describe the current function and future direction of LCH services for children and young people, including transition into adulthood and associated adult services.

The strategy describes LCH's current interaction with children, families and partner organisations in Leeds. It then sets out an ambition to drive forward clinical pathways for children and young people which are fully integrated with all partners across Leeds including health (primary care, community, acute), social care, education and third sector. This is a significant transformational ambition motivated by a desire to offer an improved experience for children, young people and families, better coordinated care, improved clear access, greater efficiency and ultimately create a better outcome for children and young people in Leeds.

Our mission statement

We enable children and young people to meet their potential and live healthy lives by:

- **Keeping children safe**
- **Helping children achieve their goals by listening and responding to their needs**
- **Empowering children and their families**
- **Helping children to participate**

Our services

LCH provides community based health and wellbeing services for all children and young people (CYP) and their families in Leeds aged 0-19 years (up to 25 years for children with special educational needs and/or a disability) – see appendix 3 for full range.

LCH currently offers a range of services that are available to children and families at different stages or levels of need in their life and can be classified into different levels of intervention:

- **Community**
- **Universal**
- **Universal Partnership (plus)**
- **Targeted**
- **Specialist**
- **Specialist (plus)**

The diagram below shows the different levels of intervention and the services aligned to each level. These levels of intervention are synonymous with levels of intervention offered by other non-NHS services such as education, social care and the local authority to families. By choosing to have synonymous terms, children, parents/carers and partners in Leeds hopefully have a better conversation about needs, services and the support which is available to them.

Growing up in Leeds

Leeds is a vibrant, diverse and thriving city which has seen significant investment and development in recent years. However, with a growing population of around 819,000 and children and young people representing 180,000 of this figure, the opportunities and challenges facing health, education and social care partners in the city are significant.

For the LCH Children and Young People's Strategy to be meaningful it is important that it articulates how growing up in Leeds is different to growing up somewhere else and also what it is like to live and work in Leeds as an adult. The children and young people we work with become adults. Adults are or become the parents and carers of the children and young people that this strategy is about. All of our services work as much in partnership with parents and carers as they do with the children and young people themselves.

The most comprehensive and reliable document to provide this insight and context is the Leeds Joint Strategic Needs Assessment (JSNA). The JNSA pulls together a detailed analysis of data and information from a range of sources. Last completed in 2015, acknowledging and making use of the following key points is essential to creating an LCH strategy that is relevant to children, young people and their families in Leeds.

In summary, many of our children and young people growing up in Leeds face challenges that children growing up in other cities do not face and the LCH Children and Young People's Strategy needs to take account of this. LCH has a key role to play in contributing to better outcomes for CYP in Leeds.

21% of children in Leeds are living in poverty

11,000 babies are born each year

23% of 4-5 year olds are obese or overweight

50% increase in children with special educational needs between 2010 and 2014

there has been a **5%** increase in Leeds population with a learning disability

The national context for children and young people

Whilst being cognisant of the Leeds context for children and young people there are national drivers and influences to note here also. The list below is not exhaustive but draws on the most relevant which have helped to shape LCH Children and Young People's Strategy and will continue to influence the direct of travel for the short to medium term:

Children and Families Act 2014

(phased in September 2014 onwards)

Impacting on Children with special educational needs and disabilities who access our LCH Children and Young People's Services, this Act influences the development of our strategy in terms of Education, Health and Care Plans for children and young people with additional needs from birth to 25 years, Commissioning and planning of services run jointly by health and local authorities, Personal budgets and the Local service Offer available to CYP to be made available in a clear, easy to read manner.

Public Health Outcomes Framework 2016 Healthy Lives, healthy people: Improving outcomes and supporting transparency

The Public Health Outcomes Framework is of particular relevance to our LCH Healthy Child Pathway and will drive the specification for the 0-19 services re-procurement in 2018/19.

'Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing' (2015, update 2017)

Of particular relevance to our Child and Adolescent Mental Health Service (CAMHS) this paper also links to our success in leading new care models around Tier 4 services in West Yorkshire

Five Year Forward View 2014

(including GP Forward View and Mental Health Forward View update 2017)

The NHS Five Year Forward View, GP Forward View and Five Year Forward for Mental Health is an unprecedented programme of investment to develop New Care Models which will help to build a more sustainable NHS offer going forwards.

Harrogate and West Yorkshire Plan 2016

The Harrogate and West Yorkshire Plan is a response to managing increasing referrals and complexity across the health and social care agenda in a collective (partnership) way. The main areas of the plan include prevention and early intervention, supported self-care, Primary and community care and Joined up services.

What is it like to be a child or young person growing up in Leeds, and how do we make it better?

Translating the national context into a Leeds context

The Leeds Children and Young People's Plan 2015-19 (CYPP) brings together national policy relating to children and young people (e.g. health, social care, education, criminal justice), the Leeds Health and Wellbeing Strategy (2016–2021) and the Joint strategic Needs Assessment data into one multi-agency document.

Underpinning the Plan is an open working assumption that all partners are working together towards a shared responsibility to address the question "what is it like to be a child or young person growing up in Leeds, and how do we make it better?" LCH Children and Young People's Services have a significant role to play in this partnership and a significant role to play in articulating how its services contribute to improving what children and young people achieve in Leeds.

The plan has five outcomes:

1. All children and young people are safe from harm
2. All children and young people do well at all levels of learning and have the right skills for life
3. All children enjoy healthy lifestyles
4. All children have fun growing up
5. All children and young people are active citizens who feel they have voice and influence

These outcomes are underpinned by 14 priorities and 20 performance indicators. However the golden thread throughout the outcomes, priorities and indicators are the three obsessions of:

- safely reducing the number of children looked after
- reducing the number of children not in employment, education and training
- improving achievement, attendance and attainment

The relevance to the strategy and the contribution the organisation makes to each priority is detailed in appendix 1.

Our strategic objectives

The LCH Children and Young People's Strategy is underpinned by a robust business and implementation plan which runs on a 3 year cycle and is reviewed annually. See appendix 2.

Strategic Objective 1

Agree and develop fully integrated pathways for children and young people in Leeds

We will:

- strategically position ourselves to work with key partners and commissioners in Leeds to promote vertical and horizontal integration of pathways for children and young people across Leeds and lead on pioneer projects promoting new care models
- agree and establish key pathways with children and young people that will form the basis of an holistic LCH Children's Service which places emphasis on a pathway-defined delivery model rather than a (individual) service-defined delivery model
- identify and seek commitment from key partners and commissioners in Leeds to promote successful preparation for adulthood and transitions for CYP into adult services which will cross-cut health, social care and education boundaries

Strategic Objective 2

LCH Children and Young People's Services will be able to demonstrate the effectiveness of services through outcomes and best practice

We will:

- continue research into outcomes to agree relevant outcomes for each service and agree how they should be recorded and reported
- continue to research and share best practice, striving to ensure that we have comprehensive packages of care and that all of this is evidenced across our pathways
- work with commissioners to focus on the outcome for the child/young person and family and what has been achieved, rather than just how time and money have been spent

Strategic Objective 3

Children and Young People will have a positive experience of our services

We will:

- establish a CYP (including parents and carers) consultation group to advise us on strategy, service delivery and service developments
- work with CYP to understand the type, range and level of information required and co-produce a new-look website
- use a multi-channel approach to providing better branded information which includes You Tube, pod casts and incorporates robust cleansing and updating of the information we provide
- provide advice on early intervention self-care which empowers children, young people and their families to look after themselves
- create a single front door (SPA) into the service
- streamline access into the service ensuring that CYP see the most appropriate professional at the right time
- capture and respond to experience of services in a CYP manner
- support CYP to transition successfully into adult services
- develop a key-worker approach to help coordinate a child or young person's experience of several services

Strategic Objective 4

LCH Children and Young People's Services will be delivered within budget, be cost effective, productive and value for money

We will:

- use external intelligence such as benchmarking information and reference costs to compare our provision and outcome against cost and where necessary take appropriate action
- work on productivity within each service with clear expectations regarding workload in place
- ensure we deliver within budget whilst being mindful of quality and outcomes
- review pathways and join them up where they overlap/duplicate across services thus improving service user experience and improving efficiency
- review support functions to services and ensure they provide excellent value for money and add to the patient experience

Strategic Objective 5

LCH Children and Young People's Services will retain and expand services (where appropriate) by being tender-ready and open to business development opportunities

We will:

- understand our costs (clinical and operating) relating to our offer
- learn from best practice nationwide to ensure we provide evidence and outcomes based services
- agree our contribution/overheads
- retain our CQC "good" rating overall, ensuring any necessary improvements are made in a timely way and be ambitious in our continuous service improvement and development to be "outstanding"
- understand the market and ensure we form/ maintain excellent relationships with the whole range of commissioners
- work with other providers to ensure pathways are clear, seamless, avoid duplication and provide commissioner re-assurance on quality, patient experience and efficiency
- understand commissioning intentions for the short and longer term and be in a position with pipeline business cases to respond to new requests for service
- work with local GP groups to understand the opportunities offered through the Five Year Forward View and commit to piloting new ways of working at local practice level to help reduce the workload and release time for more urgent need
- explore our offer to schools and actively market relevant services

Strategic Objective 6

LCH Children and Young People's Services will have a workforce that is skilled and competent to meet the changing health and wellbeing needs of children and young people

We will:

- support the health and wellbeing of our staff
- create a workforce plan which reflects the current and changing health and wellbeing needs of children and young people that challenges traditional professional boundaries and roles
- develop roles for non-registered staff and explore further opportunities for skill mix
- be explicit about the skills, competencies and behaviours required for every role and ensure the training and development plan equips staff accordingly for existing and new roles
- explore opportunities to share roles across partner agencies
- embrace new ways of learning and development in order to develop and retain our staff

Strategic Objective 7

LCH Children and Young People's Services will maximise the potential of technology

We will:

- complete our ambition to have electronic patient records (EPR) across all services
- continue with our app development
- work with partners to understand the commercial opportunities e.g. funding for development; promotion of our development to other providers
- explore opportunities for Skype consultations, texting and on-line "live chat"

To progress our strategy we have identified some clear deliverables over the next 3 years. See appendix 2.

Keys to success

The success of LCH Children's Strategy will be dependent upon several underpinning principles and approaches agreed by LCH and articulated by the Children's Management Team as they drive this strategy forward.

Co-production and engagement; children, young people and families

Progressing and developing LCH Children's services will take into account the views and needs of children, young people and their families through meaningful and continued engagement.

Engagement; our staff and partners in Leeds

The Children's Leadership team has significant work to do around this Strategy with colleagues in the Children's Business Unit, LCH and partners across Leeds. The Children's Leadership Team commits to meaningful dialogue about the future direction of LCH Children's Services, its challenges and opportunities and welcomes ideas, feedback on how we are doing and practical support in getting there.

Understanding new Policy – local and national

This document has already considered several national and local policies and guidelines relevant to children, young people and their families. These have helped shape the LCH Children and Young People's strategy and the ambition contained within it. Moving forward, this approach will be kept live and relevant to our strategic development.

Consideration of CQC domains

LCH Children and Young People's strategy will have the 5 CQC domains (safe, caring, responsive, effective, well-lead) at the heart of its planning and implementation plan.

Evidence base, research and best practice

Developments and interventions within the Children's Services will be evidence based where possible or, in the absence of any formal evidence, based on agreed good practice benchmarked with other children's services and appropriate Royal Colleges.

Maximising technology

Wherever possible, developments will take account of and embrace technology. Services in the Children's Business Unit are already developing and trialling apps but have been slow to take on the challenge of less advanced but effective technological possibility such as electronic (self) booking systems, Skype, texting and on-line "live chat".

Using Data, information systems and finance intelligently

Strong and sustainable strategic development will be underpinned by robust data and information. This will help the Business Unit to monitor its own performance and provide performance information and results (internally and externally) which demonstrate that developments and changes within and across services are effective, timely and value for money, making the best use of the Leeds pound for children and families.

Understanding Commissioner Intentions

The Children's Management Team has established good relations with its commissioners in recent years and aims to maintain this. Whilst LCH Children and Young People's strategy sets our short and long term goals, the strategy will also be mindful of new commissioner intentions which may be tabled and endeavour to adopt these into the strategy as it evolves.

Interdependencies

This Strategy takes account of and is linked with the following LCH documents and strategies:

- Quality Strategy
- 0-19 strategy
- ICAN Nursing Strategy
- Business Development Strategy
- Administration Review
- Estates Strategy
- Organisational Development Strategy

Conclusion

LCH Children and Young People's Strategy describes an ambitious vision for co-produced and fully integrated pathways across the city. With defined and measurable milestones to achieve this ambition and a commitment from senior leaders to deliver the vision, it is anticipated that our 7 objectives will underpin every decision that we make.

References

Children and Families Act 2014

Public Health Outcomes Framework 2016 Healthy Lives, healthy people: Improving outcomes and supporting transparency

'Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing' (2015, update 2017)

Five Year Forward View 2014 (including GP Forward View and Mental Health Forward View update 2017)

Harrogate and West Yorkshire Sustainability Plan 2016

Appendix 1

Leeds Children and Young People's Plan for 2015-17:
Providing a context for developing a Strategy

5 outcomes	14 priorities		20 key indicators	
All CYP are safe from harm	1	Help children to live in safe and supportive families	1	Number of children looked after
	2	Ensure that the most vulnerable are protected	2	Number of CYP with child protection plans
All CYP do well at all levels of learning and have the right skills for life	3	Improve achievement and close achievement gaps	3	% with good achievement at the end of primary school
	4	Increase numbers participating and engaging	4	% gaining 5 good GCSEs including maths and English
	5	Improve outcomes for CYP with special educational needs and disability	5	Level 3 qualification at 19
	6	Support children to have the best start in life and be ready for learning	6	Achievement gaps at 5, 11, 16 and 19
	7	Support schools and settings to improve attendance and develop positive behaviour	7	Primary and secondary school attendance
			8	Young people NEET/not known
			9	Number of school places created in good or outstanding schools
			10	Destination of children with SEND after they leave school
			11	% with good level of development in early years
			12	Number of school exclusions
All CYP enjoy healthy lifestyles	8	Encourage physical activity and healthy eating	13	Obesity levels at age 11
	9	Promote sexual health	14	Free school meal update; primary and secondary
	10	Minimise the misuse of drugs, alcohol and tobacco	15	Teenage pregnancy rates
			16	Rates of under 18s alcohol related hospital admissions
All CYP have fun growing up	11	Provide play, leisure and sporting opportunities	17	Surveys of CYP perceptions
	12	Improve social, emotional and mental health and wellbeing	18	CYP and parent satisfaction with mental health services
All CYP are active citizens who feel they have voice and influence	13	Reduce crime and anti-social behaviour	19	Proportion of 10-17 year olds offending
	14	Increase participation, voice and influence	20	% of CYP who report influence in a) school b) the community

First glance may conclude that the priorities and outcomes contained in the CYP Plan are not about a health strategy. A closer look at the indicators should change this view when matched with an understanding about and knowledge of the range of services LCH Children's Services provides. For example:

20 key indicators		LCH service link
1	Number of children looked after	Health visitors attend multi-agency Support and Guidance meetings in the (school) Clusters where concerns are shared and information is pooled about children and young people who need safeguarding support or monitoring.
2	Number of CYP with child protection plans	School nurses attend Multi Agency Risk Assessment Conferences (MARAC) to increase the safety of our children and young people living in at homes where there is domestic violence.
3	% with good achievement at the end of primary school	Speech and language therapists work with teachers to support children who have difficulty accessing the curriculum due to their speech, language and communication needs. They run courses for teachers on curriculum differentiation and write support plans for children so they can have targeted support in class
4	% gaining 5 good GCSEs including maths and English	
5	Level 3 qualification at 19	
6	Achievement gaps at 5, 11, 16 and 19	
7	Primary and secondary school attendance	
8	Young people NEET/not known	CAMHS nurses and speech and language therapists work in the youth offending teams and young offenders institutes (including Eastmoor) to support young people access to health services they may have previously missed out on during their life
9	Number of school places created in good or outstanding schools	
10	Destination of children with SEND after they leave school	Our Designated Clinical Officer works with the Local Authority to make sure our services and processes are aligned for all children with special educational needs and disabilities (SEND) to support key transition times including transition into adult services and further education
11	% with good level of development in early years	Health visitors monitor children's development at 2½ years old using the Ages and Stages (ASQ-3) and advise or sign post to services or agencies which might help support development if needed

20 key indicators		LCH service link
12	Number of school exclusions	School nurses work with schools to support parents/ carers who have children with behaviour problems. They run targeted parenting groups and can refer on to other services such as CAMHS if problems are more significant
13	Obesity levels at age 11	The Watch It team run groups and clinics to support CYP from 5-18 years old and their families to get active, eat healthily and stay happy
14	Free school meal update; primary and secondary	
15	Teenage pregnancy rates	School nurses run targeted drop in sessions to provide advice and support to schools in areas of the city which are known to have higher teenage pregnancy rates than other areas
16	Rates of under 18s alcohol related hospital admissions	CAMHS practitioners work with young people in crisis through interventions such as cognitive behaviour therapy to them to understand and manage challenging situations which then may help to reduce default behaviours such as turning to alcohol or drugs
17	Surveys of CYP perceptions	ICAN services like Occupational Therapists work with young people to set their own goals which might be learning to ride a bike or attend a local Beavers group
18	CYP and parent satisfaction with mental health services	CAMHS have a dedicated Engagement lead to work with young people who use their service to see what changes might be made to make accessing the service a better experience and more positive experience. Young people support the formal interview process for new staff to help shape the composition of the workforce
19	Proportion of 10-17 year olds offending	CAMHS nurses and speech and language therapists work in the youth offending teams and young offenders institutes (including Eastmoor) to support young people access to health services they may have previously missed out on during their life
20	% of CYP who report influence in a) school b) the community	CAMHS work with young people to co-design their website and letters to ensure they are young person friendly as possible

Appendix 2

CBU Implementation Plan

Children and Young People's Service Business Plan 2018-2019

Business Unit Strategic Objective 1

LCH Children and Young Peoples Service will agree and develop fully integrated pathways for children and you people in Leeds

What does this mean?	How will we deliver this?	Who will lead this?	When will we do this by?	Who do we need to help us?
1. We need to strategically position ourselves to work with key partners and commissioners in Leeds to promote vertical and horizontal integration of pathways for children and young people across Leeds and lead on pioneer projects promoting new care models	By sharing our Strategic intent with commissioners and partners at appropriate forums such as Health and Wellbeing Board, Complex Needs Partnership Board, GP Federations, commissioners	Executive Director of Operations General Manager HoS	September 2018	LCH Board Comms
2. Agree and establish key pathways with children and young people that will form the basis of an holistic LCH Children's Service which places emphasis on a pathway-defined delivery model rather than a (individual) service-defined delivery model	Review current pathways and agree additional pathways required to create fully comprehensive CBU "offer" E.g. continence, communication, sleep, social emotional mental health	General Manager All HoS	July 2018 September 2018 Prioritise 5 pathways by September 2018	CYP + families
	Review the progress of the current pathways already in development and map these out and join them up where they overlap/duplicate across services thus improving service user experience and improving efficiency By 2019 By 2020	All HoS	Prioritise remaining pathways by March 2020	

Business Unit Strategic Objective 2

LCH Children and Young Peoples Service will be able to demonstrate the effectiveness of services through outcome and best practice

What does this mean?	How will we deliver this?	Who will lead this?	When will we do this by?	Who do we need to help us?
1. Continue research into outcomes to agree relevant outcomes for each service and agree how they should be recorded and reported	Review the multiple outcome measures used through the business unit and agree outcomes to be used in pathways/services	HoS	March 2019	CYP AHP lead Medical lead Nursing lead QPD Performance S1
	Ensure S1 architecture supports efficient inputs and reporting of outcomes in a meaningful and timely format	Benita Powrie	March 2019	
	Establish shared terminology across all pathways/services for outcomes and goals and links to EHCs	All HoS	December 2019	
2. Continue to research and share best practice, striving to ensure that we have comprehensive packages of care and that all of this is evidenced across our pathways	Establish working principles/steering group Reviewing our packages of care Re-designing if necessary Standardising packages of care Interlinking packages of care Flexibility of delivery	HoS moving to clinical and pathway leads	April 2018 – March 2021	
3. Work with commissioners to focus on the outcome for the child/young person and family and what has been achieved, rather than just how time and money have been spent	Revision of service level agreements	CBU Business Manager in consultation with HoS	March 2021	Contracting Finance

Business Unit Strategic Objective 3

Children and Young People will have a positive experience of our services

What does this mean?	How will we deliver this?	Who will lead this?	When will we do this by?	Who do we need to help us?
1. Accessible, easy to understand referral routes into pathways with link to SPA bullet point	Use the current engagement forums to understand how a multi-channel forum should operate and co-produce this with CYP	HoS Participation Lead CBU Senior Quality Lead	March 2019	CYP Engagement Champions Comms
2. Establish a CYP (including parents and carers) forum to advise us on strategy, service delivery and service developments				
3. Work with CYP to understand the type, range and level of information required and co-produce a new-look website (link to 6)	One website page with our information accessible in a multi channel and branded way. Use a multi-channel approach to providing better information which includes You Tube, pod casts and incorporates robust cleansing and updating of the information we provide	HoS (BP) Participation Lead	September 2018	
4. Provide early intervention self-care which empowers children, young people and their families to look after themselves	Continue to rollout the use of health coaching in designing goals with children, young people and families	HoS	March 2019	OD
5. Create a single front door (SPA) into the service	Continue the work to co-locate and develop a shared referral point into all of our Children's Services. Incorporated into children's transformation Programme	HoS (JA, DG)	March 2019	Admin project team Estates Finance Comms HR

Continued on next page

Business Unit Strategic Objective 3 (*Cont'd)*

Children and Young People will have a positive experience of our services

What does this mean?	How will we deliver this?	Who will lead this?	When will we do this by?	Who do we need to help us?
6. Capture and respond to experience of services in a CYP- appropriate way manner	Using the Youth forum to guide the development of systems that best capture feedback that is timely and informative to services to promote continuous service improvement (link to pathways)	Senior Quality Lead Participation Lead Service engagement champions	March 2019	Comms PET
7. Support CYP to transition successfully into Adult Services	Transition networking event Understand what LCH offer is in CBU and adult services Preparing CYP about adult services, systems and access Ensure pathways have preparation for adulthood element (+own pathway)	HoS	October 2018 2018-2021	
8. Consider a key-worker approach to help coordinate a child or young person's experience of several services	Use our engagement forum to understand what CYP and families need in order to experience a more joined-up pathway and care experience Review our pathways and workforce to see how best to deliver a key-worker approach	HoS Engagement worker	July 2019	Comms

Business Unit Strategic Objective 4

LCH Children and Young Peoples Service will be delivered within budget, be cost effective, productive and value for money

What does this mean?	How will we deliver this?	Who will lead this?	When will we do this by?	Who do we need to help us?
1. Use external intelligence such as benchmarking information and reference costs to compare our provision and outcome against cost and where necessary take appropriate action	Review appropriate national benchmarking data against our own services and pathways Develop a narrative for CYP and commissioners which best describes our costs and value-added in terms of outcomes and reference cost, emphasising the benefit and quality of integrated pathway working Add in EPR	HoS Business Manager Performance Business analyst	April 2018-March 2021	Performance Finance
2. Review support functions to services and ensure they provide excellent value for money and add to the experience of CYP	TComplete a business-unit wide admin and estates review including phase 2 of EPR developments	HoS Business Manager	September 2019	Informatics Performance
3. Work on productivity within each service with clear expectations regarding workload in place	Establish a programme of work to review, improve and standardise improve productivity across pathways/services. Work to minimise (clinician) variation and maximise efficiency	HoS Business Manager		Performance Business analyst
4. Ensure we deliver within budget whilst being mindful of quality and outcomes	Use existing capacity (clinical and non-clinical) to deliver revised pathways which deliver a measurable outcome and CiP where requested	General Manager HoS Business Manager	Each year end for duration of the business implementation plan	Finance Performance

Business Unit Strategic Objective 5

LCH Children and Young Peoples Service will retain and expand services (where appropriate) by being tender-ready and open to business development opportunities

What does this mean?	How will we deliver this?	Who will lead this?	When will we do this by?	Who do we need to help us?
1.Understand our costs (clinical and operating) relating to our offer	Define our current offer for each service in readiness for opportunities in the non-NHS arena which particularly suit our experience and skill sets e.g. traded offer to schools, short breaks and personal budgets	Business Manager	September 2019	Finance Contracting Performance
2. Learn form best practice nationwide to ensure we provide evidence and outcome-based servicess	Researching and visiting other CYP services in the country which appear to offer integrated and coordinated care pathways for CYP	General Manager HoS Business Manager	September 2019	
3. Agree our contribution/ overheads	Understanding our service line reporting	Business Manager	April 2018-March 2021	Finance Team
4. Retain our CQC "good" rating overall, ensuring any necessary improvements are made in a timely way and be ambitious in our continuous service improvement and development to be "outstanding"	Continue to improve and monitor our waiting times in line (or in excess of) with national and service level agreements	HoS	April 2018	Business Analyst Performance
5. Understand the market and ensure we form and maintain excellent relationships with the whole range of commissioners		General Manager HoS Business Manager	Each year end for duration of the business implementation plan	Contracting Finance

6. Work with other providers to ensure pathways are clear, seamless, avoid duplication and provide commissioner re-assurance on quality, patient experience and efficiency		General Manager HoS Business Manager		
7. Understand commissioning intentions for the short and longer term and be in a position with pipeline business cases to respond to new requests for service	Identify order of services required to be tender ready using national and local intelligence Ensure priority services are tender-ready (costing, activity, contracts)	General Manager HoS Business Manager	May 2018 for priority services (health visiting, school nursing) October 2018 school Imms	Contracting Finance Performance Comms HR
8. Work with local GP groups to understand the opportunities offered through the Five Year Forward View and commit to piloting new ways of working at local practice level to help reduce the workload and release time for more urgent need	Identify pioneer opportunities with GP federations, school clusters and acute settings using S1 data for referrals and activity Pilot and monitor (using PDSA methodology) new care models	General Manager HoS Business Manager	March 2019	Chief Executive Medical Director Director of Nursing AHP Lead GMs from other business units
9. Explore and exploit our offer to schools	Map and define our current traded work Identify potential for growth across existing and new services/pathways Brand and market traded services	HoS Business Manager	September 2018 for current offer September 2019 for new offer	LCH Traded Lead Finance Contracting HR

Business Unit Strategic Objective 6

LCH Children and Young Peoples Service will have a workforce that is skilled and competent to meet the changing health and wellbeing needs of children and young people

What does this mean?	How will we deliver this?	Who will lead this?	When will we do this by?	Who do we need to help us?
1. Support the health and wellbeing of our staff	Ensure sufficient access to OH services E.g. counselling, mindfulness. Line managers will be skilled in and supported to manage HWB needs of their staff Leaders will promote an ethos of health work-life balance through modelling of behaviours and support of appropriate flexible working Development of a supportive pastoral and social support network (especially for newly qualified staff)	GM HoS	Current to March 2021	OD HR OH
2. Create a workforce plan which reflects the current and changing health and wellbeing needs of children and young people that challenges traditional professional boundaries and roles	Develop and implement CBU-relevant Nursing Strategy	Senior Quality Lead	September 2018	
	Agree clear retention and career progression opportunities based on pathway development	HoS	March 2020	HR Recruitment OD
3. Develop roles for non-registered staff and explore further opportunities for skill mix	Establish clear route for apprenticeship recruitment and development in pathways	General Manager HoS Senior Quality Lead	March 2020	HE Royal Colleges Training and development AHP lead Professional lead for Nursing

5. Be explicit about the skills, competencies and behaviours required for every role and ensure the training and development plan equips staff accordingly for existing and new roles	Review and better define current JDs Agree competencies across different bandings Promote and provide examples of leadership roles and responsibilities at each AFC Banding Adopt the LCH Preceptorship Programme, extending its scope to AHPs and mentoring schemes which are profession specific	HoS Senior Quality Lead	March 2020	HR Royal Colleges Training and development AHP lead Professional Lead for Nursing
6. Explore opportunities to share roles across partner agencies	Define horizontal and vertical cross-agency/partner opportunities Develop rotational posts and/or secondment opportunities	General Manager HoS Senior Quality Lead	March 2020	Partner agencies across Leeds OD
7. Embrace new ways of learning and development in order to develop and retain our staff	Promote coaching and shadowing opportunities Develop a comprehensive in-service CPD programme for CBU staff which is pathway related)	HoS		OD

Business Unit Strategic Objective 7

LCH Children and Young Peoples Service will maximise the potential of technology

What does this mean?	How will we deliver this?	Who will lead this?	When will we do this by?	Who do we need to help us?
1.Complete our ambition to have the same and shared electronic patient records (EPR) across all services	Implementation of Phase 2 EPR	HoS	March 2019	Performance team S1 team IT IG
	All services will be registered with and have access to the Leeds Care Record	HoS	December 2018	
	CAMHS will move to using S1	HoS	March 2021	
2. Continue with our app development	"Let me show you"	HoS	September 2018	IG Team Informatics Contracting Business development
	"Step Up"	HoS	March 2021	
3.Work with partners to understand commercial opportunities e.g. funding for development; promotion of our development to other providers	Explore further opportunities for implementing further technological tools and resources	HoS	March 2021	IG Team Informatics Contracting Business development
4.Explore opportunities for Skype consultations, texting and on-line "live chat"	Identify services/pathways suitable as early adopters	HoS	March 2019	IG Informatics IT Business Development
	Explore how business delivery beyond direct clinical can be achieved through technology e.g. meetings	General Manager HoS Business Manager	March 2019	

Appendix 3

LCH Children's Services

- Early Start Teams (Health Visiting)
- School Nursing
- School Immunisations Team
- Watch It
- Sickle Cell and Thalassaemia Services
- Audiology
- Integrated Service for Children with Additional Needs (ICAN)
- Inclusion Nursing
- Growth and Nutrition Services
- Adoption and Fostering
- Neo-natal Abstinence Service
- Child Protection Medical Service
- Short break and respite - Hannah House
- Speech and Language Therapy
- Children's Eye Services
- Child and Adolescent Mental Health Services - community teams; assertive outreach and in-patient services
- MindMate Spa (host)
- Eating Disorders Service

Some services in the Children's Business Unit (CBU) are complemented and enhanced by the LCH Specialist Business Unit which provides some services for children and young people including transitional services post 18 years and into adulthood.

Services provided by the Specialist Business Unit

- Community Dentistry
- Nutrition and Dietetics
- HMYOI Wetherby
- Adel Beck Secure Children's Home

Further information about all of these services can be found on our website
www.leedscommunityhealthcare.nhs.uk

www.leedscommunityhealthcare.nhs.uk

NHS
Leeds Community Healthcare
NHS Trust

AGENDA ITEM 2017-18 (102)

Meeting: Trust Board 29 March 2018	**Category of paper** *(please tick)*	
Report title: Significant risks and Board Assurance Framework (BAF) report	**For approval**	
Responsible director: Chief Executive **Report author:** Risk Manager (interim)	**For assurance**	√
Previously considered by: SMT 14 March 2018	**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 in February 2018.

The Board Assurance Framework (BAF) summary advises on the current assurance level determined for each of the Trust's strategic risks.

Main issues for consideration:

This summary report shows changes to the risk register (for risks scoring 15 or above) since February 2018:

- Two risks currently scoring 15 or above (extreme)
- No new risks scoring 15 or above
- No deescalated risk, which previously scored 15 or above
- No new or escalated risks scoring 12
- Two deescalated risks previously scoring 12
- No risks which previously scored 12 have been closed

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.

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 BOARD ASSURANCE FRAMEWORK (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.

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 (2 February 2018), 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 Board Assurance Framework (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 two risks with a current score of 15 (extreme) or above on the Trust risk register as at 1 March 2018. These are as follows:

Risk ID	Risk description	Risk score	Risk movement
Risk 224	*Reduced level of care due to the prevalence of staff sickness in particular services and or across the Trust.*	16 (extreme)	⟷
Risk 872	*Difficulties recruiting to and retaining staff within neighbourhood teams.*	16 (extreme)	⟷

2.2 There are no new risks scoring 15 (extreme) or above.

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

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

3.0 Risks scoring 12 (high)

3.1 There are no new risks scoring 12 reported since February 2018.

4.0 Risks escalated to a score of 12 (high)

4.1 No risks have been escalated to a score of 12 since February 2018.

5.0 Risks deescalated from a score of 12 (high)

5.1 Two risks have been deescalated from a score of 12 since February 2018

Risk: 455	Risk title: ***Capacity Issue within Community Stroke Team (CST)***	Current risk score **9**	Previous risk score **12**
Reason for de-escalation: The commissioners are willing to support the funding for additional staff in the stoke team. Business case has been submitted and service is currently waiting for a decision. Positive ongoing meetings with commissioners to review stroke pathways.			
Risk: 918	Risk title: ***Reduced staff capacity at Hannah House***	Current risk score **9**	Previous risk score **12**
Reason for de-escalation: The band 7 post final recruitment process is underway. All further posts recruited to. New starters are undergoing an induction process.			

6.0 Closed risks previously scoring 12

No risks have been closed, which previously scored 12:

7.0 Risks with an out of date review date

7.1 Risk owners are asked to update their risks where a review date had passed. If risks review dates remain outstanding, further reminders are sent and any risks remaining out of date by more than a month are escalated to the relevant director for intervention.

8.0 Board Assurance Framework Summary

8.1 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.

8.2 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)

8.3 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.

8.4 SMT, the 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.

8.5 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).

8.6 Since the last BAF report in December 2017, the current level of assurance for the following BAF risks has been adjusted as follows:

Positive assurance movement

- BAF risk 1.3 (risk of not maintaining or improving the CQC rating) has moved further into 'reasonable' as the Quality Challenge+ inspection process and the QIP plan for Hannah House provided reasonable assurance. However, the QIP plan for the sexual health service and CNRC provided limited assurance.
- BAF risk 3.1 (risk of not having suitable and sufficient staff capacity and capability) is moving from limited towards 'reasonable' as the retention plan and safe-staffing report provided reasonable assurance. However, clinical supervision rates remain below target.

Negative assurance movement

- BAF risk 1.1 (risk of not having effective quality assessment systems) has moved from limited further into 'limited' as there is concern about the number of outstanding clinical audits.
- BAF risk 2.1 (risk of not achieving internal projects) remains in 'limited' as the E-rostering project has not yet been formally scoped.
- BAF risk 3.2 (risk of not addressing the scale of sickness absence) remains in 'limited' as sickness absence figures worsened in December, providing January 2018's Business Committee with limited assurance.

8.7 The attached BAF summary reflects the amended assurance levels.

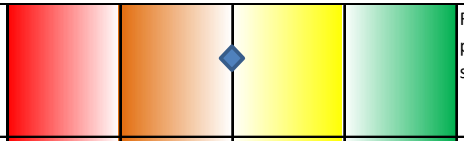
9.0 Recommendation

9.1 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

Details of strategic risks (description, ownership, scores)								Level of Assurance					
Risk		Risk ownership		Risk score									
Corporate Objective	Risk	Responsible Director	Responsible Committee	Likelihood	Consequence	Risk Score	Risk score movement	Current Level of Assurance (denoted by ◆). No	Limited	Reasonable	Substantial	Assurance - additional Information	Assurance Movement
Ensure consistent delivery of high quality care	**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.	MP	QC	4	4	16	⇔		◆			Clinical audit programme received limited assurance as there is concern about the number of outstanding audits.	←
	RISK 1.2 If the Trust does not implement and embed lessons from internal and external reviews and reports, then it may compromise patient safety, and may experience intervention or damage to reputation and relationships.	MP	QC	2	4	8	⇔			◆			
	RISK 1.3 If the Trust does not maintain and continue to improve service quality, then it may not maintain a 'Good' CQC rating and will not achieve 'Outstanding'. This will have an impact on the Trust's reputation and it will receive a greater degree of oversight and scrutiny	AT	QC	2	3	6	⇔			◆		Quality Challenge+ internal inspection process provided reasonable assurance. QIP plan and update report for Hannah House provided reasonable assurance. Sexual health service and CNRC QIP provided limited assurance.	→
	RISK 1.4 If the Trust does not achieve external and internal quality priorities and targets then this may cause damage to reputation and loss of income.	MP	QC	3	2	6	⇔			◆			
Create sustainable services	**RISK 2.1** If the Trust does not achieve principal internal projects (integrated neighbourhood teams, EPR, E-rostering) then it will fail to effectively transform services and the positive impact on quality and financial benefits may not be realised.	SP	BC	3	4	12	⇔		◆			E-rostering continues to provide limited assurance as project has not yet been formally scoped.	
	RISK 2.2 If the Trust does not deliver contracted activity requirement, then commissioners may reduce the value of service contracts, with adverse consequences for financial sustainability.	SP	BC	4	3	12	⇔			◆			
	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.	SP	BC	3	4	12	⇔			◆			
	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	3	4	12	⇔			◆			
	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	4	8	⇔			◆			

Continue to improve staff engagement and morale	**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.	SE	BC	4	4	16					Retention plan and safe-staffing report provided reasonable assurance. Clinical supervision rates remain below target.	
	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.	SE	BC	4	4	16					Sickness absence figures worsened in December, providing January 2018's Business Committee with limited assurance.	
	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	SMT	4	3	12						
	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 .	SP	BC	3	3	9						
Take a lead role in delivering new models of care in the city through system integration with GPs, LYPFT and tier one hospital services	**RISK 4.1** If the Trust does not respond to the changes in commissioning, contracting and planning landscape (Health and Care Partnership 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	3	3	9						
	RISK 4.2 If the Trust does not maintain relationships with stakeholders, including commissioners and scrutiny board then it may not be successful in new business opportunities. The impact is on the Trust's reputation and on investment in the Trust .	TS	TB	3	4	12						
	RISK 4.3 If the Trust does not engage patients and the public effectively in Trust decisions, the impact will be difficulties in transacting change, and reputational damage.	MP	QC	2	3	6						
	RISK 4.4 If there is insufficient capacity across the Trust to deliver all planned change programmes and strategic projects, including the Leeds Plan, then organisational priorities may not be delivered.	TS	BC	3	3	9						

Appendix Two: Glossary- 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 2017-18 (103)

Meeting: Trust Board 29 March 2018	**Category of paper**	
Report title: Corporate Governance Report	**For approval**	√
Responsible director: Chief Executive **Report author:** Company Secretary (Interim)	**For assurance**	√
Previously considered by Not applicable	**For information**	

Purpose of the report

This paper covers a number of corporate governance requirements for consideration on an annual basis and introduces new or revised requirements.

Main issues for consideration

The Trust operates, at all times, within a range of statutory and mandatory regulations and national guidance that together provide a framework for the appropriate governance of the Trust. In the main, these are enacted through the Trust's standing orders, standing financial instructions and scheme of reservation and delegation of powers.

Adherence to this governance framework enables the organisation to demonstrate it is well governed and meets the requirements of corporate governance codes.

In order to ensure that the Board is discharging its role effectively, it should regularly review the components of the governance framework and receive assurances that requirements are being met.

This paper covers a number of annual requirements, including:

- Draft annual governance statement 2017/18 (appendix 1)
- 'Going concern' statement
- Declarations of interest and compliance with fit and proper person requirements made by directors for 2017/18 (in draft at appendix 2. Red highlighted text is to be confirmed)
- Non-executive membership of the Board and committees

Recommendations

The Board is recommended to:

- Note the draft annual governance statement 2017/18
- Note the contents of the going concern statement and approve the conclusion that the Trust is a going concern
- Note the declarations made by directors for 2017/18 (in draft)
- Approve the amendment to the terms of reference for Business Committee membership

Corporate Governance Report: March 2018

1 Purpose of the report

1.1 The purpose of the report is to provide a number of requirements for consideration on an annual or infrequent basis in relation to the effective corporate governance of the Trust.

2 Background

2.1 The Trust operates, at all times, within a range of statutory and mandatory regulations and national guidance that together provide a framework for the appropriate governance of the Trust.

2.2 In the main, these statutes, regulations and guidance are enacted through the Trust's standing orders, standing financial instructions and scheme of reservation and delegation of powers.

2.3 Adherence to this governance framework enables the organisation to demonstrate that it is well governed and meets the requirements of corporate governance codes.

2.4 In order to ensure that the Board is discharging its role effectively, it should regularly review the components of the governance framework and receive assurances that requirements are being met. This paper deals with a range of related assurances.

3 Trust's annual report and accounts: annual governance statement

3.1. As part of the production of the Trust's annual report and annual accounts for 2017/18, the Trust is required to produce a draft annual governance statement (attached at appendix 1) for submission to the Trust's external auditors with the draft annual accounts. Paragraphs in blue text are standard paragraphs that may not be altered. Pending the end of the financial year, there are items (internal audit opinion and information governance toolkit submission) that await confirmation (shown in red text).

3.2 The Trust's external auditors will review the annual governance statement, as part of the audit of the annual report and accounts, and will report on any inconsistencies between information reported in the governance statement and the auditors' knowledge of the Trust. Subsequently, the document will be incorporated into the annual report and accounts (for Board approval on 25 May 2018).

3.3 The annual governance statement is required to record the effectiveness of the stewardship of the organisation to supplement the annual accounts. It gives an indication of the Trust's approach to the challenges it has faced and how performance is monitored and managed. It draws together position statements and evidence on governance, risk management and control to provide a coherent and consistent summary of the governance of the Trust.

4 Trust's annual report and accounts: going concern statement

4.1 There are a number of areas to be considered when assessing an organisation's financial standing and whether it is a going concern. The ones applicable to a NHS Trust are considered below.

4.2 The Trust's financial monitoring throughout 2017/18 provides evidence that financial duties and targets will be met or exceeded. The Trust will achieve the control total set by NHS Improvement. Historically, the Trust has achieved all its financial duties.

4.3 The Trust's financial performance is monitored externally by NHS Improvement through monthly reporting and regular meetings. Internally, the Trust's financial performance has been monitored monthly by the Senior Management Team and the Business Committee and by the Board at each meeting.

4.4 The Trust has reported a use of resources risk rating of 1 since it was introduced in October 2016. A rating of 1 represents the lowest risk rating for provider organisations; the Trust has reported 1 all year and the forecast for the year end is a use of resources score of 1.

4.5 The Trust's draft financial plan for 2018/19 demonstrates delivery of the Board approved surplus; for 2017/18 the Trust will achieve the NHS Improvement control total, for 2018/19 the plans demonstrate achievement of the Control Total surplus.

4.6 The Trust has low levels of outstanding debt; the majority of the contract income is paid in month.

4.7 The Trust's liquidity remains very strong with circa £22m forecast to be in the bank at the year-end; £25.7m at the end of January. The draft financial plan demonstrates the Trust has sufficient cash resources to meet its operational and capital investment commitments for 2018/19.

4.8 The Board of Directors is a stable and experienced team. The vacant Director of Workforce has been covered on an interim basis whilst substantive recruitment is undertaken and arrangements are in place for an experienced local consultant to temporarily cover the Medical Director role. A new non-executive director was appointed in year to strengthen clinical input into the Board decision making.

4.9 The Board has inherently considered the matter of the Trust as a going concern, through its ongoing assessment of sustainability and the resources needed to ensure it continues in operational existence for the foreseeable future.

4.10 Considering the matters in this paper and an awareness of all relevant information, it is concluded that there are no material uncertainties related to events or conditions that may cast significant doubt about the ability of the Trust to continue as a going concern.

4.11 If any material matters come to light between now and the approval of the accounts, they will be drawn to the Board's attention.

5 Board members: declarations of interest

5.1 As part of the actions to prepare the Trust's annual report and accounts, the Trust is also required to collate the data on any declarations of interest disclosed by directors during the course of the year. The full schedule of disclosures is then included as part of the annual report.

5.2 The Trust's policy on declarations of interest requires directors to declare any significant financial or personal interests that each member, or a close relative or associate (such as partner, child, or sibling) has in any business or other activity or pursuit which may compete (or intends to compete) for any contract or agreement to supply goods or services to the Trust. In addition, directors are asked to declare: any other substantial connection or position of trust with related organisations; any other commercial interest; any area of potential conflict and details of hospitality in excess of £100.

5.3 In February 2018, all directors were asked to review and update their declarations of interest and a schedule of disclosures for 2017/18 is appendix 2 to this report.

6 Board members: fit and proper persons requirements

6.1 The Health and Social Care Act 2008 (regulated activities) Regulations 2014 set out requirements by which all directors should be, and continue to be, fit and proper persons by nature of the fact they hold positions of significant responsibility and can maintain the confidence of public, patients and staff.

6.2 The regulations require directors to: be of good character, have the necessary qualifications, competence, skills and experience, be able by reason of their health (subject to reasonable adjustments) to properly perform tasks intrinsic to the position and not to be unfit to hold office on a range of grounds (eg undischarged bankruptcy, criminal convictions, inclusion on barred lists, serious misconduct in the course of carrying out a regulated activity etc).

6.3 NHS bodies are required to apply these requirements in two ways: pre-appointment checks and ongoing assurance (as an annual exercise). In February 2018, directors were asked to make a statement in relation to their compliance with the requirements. All directors have made a declaration that they comply with the 'fit and proper person test', with the exception of one executive director currently on temporary leave of absence for health reasons.

7 Board membership: appointment of non-executive directors

7.1 Over the course of 2017/18, the Trust has enjoyed a full complement of non-executive directors who bring a wealth of skills and experience to the work of the Board. Each non-executive director is appointed to the Board by NHS Improvement for a specified term of office as set out in a letter of appointment. On expiry of a term of office, a non-executive director may be considered for a further term of office up to a maximum of ten years.

7.2 One non-executive director has had their terms of office extended during 2017/18:

- Richard Gladman (Non-Executive Director) to 31 March 2020

7.3 Elaine Taylor-Whilde stepped down as non-executive director during 2017/18 and a replacement non-executive director, Professor Ian Lewis was appointed.

8 Board committees: membership 2018/19

8.1 The Trust's Board has appointed five committees to carry out specific functions and provide assurance that the Trust is carrying out its duties effectively, efficiently and economically.

8.2 In order to reflect the best distribution of Board membership across the committees so that they are able to fully discharge their respective responsibilities, each committee reviews its terms of reference on an annual basis, including its membership. The Business Committee has reviewed its terms of reference and an amendment to its membership is shown in **bold** and will be captured in changes to terms of reference, which the Board is asked to formally approve.

	Non-executive directors	Executive directors
Audit Committee	Jane Madeley (chair) Richard Gladman Prof Ian Lewis	
Quality Committee	Prof Ian Lewis Dr Tony Dearden Neil Franklin	Chief Executive Executive Medical Director Executive Director of Nursing
Business Committee	Brodie Clark (chair) Dr Tony Dearden Richard Gladman	Chief Executive Executive Director of Finance & Resources **Director of Operations (was Director of Workforce)**
Charitable Funds Committee	Brodie Clark (chair) Neil Franklin	Executive Director of Finance & Resources Executive Director of Nursing
Nominations and Remuneration Committee	Neil Franklin (chair) Brodie Clark Jane Madeley	

9 Recommendations

9.1 The Board is recommended to:

- Note the draft annual governance statement 2017/18
- Note the contents of the going concern statement and approve the conclusion that the Trust is a going concern
- Note the declarations made by directors for 2017/18 (in draft)
- Approve the amendment to the terms of reference for the Business Committee membership

Leeds Community Healthcare NHS Trust
DRAFT Annual Governance Statement 2017/18

Scope of responsibility

'As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.'

Thea Stein

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Leeds Community Healthcare NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Leeds Community Healthcare Trust NHS Trust for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust recognises that it is operating in a healthcare environment where patient safety, quality of care and service sustainability are paramount and are of mutual benefit to stakeholders and the organisation alike. The Trust manages clinical risks (i.e. risks to individual patients through clinical activity) and financial and business risks (i.e. risks that threaten the achievement of statutory financial duties or the safeguarding of the Trust's assets) in order to deliver its objectives in a controlled manner. Subject to controls and assurances being in place, and in line with the Trust's risk appetite statement, the Trust accepts manageable risks, but not where there is a foreseeable risk of harm or adverse outcomes to patients.

Risk management is embedded within the culture of the organisation from risk assessment in clinical practice to the consideration of risk underpinning the Board's decisions. Risks are identified and aligned to strategic objectives. The level at which risk is escalated is clearly set out in the Risk Management Policy and Procedure.

The Trust employs a qualified and experienced risk manager who delivers risk management training, coordinated the risk register and the board assurance framework and provides support and direction in all risk management related matters.

Members of staff receive information and are briefed on risk management procedures as part of the induction process. Managers are trained in risk management procedures both as part of the induction process and as part of ongoing training, coaching and support. All training includes the Trust's risk appetite and how this should be applied in decision-making processes.

The Trust has a quarterly risk management newsletter to share lessons that can be learned from incidents and complaints, the latest information about risk management, training courses available and examples of good practice across the Trust. A 'lessons learned' portal has recently been developed on the Trust's intranet, for managers to share information about incidents and improvement.

The Trust has recently completed a risk management 'health check', which surveyed service managers and clinical leads to check their knowledge of risk management policy and procedure. Overall, the response was positive. It was found that managers are generally aware of and proficient in risk management. Where scope for improvement has been identified, actions to remedy these have now been put in place.

The risk and control framework

The Trust's risk management policy: defines the risk management framework and sets out the approach the Trust will take to the management of risk within the organisation ensuring that sound risk management principles are an integral part of its governance structure and processes. It also sets out the respective responsibilities for corporate and operational risk management throughout the Trust.

The appended risk management procedure: supports staff to identify, assess, manage, and monitor the risks that threaten the organisation's ability to achieve its objectives. The aim of the risk management procedure is to achieve an optimum response to risk, prioritised in accordance with a consistent evaluation of the identified risk.
The Trust has systems in place that contribute to the identification of risk from a number of sources; the following are examples:

- Review of performance and working practice
- Clinical practice
- Legislation, national policy and guidance
- Risk assessments

- Incident reports
- Complaints
- Claims
- Audit and work place surveys
- Patient satisfaction surveys
- External/internal audits
- Regulators' inspections and reports

Any of the above can inform the risk assessment process and therefore the population of the Trust's risk register. Risks are identified in a proactive way, for example: changes or introduction of new processes, new equipment, different ways of working etc will initiate a risk assessment. In addition, individual staff may identify risks whilst carrying out their duties or risks may be identified through discussions in team meetings etc.

The risk management policy and procedure is supported by content contained in the Trust intranet in a bespoke risk management webpage, and is available to all directors, SMT, service managers, clinical leads and staff-side representatives.

The risk register: is a record of all the risks that may affect the Trust's ability to achieve its strategic, project or operational objectives. The electronic risk management system used by this Trust to record and monitor risks is 'Datix'. The risk register contains in summary: a description of the risk, the risk owner, any controls in currently in place, actions to be completed, and the initial, current and target risk scores. Risk register extracts from Datix are frequently drawn to allow for scrutiny of risk by appropriate managers, committees and the Board.

The Trust's risk appetite: is aligned with its four strategic aims. The senior management team determine the Trust's risk appetite and review this on an annual basis. The risk appetite statement is appended to the risk management policy and procedure, which is on the Trust's internal website.

Data security risk: is managed through a system of general managers and heads of service that act as information asset owners and work with the Senior Information Risk Owner to manage data security and other information related risks.

In 2017, the Trust took part in the annual national digital maturity (DMI) review. Areas demonstrating the greatest progress since the 2016 are those that the Trust has made specific investments in, namely EPR and business intelligence. The continued delivery of the Trust's digital strategy will bring about a number of improvements and continues to make positive progress towards digital maturity.

Governance structures and accountability

The Board leads the Trust by undertaking three main roles:

- Formulating strategy
- Ensuring accountability by holding the organisation to account for the delivery of the strategy and through seeking assurance that systems of control are robust and reliable
- Shaping a positive culture for the Board and the wider Trust

The Board consists of six non-executive directors (including the Chair), and five executive directors. In addition, there is one non-voting member of the Board.

There is a clear division of responsibilities between the Chair and Chief Executive. The Trust's Chair and Chief Executive have discharged their leadership functions throughout the whole of 2017/18.

The Director of Workforce is a non-voting member of the Board.

The Board has met on thirteen occasions in 2017/18; this has comprised six formal meetings held in public, six informal meetings or strategic workshops plus an annual general meeting. Attendance at Board meetings has been good and all meetings have been quorate.

The quality of services remains the Trust's first priority and, to this end, the Board's agenda features reports reflecting key quality matters. Information presented to the Board provides essential assurance. Board meetings have received papers on the Trust's quality strategy, patient experience topics and the maintenance of safe staffing levels. The Board's non-executive directors conduct regular visits to frontline services.

The Board has standing orders, a scheme of reservation and delegation of powers and standing financial instructions. These provide a governance framework that enables the organisation to demonstrate it is well governed and that it meets requirements of corporate governance codes of practice.

The Board has an annual work plan, which demonstrates the scheduling of required and discretionary business. The five Board committees all have terms of reference and work plans all of which have been reviewed during 2017/18.

The Trust's Board receives a performance brief and a suite of reports aligned to the five Care Quality Commission (CQC) domains. This is the primary mechanism for assessing compliance with national and local targets. The performance brief brings quality and financial information together in one report.

The Trust's Board receives regular updates on strategic service developments, for example work to enhance integration across primary and secondary health care and social care and the introduction of new ways of working.

The Board receives and considers extracts from the risk register and the board assurance framework at each meeting to gain assurance as to the effective management of risk in the organisation. Through these arrangements, the Board receives timely information about existing and potential risks to the Trust.

The Board also receives minutes and assurance reports from each of its committees at Board meetings.

The Board wishes to assure itself that it operates effectively and regularly seeks opportunities to evaluate its effectiveness and strengthen its performance, in doing so, it is mindful of the best practice contained within codes of governance.

The Trust Board and committees undertake an annual self-assessment against elements of the NHS Improvement Well-Led Framework and has drawn out a number of priorities to enhance the effectiveness of elements of the Trust's governance. The results being reported to the Board and are contained in committees' annual reports. The committees' chairs' also meet collectively to discuss committees' effectiveness.

The Trust has a needs-based Board development programme. A feature of which is a series of Board workshops taking place every two months (six events in 2017/18); senior leaders from corporate services and business units (including clinical leads) also participate in these sessions.

The individual performance of all Board members is reviewed through a formal appraisal process and any individual development needs are identified and supported.

The Trust's Board has appointed five committees to carry out specific functions and provide assurance that the Trust is carrying out its duties effectively, efficiently and economically. These are detailed below.

Audit Committee (Chair: Jane Madeley)

The Committee comprises three non-executive directors. The Chair of the Committee is a qualified accountant and is a Chief Financial Officer in the higher education sector. The Executive Director of Finance and Resources, the Company Secretary, the Internal Auditor and the External Auditor attend on a routine basis. The Audit Committee met formally six times during 2017/18.

The Audit Committee provides an overarching governance role and reviews the work of the other committees, whose work can provide relevant assurance to the Audit Committee's own scope of work.

During the year, the Committee has received regular reports on progress from internal audit, external audit, the local counter fraud specialist, the security management service and from information governance specialists.

The Committee has considered a range of financial control reports and a number of governance papers, and reviewed a revised board assurance framework.

The chair of each of the Board's committees has produced an annual report, which provides assurance to the Audit Committee on how each committee has met its terms of reference during the year. The committees also undertook a self-assessment exercise, which was reviewed by the Audit Committee. The committees' chairs also met to discuss the outcome.

Quality Committee (Chair: Doctor Tony Dearden until December 2017, Professor Ian Lewis from January 2018)

The Quality Committee's membership comprises the Trust's Chair, two non-executive directors, the Chief Executive and two executive directors; a number of other senior officers attend each meeting. The Committee met on 10 occasions in 2017/18.

The Committee provides assurance to the Board that high standards of care are provided by the Trust and that adequate and appropriate quality governance structures, processes and controls are in place to:

- Promote quality, in particular safety and excellence in patient care
- Identify, prioritise and manage clinical risk and assure the Board that risks and issues are being managed in a controlled and timely manner
- Ensure effective evidence-based clinical practice
- Produce the annual Quality Account and monitor progress

The Committee exercises these functions in the context of the Trust's quality strategy. The strategy provides an overarching framework for quality within the Trust and sets out a programme of work to achieve four key objectives and seven action areas focused on patient safety, clinical effectiveness and patient experience. The Committee has received an update on a quarterly basis and has sought assurance about the implementation of specific actions. The Committee has recently received and reviewed the new quality strategy for 2018-2021.

Within that strategic framework, the Quality Committee and the Board monitors serious incidents, incidents and complaints and the associated action plans. All serious incidents are managed in accordance with the Trust's incident and serious incident management policy.

Business Committee (Chair: Brodie Clark)

The Business Committee's membership comprises three non-executive directors, the Chief Executive and two further executives; other senior officers attend as required. The Business Committee held 10 meetings in 2017/18.

The Committee provides assurance to the Board on the financial and performance management processes within the organisation, including monitoring the delivery of the Trust's business plan and oversight of significant projects.

The Committee oversees business and commercial developments and makes investment decisions in line with the scheme of delegation and the Trust's investment policy and ensures that the Board has a sufficiently robust understanding of key performance, financial and investment issues to enable sound decision-making.

The Committee discharges a significant role in overseeing the workforce aspects of the Trust's performance. There has been consideration of recruitment and retention initiatives, sickness absence management and leadership approaches.

The committee has assumed an extended role in terms of oversight of the Trust's main projects. At each meeting, the Committee receives an in-depth report on one aspect of the Trust's business or one area of project work for example the review of patient administration services across the Trust, which aims to provide a modern and consistent service that makes best use of digital approaches.

Nominations and Remuneration Committee (Chair: Neil Franklin)

The Nominations and Remuneration Committee's membership comprises the Chair and two further non-executive directors; the Committee is supported by the Director of Workforce. The Committee has met three times in 2017/18.

The role of the Nominations and Remuneration Committee is to nominate executive directors, including the Chief Executive, for appointment and advise and make recommendations to the Board about appropriate remuneration and terms of service for the Chief Executive, executive directors, directors and any senior managers not covered by national Agenda for Change terms and conditions of employment.

Charitable Funds Committee (Chair: Brodie Clark)

The Charitable Funds Committee's membership is comprised of the Chair and one other non-executive director; the Committee is supported by the Executive Director of Nursing. The Committee has held three meetings during 2017/18.

The purpose of the committee is to give assurance to the Board that the Trust's charitable activities are discharged within the law and regulations set by the Charity Commissioners for England and Wales. The Committee oversees charitable activities, approves charitable funds expenditure, agrees an investment policy for charitable funds and monitors investments on a regular basis.

Principal risks

There are seventeen strategic risks aligned to the Trust's four strategic goals, which are grouped into four strategic risk 'clusters':

- Failure to provide high quality, safe services, improve patient experience and measure success in terms of outcomes
- Failure to deliver integrated care and care closer to home arising from a failure to work in partnership with stakeholders to deliver service solutions
- Failure to engage and empower the Trust's workforce and the ability to recruit, retain and develop staff
- Failure to maintain a viable and sustainable organisation

The BAF records: risk descriptions, controls and gaps in controls, sources of assurance and gaps in sources in assurance, actions required to remedy gaps in controls or assurance.

Risks to strategic objectives contained within the Trust's clinical and service strategies and plans have been identified and he board assurance framework (BAF) has been revised during 2017, in line with the Trust's annual plan. These risks are assigned to a lead executive to manage. Each of these strategic risks is also assigned to one of the Board's committees for oversight and scrutiny.

The BAF was reviewed in 2017/18 by the Trust's internal auditors. The internal auditors have confirmed that the BAF will support the Trust's overall risk management framework

Scrutiny of risks

The Risk Review Group meets quarterly to review new risks that have been added to the risk register. They also review escalated and deescalated risks and risks that have recently been closed. The group acts as a moderator for risk grading, ensuring appropriate ownership of the risk and ensuring that effective management of the risk is being recorded. The group also maintains an oversight of the practical application of the risk management procedure.

The Board receives a significant risks and risk assurance report at each meeting. The report details the Trust's risks scoring 15 or above (extreme), after the application of controls and mitigation measures. It provides an analysis of all risk movement, identifies themes and links these material risks to the strategic risks on the BAF. The report also includes the BAF summary advising the Board of the current assurance level determined for each of the Trust's strategic risks. The Senior Management Team reviews the significant risks and risk assurance report on a monthly basis. The Quality Committee reviews in more detail the clinical and operational risks and the Business Committee reviews non-clinical risks, rated as high.

Assurance of risk mitigation is provided to the Board through the Senior Management Team, and through the Quality and Business Committees in relation to clinical and non-clinical risks. The Audit Committee assures the risk management process.

Together, these mechanisms allow for the appropriate identification, monitoring, control and mitigation of risks, which may have an impact on the Trust's objectives.

Incident reporting

The Trust has a strong, open incident reporting culture and is therefore a high reporter of incidents when compared to similar organisations. An electronic incident reporting system is operational throughout the organisation and is accessible to all colleagues. Incident reporting is promoted through induction and training and regular communications. Learning from incidents is shared with staff through the Trust's quarterly risk management newsletter, at staff forums and new to 2017 is a learning resource on the Trust's internal website for all staff to access, which has been developed to share anonymised, learning from incidents across the organisation. When root cause analysis is undertaken, good practice in incident management is celebrated and learning shared. In addition, arrangements are in place to raise any concerns at work confidentially and anonymously if necessary.

Serious incidents are reported and managed in accordance with the Trust's incident and serious incident policy. The majority of managers have had serious incident investigation training and the Trust has a good record of reporting incidents in a timely way to NHS Improvement and to commissioners.

CQC compliance

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

The Trust received a CQC inspection in the fourth quarter of 2016/17 and the report arising from the inspection was received by the Trust in mid-2017. The Trust received an overall rating of 'Good'. The CQC described the Trust as having 'stable leadership, which appeared cohesive and worked collectively. The leadership were aware of the challenges to provide a good quality service and identify the actions needed to address these. Leaders were visible and accessible'. Following the receipt of the CQC report, a quality improvement plan was produced. This is monitored by the Quality Committee at each meeting.

NHS pension obligations

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Equality and diversity

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Carbon reduction delivery plans

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

The Board sets an annual budget to meet the Trust's financial obligations and through detailed monthly monitoring at the Business Committee and bi-monthly at the Board ensures that plan is adhered to. The Trust has consistently met the financial targets set by regulators. The Business Committee also receives an annual report on the Trust's reference costs, which are an indicator of the Trust's efficiency in delivering its services. Over time the Trust's overall reference cost have fallen from a maximum of 111 in 2011/12 to 97 (including IAPT) in 2016/17. As part of the internal audit cycle, the auditors, TIAA, review the Trust's approach to delivering cost improvement targets; the last report was completed in 2017/18.

The Audit Committee reviews all internal audit reports and monitors the Trust's implementation of any recommendations. Annually the Trust's external auditors are required to provide a Value for Money conclusion. In the last report available, for 2016/17 the auditors concluded that the Trust has adequate arrangements to secure economy, efficiency and effectiveness in its use of resources. The effectiveness of the Trust's services are assessed monthly by the Trust's Quality Committee and bi-monthly by the Board.

Information governance

The Trust recognises that information is an important asset, supporting both clinical and management needs and is fully committed to ensuring that personal information is protected and used appropriately. The Trust has submitted a self-assessed score of **level two** for the information governance toolkit.

The Trust's information governance group develops relevant policies and strategies to control data security and other information related risks. As a community trust, sharing information has been identified as an area where secure email and electronic record sharing are replacing paper based forms of communication. The introduction of data security measures has reduced the risk of data loss through the use of mobile devices. The Trust has been reviewing and revising its information governance policies and procedures to ensure compliance with the General Data Protection Regulation (in force from May 2018).

In recognition of the importance of data security, the Trust has set a target of 95% of staff compliance with information governance training. Training compliance is fully monitored, and attendance is enforced where necessary.

Two incidents were reported to the Information Commissioner's Office (ICO) by the Trust during 2017/18:

Case 1 - Loss of nine staff files containing personal information. Trust reported loss to the ICO. Outcome from ICO was no further action required.

Case 2 – As part of a service tender process, a list containing details of 4000 Trust staff was sent to the service's commissioner, when only the details of staff potentially affected involved in the tender process should have been sent. Outcome from ICO was no further action required.

Annual Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.

LCH ensures that the Quality Accounts are collaborative and that services understand the potential reach and impact of the Quality Accounts.

The Trust found ways of engaging with more service users to get their input and stories to demonstrate successes and failures in context, to provide a balanced view. In particular, focus was on engagement with patients who are elderly and infirm and often housebound. The Trust strives to make the Quality Account accessible and relevant to all the communities it serves.

The Quality Account priorities have been developed in conjunction with the services and disseminated to senior managers to ensure that the priorities are aligned to both the Quality Strategy and the Trust's business objectives.

Data accuracy

The Trust reports monthly on its performance against national key performance indicators in line with NHS Improvement's Single Oversight Framework and other indicators as contained within contracts with commissioners.

The Trust works to evidence good standards of data quality and accuracy in its performance reporting and is confident that key national indicators eg waiting times are accurate.

In order to ensure that data provided for elective waiting times is accurate, a weekly report is downloaded by the Business Intelligence Team, which identifies any potential patient breaches. This report is reviewed and validated in the consultant-led services, where explanations are provided against any patients who are listed on the report with a waiting time over 17 weeks. The validator is required to update the

patient record where an error has been made. The updated validations form the basis for the figures submitted to NHS Improvement and NHS England.

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust that have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board and the audit committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Chief Executive has responsibility for reviewing the effectiveness of the system of internal control. The review of the effectiveness of the system of internal control is informed by the work of internal auditors, the comments made by external auditors in the ISA260 report, the continuing engagement of the Audit Committee, managers and clinical leads who have responsibility for the development and maintenance of the internal control framework. The Audit Committee undertakes a role in terms of providing assurance to the Chief Executive.

Internal audit

TIAA Limited has been the provider of internal audit services since 1 April 2015. This contract was recently reviewed and has been renewed. The Head of Internal Audit has provided an opinion that concludes that, based on the work undertaken in 2017/18, reasonable assurance can be given that there are adequate and effective management and internal control processes to manage the achievement of the organisation's objectives. No emerging risks have been identified which could have an impact on the overall effectiveness of the governance, risk and internal control framework of the organisation.

In areas reviewed by internal audit where it was assessed that the effectiveness of internal control arrangements provided less than 'substantial' assurance, recommendations were made to further strengthen the control environment. Resultant management actions, which are monitored by the Audit Committee, have been completed or are being progressed in a satisfactory manner.

The Board commissioned an internal audit of Board and Committee effectiveness during 2017/18. The audit assessment provided reasonable assurance having found no material concerns, but outlined opportunities to advance governance arrangements.

Clinical audit

Clinical audit is vital to the quality and effectiveness of clinical services and is a fundamental part of the quality improvement process. It plays a pivotal role in providing assurances about the quality of services. Findings from clinical audit are used to ensure that action is taken to protect patients from risks associated with unsafe care, treatment and support.

Clinical audit is managed at service level with the support of the quality and professional development directorate. The Quality Committee approves an annual programme of clinical audit and has oversight of progress during the course of the year. The 2017/18 programme comprised of 33 mandatory audits, 40 recommended audits and a further 44 audits which had been determined locally.

NHS Improvement oversight

NHS Improvement has assigned the Trust a segment rating of '2'; this indicates standard oversight whereby the provider may be offered targeted support in one or more areas. (C Schonrock is querying this with NHSI – should we be a '1' now?)

The Trust works with a range of regulators including the CQC, HM Inspectorate of Prisons, and Ofsted. The Trust is fully compliant with the registration requirements of the CQC. During late 2016/17, the Trust was involved in an inspection by the CQC, which particularly focused on inpatient care, adult services, sexual health services and a Trust-wide review of the well-led domain and has since received an overall rating of 'Good'.

Conclusion

During 2017/18, no significant control issues have been identified by the Trust's systems of internal control.

The Trust is a well-established health care provider that has built a system of internal control based on sound foundations. The Trust has a strong safety culture and sees quality of care as the primary objective. Ongoing scrutiny enhances learning and strengthens governance.

The annual governance statement shows that the Trust has the necessary control arrangements in place to manage risks and take action when incidents occur.

Strong financial control and the achievement of statutory financial duties support the view that, clinically and financially, the Trust has effective and improving systems in place.

Signed……..

Chief Executive Date: xx May 2018

Leeds Community Healthcare NHS Trust
Director's declarations of interests for disclosure 2017/18 (draft)

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest Impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: £100 up to and including 7 November 2017. In excess of £25 from 8 November 2017
Neil Franklin	None	None	None	Board member (acting in an advisory capacity only), Donisthorpe Hall Care Home	Donisthorpe Hall, Care Home	None	None	
Thea Stein	None	None	None	None	None	None	None	None
Jane Madeley	None	None	None	Chief Financial Officer , University of Leeds	None	None	Any contracts between the University of Leeds, Leeds Faculty of Medicine and Health, Leeds Academic Health Partnership and Leeds Community Healthcare NHS Trust	None

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest Impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: £100 up to and including 7 November 2017. In excess of £25 from 8 November 2017
Tony Dearden	None	None	None	Fee paid Medical Member of First Tier Tribunal (Health, Education and Social Care Chamber), i.e. mental health tribunals. Fellow, Royal College of Psychiatrists.	None	None	None	None
Brodie Clark	None	None	None	Non-executive Director Compass	Compass (services for drug and alcohol misuse)	None	None	None
Richard Gladman	None	None	None	Programme Director, Health & Social Care Information Centre (NHS Digital)	None	None	None	None

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest Impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: £100 up to and including 7 November 2017. In excess of £25 from 8 November 2017
Elaine Taylor-Whilde Until 30 June 2017	CEO, Nine Health Global &Nine Health UK Ltd	Nine Health CIC	None	CEO, Nine Health CIC	Nine Health CIC	None	None	None
Ian Lewis	None	None	None	Trustee: Bone Cancer Research Trust	Occasional teaching/ facilitating for Medical Mediation Foundation	None	None	None
Bryan Machin	None	None	None	None	None	None	None	None
Amanda Thomas	None	None	None	Signatory LTHT Postgraduate Child Protection training fund. CQC, National professional advisor for Integrated Children's Service and Safeguarding	None	None	None	None

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest Impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: £100 up to and including 7 November 2017. In excess of £25 from 8 November 2017
Phil Ayres- From January 2018	None	None	None	Employed by Leeds Teaching Hospitals NHS Trust	None	None	None	None
Sam Prince	None	None	None	None	None	None	None	None
Marcia Perry	None	None	None	None	None	None	None	None
Sue Ellis* Until 2 October 2017	None	None	None	Governor, Greenhead College, Huddersfield (from 2 October 2015) Seconded fulltime as Programme Director for Health and Social Care Academy, hosted by Leeds Teaching Hospitals from 3/10/2017	None	None	None	None

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest Impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: £100 up to and including 7 November 2017. In excess of £25 from 8 November 2017
Ann Hobson* From 3 October 2017	None	None	None	Husband works for West Yorkshire Police – Leeds Community Healthcare provides health input into West Yorkshire Police Custody Suites	None	None	None	None

***** Non-voting Board member

Leeds Community Healthcare NHS Trust

Agenda item 2017-18 (104)

Trust Board public workplan 2017-18
Version 11 20 March 2018

Topic	Frequency	Lead officer	2 February 2018	29 March 2018	25 May 2018 (revised from 1 June 2018)	3 August 2018	6 October 2018	4 December 2018
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	X CUCS	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
Care Quality Commission inspection reports	as required	EMD					X	
Quality account	annual	EDN			X			
Staff survey	annual	DW		X				
Safe staffing report	2 x year	EDN	X			X		
Seasonal resilience	annual	EDO	X CE's report	X CEs report			X CE's report	X CE's report
Serious incidents report	4 x year	EDN	X		X	X	X	
Patient experience: complaints and incidents report	2 x year	EDN			X Annual report			X Six monthly report
Freedom to speak up annual report	annual	CE				X		
Guardian for safe working hours report	4 x year	EMD	X		X Annual report	X		X
Strategy and planning								
Operational plan including financial plan	2 x year	EDFR		X			X	
Service strategy	as required	EDFR		X Chidren's strategy				
Quality strategy	annual	EDN	X					
Professional strategy	annual	EDN						X
OD strategy	2 x year	DW			X			X
Research and development strategy	annual	EMD				X		
Other strategic service developments	as required	EDO						
Reports								
Equality and diversity report	annual	EDN						X
Safeguarding annual report	annual	EDN					X	
Infection prevention control annual report	annual	EDN					X	
Emergency preparedness and resilience report and major incident plan annual report	annual	EDO					X	X Major incident plan
Governance								
Medical Director's report: doctors' revalidation	annual	EMD				X		
Nurse revalidation	annual	EDN				X		
Well-led framework (in CE's report)	2x year	CS			X			X
Annual report	annual	EDFR			X			
Annual accounts	annual	EDFR			X			
Letter of representation	annual	EDFR			X			
Audit opinion	annual	EDFR			X			
Audit Committee annual report	annual	CS			X			
Standing orders/standing financial instructions review	annual	CS		X Deferred	X			
Annual governance statement	annual	CS		X				
Going concern statement (part of corporate governance update)	annual	EDFR		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 update)	annual	CS		X				
Significant risks and risk assurance report	every meeting	CS	X	X	X	X	X	X
Corporate governance update	as required	CS						
Decisions for ratification	as required	CS						
Board workplan	every meeting	CS	X	X	X	X	X	X
Minutes (for noting)								
Approved minutes of committees, Safeguarding Boards, Health and Wellbeing Board, Children's Trust Board (for noting)	every meeting	CS	X	X	X	X	X	X

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

NHS
Leeds Community Healthcare
NHS Trust

Audit Committee

Boardroom, Stockdale House, Headingley Office Park,
Victoria Road, Leeds, LS6 1PF
Friday 8 December 2017
8.30 am – 10.30 am

AGENDA ITEM 2017-18 (105a)

Present:	Jane Madeley (JM)	Chair
	Richard Gladman (RG)	Non-Executive Director (Vice Chair)
	Professor Ian Lewis (IL)	Non-Executive Director
In Attendance	Cherrine Hawkins	Deputy Director of Finance and Resources (deputising for the Executive Director of Finance and Resources)
	Vanessa Manning	Company Secretary
	Matthew Moore	External Audit Manager (KPMG)
	Tim Norris	Internal Audit Manager (TiAA Limited)
	Diane Allison	Risk Manager
Apologies:	Peter Harrison	Head of Internal Audit (TiAA Limited)
	Claire Partridge	External Audit Partner (KPMG)
	Bryan Machin	Executive Director of Finance and Resources
Minutes:	Liz Thornton	Board Administrator

Item	Discussion Points	Action
2017-18 (46)	**Welcome, introductions and preliminary business** The Chair of the Committee welcomed members and attendees.	
2017-18 (46a)	**Apologies** Apologies were received from Claire Partridge External Audit Partner, Peter Harrison, Head of Internal Audit TiAA Limited and the Executive Director of Finance and Resources.	
2017-18 (46b)	**Declarations of interest** There were no declarations made in respect of any items on the agenda.	
2017-18 (46c)	**Minutes of the previous meeting 13 October 2017** The minutes of the meeting held on 13 October 2017 were reviewed and agreed as an accurate record. **Outcome:** The Committee approved the minutes of the previous meeting held on 13 October 2017.	
2017-18 (46d)	**Matters arising and actions' log** *Item 2017-18 38(a) Internal audit report:* This action referred to two recommendations arising from the review of bank and agency staffing; in particular strengthening the management comments relating to recommendations two and seven. The Internal Audit Manager advised that the comments under recommendation two relating to e-rostering had been reviewed and amended to provide more clarity. He advised that the review of the comments under recommendation seven remained outstanding and he would be discussing this as a matter of urgency with the Interim Director of Workforce.	

	Action: Internal Audit Manager to discuss the review of the management comments relating to recommendation two of the review of bank and agency staff. All other actions had either been completed or were on track for completion by their due date.	**Internal Audit Manager**
2017-18 (47a)	**Internal Audit** **Summary of internal controls assurance report** The Internal Audit Manager introduced the report and advised that since the Committee's meeting on 13 October 2017, three audits had been completed namely; Board assurance framework (BAF), deployment of quality board in neighbourhood teams, quality of data and information used in neighbourhood teams. The executive summary and management action plans for all three completed reports were included in the report; all three indicated a reasonable assurance opinion. **Progress against the annual plan for 2017/18** The Internal Audit Manager introduced the report; particularly noting that the vast majority of remaining audits for 2017/18 were either in the planning process or fieldwork phase and he was confident that all the audits were on target for completion and consideration by the end of the year. The Chair of the Committee emphasised that it was important that the audit plan was closely monitored in order to avoid slippage and over running toward the end of the financial year and that progress against the plan be reported at each meeting. She expressed concern that 18 audits remained to be completed and were due for completion by the end of March 2018. She asked the Internal Audit Manager and Executive members of Committees to ensure that the executive leads maintained focus and momentum to ensure that all the audits they were responsible for were completed by the end of the financial year. The Deputy Director of Finance and Resources said that she would work in partnership with the Internal Audit Manager to support the process and ensure that there were no outstanding audits at the end of March 2018. The Committee discussed the annual planning for 2018/19 and agreed that colleagues should aim to 'front load' audits with the aim of avoiding a backlog at the end of the year. The Chair of the Committee suggested that the timing of the meeting scheduled for the 16 March 2018 be extended by half an hour to close at 3.30pm. The Committee discussed the executive summaries and management action plans for the three completed audits. *BAF* The Committee noted the reasonable assurance opinion relation to this audit. *Neighbourhood teams' quality boards* A Non-Executive Director (IL) said the Quality Committee had not had the opportunity to consider the overall conclusions yet from the audit or the specific recommendations and actions for implementation. The Company Secretary confirmed that the audit would be considered in detail by the Quality Committee in January 2018.	

	Action: The review of neighbourhood teams' quality boards to be considered by the Quality Committee in January 2018. A Non- Executive Director (RG) expressed surprise that the audit reflected so much variance in practice across the neighbourhood teams. *Data quality –neighbourhood teams* Referring to the management comments about embedding new ways of working which appeared under three of the four recommendations, Non-Executive Director (RG) said he thought that there needed to be a particular focus on reminding staff about the new procedures in place. He added that the Business Committee would be looking at the audit in January 2018. **Action: The review of data quality in neighbourhood teams to be considered by the Business Committee in January 2018.** **Outcome:** The Committee noted the contents of the summary internal controls assurance report, including progress on the internal audit plan for 2017/18.	**Company Secretary** **Company Secretary**
2017-18 (47b)	**Internal audit recommendations update** The Deputy Director of Finance and Resources presented the report. She advised on the new format of the report which was now a joint report from the internal auditors and management of the Trust. The process for tracking and reporting the implementation of internal audit's recommendations had been revised to include TiAA verification of the recommendation at the time of reporting rather than the audit team conducting a follow up review twice a year. The aim was to provide the Committee with more timely assurance on the status of all recommendations on their due date. The Committee noted the summary report for all internal audit recommendations that had an agreed implementation date by 31 October 2017 and the more detailed report on the overdue recommendations. **Outcome:** The internal audit actions update report was received and progress against the internal audit recommendations noted.	
2017-18 (48a)	**External audit: annual plan and fees** The External Audit Manager introduced the report which set out the proposed approach to the audit of the financial statements of the Trust for year ending 31 March 2018. The Committee reviewed the annual audit plan process and was content with the areas of focus outlined in the report. **Outcome:** The annual report and scale of fees were noted.	
2017-18 (48b)	**External audit technical update** The External Audit Manager presented the technical update paper. In response to a question from the Chair of the Committee the Deputy Director of Finance and Resources advised that she would be reviewing the sustainability and transformation fund and financial controls totals guidance to confirm whether or not the Trust had received the Sustainability and Transformation Fund monies for Q2 and Q3. **Outcome:** The Committee received and noted the update.	

2017-18 (49a)	Information governance *Serious incidents* The Deputy Director of Finance and Resources presented the report which contained information about the status of serious information governance incidents reported to the Information Commissioners Office (ICO) between July 2017 and December 2017. The Committee noted that one new incident related to the disclosure of staff information had met the threshold for external reporting; a report on this incident had been considered by the Committee on 13 October 2017 together with the response from the ICO that no further action would be taken against the Trust. The Committee also noted that an incident which had an 'open status' related to staff files on the last report made to the Committee on 21 July 2017 had been closed with no further action confirmed by the ICO. *General Data Protection Regulation (GDPR)* A Non-Executive Director (RG) referred to the changes due to take place in May 2018 next year when the Data Protection Act (DPA) will be replaced by the EU's General Data Protection Regulation (GDPR), he observed that the new framework contained greater scope and much tougher sanctions for those organisations who failed to comply with new rules around the storage and handling of personal data. The Chair of the Committee noted that the Trust was preparing for the introduction of the GDPR by following the '12 steps' promoted by the ICO and she asked for the action plan to align the Trust to the requirements of the GDPR to be brought to the next Audit Committee for review. **Action: The Trust GDPR action plan to be brought to the next meeting of the Committee.** **Outcome:** The Committee received and noted the report including the plans to align the Trust with the requirements of the GDPR.	**Deputy Director of Finance**
2017-18 (50a)	**Board assurance framework (BAF)** The Company Secretary introduced the report. The BAF is reviewed regularly by individual directors and the Senior Management Team (SMT) had completed a mid-year review in October 2017 to evaluate whether the BAF strategic risks were still relevant and to identify any additional controls or sources of assurance required. The Chair of the Committee asked non-executive directors to ensure that the BAF was the subject of rigorous scrutiny at the Quality and Business Committees, particularly in relation to the controls and gaps in controls. The Committee reviewed the BAF in detail and commented on each of the strategic risks in terms of key controls, gaps in controls, sources of assurance and gaps in sources of assurance. The key points made were: • Risk 1.3: Gaps in control – Quality Committee to consider the risk score and gaps in control narrative • Risk 2.1: Risk score – Business Committee to review in the light of current progress with projects • Risk 2.2: Risk score – Business Committee to review risk score • Risk 2.4: Risk score – Business Committee to review target score • Risk 3.1: Gaps in control – Business Committee to review: more narrative on progress required and whether sufficient controls/actions are in place • Risk 3.4: SMT to review in the light of the outcome of the triumvirate review	

	The Committee encouraged further work to be done to ensure that adequate controls were in place particularly where strategic risks were significant and assurance was limited. **Outcome:** The latest draft of the BAF was reviewed and noted.	
2017-18 (50b)	**Risk management update** The Company Secretary presented the report which provided the Committee with an update on the ongoing development of the Trust's risk management processes and the effectiveness of the risk management processes, particularly focussing on the actions completed since the last report to the Committee in July 2017. She explained that the paper described further actions taken in order to strengthen risk management processes and planned developments to enhance the future reporting and management of risk. **Outcome:** The recent developments were noted particularly the developments to strengthen the risk management process.	
2017-18 (50c)	**Care Quality Commission(CQC) inspection well led findings** The Company Secretary introduced the paper which provided an overview of the CQC's inspection findings in relation to the well-led domain and a progress report on actions to address the CQCs findings. **Outcome:** The Committee noted the 'should' do and 'could do' improvements from the well-led component of the CQC report and the subsequent actions.	
2017-18 (51a)	**Financial controls** **Losses, compensation and special payments report** The report and register were presented by the Deputy Director of Finance and Resources. The total value of payments for the reporting period was £1,730.56; this included refunds from NHS Resolution (formerly NHSLA) and Admiral Law received after the Trust had written off an aged debt. Losses for the period also included £500 defence costs. In response to a request made by the Chair of the Committee at the last meeting, the Deputy Director of Finance and Resources tabled an analysis of the data relating to losses, compensation and special payments over the last three years. She advised that the analysis had not identified any significant trends and themes. **Outcome:** The losses, compensation and special payments report was received and noted.	
2017-18 (51b)	**Tender and quotations waiver report** The Deputy Director of Finance and Resource presented the report which represented an extract from the 2017/18 register of waivers that have been granted in this financial year. There had been a total of 16 waivers to the end of November 2017; eight of these had been granted since the last report to the Committee. The Chair of the Committee asked that in future reports the information in the notes column was more comprehensive. **Action: Future reports to contain more comprehensive information in the notes column.**	**Deputy Director of Finance and Resources**

	Outcome: The Committee received and noted the report. ***The Chair of the Committee left the meeting. Non-Executive Director (RG), the Vice Chair of the Committee deputised for the Chair for items 51c -56.***	
2017-18 (51c)	**Contracts register** The Executive Director of Finance and Resources presented the report. She advised that the terms of reference for the Committee included a requirement for a formal review of the Trust's contract register on an annual basis. The report included a details of all the Trust's contracts awarded over the tender threshold of £50,000; separated into new contracts agreed over the last 12 months, existing contracts and contracts which have terminated during the last 12 months. **Outcome:** The Committee received and noted the report.	
2017-18 (51d)	**Charges for overseas visitors** The Deputy Director of Finance and Resources provided a verbal report. She reminded the Committee about the changes to the regulations; from October 2017, overseas visitors were required to pay in advance the full estimated cost of treatment which is non-urgent, otherwise the treatment would not be provided. The new regulations require all NHS bodies to establish whether patients were eligible for free treatment, and to charge upfront those who were not eligible, for any non-urgent, planned care. She reported that the Trust had set a steering group to plan how the Trust would comply with the new regulations; as part of this process a manager with designated responsibility for implementing the policy relating to overseas visitors would be identified. **Outcome: The verbal update was noted.**	
2017-18 (52)	**Minutes for noting** The minutes from the meeting of the Information Governance Group on 18 August 2017 and 17 October 2017 were noted.	
	The Internal Audit Manager withdrew from the meeting for this item.	
2017-18 (53)	**Internal audit: appointment of internal auditors 2018/19 contract** The Deputy Director of Finance and Resources presented the paper which had been prepared to consider the options for the Internal Audit and Counter Fraud Service from 2018/19. The Committee reviewed the option open to the Trust in establishing an internal audit service from 2018/19 including the recommendation to approve a direct award of the contract to TiAA Limited for it to continue to provide internal audit and counter fraud services form 2018/19 for a maximum of four years. The Committee approved in principle the recommendation to award the internal audit and counter fraud contract to TiAA Limited as presented in the paper subject to final approval being sought from the Chair of the Committee following the meeting. **Action: The Vice Chair of the Committee to seek final approval from the Chair of the Committee following the meeting.** **Outcome:** The Committee approved in principle the award of the internal audit and counter fraud service contract to TiAA Ltd for two years with the option for a one	**Vice Chair**

	plus one year extension subject to final approval by the Chair of the Committee.	
	The internal Audit Manager re-joined the meeting.	
2017-18 (54)	**Audit Committee work plan** There were no matters removed from or changes made to the work plan.	
2017-18 (55)	**Matters for the Board and other committees** The Chair of the Committee noted the following items to be referred to Board colleagues: • Progress on internal audits • Rigorous review of the BAF by committees and SMT • Preparation for the introduction of the GDPR • Appointment of internal auditors	
2017-18 (56)	**Any other business** There were no matters of any other business raised.	
	Date and time of next meeting Friday 16 March 2018 12.30pm – 3.30pm Boardroom, Stockdale House, Leeds LS6 1PF	

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2017-18 (105bi)

Quality Committee
Monday 22 January 2018
Boardroom, Stockdale House, Leeds
09:30 – 12:30

Present	Professor Ian Lewis	Committee Chair
	Neil Franklin	Trust Chair
	Dr Tony Dearden	Non-Executive Director
	Thea Stein	Chief Executive
	Marcia Perry	Executive Director of Nursing
In Attendance	Vanessa Manning	Company Secretary
	Stephanie Lawrence	Deputy Director of Nursing
	Karen Worton	Clinical Lead for Children's Services
	Caroline McNamara	Clinical Lead for Adult Services
	Carolyn Nelson	Head of Medicines Management
	Em Campbell	Interim Service Manager, Continence, Urology and Colorectal Service *(item 62)*
	Alison Berry	Clinical Nurse Specialist *(item 62)*
	Debbie Makepeace	Clinical Nurse Specialist *(item 62)*
Observing	Siobhan Zagajewski	Clinical Education Lead
	Maria Ashraf	Clinical Governance Officer
Minutes	Nicola Wood	PA to Executive Director of Nursing
Apologies	Dr Phil Ayres	Interim Executive Medical Director
	Sam Prince	Executive Director of Operations
	Elaine Goodwin	Clinical Lead for Specialist Services

Item no	Discussion item	Actions
Welcome and introductions		
2017-18 (61a)	**Welcome and Apologies** Non-executive Director (IL) welcomed members to the meeting and introduced himself as the new Committee Chair, having taken over the role from Non-executive Director (TD), whom he thanked on behalf of the Committee for his contribution to the role. The Chair said that although he felt the Committee functioned well, particularly the collective responsibility, level of accountability and joint working, he planned to introduce some small changes, with the support and advice of Committee members. The Chair asked the Committee to reflect on how the meeting could evolve and fulfil its role in the future. He set out some points for consideration and wider discussion at the March 2018 meeting: • A deeper focus on key issues • Findings of the Committee effectiveness report to be utilised • Contribution to discussions from all attendees • Requirement to function as a unitary committee • Improve deep dives into services • Involve the patient and carer voice	

	The Committee Chair highlighted that it was the last meeting for the Company Secretary and the Clinical Lead for children's services. They were both thanked for their hard work and the Committee members wished them well. Apologies were noted from Dr Phil Ayres, Sam Prince and Elaine Goodwin.	
2017-18 (61b)	**Declarations of Interest** There were no declarations of interest received.	
2017-18 (61c)	**Minutes of meeting held on 20 November 2017** The minutes were reviewed for accuracy and agreed as a true record of the meeting.	
2017-18 (61d)	**Matters arising and review of action log** It was agreed that all completed actions would be removed from the action log. In addition, the following were noted: <u>2017-18 (27) Sexual health services</u> It was felt that the action in relation to benchmarking was not complete and would be further discussed at the next agenda setting meeting. <u>2017-18 (36a) Director of Nursing and quality governance report</u> The Executive Director of Nursing confirmed that work was ongoing with the performance team, to look at reporting and the use of ratio charts in relation to incidents. To be further discussed at the next agenda setting meeting. <u>2017-18 (37a) Outcome measures</u> The Project Manager was now in post. The benchmarking had not been completed. The Committee agreed a full update report would be presented to Quality Committee at the April 2018 meeting. <u>2017-18 (54) Children's strategy services</u> The Chief Executive informed the Committee that the timescale for the strategy had been revised to allow for clinical leadership involvement in the development of the strategy. The Executive Director of Nursing confirmed that the strategy would be presented to Quality Committee at the March 2018 meeting. <u>2017-18 (55a) Performance brief and domain reports</u> The Executive Director of Nursing agreed to provide a brief update on clinical audits Q3 data by 29 January 2018 and a full report at the February 2018 meeting.	
Service spotlight: Continence, Urology and Colorectal Service		
2017-18 (62)	The Executive Director of Nursing introduced colleagues from the Continence, Urology and Colorectal Service (CUCS). The Executive Director of Nursing welcomed the team back into the Adult Business Unit following a period of time in Quality and Professional Development. The management team were in the process of reviewing ongoing work within the service, looking at current pathways and integrating the service into the Adult Business Unit. A sample of some patient stories was shared with the Committee. The interim Service Manager and Clinical Nurse Specialists' provided an overview of the presentation and provided an outline of the service.	

What works well:

- The contribution to organisational infection control through patient and professional education.
- Learning from incidents; the service was a high reporter of incidents relating to safety issues identified.
- Stoma, bowels and catheter work reduced hospital attendance and admission.
- Continence pad audits; the assessment of patients in care homes.
- The catheter product guide had been revised and expanded to assist neighbourhood teams and general practitioners choose appropriate products and practice safely.

Quality concerns:

- The standard of information provided on discharge from hospital was varied. Correct information, particularly relating to catheters resulted in appropriate care plans being formed.
- Upskilling neighbourhood teams in catheter care, bowel care and irrigation. This was a challenge due to the capacity in CUCS as a small service and the neighbourhood team capacity.
- Capacity to manage the increased patient demand.

Quality improvement activity:

- Development of the Catheter Associated Urinary Tract Infection Group for benchmarking and improvement. Development of the action plan for the Trust and embedding learning Trust wide.
- Continuous improvement of waiting times.
- Development work relating to new continence products.
- Engagement with regional and national quality improvement work.

Quality improvement plans:

- Continue to increase the range and availability of training to supplement six-weekly training focused on new staff.
- Embed learning in practice.

The Committee Chair thanked the team for the presentation and acknowledged the great area of sensitivity and embarrassment for patients. He thanked the team for their empathetic approach to patients' care, which had been clearly demonstrated.

The Trust Chair noted the increase in demand on the service and asked if a small number of staff in the neighbourhood teams could be up-skilled to assist with the increase. The Clinical Lead for adult services said that although this had not previously been fully effective, there was the opportunity to revisit collaborative working with the neighbourhood teams, now that the service was within the Adult Business Unit. She added that there had been a successful approach to competency signoff in the neighbourhood teams and there was the potential to use this model.

The Chief Executive thanked colleagues for the presentation and patient stories. She said that without a change to the model it was unlikely the service would be able to effectively manage the waiting lists and increase in demand. The Chief Executive said that the Senior Management Team had recently met with the Carter Review to look at a similar service in a different Trust and their use of Skype in care homes. The Chief Executive expressed an interest to explore this proactively within the CUCS service.

	Non-executive Director (TD) highlighted that due to the size and specialisation of the service, any sickness absence episodes experienced in the team could reduce capacity and increase waiting lists. Non-executive Director (TD) asked if there was outcome measures data available to evidence the service was 'making a difference' The Interim Service Manager said that 20 patients had been discharged in the last nine months and these patients saw a 39% reduction in the 'bothersome score'. She continued to say that they were exploring the use of outcome measures as a service rather than individual patient based outcome measures. Following a query from the Committee Chair, the Clinical Nurse Specialist confirmed that there was no data to evidence a reduction in hospital admissions due to the care provided by the service. The Clinical Lead for adult services added that patients often had complex conditions and that the outcome measures needed to reflect the patients' multi dependency which could be challenging to capture. Following a query from Non-executive Director (TD) around clinical supervision, the Clinical Nurse Specialist said that all staff members had clinical supervision at the weekly clinical team meeting along with 1:1 supervision. The Clinical Lead for children's services asked how closely the team worked with Adult Social Care around the transition of patients from children's services to adult services. The Clinical Nurse Specialist said that this could occasionally be missed as there was no clear pathway; it was dependent on the GP referral. The Committee Chair said that it was evident how committed the service was to providing quality care, even whilst experiencing increased pressures and agreed that it was time for positive change and development in the service. He welcomed hearing and learning more in due course. **Action: Clinical Lead for adult services to provide an update in the Clinical Lead's report at the September 2018 meeting.**	**Clinical Lead for adult services**
Quality governance and safety		
2017-18 (63a)	**Performance brief and domain reports** The Committee reviewed the document and focused on the safe, caring, effective, responsive and well led domains. The Executive Director of Nursing asked the Committee to note the changes to the performance brief, and Director of Nursing report in January 2018. She had been working closely with colleagues to reduce duplication and set out key issues and incorporate more direction and thematic review. ***Safe*** The Trust was achieving most of its targets within the safe domain for the year to date. The exception was avoidable category 4 pressure ulcers, where four had been recorded for the year to date; there were none recorded in December 2017. The percentage of VTE risk assessments completed had now recovered and remained at 100% for the second month running, after a dip in quarter two September 2017 to 89.9%; with the year to date now rated as amber. The safe staffing fill rate had improved and was now recording a figure of 100.4%	

	Green was forecast for all indicators with the exception of the number of avoidable category 4 pressure ulcers. Following a query from the Chief Executive, the Executive Director of Nursing confirmed that the four avoidable category 4 pressure ulcers were attributable to the Trust. There was a brief discussion around the correlation between the improved financial position and the staffing position of the Trust, and its consequences in relation to clinical supervision, staff sickness and waiting lists. The Chief Executive assured the Committee that funding was always made available for recruitment up to establishment. The Trust Chair raised a point for discussion around the association between the lower than average turnover rate and low vacancy rate in neighbourhood teams, and the increase in short term sickness and re-emergence of avoidable pressure ulcers; it was agreed that there was no overall conclusion and the detail needed to be monitored at service level. The Trust Chair noted that there appeared to be a link between effective leadership and positive outcomes in some teams and added that there appeared to be some disparity across the Trust. The Executive Director of Nursing informed the Committee that her safe staffing report would provide a greater level of detail around the issues raised. ***Caring*** A reduction in inpatient provision and low responses had resulted in the measure for percentage of inpatients who would recommend care in December 2017 now being rated as red. Only seven responses from two small services (Hannah House and Little Woodhouse Hall) had been received together with zero responses from the community neurological in-patient unit which have contributed to the measure reporting 71.4% for this month from 100% in November 2017. The Executive Director of Nursing highlighted that one minor change in these small specialist services could show a significant change in the figures. All indicators remain expected to be rated green at year end. ***Effective*** 70% of practitioners had received clinical supervision in the last quarter, in accordance with policy. This remained down from 80% in quarter one 2017/18 but showed the Trust was moving towards its end of year target after strong quarter one performance. Services were expected to achieve the 80% target. Following a query from Non-executive Director (TD) around the lack of clinical audit quarter three data, the Executive Director of Nursing agreed to provide a brief update by 29 January 2018 and a full report at the February 2018 meeting. The Committee Chair noted the improved position around NICE guidance compliance. The Head of Medicines Management informed the Committee that the quality leads had been working at business unit level to address this. The Committee Chair said that he felt particularly assured with the compliance of guidance that was over two years old. The Head of Medicines Management assured the Committee that services were now proactively addressing the guidance and some staff had become involved in the development of guidance.	

	Responsive The Trust continued to perform well in its indicators relating to waiting lists. All remained rated as green for December 2017. After reporting activity over profile (11.2%) in November 2017, the Trust returned to a below target position in December 2017 of 14.9% below, resulting in a red rating. The Executive Director of Nursing assured the Committee there was a plan in place to address the over 18 week waits. **Well led** The rate of staff turnover during the rolling year had continued to steadily improve during 2017/18, and at 14.8% remained below the Trust target of 15%. (For the same period last year the turnover was 15.7%). The Trust's staff turnover remained consistently lower than comparator community provider trusts which last reported a 17.2% turnover at October 2017, against the Trust's staff turnover rate of 14%. As a result, this measure was now forecast to be green to the year. Total sickness absence remained red rated for the fourth month in a row but slipped further to 6.5% from 6.1% in November 2017. Short term absence remained red rated (2.5%) but there has been an increase in the Adult Business Unit from 2.9% in November 2017 to 4.2% in December 2017. Long term absence in all business units was now rated as red with December 2017's overall figure slipping to 4.0% and also now rated red. The Committee Chair asked what the impact of the sickness absence was on dealing with winter pressures and the delivery of quality care. The Executive Director of Nursing said that the dashboards were reviewed daily and teams now helped each other out in a 'business as usual' way. Following the learning from winter 2016/17 this was now done in a more timely way which reduced the impact. Following a query from the Committee Chair, the Chief Executive assured the Committee that every patient was admitted to the Trust's caseload within 48 hours and every referral was turned around in two hours. The Chief Executive continued to say that positive feedback had been received from colleagues in the acute Trust and GP services. Following a query from the Trust Chair, the Chief Executive responded that the referral and discharge rate varied daily. The Chief Executive highlighted that sickness absence rates would be discussed further at Business Committee. **Finance** Finance remained on track to reach its end of year target. **Outcome:** The Committee: • Agreed **reasonable assurance** was provided on the safe domain • Agreed **reasonable assurance** was provided on the caring domain • Agreed **limited assurance** was provided on the effective domain: clinical supervision rates • Agreed **reasonable assurance** was provided on the responsive domain • Agreed **limited assurance** was provided on the well led domain: sickness absence rates	

2017-18 (63b)	**Director of Nursing quality and safety report** The Executive Director of Nursing presented the report and highlighted the following as the main areas of focus: • Pressure ulcer improvement plan and workshop Follow up actions: • Sexual health services benchmarking • Clinical supervision <u>Pressure ulcer improvement plan and workshop</u> Over an eighteen month period an ambitious programme of work, instigated by the Executive Director of Nursing, had been delivered across the Trust, to reduce the incidence of avoidable pressure ulcers. A number of pieces of work had been undertaken to try to understand any factors that may have contributed to the increase in the incidence of avoidable pressure ulcers. The review identified that the causes were multi-factorial. Over this time period, there had been a significant month on month improvement. However, in quarter two 2017/18 there appeared to be a re-emergence of avoidable pressure ulcers and this trend continued through the quarter. The re-emergence was quickly identified through the systems and processes already in place. Following concerns raised at Quality Committee and Trust Board, an in depth review was undertaken by the Executive Director of Nursing, to try to understand the reason for the re-emergence. The Executive Director of Nursing highlighted the work carried out since November 2017, in summary: • Deep dives into incidents of avoidable pressure ulcers • Quarterly thematic review • A thorough review of the existing action plan • Detailed review of category four pressure ulcers • Pressure ulcer reduction focus to coincide with international 'stop the pressure day' in November 2017 • Pressure ulcer prevention workshop in December 2017 The pressure ulcer prevention workshop had been well attended with a wide range of staff. There was consistent information and common themes that emerged from the workshop. The Executive Director of Nursing said that the re-emergence of avoidable pressure ulcers highlighted the need to continue to maintain a relentless focus on reducing avoidable harm. The Executive Director of Nursing gave a brief overview of the next steps, in summary: • Neighbourhood clinical quality leads to deliver the PowerPoint presentation to all teams. • Staff to be released to attend training. • Encourage staff to attend review meetings as learning opportunity. • Focus on the quality of assessments and records during caseload reviews. • Specific actions being reviewed by the Pressure Ulcer Steering Group: o Updated version of the pressure ulcer video to include nutrition. o Develop an e-version of the booklet. o Further work around SystmOne, in areas such as ensuring visits requiring registered nurses are flagged. In response to a point raised by the Trust Chair around the importance of the initial assessment, the Executive Director of Nursing responded that there was an ongoing piece of work to address this in the teams. The Chief Executive	

	added that there was a requirement for the exercise of clinical professional judgement and leadership. Non-executive Director (TD) noted the good work and asked if there was anything about the guidance that needed to be revised. The Executive Director of Nursing confirmed that following an in-depth review it had been agreed that the guidance was correct. The Clinical Lead for adult services added that the sustainability of any campaign was a challenge. The Executive Director of Nursing highlighted that the Deputy Director of Nursing planned to spend some time with teams, following review panels to emphasise the learning from avoidable pressure ulcers. <u>Sexual health services benchmarking</u> The Executive Director of Nursing informed the Committee that the service was in discussion with the commissioners around the key performance indicators. The Executive Director of Nursing and Committee Chair to agree the timescale at the February 2018 agenda setting meeting. <u>Clinical supervision</u> The Executive Director of Nursing highlighted that the quality leads had undertaken a review of the clinical supervision rates in their business units. The improved position reflected the significant work that had been carried out in the services. There was a brief discussion around the many different ways supervision could be captured and recorded and staff members opinions on the value of supervision. It was agreed that the definition of 'what counted as clinical supervision' needed to be clearer. The Executive Director of Nursing informed the Committee that there was a system in development to sit alongside the electronic staff record, which could identify supervision and support staff in capturing and recording supervision. Following a query from the Chief Executive around the level of assurance agreed, the Committee Chair confirmed that although the Committee could accept that clinical supervision was happening, it would remain limited assurance until this could be translated into adequate levels of recorded supervision. He added that reassurance had been provided but not assurance. **Clinical Leads' quality reports** A summary of the reports appended to the director of nursing and quality and safety report was provided by each business unit representative. *Adult services:* • Work with partners across the city continued to support patient flow, however the situation remained challenging. • The impact of winter pressures on services, the senior leadership team and on routine service delivery continued. The Trust Chair congratulated the team following a reflective conversation he had with the Chair of the acute trust and the complimentary feedback around collaborative working. *Children's services:* • A positive end to 2017 for the Children's Business Unit included the celebration event, raising the profile of the business unit and the nomination of awards and achievement.	

	• The planned reduction of waiting lists continued in:
	  o CAMHS Autistic Assessment Clinic
	  o Speech and Language Therapy
	• The ICAN service remained in a difficult position with paediatric recruitment.
	• A plan was in place to stabilise the position through changes to the leadership roles.
	
	The Chief Executive highlighted reduced waiting times for autistic spectrum conditions; however, the 'did not attend' rates had increased.
	
	The Committee Chair suggested there be some joining up with the complex language assessment in the ICAN service. The Clinical Lead for children's services confirmed this piece of work was required.
	
	Specialist services
	• Work was continuing well in the business unit.
	• Recruitment remained a challenge in some of the specialist areas.
	• The statutory and mandatory training was commendable.
	Outcome: The Committee:
	• Agreed **reasonable assurance** was provided on the pressure ulcer improvement plan
	• Agreed **limited assurance** on clinical supervision	

2017-18 (63c)	**Quality Challenge+** The Executive Director of Nursing presented the report which provided an update on delivery of Quality Challenge+ key deliverables in quarter two 2017/18. • All key deliverables were on track for delivery according to agreed timescales. The annual report was to be produced in May 2018. • Ten Quality Visits to services had taken place in Quarter two. One service [Hannah House: July 2017] was rated to be 'inadequate'. Subsequent visit in September 2017 rated the service as 'requires improvement'. The service continued to have additional support through the quality improvement plan process. • Possible risks to delivery were the service's capacity for quality visits, due to current workload commitments. • The plan of work described had been completed with the launch of Quality Challenge+ documents 2018/19. The Executive Director of Nursing highlighted that teams continued to provide positive feedback following Quality Challenge+ visits. Following a request from the Committee Chair, The Executive Director of Nursing agreed to share the Quality Challenge+ 2018/19 documents with the Non-executive Directors. **Action: Executive Director of Nursing to share the Quality Challenge+ 2018/19 documents with the Non-executive Directors.** The Clinical Lead for adult services said that it would be helpful for feedback to be provided in a more timely manner following visits. The Clinical Lead for children's services said that feedback identifying individual staff member's opinions could be difficult when providing feedback to teams.	**Executive Director of Nursing**

	Following a query from the Trust Chair, the Executive Director of Nursing said that services carried out their own self-assessment, which was then followed up by a peer review; she confirmed that managers were informed of the visit date in advance. She added that visits appeared to be viewed more positively when staff had been involved in the self-assessment process. The Executive Director of Nursing informed the Committee that there was a plan in place to visit all services throughout 2018/19. The Committee Chair proposed that Board members visits be linked with the Quality Challenge+ visits. The Chief Executive responded that the Trust had launched a refreshed approach to quality improvement methodology and suggested a further conversation with the Trust's Service Improvement Lead. **Action: Executive Director of Nursing to liaise with the Trust's Service Improvement Lead to ensure alignment between the quality improvement methodology and Quality Challenge+.** **Outcome:** The Committee: • Agreed **reasonable assurance** had been provided by the report.	**Executive Director of Nursing**
2017-18 (63d)	**Quality strategy** The Executive Director of Nursing presented the report which provided the Quality Committee with a revised quality strategy for 2018-2021. The Quality Strategy was a key enabling strategy and was aligned with other Trust strategies that also had a fundamental role in the achievement of the Trust's vision. These were the Professional Strategy for Clinical Staff, Organisational Development Strategy, Research and Development Strategy; Digital Strategy and the Education and Training Strategy (which was currently being developed). The Quality Strategy also underpinned the Trust's annual Quality Account and associated objectives. The Quality Strategy outlined: progress against objectives contained in the previous strategy, an approach to quality improvement and the identification of four priority areas and seven actions. The Executive Director of Nursing highlighted that any outstanding actions from previous editions would be carried forward to the 2018-21 quality strategy. The Executive Director of Nursing asked the Committee members if they felt the correct priorities had been captured. Feedback, in summary: • Head of Medicines Management: o Link with the research strategy was positive. • Non-executive Director (TD): o Patient experience was apparent, clinical outcomes were not apparent, felt they should be of an equal weighting. o The broad areas of focus needed to be converted into SMART objectives; what was going to be delivered in each of the areas and what was the measure of achievement. o Some aspects were already in place, for example, patients and family members attending Trust Board. • The Committee Chair: o Continuity and development of what was already in place needs	

	to incorporated and built on: ▪ Quality visits ▪ Improving mortality ▪ Outcomes measures ▪ National indicators ▪ Measureable implementation plan The Executive Director of Nursing informed the Committee that the comments would be incorporated into the strategy. The final draft would then be presented to Trust Board for approval on 2 February 2018 and an action plan was to be developed to support the implementation of the new strategy. **Action: Action plan to support the implementation of the new quality strategy to be presented to Quality Committee at the April 2018 meeting.** **Outcome:** The Committee: • Recommended the strategy to the Board for approval	**Executive Director of Nursing**
2017-18 (63e)	**Children's services strategy** The Executive Director of Nursing provided a brief verbal update on the children's services strategy. The Chief Executive informed the Committee that the timescale for the strategy had been revised to allow for clinical leadership involvement in the development of the strategy. The Executive Director of Nursing confirmed that the strategy would be presented to Quality Committee at the March 2018 meeting.	
2017-18 (63f)	**Guardian of safe working hours report** The Executive Director of Nursing presented the report which provided an outline of the issues affecting trainee doctors and dentists in the Trust, including morale, training and working hours. The concerns highlighted in previous reports remained. These included concerns in relation to training for community paediatrics trainees: training may be being compromised by the trainees' on-call responsibilities in Leeds Teaching Hospitals NHS Trust. The Company Secretary informed the Committee that the interim Executive Medical Director was scheduled to meet with Guardian for Safe Working Hours. The Chief Executive assured the Committee that the interim Executive Medical Director was sighted on this area of work and updates would be provided to the Committee quarterly. **Outcome:** The Committee: • Noted the report • Agreed no assurance level could be determined in the absence of the Guardian of Safe Working Hours	
2017-18 (63g)	**Risk register and board assurance framework** The Company Secretary presented the report which outlined risk movement amongst risks scored at eight or above, since the last report in November 2017.	

	The Committee noted there were four new clinical or operational risks; one operational risk had a higher risk score; five non-clinical risks had been deescalated and two had been closed; one non-clinical risk, previously scoring as 'extreme' had been closed and replaced with risk 924: *CCG plans to decommission £1.5m of services.* In response to a query from the Trust Chair around risk 927: *risk of breach of duty to protect staff from violence, aggression and unsafe environment;* the Chief Executive confirmed that the concern around staff carrying out visits alone in parts of the City had been addressed through effective training and support. The Chief Executive continued to inform the Committee that the risk related to members of the public being abusive and aggressive towards staff. She added that the Trust were in the process of incorporating a 'zero tolerance' message to leaflets in conjunction with reinforcing the 'zero tolerance' policy to staff and members of the public. The Committee Chair asked where the clinical impact of risk 924: *CCG plans to decommission £1.5m of services* would be considered. The Chief Executive responded that this would be through the quality impact assessment. In response to a query from the Committee Chair around escalated risk 925: *Hannah House clinical competency processes are not adequate*; the Executive Director of Nursing confirmed that the risk was addressed as part of the separate Hannah House action plan. The Chief Executive asked why there were two escalated risks related to Hannah House, when the Hannah House action plan was on track. The Executive Director of Nursing agreed to review the action plan. **Action: Executive Director of Nursing to review the Hannah House action plan in relation to the two escalated risks. Risk 925: *Hannah House clinical competency processes are not adequate* and Risk 926: *Referral and discharge process for Hannah House is unclear.*** **Outcome:** The Committee: • Noted the recent revisions made to the risk register. • Agreed **reasonable assurance** had been provided by the report**.**	**Executive Director of Nursing**
2017-18 (63h)	**Quality improvement plan** The Executive Director of Nursing presented the report which provided an overview of the progress on the implementation of the Trust's quality improvement plan (QIP): the Trust's action plan to address the 'must-do' and 'should-do' improvement actions set out in the Care Quality Commission's (CQC) inspection report. The Trust had eight 'must-do' actions relating to Hannah House, Little Woodhouse Hall and the Sexual Health service. Two were complete; three were on track to be completed by 31 January 2018, and three by 31 March 2018. The Trust had 36 'should-do' actions, of which 18 were complete. These were scheduled to be completed by 30 April 2018. The report identified ten actions for which the time-frame for completion was being revised and summarised progress and the reason for requesting an extension. Implementing QIP actions had required significant focus within Hannah House, Little Woodhouse Hall and Leeds Sexual Health service. There was good engagement by these services management teams. The pace of progress had been impacted by staffing pressures and wider improvement and workforce	

	related issues. The Committee Chair expressed concern around the action relating to the monitoring of fridge temperatures at Hannah House. The Head of Medicines Management confirmed that the fridge was being checked checks were not being recorded correctly. The Executive Director of Nursing assured the Committee that there was a plan in place to address this issue. The Executive Director of Nursing provided assurance to the Trust Chair around the correlation and timing of the Quality Challenge+ and QIP. In response to a query from the Committee Chair, the Executive Director of Nursing confirmed that the full tabulated action plan would be presented to Quality Committee at the February 2018 meeting. **Action: Full tabulated QIP action plan to be presented to Quality Committee at the February 2018 meeting in order to provide full assurance to the Committee.** In response to a query from the Committee Chair it was confirmed that the Hannah House action plan would be presented to Quality Committee at the February 2018 meeting. **Action: Hannah House action plan to be presented to Quality Committee at the February 2018 meeting.** The Executive Director of Nursing and Clinical Lead for children's services provided a brief update on the management position at Hannah House to the Trust Chair. **Outcome:** The Committee: • Noted the progress to date and the revision of time-frames for 10 actions • Agreed **reasonable assurance** had been provided by the report**.**	**Executive Director of Nursing** **Executive Director of Nursing**
Clinical Effectiveness		
2017-18 (64a)	**Outcome measures** The Head of Medicines Management presented the report which provided an overview on the current position of the clinical outcome measures project. In response to a query from Non-executive Director (TD), the Head of Medicines Management informed the Committee that the Project Manager had taken up post two days per week on 2 January 2018 and was working closely with the performance team and the clinical leads. She added that the report provided an outline programme of work to the end of the financial year and proposed the full update report would be presented to Quality Committee at the April 2018 meeting. **Outcome:** The Committee: • Noted the work plan for quarter four 2017/18 and the intention to report to Quality Committee in April 2018. • Agreed **limited assurance** had been provided by the report**.**	
2017-18 (64b)	**Patient group directions (PGDs)** The Executive Director of Nursing confirmed that all PGDs had been through the correct processes and recommended all for ratification.	

	Outcome: The Committee ratified the two approved PGDs: • 116-02 Administration or supply of Podopyllotoxin 0.15% Cream. • 117-02 Administration or supply of Imiquimod 5% Cream.	
Reports and minutes for approval and noting		
2017-18 (65a)	**Board members' service visits** The Executive Director of Nursing presented the report which detailed the six service visits undertaken since Quality Committee in November 2017. One report had been submitted by Non-executive Director (Brodie Clark). This report had been shared with the service lead. The Trust Chair agreed to share two emails he had sent to the Non-executive Directors, with the Executive Director of Nursing: • Email one was around the Trust Chair's recent exposure to the new models of care work and how it would fit with future partnerships. The Chief Executive suggested it would link with the integrated nursing work the Executive Director of Nursing was leading on. • Email two was a reflection on the Trust Chair's meeting with Healthwatch Leeds. There was a brief discussion around the Board members experiences of service visits. The Committee Chair said that it would continue to be helpful to receive a briefing and data on the service prior to the visit; this would then provide a framework for discussions. **Outcome:** The Committee: • Received the report on non-executive directors' service visits April 2017 – December 2017	
2017-18 (65b)	**Internal audit reports** The Company Secretary presented the report, which provided a summary of the outcomes from completed internal audit report(s) where the reports related directly to the role and functions of the Quality Committee. The report covered the completed audit(s) from the 2017/18 plan and the audit opinion related to the report: Neighbourhood teams quality boards – reasonable assurance Following a query from the Committee Chair, the Company Secretary responded that the director in the lead area was assigned to oversee the recommendations, with the Executive Director of Finance and Resource being the overall lead on the internal audit reports. **Outcome:** The Committee: • Noted the audit completed as part of the approved 2017/18 plan	
2017-18 (65c)	**Mental Health Act Governance Group: 24 November 2017: draft minutes** Non-executive Director (TD) asked how assurance was provided that the Trust was concordant with the Mental Health Act. The Executive Director of Nursing informed the Committee that she and the Committee Chair had completed the Mental Health Legislation training in November 2017. She added that the group had developed a broader suite of data requirement, although more refinement was still to be undertaken.	

	The Executive Director of Nursing said that an external Mental Health Act officer from Leeds and York Partnership Foundation NHS Trust planned to attend the meetings which would provide greater assurance. **Outcome** The Committee: • Received the draft minutes • Agreed **reasonable** assurance had been provided	
2017-18 (65d)	**Mortality Surveillance Group: 30 November 2017: draft minutes** The Committee Chair asked how assurance could be provided that the large number of cases had been appropriately investigated. The Deputy Director of Nursing responded that the new policy had been ratified in 2017 and would provide a more detailed basis for understanding mortality data. The Committee Chair expressed some concern over the Trusts process in providing reasonable assurance. **Outcome** The Committee: • Received the draft minutes • Agreed **limited** assurance had been provided	
2017-18 (65e)	**Safeguarding Committee: 15 December 2017: draft minutes** **Outcome** The Committee: • Received the draft minutes	
2017-18 (65f)	**Clinical Effectiveness Group: 21 December 2017: draft minutes and amended terms of reference** **Outcome** The Committee: • Received the draft minutes • Approved the updated terms of reference	
2017-18 (66)	**Quality Committee future work plan** The future work plan was received for information. The team from the Children's Speech and Language Therapy Service had been scheduled to provide the service spotlight presentation at the February 2018 meeting of the Quality Committee.	
2017-18 (67)	**Matters for the Board and other committees** It was agreed that the Committee's Chair would provide an update to the Board at the meeting on 1 December 2017. Items to be reported include: • Pressure ulcer improvement plan • Quality strategy • Mortality review • Clinical audit • Outcome measures	
2017-18 (68)	**Any other business** There was no any other business.	
	Dates and times of next meetings (09:30 – 12:30) Monday 19 February 2018 Monday 19 March 2018 Monday 23 April 2018	

NHS
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AGENDA ITEM 2017-18 (105bii)

Quality Committee
Monday 19 February 2018
Boardroom, Stockdale House, Leeds
09:30 – 12:30

Present	Professor Ian Lewis	Committee Chair
	Dr Tony Dearden	Non-Executive Director
	Thea Stein	Chief Executive (joined at 11.15am)
	Marcia Perry	Executive Director of Nursing
	Dr Phil Ayres	Interim Executive Medical Director
In Attendance	Sam Prince	Executive Director of Operations
	Stephanie Lawrence	Deputy Director of Nursing
	Caroline McNamara	Clinical Lead for Adult Services (left meeting at 10.30am)
	Carolyn Nelson	Head of Medicines Management
	Helen Rowland	Quality Lead for Children's Services
	Bryan Machin	Executive Director of Finance and Resources
	Caroline Schonrock	Business Planning Manager
	Karen Eaton	Project Lead – ICAN project (Items 69-71c)
	Janet Addison	Head of Service for Children's Speech and Language Therapy/Project Lead for Children's Strategy (Items 69-71a)
	Hana Haziem	Children's Speech and Language Team Service Manager (Item 2017-18 (70))
	Diane Allison	Interim Company Secretary
Observing	Pam Tows	Children's Community Nurse
	Harriet Smith	Student District Nurse
	Jackie McMahon	Quality Manager – Leeds CCGs
Minutes	Bridget Lockwood	Business Support Manager
Apologies	Neil Franklin	Trust Chair
	Karen Worton	Clinical Lead for Children's Services
	Elaine Goodwin	Clinical Lead for Specialist Services

Item no	Discussion item	Actions
Welcome and introductions		
2017-18 (69a)	**Welcome and Apologies** Non-executive Director (IL) welcomed members to the meeting Apologies were noted from Neil Franklin, Karen Worton and Elaine Goodwin.	
2017-18 (69b)	**Declarations of Interest** There were no declarations of interest received.	
2017-18 (69c)	**Minutes of meeting held on 22 January 2018** The minutes were reviewed for accuracy and agreed as a true record of the meeting with the following two amendments: • Item 2017-18 (62) service spotlight – wording in first sentence of second paragraph to be amended from "Specialist Business Unit" to "Quality and Professional Development"	

	• Item 2017-18 (63c) Quality Challenge+ – wording to be amended in second sentence of final paragraph to remove "not" so that the sentence reads - "The Chief Executive responded that the Trust had launched a refreshed approach to quality improvement methodology…"	
2017-18 (69d)	**Matters arising and review of action log** It was agreed that all completed actions would be removed from the action log. In addition, the following updates were noted: 2017-18 (27) Sexual Health Services The Executive Director of Nursing confirmed that a more defined piece of work regarding benchmarking and outcomes would be completed shortly and an update would be provided to the Committee in the March 2018 Director of Nursing report. 2017-18 (36a) Ratio charts re incidents The Executive Director of Nursing confirmed that this action had been completed and the Business Intelligence Team would be progressing this for review monthly. 2017-18 (63c) Quality Challenge+ The Executive Director of Nursing confirmed that the organisation would align improvement methodology with the Quality Challenge+ visits. 2017-18 (65d) Mortality Surveillance Group The Executive Director of Nursing suggested that a paper be presented to the Committee in April 2018, to provide assurance regarding the processes in place to ensure that cases were investigated appropriately. It was proposed that there be a focused workshop in June 2018 on this subject.	
Service spotlight: Children's Speech and Language Therapy Service		
2017-18 (70)	The Executive Director of Nursing introduced colleagues from the Children's Speech and Language Therapy Service The Head of Service for Children's Speech and Language Therapy (SLT) introduced a presentation to outline the improvements made in waiting times in the mainstream SLT service. Position in spring 2017: • Unacceptably long internal waits, some up to 142 weeks, mainly due to the service review process which had taken place from 2014 to 2016. External waits were noted as being in line with the service specification • Parents and schools were unhappy with the position but there had not been a rise in the number of complaints received • Staff morale was low • Phased plan agreed by the Senior Management Team with the aim to achieve a 27 week wait over the summer of 2017, down to 18 weeks by December 2017 and to 12 weeks for all waits by Easter 2018 Further detail on how the position was improved was provided by Children's Speech and Language Team Service Manager, as follows: • Task and finish group established, including representatives from all the five SLT patches across the city • Weekly planning and review meetings • Operational focus but also a focus on quality improvement • Strong leadership and communication	

	The approach taken to quality improvement included: • Telephone triage and opt-ins • Health Coaching • "Good" support plans including sharing best practice across teams • Immediate signposting for parents and a more efficient system of managing the information leaflets provided to parents in the form of a pre-prepared 'grab and go' pack for staff • Friends and Family Test returns are now being received and a plan was in place to encourage an further improved response rate • Student training, with support from existing member of staff, enabled students to work through support plans Improvements made were noted, as follows: • Number of waits over 27 weeks between May and September 2017 were reduced from 634 to 10 • Average internal waiting time was reduced from 25 to 10 weeks • Initial waiting time reduced from 8 weeks to 7 weeks • All five SLT patches were in the same, improved position by the end of September 2017 • A survey carried out via 'Survey Monkey' revealed that morale had improved but it was noted that only 5% had completed a support plan during the session with the family Current position: • The teams aimed to reduce internal waits down to 12 weeks by April 2018 • There has been an increase in the number of individuals signing up to health coaching • Children were achieving agreed outcomes and re-accessing the service in order to set more • Speech and Language Therapists now felt that they were making a difference and were seeing the same children again. Teams now see an electronic version of the quality board so they are kept up to date on how the service was performing in a number of areas • Telephone triaging meant that parents were able to agree appointments quicker and more easily than they did when appointment letter were posted out • The service was on track to achieve maximum waiting times of 12 weeks The Head of Service commented that this had been achieved because of the efforts of all the staff in the teams across the city. The Committee Chair recognised the massive impact that the staff had made on waiting times and commended them for this effort. The Executive Director of Operations added that one of the recommendations for the Ofsted/CQC SEND inspection in 2017, which had taken place prior to the initiative starting, was to reduce waiting times in the SLT service. Progress on this had been monitored through the Complex Needs Partnership Board who had also acknowledged the hard work undertaken by the Service. Non-Executive Director (TD) asked what was meant by productivity. The Head of Service responded that the service had reviewed each pathway and agreed a benchmark regarding the number of children that could be seen in a week. The way in which this was articulated to staff in a balanced way was what had changed, and team managers were also monitoring individuals against agreed benchmarks.	

	Non-Executive Director (TD) asked what measures were used to establish outcomes and what data the service had on this. The Children's Speech and Language Team Service Manager responded that TOMS (therapy outcome measures) were used on SystmOne to set an outcome when a child was first seen, the morale of a child and parent was scored at the start and end of a treatment plan, and a formal assessment was carried out when a child re-accessed the service. Feedback from families was also taken into account and health coaching assisted with this. Non-Executive Director (TD) asked what the main performance challenges would be going forward. The Head of Service responded that achieving financial targets was always a challenge, and added that there was some uncertainty about the number of children that would be re-accessing the service when the new model was being delivered from Easter 2018 onwards. There was also a need to establish an activity profile. The Executive Director of Nursing queried the extent to which recruitment and retention was a challenge for the service. The Head of Service responded that a number of staff had been recruited since the SEND inspection and staff retention was good. The focus of the service has been on developing assistants so that they could work on the different pathways. The Executive Director of Nursing asked if the service had benefited from any shared learning from other areas that had Allied Health Professionals in post. The Head of Service responded that discussions were underway regarding the use of apprentices. The Committee Chair queried the variation in the groups of children being seen by the service and which of these groups the service was easily meeting the needs of. The Children's Speech and Language Team Service Manager clarified that the initiative related to mainstream schools (approximately 8,000 children), including the universal, associated and specific pathways. **Action: Update required to provide evidence of improved outcomes as part of the children's Business Unit report in June 2018.** The Committee Chair thanked the team for their presentation.	**Clinical Lead for Children's Services**
Quality governance and safety		
2017-18 (71a)	**Children's service strategy 2018-2021: draft** The Executive Director of Operations introduced the third draft of the Strategy. The second draft of the Strategy had been reviewed by Quality Committee in November 2017. Since then a consultation exercise had been underway within the Children's Business Unit and other areas of the organisation, with over 100 staff commenting on the draft document. In response to comments received previously at the Quality Committee, some content had been removed from the Strategy and been included in the implementation plan. The Project Lead commented that it had been useful to receive the feedback during the consultation process but it had been difficult to incorporate such varied feedback. The Executive Director of Nursing said that it was helpful to see a clear direction of travel in the document, and added that the implementation plan would assist in taking this to the next stage of delivery.	

	The Committee Chair stated that the document was a helpful strategic approach for the organisation but shared that he had provided feedback to the Executive Director of Operations that he would like to see more of a link with a children's strategy for the city, ideally with more vision and aspiration for children in Leeds. He referred to the 'State of Child Health' (*Royal College of Paediatrics and Child Health, 2017*) which outlined the national public health and health care issues for children and he felt the Trust should lead the drive for these improvements in the city. The Project Lead responded that the Strategy would help to start these conversations with key partners and added that there were already good examples of partnership approach working with Leeds Teaching Hospitals NHS Trust and Leeds City Council. The Executive Director of Operations added that strategically a plan for the city should be set by the Children's Trust Board, although the focus for that Board tended to be on a social model. The Executive Director of Operations added that the lead children's commissioner at the Leeds Clinical Commissioning Group would support the Trust in this aim however. Non-Executive Director (TD) asked if the Strategy was ambitious enough. The Executive Director of Operations responded that the aim was very ambitious in that it looked to review all pathways rather than across service lines, and to consider the needs of children holistically. She accepted that there was more to do as a city. The Executive Director of Operations asked the Committee what needed to be added to the draft Strategy in order to gain agreement on the level of ambition. The Executive Director of Finance and Resources felt that it was difficult to rate a level of ambition and gain consensus on this, and suggested that the document outline where the Trust wished to see the service in four years' time. He felt that the document undersold the contribution the service makes to the delivery of the Children's and Young People's Plan. The Project Lead commented that this had been included in the first draft but removed, and therefore there needed to be a consensus on what level of detail was needed. Non-Executive Director (TD) reflected that there seemed to be less aims outlined under strategic objective 2 than under other objectives. The Head of Medicines Management offered to ask the Research and Development Manager for Specialist and Children's Services to get in touch with the Project Lead to review this section. The Committee Chair concluded that the draft strategy would be helpful for the organisation but he asked that further consideration be given to how the strategy might help further the ambition for the children of Leeds. He accepted that this may delay approval of the Strategy and that the Board may determine that this was too difficult to achieve. It was noted that meetings would be arranged by the Executive Director of Operations with the Committee Chair and the Chair of the Business Committee to discuss the final draft prior to consideration at the committee meetings in March 2018. The Quality Lead for Children's Services reflected that the process to involve practitioners in the development of the draft strategy had been very good and asked that a clear communication be put in place should there be a delay in completion of the strategy.	

	Actions: • **Further consideration to be given to how the strategy could further the ambition for the children of Leeds** • **Head of Medicines Management to ask Research and Development department to assist in expanding aims under Strategic Objective 2 in the draft strategy**	**Executive Director of Operations** **Head of Medicines Management**
2017-18 (71b)	**Performance brief and domain reports** The Committee reviewed the document and the Executive Director of Nursing highlighted the following for the Committee to note under each domain: ***Safe*** The Committee noted that the Trust was achieving most of its targets in this domain and expected to achieve these at year-end, with the exception of avoidable category 4 pressure ulcers where three had been recorded year to date and therefore this target would not be met at year-end. The Committee Chair queried the reduction in no harm incidents and asked if this was due to a reduction in the number of incidents or a reduction in the reporting of such incidents. The Executive Director of Nursing responded that these would be analysed more effectively through ratio reporting and added that a training session had taken place in the Adult Business Unit quality meeting in order to increase staff confidence in reporting. There has been a suggestion that mortality incidents are not closed down because they may be waiting to be discussed at the strategic Mortality Surveillance Group. The suggestion is that these could be closed down in terms of the investigation because they have been reviewed at the Adult Business Unit Mortality Governance Group. Where required there is an on-going action plan which can be updated if there is any further learning identified at the strategic Mortality Surveillance Group. This would ensure incidents are closed in a timely manner. ***Caring*** The Committee noted the expectation that all indicators would be rated green at year-end. A programme of work around improving Friends and Family Test (FFT) response rates continued and it was noted that the responses remained within target in January 2018, at 96.3 percent. Non-Executive Director (TD) expressed disappointment regarding the rate of FFT returns for inpatient units. The Executive Director of Nursing clarified that there had been no new admissions to the unit at Little Woodhouse Hall and therefore there would be no survey responses. It was agreed that an explanation regarding a positive zero therefore needed to be included in the report. The Quality Lead for Children's Services informed the Committee that monthly patient experience sessions also took place at Little Woodhouse Hall and Hannah House. ***Effective*** The Committee noted that the high-level indicators remained rated amber and red within the Effective domain. Progress had been made in-month, and continued to be made, regarding clinical supervision, with an expectation that the 80 percent target would be achieved at year-end. Non-Executive Director (TD) queried the forecast rating of green relating to clinical audit and it was agreed that this would be discussed further under item	

	2017-18 (72). It was agreed that only limited assurance was provided regarding this element of the domain. **Responsive** The Committee noted that the Trust was performing well on indicators relating to waiting lists and that the position relating to activity had recovered to 7.1 percent below profile in January 2018. **Well led** The Committee noted that the rate of sickness absence remained above target and was rated red for all three measures. **Finance** The Executive Director of Nursing confirmed that the Trust's financial performance remained strong and was on target to achieve end of year targets. **Outcome:** The Committee: • Agreed **reasonable assurance** was provided on the safe domain, including incident management • Agreed **reasonable assurance** was provided on the caring domain • Agreed **limited assurance** was provided on the effective domain regarding clinical audit • Agreed **reasonable assurance** was provided on the responsive domain • Agreed **reasonable assurance** was provided on the well led domain	
2017-18 (71c)	**Director of Nursing quality and safety report** **Clinical Governance exception report** The Executive Director of Nursing presented the report and it was noted that this was the first report to use SPC charts including ratios of harm to enable further triangulation of data and tracking across a 24-month period. The report included a focus on incidents resulting in harm and on pressure ulcers. Further work was underway to ensure the timely closure of incidents. The Executive Director of Nursing highlighted that the Trust had vaccinated 77.2 percent of frontline staff as part of the seasonal staff flu campaign. It was noted that the CQUIN target for flu had been achieved and Public Health England had reported that the Trust was in the top three community trusts in the country. The Committee also noted the support given by teams to assist with the recent measles outbreak in Leeds, which was now under control. **Director of Nursing Report** The Executive Director of Nursing provided an update on the transitional safeguarding plan for Leeds, including the move from a board to a partnership arrangement involving health, the Police and the Local Authority, ensuring a more even spread of responsibility. The Executive Director of Nursing also outlined the summary feedback from the Healthwatch bereavement survey, which showed good progress. It was noted that a piece of work would take place to establish which organisation would take the lead going forward and where resource would sit. **Clinical Leads' quality reports** A summary of the reports appended to the Director of Nursing Report was	

provided by the Executive Director of Nursing.

Adult services:

- A Multi-Agency Discharge Event (MADE) event facilitated by NHS Improvement was taking place this week to assist with making improvements that would reduce system pressures during the winter months. A team of ten staff from the Trust would be working in the hospital for two days alongside LTHT colleagues.

The Committee Chair reflected that the Trust had done what it could to assist during the winter months and the Executive Director of Operations agreed that this was the case, within the resources available. The Committee Chair commented that appraisals in some teams should not be scheduled during the winter months and the Executive Director of Nursing and Executive Director of Operations confirmed that a plan was in place to ensure this happened.

Children's services:

- Work was underway to make arrangements regarding Section 136. The Executive Director of Operations confirmed that a plan was in place and this was being monitored. The Committee Chair added that this was also being monitored at Mental Health Act meetings.

Specialist services

- Recruitment challenges remained in some areas, including the Speech and Language Team and the Respiratory Service
- Evidence learning was taking place regarding incidents

The Committee Chair commented on the stress that had been caused by the recent dental tender process which had been brought to his attention by staff on a recent service visit. The Executive Director of Finance and Resources informed the Committee that, following a letter sent by the Chief Executive to Richard Barker at NHS England, he and the Head of Business Development would be meeting with the NHS England West Yorkshire Area Team to stress that another tender process would be detrimental to the service and its staff.

ICAN integrated pathways work

The Executive Director of Nursing introduced the ICAN Project Lead and the Quality Lead for Children's Services to provide an update on the integrated pathways work. This was an extensive programme of work over four pathways (continence, sleep, eating and drinking, and behaviour) and covered all ICAN nursing teams.

The ICAN Project Lead outlined the nursing model which aimed to provide, amongst other aims, an agreed and shared vision combined with a clear service offer, clarity on roles across the four pathways, evidence based care, improved patient experience and a new shared competency framework.

Staff engagement, including medical engagement, was highlighted as being key at all levels and had been achieved well, with the development of the workstream being led by clinicians.

The Quality Lead outlined the sleep pathway which like other pathways was nurse led and had a named Paediatrician lead. Elements of the pathway were underpinned by supervision, safeguarding and liaison with other professionals and included initiatives such as telephone interventions, sleep success group and group support sessions. A case study was shared with the Committee and demonstrated the progress made by a child who was now sleeping more and

	able to self-sooth, and how this had made a dramatic difference to the whole family. The Quality Lead added that teams were now looking to establish competencies. The Committee Chair said that he would be interested in hearing about measurable outputs and outcomes. Non-Executive Director (TD) asked if there had been any clinical input into the pathway design process. The Quality Lead confirmed that other areas of best practice had been reviewed; information from professional bodies and literature reviews had also been taken into account. The Quality Lead invited Committee members to attend a workshop on 10 May 2018 to hear more. **Hannah House update** The Executive Director of Nursing introduced the report which addressed the areas outlined in the internal and CQC Quality Improvement Plan action plans. Key areas included in the report were safe staffing, recruitment activity, quality boards, safety huddles, clinical supervisions, medication, staff training and competence, incidents, concerns and complaints and estates issues. The Committee noted that there were no planned bed cancellations for February 2018. Recruitment to the Home Manager role continued (to be re-named Team Lead) and was out to advert once more. All clinical posts had now been appointed to. The Executive Director of Nursing highlighted that further work was needed on the personalised care offer, including more engagement with families. **Outcome:** The Committee: • Agreed **reasonable assurance** on the update relating to Hannah House	
2017-18 (71d)	**Quality account priorities 2018/19** The Executive Director of Nursing introduced two papers which related to the closing of priorities from the Quality Account for 2017/18 and the proposed priorities for the Quality Account 2018/19, along with the business planning priorities for 2018/19. The Executive Director of Nursing confirmed that the Senior Management Team had scrutinised both papers prior to circulation of committee papers. It was noted that feedback from Healthwatch would be given to providers in the city collectively, rather than individually as in previous years. The Executive Director of Nursing commented that work had been undertaken to ensure there was a synergy between the Quality Account, Quality Strategy and the business planning cycle. The Executive Director of Operations requested a change to the quality areas for action relating to self-care to ensure there was a distinction between the work taking place in Neighbourhood Teams and in Children's Services. Non-Executive Director (TD) said that he was supportive of the direction of travel and agreed with the quality priorities that had been proposed to be retired. He added that a close scrutiny of incident management would need to take place throughout the year through the performance brief and Director of Nursing reports. **Trust priorities 2018/19** The Committee noted the Trust's business priorities for 2018/19.	

	Action: Wording relating to self-care under 'Priority B, engaging staff, service users and the public to improve the quality of care' to be amended to differentiate between work in neighbourhood teams and work in children's services **Outcome:** The Committee • noted the contents of the reports and approved the Trust's Quality Account priorities and business priorities for 2018/19 • approved the list of retired priorities	**Executive Director of Nursing**
2017-18 (71e)	**Quality Improvement Plan (QIP) exception report** The Executive Director of Nursing introduced a report which outlined progress on the 'must do' and 'should do' actions set out in the QIP action plan in response to the Care Quality Commission's inspection visit reports. The Committee was asked to note the six actions for which the timeframe for completion had been revised and the reasons behind the request for an extension. <u>Hannah House</u> The Head of Medicines Management commented on the significant improvement in the management of medicines in the unit, with increased ownership and procedures and processes now being embedded. Non-Executive Director (TD) acknowledged the amount of work that had been undertaken to date but added the appointment of a unit manager was a key factor. The Chief Executive also referred to the extent of the work undertaken, particularly regarding culture. The Chief Executive added that a complex picture was being seen at the unit, with families now raising some complaints following the change to some processes and systems, when previously there had been very few complaints. The Committee Chair commented on the depth of work that was clearly outlined in the document which had provided him with more assurance than seen previously by the Committee. He proposed, and the Committee agreed, that there was a reasonable level of assurance regarding the work underway at Hannah House. <u>Integrated Sexual Health Service</u> The Executive Director of Nursing referred to key actions being progressed around safeguarding training and access to e-learning training (which had been escalated through the Integrated Sexual Health Partnership Board to LTHT). The Business Planning Manager confirmed that a digital display for waiting times had been ordered for Merrion House. The Committee Chair and Non-Executive Director (TD) felt that the actions relating to Integrated Sexual Health needed further scrutiny and asked that the Quality Committee receive ongoing feedback regarding progress. <u>Community Neurology Rehabilitation Centre</u> Non-Executive Director (TD) queried the delay in completing the action relating to dementia training at the Community Neurology Rehabilitation Centre (CNRC). The Business Planning Manager said that she had been advised that training dates would be confirmed in the next week, and the Deputy Director of	

	Nursing confirmed that the trainer was on standby once a date was agreed. Non-Executive Director (TD) asked why the action relating to the Legionella risk assessment had fallen behind the target completion date. The Business Planning Manager acknowledged that this action had not been given the focus it should have been but added that the Estates team were now seeking assurance that regular flushing was taking place by the Leeds and York Partnerships Foundation Trust sub-contractors. Non-Executive Director (TD) also queried why the action relating to the level of safeguarding training attained had not been completed. The Executive Director of Nursing responded that whilst dates continued to be made available, it had been determined that it would be prudent to set a realistic date for completion as 31 May 2018. The Quality Lead asked that the excellent level of support provided by the Business Planning Manager regarding the QIP be recognised by the Committee. **Action: A brief update on sexual health services and Community Neurology Rehabilitation Centre to be presented in the Director of Nursing report in March 2018 prior to the expected completion of the Quality Improvement Plan in May 2018.** **Outcome:** The Committee: • Noted progress made and the revision in timeframes for six actions • Agreed **reasonable assurance** was provided on actions relating to Hannah House and Little Woodhouse Hall • Agreed **limited assurance** on some areas of the QIP relating to CNRC and the Integrated Sexual Health Services	**Executive Director of Nursing**
2017-18 (71f)	**Risk Register** The Interim Company Secretary introduced the report and asked the Committee to note that one new risk had been added, risk ID 928 which related to staff capacity in the general podiatry service. The Executive Director of Operations commented that this was the result of a timing issue due to recruitment to the newly formed foot protection team. The Committee noted that two extreme risks remained on the risk register – risk ID 224 relating to reduced level of care due to the prevalence of staff sickness and risk ID 872 relating to the difficulties in recruiting and retaining staff within neighbourhood teams. **Outcome:** The Committee: • Noted the addition of one risk to the risk register	
Clinical Effectiveness		
2017-18 (72a)	**Clinical Audit** The Executive Director of Nursing presented the report which provided a summary of the position regarding clinical audit at the end of Quarter 3. The Committee was informed that a number of audits had been scheduled for completion in quarter 4, which would be challenging but the Executive Director of Nursing advised that there was no indication that the audits would not be completed by year-end. The programme of clinical audits for 2018/19 would be reviewed to ensure audits were scheduled for completion earlier in the year. Non-Executive Director (TD) queried the amount of progress made in the last quarter, as illustrated in Table 1 of the report, which indicated that only 76 of the	

	planned 117 audits could be completed in-year, a shortfall of 35 per cent. The Executive Director of Nursing responded that her understanding was that these would be completed by the end of quarter 4, and added that the target had been revised down by 20 audits now that the Trust did not provide services at South Leeds Independence Centre and the Community Intermediate Care Unit. The revised target would be included in the next update paper to the Committee. The Executive Medical Director commented that clinical audit needed to be reviewed in the context of the significant amount of quality improvement activity taking place within the organisation. He offered to review the position with the Executive Director of Nursing. The Committee Chair agreed that clinical audit was part of quality improvement but added that if a target was set, there needed to be a narrative around why the target had not been achieved if that were the case. **Action: Executive Director of Nursing to discuss clinical audit position with the Executive Medical Director and produce an update for the March 2018 Quality Committee.** **Outcome:** The Committee: • Agreed **limited assurance** had been provided by the report.	**Executive Director of Nursing**
Reports and minutes for approval and noting		
2017-18 (73a)	**Patient Safety and Experience Group: draft minutes: 23 January 2018** The Committee Chair acknowledged the amount of work that was undertaken by the subgroups of the Quality Committee and felt that the Committee should consider the business of the subgroups in more depth. A proposed way of doing this would be put to the Committee for consideration in March 2018 (see minute 74 below). **Outcome:** The Committee: • Received the draft minutes	
2017-18 (74)	**Quality Committee future work plan** The future work plan was received for information. The Committee noted that the Executive Director of Nursing and the Executive Director of Operations were to plan further services to present to the Committee for the service spotlight item. The Committee Chair informed the Committee that a proposal would be brought to the March 2018 Quality Committee meeting regarding the format and content of the meetings going forward.	
2017-18 (75)	**Matters for the Board and other committees** It was agreed that the Committee Chair would provide an update to the Board at the meeting on 29 March 2018. Items to be reported include: • Update on Draft Children's Strategy • Update on Hannah House • Review of Quality Improvement Plan	
2017-18 (76)	**Any other business** None recorded.	

	Dates and times of next meetings (09:30 – 12:30) Monday 19 March 2018 Monday 23 April 2018 Monday 21 May 2018 Monday 25 June 2018	

Leeds Community Healthcare NHS Trust

MINUTES

Agenda Item 2017/18 (105ci)

Business Committee Meeting
Boardroom, Stockdale House
Wednesday 24 January 2018 (9.00 – 12.00 noon)

Present:	Brodie Clark (Chair)	Non-Executive Director (BC)
	Richard Gladman	Non-Executive Director (RG)
	Tony Dearden	Non-Executive Director (TD)
	Bryan Machin	Executive Director of Finance & Resources
	Ann Hobson	Interim Director of Workforce
Attendance:	Sam Prince	Executive Director of Operations
	Vanessa Manning	Company Secretary
	Dan Barnett	Head of Business Development (in attendance for item 74 only)
	Kenneth Brown	Service Manager (in attendance for item 71 only)
	Gillian Osborne	Pathway Lead (in attendance for item 71 only)
	Nicky Copley	Head of Therapies and Wellbeing, Specialist Business Unit (in attendance for item 71 only)
Apologies:	Thea Stein	Chief Executive
Note Taker:	Ranjit Lall	PA to Executive Director of Finance & Resources

Item	Discussion Points	Action
2017/18 **(70)**	The Chair welcomed everyone to the meeting. **70a - Apologies**: As above. **70b - Declarations of Interest**: None recorded. **70c - Minutes of last meeting:** The public and private minutes of the meeting dated 27 November 2017 were approved by the Committee. **70d - Matters arising from the minutes and review of actions:** *Item 61b – Enteral feeding: business case* The Executive Director of Finance & Resources said that the award of the contract had been halted. It had been decided to retender in six months' time on behalf of the three providers; Leeds Community Healthcare NHS Trust, Leeds Teaching Hospitals NHS Trust and Leeds York and Partnership NHS Foundation Trust. *Item 62a – Children's services strategy update* The Executive Director of Operations reported that in December 2017 she had a successful consultation event with the integrated services for children with additional needs (ICAN). A further two consultation events had been planned on 9 and 12 February 2018 for the 0-19 years' service where further information for the strategy would be gathered. The final strategy was to be presented to the Business Committee and the Trust Board in March 2018.	

	The Executive Director of Operations said that she was happy to provide the latest draft to the Committee meeting in February 2018 for their consideration before the final version is received for approval in March 2018. *Item 62b – Digital strategy update* A meeting between a Non-Executive Director (RG) and the Assistant Director of Business Intelligence took place on 5 January 2018 to discuss national factors which would impact on the digital strategy; a number of areas to focus on was also identified. A digital strategy refresh was also considered. A Non-Executive Director (RG) said that there were a number of national strategies the Trust could take advantage of, and also potential opportunities to utilise some of the emerging national products.	SP
2017/18 **(71)**	**Service area focus**: **Podiatry service presentation** A presentation on podiatry service was received by the Committee. The Committee heard about achievements across the four aspects of the service and noted the positive feedback from patients. The challenges faced by the service included increasing referrals, waiting times for the biomechanical service and staffing capacity. The service spoke positively about preventative care, the development of joint work with the acute sector and links with the academic sector. The Chair of the Committee said that the presentation referred to the growth in the business; treating and working with more complex issues and undertaking work in the community which was currently being undertaken by hospitals. He asked about the role for the service in terms of treating and preventing people at an early stage in the community. The Executive Director of Operations said that there were discussions with commissioners about how the service demonstrated those benefits effectively. The issues around the 20 minutes appointments and outcomes required evidence to make sure the service was cost effective and benchmarked well. A Non-Executive Director (TD) noted early intervention, a focus on complex care and pressure on follow up appointments; but there was no mention of a discharge pathway. The Service Manager responded to say that discharge rates had improved. There was a care model under constant review for discharging patients appropriately. The Executive Director of Operations said that her personal view is that the Trust should undertake the whole of the podiatry function. The Service Manager said that the hospitals have a multi-disciplinary team. The patients with high risks and complex conditions are seen by that team as a priority. In terms of recruitment, the greater complexity posts are more attractive. A Non-Executive Director (RG) asked about e-referrals into the service. The Service Manager said that historically there were a fair number of patients referred through an e-referral route and in terms of number of appointments they have not changed. The Service Manager said that a new functionality called referral assessment service would provide the ability to triage referrals before booking an appointment for patients, to support complex clinical pathways and to help patients book more quickly without the need for rejecting referrals. The Chair asked about any patient experience feedback. The Pathway Lead said that the real learning from patients was through the patient and public involvement group and the use of health coaching approach when seeing patients.	

	The Chair thanked the representatives from the podiatry service. He said that the service had undertaken significant development work around potential business, e-referrals and discussions with commissioners. He was keen to learn more about the Manchester model and options based on integrated pathway. The Chair was happy to receive a brief update in six months' time on progress in the service and on the challenges and issues discussed in the meeting today. **Action:** An update paper on areas of progress/development to be provided to the Business Committee in six months (July 2018).	SP
2017/18 **(72)**	**Strategy development and implementation** **72a – Children's services strategy** The Executive Director of Operations said that she felt it was worth delaying the development of the strategy document until after having completed a consultation event in CAMHS and 0-19 years' service. She said she would present a final draft in February 2018 to both the Business and Quality Committee meetings and then to the Trust Board meeting on 29 March 2018. **Action:** Children's services strategy to be presented to Business Committee on 21 March 2018 and Trust Board 29 March 2018. **72b – Estates strategy update** The Executive Director of Finance & Resources introduced the six monthly report which described progress against the five targets in the estates strategy. He said the paper reported on progress since it was last received by the Committee in July 2017. The report also included details of projects that had been completed successfully and projects that were ongoing as part of estates rationalisation, including continuing move into Reginald Centre, vacating St. James Hospital site, second floor move at Stockdale House and St. Mary's Hospital retraction plan. He said that discussions were underway with GPs at Meanwood Health Centre to free up space for primary care. The Executive Director of Finance & Resources said that in terms of space reduction, work was on track for this year and that progress had been made. He said that once the ongoing projects were complete, he would be in a position to plan for the next stage of work. The migration to mobile working was seen to be a key enabler of the next stage of the strategy. He said in terms of the model for services in the future it looks to be increasingly consolidated with primary care integration work, neighbourhood teams and other health care professionals. The Chair referred to the five targets which had been previously agreed for 2016/17. He noticed that this had now been changed to 2017/19 package. The Chair asked if any of the targets had been achieved. The Executive Director of Finance & Resources explained that the five targets were part of the estates strategy plan refreshed in 2016/17 but not the 2016/17 plan. The estates strategy covered a period of 2017 to 2019. The Chair said that in terms of rationalisation, he would like to see further details on progress against those five targets between now and the next Business Committee meeting in February 2018.	SP

	Action: The Committee sought more specific measures of progress against the planned programme for the rationalisation of the Trust's estate and further information about the plans for 2018/19 in July 2018. **Outcome:** The Committee noted six monthly progress report on estates rationalisation. **72c – Digital maturity index update** The paper provided an overview of the national digital maturity index results for 2017. The Committee was pleased to see progress in twelve out of thirteen standards for 2017. The Executive Director of Finance & Resources said that the Trust generally benchmarked lower than the wider cohort of organisations operating in community settings. This was an indication of Trust's position to refresh its digital strategy and to focus on work in the next couple of years. The Committee was keen to review progress against the digital strategy at a subsequent meeting and to gain further assurance that the Trust was being sufficiently ambitious. A Non-Executive Director (RG) said that the maturity index results reflected priorities. He added that the trusts that have had high scores are those which have had a complete digital transformation of their businesses. In his summary, the Chair said that the Trust needed to focus, have a commitment and determination to make a difference in the future. The next stage was to refresh the digital strategy. He was particularly critical of the leadership programme, as scored in the assessment. **Action:** A refresh of the digital strategy to be reviewed by the Business Committee in May 2018. **Outcome:** The Committee noted the digital maturity index report.	BM BM
2017/18 **(73)**	**Project management** **73a – Projects' highlight reports** The Executive Director of Finance & Resources introduced the projects' highlight report for the Committee to note the progress against the project plan for e-rostering, electronic patient record (EPR) and patient administration review. *Patient administration review* In terms of the patient administration review the project was at its early stages. The Committee was briefed on the review of patient administration services across the Trust with the aim of providing a modern and consistent service that made best use of digital approaches. A Non-Executive Director (RG) said that in terms of the work plan for the review, the plan lacked in an overarching design vision from systems perspective or operations perspective. The Executive Director of Operations said that there were three different models for the three different business units. In terms of children's business unit a project initiation document around the single point of access model was being progressed. She said that for the specialists' business unit, work was underway to scope and to understand the requirements of that service. The adult business unit was already operating a system in place at Westgate.	

	The Chair asked that the next monthly project update report should reflect on today's discussion to include a high level vision, design vision, process, systems and solution model. **Action:** Patient administration review project update to include fuller detail on overall design vision. *Electronic patient record (EPR)* The Executive Director of Operations said that the EPR project was on track. The next project for 2018 was the scoping of ICAN service. The advanced state of this project was welcomed by the Committee. **73b - E-Rostering** The Committee received an update on the plans to re-start e-rostering project based on a full and proper understanding of the Trust's requirements. The Business Analyst for e-rostering project had initiated considerable background work to help understand the Trust's needs. The Executive Director of Finance & Resources said that experience with the former provider had informed a full lessons learnt review process. The Executive Director of Finance & Resources said that following intelligence from other trusts and e-rostering suppliers' further information had been gathered. The new project was now in start-up mode. The Executive Director of Finance & Resources said that the clear first steps would be to get the foundations right before embarking on implementing the system. The e-rostering project Board on 15 February 2018 will agree more detailed time lines, the project structure and the resources required for the work envisaged. **Outcome** The Committee received progress reports on the Trust's three key projects.	SP
2017/18 **(74)**	**Business and commercial developments** Please see private minutes.	
2017/18 **(75)**	**Business planning** **75a – Operational plan 2017/18: Q3 priorities report** The Executive Director of Finance & Resources presented quarter 3 priorities report to provide an overview of progress towards achieving the corporate objectives against the priorities; achievement of quality account priorities and sickness absence had been rated as 'red'. It was noted that only eleven of the twenty-one priorities were on track. The Committee recognised that many of these aspects may not be achieving a 'green' rating at the end of the year; this reflection led to a discussion about ensuring priorities for 2018/19 were set realistically. The Chair said that the one priority that concerned him significantly was the Care Quality Commission action plan being implemented by the end of year. The Executive Director of Finance & Resources said that this was reviewed as an acceptable position by the Senior Management Team and was monitored by the Quality Committee to be completed by 30 April 2018.	

	Outcome: The Committee noted progress at the end of quarter three. The Chair said that on the basis of the information as presented the Committee accepted the RAG ratings and anticipated scoring. **75b – Operational plan 2018/19 update** The Director of Finance & Resources said that having developed priorities through Board Workshops, the next stage was to translate these into specific targets for 2018/19. The Director of Finance & Resources said that on the grounds of agreed priorities he did not anticipate any changes to the operational plan 2018/19 before further considered at the committee meetings in March 2018 and then at the Trust Board on 29 March 2018.	
2017/18 **(76)**	**Performance management** **76a – Performance brief and domain reports** The Executive Director of Finance & Resources introduced the performance brief and domain reports. He said that whilst the Trust performed well this year, there were still concerns against the key performance indicators in respect of category 4 pressure ulcers, sickness absence levels and activity measures. The Executive Director of Finance & Resources said that the report did not include a separate section on a current area of focus. He said any in depth discussions can be discussed within the domain reports or as separate agenda items. The Trust Board would be made aware of this change at its next meeting on 2 February 2018. *Safe and caring domains* A Non-Executive Director (TD) said that the main focus area at the Quality Committee was regarding the avoidable category 4 pressure ulcers and the related action plan. *Effective domain* A Non-Executive Director (TD) said that progress in clinical supervision was expected to achieve the end of year target of 80%. Clinical audits were still falling short of the target for the year. *Responsive* The Committee noted a reduction in patient contacts in December 2017. The Executive Director of Operations said that the reduction in activity had freed up valuable time from a productivity scheme that had reduced contacts but provided a safer service. The Chair noted the continued variance in activity and emphasised the need to review the findings to help understand the system better. The Executive Director of Operations said that the variance in reported activity was still being reviewed with the commissioners. There was still a lack of understanding on the service downtime on activity levels and the Committee asked for this to be examined urgently. *Well led* The Committee discussed plans to further address staff absences and health and wellbeing amongst the workforce. **Outcome:** The Committee noted areas of satisfactory performance and improvements across areas of previous challenges.	BM

	Finance The Executive Director of Finance & Resources said that the Trust was meeting its financial targets for the year and, as a minimum, would be able to achieve the control total. He said that as part of the planning guidance the Trust was required to hold £452k in reserve. The Executive Director of Finance & Resources said that NHS Improvement was aware of the Trust's position of having a number of financial risks as a result of winter pressures and potential tendering, and therefore could not guarantee to meet the control total without spending the £452k reserve. The Executive Director of Finance & Resources said that there was a specific request to the Committee to use £250k of capital money to replace Wi-Fi across the organisation which required replacing. This was in line with the Trust's investment policy and needed to be approved by the Business Committee. The new system would facilitate providing Wi-Fi access across the Trust's estate which the current infrastructure did not allow. He said the Wi-Fi solution would provide additional capability for expanding network into other areas. **Outcome:** The Committee noted that the Trust was meeting its financial targets for the year. A proposal to replace the Wi-Fi system using capital resource was approved, subject to a follow up short business case. **76b – Waiting times for assessment for autistic spectrum conditions** The report provided an overview of the Trust's position on assessment for autistic spectrum conditions. The Executive Director of Operations said that the performance against the twelve weeks wait for assessment had significantly improved in the last six months and that work was underway to ensure capacity would sustainably meet demand. **Action:** The Chair said he would welcome an update at year-end on how that package of care was progressing. **Outcome:** The Committee welcomed the report that waiting times for assessment had significantly improved. **76c – Neighbourhoods' report, dashboard and system resilience report** The Executive Director of Operations introduced the neighbourhoods' team report to update on the position within the adult business unit for December 2017. There was an improved vacancy position to note due to the recruitment of newly qualified nurses. The overall sickness absence rate for neighbourhoods had increased since the last update in October 2017. **Outcome:** The Committee received the updated report on neighbourhood services. **76d – Workforce report (quarterly)** The Interim Director of Workforce introduced the quarter three workforce report covering the period October to December 2017. The report covered updates on principal performance indicators and highlighted work undertaken within the workforce directorate, particularly focused on the organisational development plan and its impact.	BM SP

	The Interim Director of Workforce said that in terms of recruitment and retention a draft retention plan was being reviewed by SMT at its meeting on 26 January 2018. Following submission to NHS England on 9 February 2018, the plan would be presented to the Business Committee on 21 February 2018. **Action:** The retention plan to be presented to Business Committee in February 2018.	AH
	In terms of recruitment, the Interim Director of Workforce said that there were no efficiency targets set nationally. She recommended monitoring the time taken from date of advertisement to the date of conditional offer letter. The Interim Director of Workforce said that the workforce team continues to support staff and wellbeing programmes. She said that within the last quarter, sickness absence rates had increased within the adult business unit. In order to monitor the situation closely, she had considered a different approach that could add value. She said that with the approval of SMT, she had considered asking the Consultant in Primary Care to lead and manage the development of the health and wellbeing project as an executive sponsor for a twelve-month period. The proposal was being presented to SMT on 26 January 2018 together with a project initiation document for approval. The Chair said that he was concerned about the timeframe and a requisite expertise for such a review. He said that in terms of the review, he would like the Committee to see the initial project details. The Interim Director of Workforce added that the team would consist of HR representatives, occupational therapists and occupational health and a focus group involving front line staff. She said a fresh and different view point for a longer term piece of work was required for sustainability. The Chair asked the Interim Director of Workforce to give further service consideration to the time frame and the expertise of the lead reviewer. **Action**: An update on the sickness absence and health and wellbeing project to be presented to Business Committee in February 2018.	AH
	A Non-Executive Director (TD) said that he was concerned about the number of vacancies against the number of applications received; an average of sixteen applications per post and only 70% of those vacancies were actually filled in the last quarter. The Chair invited the Interim Director of Workforce to review a more appropriate key improvement indicator to measure efficiency for streamlined recruitment processes. The Interim Director of Workforce was asked to include further findings in the next quarterly workforce report. **Action:** Further detail on recruitment activity to be included in the quarterly report in April 2018. The Committee also discussed the employment tribunal claims reported in quarter two; the Chair requested that a brief is emailed to him on tribunal lessons learnt. **Outcome:** The quarterly workforce report was noted. **76e – Operational and non-clinical risks register 8+** The Company Secretary presented a full risk register report. She said that the in depth report provided a description of risk movement since the last report in	AH AH

	November 2017. There was detailed narrative on management activity including actions taken in response to the CQC report. The main issues for consideration were as follows: • Risk 924 CCG plans to decommission £1.5m of services. • Risk 926 Referral and discharge processes for Hannah House. • Risk 903 School nursing service high vacancy rate risks compromising service level agreement. The Executive Director of Finance & Resources said that in terms of school nursing, risk 903, this had been discussed at a commissioning meeting he attended. He said that it was difficult to recruit to school nursing service. A service reduction had been agreed with the Commissioners to acceptable levels. The Executive Director of Finance & Resources said that this had no impact on reduction in service in terms of delivery to children. A Non-Executive Director (RG) commented on risk 353, the de-escalation of EPR level rated as high risk. **Action:** The Executive Director of Operations to review this risk. **Outcome:** The Committee noted the contents of the risk register. **76f – Internal audit reports** The Committee received a paper on audits completed aligned to the work of the Business Committee. There were two reports: data quality in neighbourhood teams and key financial systems, and both reports resulted in reasonable assurance. **Outcome:** The Committee noted audits completed as part of the approved 2017/18 plan.	SP
2017/18 **(77)**	**Minutes for noting** Contract management board: 17 November 2017 The Committee received the contract management board minutes.	
2017/18 **(78)**	**Business committee work plan** The work plan was reviewed by the Committee and no changes were requested.	
2017/18 **(79)**	**Matters for the Board and other Committees** • Estates strategy • Digital strategy • Administration review • Electronic patient record • E-rostering • Operational plan • Performance review • Neighbourhoods report • Wi-Fi spend agreement • Workforce report	
2017/18 **(80)**	**Any other business** None discussed.	

Leeds Community Healthcare NHS Trust

Agenda Item 2017/18 (105cii)

MINUTES

Business Committee Meeting
Boardroom, Stockdale House
Wednesday 21 February 2018 (9.00 – 12.00 noon)

Present:	Brodie Clark (Chair)	Non-Executive Director (BC)
	Richard Gladman	Non-Executive Director (RG) - Deputy Chair
	Thea Stein	Chief Executive
	Bryan Machin	Executive Director of Finance & Resources
	Ann Hobson	Interim Director of Workforce
Attendance:	Sam Prince	Executive Director of Operations
	Diane Allison	Interim Company Secretary
	Donna Ryan	Head of Service for CAMHS Community Team (in attendance for item 82 only)
	Hannah Beal	CAMHS Clinical Lead (in attendance for item 82 only)
Apologies:	Tony Dearden	Non-Executive Director (TD)
Note Taker:	Ranjit Lall	PA to Executive Director of Finance & Resources

Item	Discussion Points	Action
2017/18 **(81)**	The Chair welcomed everyone to the meeting. **81a - Apologies**: As above. **81b - Declarations of Interest**: None recorded. **81c - Minutes of last meeting:** The public and private minutes of the meeting dated 24 January 2018 were approved by the Committee. **81d – Matters arising from the minutes and review of actions:** No further actions were noted; all actions on the action log due for completion by 21 February 2018 were completed.	
2017/18 **(82)**	**Service area focus: Community Child and Adolescent Mental Health (CAMHS) service presentation** The Chair welcomed representatives from the CAMHS community team. The Committee was informed about achievements across the three 'wedge' teams. The multidisciplinary teams consisted of consultant psychiatrists, consultant psychologists, occupational therapists, social workers and nurses.	

	The challenges faced by the service included referral waiting times for initial assessment into the service, new ways of working and pathway implementation. The service representatives spoke positively about achievements in improving and delivery of quality care, meeting urgent referral waiting time targets and future developments and balancing the budget. The Head of Service for CAMHS said that the next stage was to focus on improving working relationships with partner agencies, children's business unit colleagues and joining up pathways. The service introduced new ways of working following an extensive role planning exercise, which created capacity and significantly reduced external waiting lists. The Head of Service for CAMHS said that by mid-March 2018 everybody would be working to the new ways of working and by August/September 2018 she anticipated that the external waiting times could be reduced to four weeks. The Chair asked about the clinical work offered by team managers. The Head of Service for CAMHS said that when she arrived in post, 50% of the three team managers' workload was clinical and this meant there was limited time for management/leadership. The direct clinical commitment had been removed from the role and management supervision was introduced to initiate a smarter way of working. A combination of challenges and better housekeeping had delivered a positive outcome. The Chair also asked about the £250k cost improvement plan. The Executive Director of Operations said that the new ways of working and productivity gains would help towards achieving the CIP. She said that this was part of ongoing conversation with the Senior Management Team (SMT). A Non-Executive Director (RG) asked about the cultural change that was affecting staff morale when adapting to new ways of working. The Head of Service for CAMHS responded to say that management led approach had some resistance from staff as people were used to working in a particular way. The Executive Director of Operations said that there had been an increase in the number of contacts per staff member. There was now better housekeeping and case review, and more focus to supervision. It was noted that comparative data was submitted to NHS Benchmarking and best practice was shared as part of the northern collaborative through the children and young people's Improving Access to Psychological Therapies (IAPT) in the region. This gave an opportunity to measure the effectiveness of the work, both regionally and nationally. The Chief Executive said that it was worth noting that the Trust was heading towards being outstanding in terms of waiting times. In summary, the Chair said that the presentation was helpful. He noted that particular attention was given to patients and their feedback, managing issues within budget and the current position of waiting times felt encouraging and positive. **Outcome:** The presentation by CAMHS community team was well received by the Committee.	

2017/18 **(83)**	**Strategy development and implementation** **83a – Children's services draft strategy** The Executive Director of Operations said that since the last Committee meeting a number of consultation events had taken place with staff. Comments had been incorporated into the latest draft of the strategy. As a result of the feedback received at previous Business Committee meetings, some content had been transferred from the body of the document to the three-year implementation plan. The Chair and Committee were content with the development of the strategy, both in terms of clinical and social care integration and in relation to commercial issues. Appendix two (the implementation plan) was recognised as a work in progress and quantification details and dates would be added. A Non-Executive Director (RG) said that he was content with the strategy but would be interested in what the next stage of the development was, how that would come together across the city and how specifics may develop. The Executive Director of Operations explained that this was an overarching document to which individual services could respond. She said that the next stage was to incorporate the final comments from today's meeting and to meet with both the Chair of the Business Committee and a Non-Executive Director (IL) for further discussion. **Action:** The final document was to be brought back to the Committee in March 2018 for recommending approval to the Trust Board on 29 March 2018. **Outcome:** The Committee was requested to comment on the document with a view to a final version being presented to the Committee in March 2018. **83b – Estates strategy: progress on targets** The Executive Director of Finance & Resources said that the paper was to provide the Committee with further details and update on progress against the targets in the estates strategy refresh. **Action:** A six monthly estates strategy update to be provided to Business Committee meeting in July 2018. **Outcome:** The Committee noted the update on progress and further work that was required.	SP BM
2017/18 **(84)**	**Project management** **84a – Projects' highlight reports** The Executive Director of Finance & Resources introduced the projects' highlight report for the Committee to note the progress against the project plan for electronic patient record (EPR) and patient administration review.	

	Patient administration review The Executive Director of Operations said that at the last Committee meeting a Non-Executive Director (RG) had asked her to consider design principles and process. She said that the project team was progressing further with that. She said in terms of the patient administration review, which was progressing steadily. A Non-Executive Director (RG) said that for the next steps it would be good to explore the centrally designed and shared service plan and the technology solution to support that. *Electronic patient record (EPR)* The Executive Director of Operations said that the EPR project was on track. No further comments were noted. **84b – E-rostering** The Executive Director of Finance & Resources provided a verbal update on the e-rostering project subsequent to discussions at the last project board meeting dated 15 February 2018. The Executive Director of Finance & Resources said that the project board had considered a draft roster policy and concluded that it was a general policy that did little more than bring together standard Agenda for Change and already agreed local policies. It had been thought that a roster policy would be a vital foundation to an e-rostering solution but the agreement and harmonisation of roster rules within each service was now the key matter to address. The Executive Director of Finance & Resources advised the Committee that he now had a draft project plan and templates for a project initiation document (PID) and a business case. Commissioning of an e-rostering solution may start in June 2018 with neighbourhood teams and the bank and associated services. There would also be further work undertaken to justify benefits realisation across other services in the Trust. The Executive Director of Finance & Resources said that engagement with representatives of the neighbourhood teams was ongoing and would continue over the next few weeks. At the next project board meeting, the Executive Director of Finance & Resources said that he would consider the extent of and source of project support required and envisages then making a recommendation to the organisation The Chair said that this decision needed the fullest of attention and offered his assistance and the expert knowledge and experience of a Non-Executive Director's (RG). **Outcome:** The e-rostering project board on 8 March 2018 to consider the challenges, followed by further discussions at SMT meeting before being considered by the Business Committee.	
2017/18 **(85)**	**Business and commercial developments** Please see private minutes.	

2017/18 **(86)**	**Business Planning** **86a(i) – Operational plan 2018/19 update** The Executive Director of Finance & Resources presented the Trust's draft priorities and financial planning for 2018/19. He provided an update on summarised key focuses in relation to each priority for the Committee to consider. The Executive Director of Finance & Resources said that in terms of priorities agreed at the November 2017 Board workshop and further iterated through engagement with business units, it also takes into account the development of 2018/19 quality account priorities. It was noted that the Trust Board would be required to sign off the final operational plan by 30 April 2018. The overarching narrative plan supported by fourteen priorities and the financial plan would be put together for submission to the Trust Board for final approval at its meeting on 29 March 2018. The Executive Director of Finance & Resources advised the Committee that it was intended that any work that had not been completed for 2017/18 now formed part of the 2018/19 priorities but he would do a final check. The Chair asked if all the priorities were deliverable. The Executive Director of Finance & Resources said SMT had reviewed and believed they were deliverable and would be kept under review as the year progressed. The Chair was keen to see specific measures on successes or objectives against the commitments presented. He proposed that he would review those specifics with a Non-Executive Director (RG) and provide his feedback. A Non-Executive Director (RG) referred to priority four: achieve or maintain good or outstanding rating for all services which aimed to be achieved in 2018/19. He asked about the aim for outstanding and level of ambition around Care Quality Commission (CQC). The Chief Executive said that the Trust was aiming for outstanding and work around the pathways was progressing to achieve this. She added that if the Trust focus on improving quality then the ratings will reflect this. **Action:** The Chair of the Committee and a Non-Executive Director (RG) to provide feedback on deliverable success measures. **Outcome:** The Committee was asked to review and provide any further feedback on the priorities to the Executive Director of Finance & Resources. **86a(ii) - 2018/19 draft financial planning** (presentation) The Executive Director of Finance & Resources advised the Committee that the information being presented was still a work in progress. He said that a written document for the Board would be produced. A final plan was to be presented to the Business Committee on 16 March 2018 before submission to the Trust Board meeting on 29 March 2018. The Executive Director of Finance & Resources said that it was important to point out that a two-year contract had been agreed last year and that this was effectively the second year of the two year contract.	BM

	Key highlights in the financial plan were noted as follows: • The control total offered for next year was £2.5m compared to £3m. • Business changes and some of the cost pressures had been reflected in the budget. • Child and Adolescent Mental Health Service (CAMHS) CIP assumption had been included in the proposal. • Project costs included for e-rostering, estates, electronic patient records and patient administration review were included • Cost improvement requirement for 2018/19 currently stood at £3.5m. The Trust was expecting the control total to be unchanged for 2018/19 and the Chief Executive said the reduced surplus requirement made it more likely the Trust would accept it. She said that the release of Commissioning for Quality and Innovation (CQUIN) money and a review of the Trust's finances suggested the revised control total was achievable but this excluded any risk from outstanding contract negotiations with the Clinical Commission Group. The Executive Director of Finance & Resources said that he would consult with the Chair of the Audit Committee before presenting a final version of the plan at the next Committee meeting in March 2018. The priorities and the financial plan would form the basis of the narrative written for the Trust Board meeting. In summary, the Chair said that the Committee had a useful discussion about the priorities and budgets going through for 2018/19. **Action:** A narrative document and appendices of priorities to be compiled for the Trust Board meeting on 29 March 2018. **86b – Business case: Wi-Fi system** The Committee received a business case of the need for investment in the Trust Wi-Fi infrastructure that had now reached its end of life. The paper provided background information and the benefits for the replacement solution that is fit for purpose. **Outcome:** The Committee confirmed its approval of the capital investment detailed in the paper. **86c – Transfer of data centre contract** The paper described the approach and reasoning for the Trust moving to a new Leeds City Council hosted data centre. The proposed service would be provided through a public section partnership arrangement. A notice would be given to current provider EMBED in quarter three of 2018/19. A Non-Executive Director (RG) was concerned about having systems run by other data centres which might not be in the Trust's best interests. He said that this was a retrospective approach; there are potentially better and more progressive solutions. Some other organisations are using cloud based technology. The Executive Director of Finance & Resources thanked the Non-Executive Director (RG) for his comments and said that they would be taken into the next stage of discussions.	BM

	Outcome: The Committee accepted in principle, though subject to further work and detail.	
2017/18 **(87)**	**Performance management** **87a - Performance brief and domain reports** The Executive Director of Finance & Resources introduced the performance brief and domain reports. He said concerns raised at the Quality Committee on 19 February 2018 were in respect of incident reporting and clinical supervision. The Chair noted that staff sickness absence remained a challenge but staff turnover rate continued to improve steadily. The Interim Director of Workforce said that a piece of work was underway on compliance with the sickness policy. Workforce information team leaders were looking at developing automated triggers and mechanisms to prompt managers. A deep dive analysis on sickness absence data including comparing Trust's information with other community trusts was also to be carried out. The Interim Director of Workforce said that unrepresentative data for other reasons in the Trust was being reviewed. The scope of this project was to be led by an independent person, will be determined by end of March 2018. *Safe* The Trust was currently achieving most of its targets within the safe domain for the year to date with the exception of avoidable category 4 pressure ulcers. *Caring* All indicators expected to be rated green at year-end. Positive community friends and family test responses remained on target for the month at 96.3%. *Effective* The Trust was expected to achieve the 80% end of year target for clinical supervision. *Responsive* The Trust continued to perform well in its indicators relating to waiting lists and remained rated green for December 2017. *Well Led* Staff sickness absence remained challenging for the fourth month in a row and was rated red for all 3 measures. **Outcome:** The Committee noted the levels of performance and, where appropriate, improvements across areas of challenge. **Finance** The Committee noted that at the end of quarter three the Trust's financial performance remained strong. Recurrent cost improvement programme delivery continued to be a concern.	

87b - Neighbourhoods' report, dashboard and system resilience report, activity levels

This report provided the Committee with an update on the position within the adult business unit neighbourhood teams for January 2018. The main issues for consideration were staffing establishment, vacancy position, staff sickness absence and wider system pressures.

The Executive Director of Operations said that the activity levels discussions were part of the SMT meeting on 28 February 2018. An update would be provided to the Committee in March 2018.

87c - Trust retention plan 2018/19

The Interim Director of Workforce presented a copy of the Trust's retention plan for 2018/19 for information. She said the retention was one element of the organisational development plan including recruitment.

This retention plan was developed using available data, support and information from NHS Improvement (NHSI), and input and feedback from senior management, frontline clinicians and staffside representatives. The high level plan was discussed and approved at SMT and had been submitted to NHSI.

Outcome:

The progress against the plan would be monitored throughout the year both internally at SMT and externally by NHSI.

87d - Sickness absence project update

An update on the sickness absence project was to be provided in the workforce quarterly report and SMT would be overseeing it.

87e - Reference costs 2016/17

The Executive Director of Finance & Resources presented a report that provided an overview of the results of the 2016/17 reference costs exercise. He said in terms of overall reference cost, the Trust's total index for 2016/17 was 97 against 100 suggesting that overall Trust services compared favourably with the cost of the same services in other organisations.

A Non-Executive Director (RG) asked if estates utilisation was included in reviews of service efficiency. The Executive Director of Finance & Resources confirmed that it was.

Outcome:

The Business Committee noted the 2016/17 published reference costs for the Trust's services.

87f - Operational and non-clinical risks register 8+

The Chief Executive introduced the risk register. The summary report showed changes to note to the risk register since January 2018, as follows:

- Two new operational or strategic risks
- No risks with an increased or decreased score
- No risks have been closed since the previous report

It was noted that there were also two extreme risks scoring 15 or more.

The Executive Director of Operations said that risk 928 'staff capacity in

	general podiatry service' had been discussed at the performance panel on 20 February 2018 and it had been agreed to remove the risk. Risk 929 'IG requirements for introduction of the general data protection regulation'. The Executive Director of Finance & Resources said that work was progressing for all managers in the organisation to put in place the necessary steps to achieve an appropriate level of compliance when the regulation comes into force on 25 May 2018. **Action:** The Committee requested an updated position statement to be provided at the meeting in April 2018. **Outcome:** The Committee noted the recent revisions made to the risk register. **87g - Internal audit reports** The Committee noted the outcome of the internal audit report relating to contract management as part of the approved 2017/18 plan. The report concluded that there was reasonable assurance. **Outcome:** The Committee noted the content of the internal audit report.	BM
2017/18 **(88)**	**Minutes for noting** Contract Management Board: 30 January 2018 The Committee received the Contract Management Board minutes.	
2017/18 **(89)**	**Business Committee work plan** It was agreed that a separate neighbourhood team report and dashboard would be discontinued from March 2018. The Interim Company Secretary advised the Committee that the service area focus presentations were only scheduled until March 2018. The Executive Director of Operations and the Executive Director of Nursing were currently arranging further deep dives. A revised list would be added to the work plan.	DA
2017/18 **(90)**	**Matters for the Board and other Committee** Community CAMHS presentation Children services draft strategy Projects highlight report: e-rostering Operational plan Business case for Wi-Fi system Retention plan Reference costs	
2017/18 **(91)**	**Any other business** None discussed.	

HEALTH AND WELLBEING BOARD

MONDAY, 19TH FEBRUARY, 2018

PRESENT: Councillor R Charlwood in the Chair

Councillors S Golton, G Latty, L Mulherin and E Taylor

Representatives of Clinical Commissioning Groups

Alistair Walling	NHS Leeds South and East CCG
Dr Gordon Sinclair	NHS Leeds West CCG
Nigel Gray	NHS Leeds North CCG
Phil Corrigan	NHS Leeds West CCG

Directors of Leeds City Council
Dr Ian Cameron – Director of Public Health

Representative of NHS (England)
Moira Dumma - NHS England

Third Sector Representative
Heather Nelson – Black Health Initiative
Hannah Munro – Forum Central

Representative of Local Health Watch Organisation
Tanya Matilainen – Healthwatch Leeds

Representatives of NHS providers
Sara Munro - Leeds and York Partnership NHS Foundation Trust
Julian Hartley - Leeds Teaching Hospitals NHS Trust
Thea Stein - Leeds Community Healthcare NHS Trust

Safer Leeds Representative
Superintendent Sam Millar – West Yorkshire Police

46 Welcome and introductions
The Chair welcomed all present and brief introductions were made.

47 Appeals against refusal of inspection of documents
There were no appeals against the refusal of inspection of documents.

48 Exempt Information - Possible Exclusion of the Press and Public
The agenda contained no exempt information.

49 Late Items
There were no late items of business.

50 Declarations of Disclosable Pecuniary Interests
There were no declarations of disclosable pecuniary interest.

51 Apologies for Absence

Apologies for absence were received from Councillor Coupar, Jason Broch, Cath Roff and Steve Walker. Councillor E Taylor attended the meeting as a substitute.

52 Open Forum

Population Health Management Principles (PHM) - A query was raised regarding PHM and seeking support to pause the process of recognising Accountable Care systems until the outcome of two Judicial Reviews were known was raised.

In response, assurance was provided that the local Leeds Health and Care Plan had adopted a 'bottom up trajectory' approach through Local Care Partnerships and there would be no imposition of a national model. Additionally, health and care sector partners were keen to continue the Leeds integrated working approach which would allow the sector to monitor and challenge provision through collaborative practices; keeping in mind that the sector needed to understand those areas where it was required to procure services in order to provide the best service and value for money.

RESOLVED – To note the matter raised.

53 Minutes

An amendment was made to Minute No.40 'Making a Breakthrough', paragraph 2 Air Quality, to reference Chronic *Vascular* Diseases

RESOLVED – That, subject to the amendment outlined above, the minutes of the meeting held 23rd November 2017 were agreed as a correct record.

54 Leeds Health and Wellbeing Board: Reviewing the Year 2017-2018

The Chief Officer, Health Partnerships, submitted a report introducing a report on a review of the strategic direction provided by the Health and Wellbeing Board (HWB) and providing a look back over the last 12 months of HWB and partnership activity.

The Health Partnerships Manager introduced the report, which included a summary of a HWB self-assessment workshop undertaken in January 2018. This information would inform the future work planning and focus of the HWB into 2018/19. Three key issues for further focus were identified as:

- Mental health
- The workforce
- Hearing the voice of the community.

During discussions the Board considered the following:

- Previous discussions with the West Yorkshire & Harrogate Health and Care Partnership which sought to provide high support and high challenge that partners adopted the same or similar approach to health and care as Leeds as highlighted below;
- Success was predicated on building good working relationships between partners, building challenge into the process and encouraging strong, well-engaged communities within the process;

- Welcomed the sense of 'team Leeds' within the document which was evidenced by the well-connected approach to the health and care sector and service users;
- Acknowledged the work done by Board partners which had ensured that the HWB priorities were encompassed within their individual services and service plans.

RESOLVED

a) To note the collated findings of the report
b) To note the comments made during discussions intended to provide steer, commission or to clarify any future action to make further progress towards the outcomes and priorities of the Leeds Health and Wellbeing Strategy
c) That those matters identified during discussions be included within the HWB work plan as appropriate

55 Joint Strategic Needs Assessment: More Comprehensive Approach to City-Wide Analysis

The Board considered the joint report of the Chief Officer, Health Partnerships and the Head of LCC Intelligence and Policy setting out proposals for a broader, forward-looking approach to the ownership, production and utilisation of the Joint Strategic (Needs) Assessment, which will consider the wider determinants of health and wellbeing and facilitate policy linkages across the health and care system in Leeds.

The Chief Officer, Health Partnerships, introduced the report which highlighted the HWB's statutory responsibility to produce a JSNA to inform the direction and effectiveness of the Health and Wellbeing Strategy. The proposals sought to embed the 'Leeds approach' into the JSNA; be more inclusive of the Third Sector and communities; and included a name change to "Joint Strategic Assessment" (JSA).

The Board heard that officers had researched examples of good practice adopted by other areas of the country and went on to view a short video presentation entitled "Wellbeing of Future Generations (Wales) Act 2015" created by the Welsh Government to provide advice on the aims of the Act. The video was presented as the basis for discussion on a future approach to publicise the aims of the JSA and more widely - the work of the HWB; the Leeds Health & Wellbeing Strategy (HWBS) and Leeds Health and Care Plan. The Board supported the following principles around engagement and made the following comments:

- Emphasis on self-management and care
- Show what Leeds' health and care systems could look like and provide context for the individual
- Sets out a snapshot of need and reflect more of the 'one Leeds' approach

Discussion identified the following matters associated with the JSA for further consideration:

- The context should reference Leeds' focus on secure and happy childhoods to ensure the best start for children and young people
- To reference using community assets within the longer term service delivery proposals
- To be a toolkit for the whole City, including businesses and residents, not just the local health and care partners
- Acknowledged the need to broaden the scope of data collection in order to better inform the Leeds Health and Wellbeing Strategy and encompass the wider determinants of health

RESOLVED -

a) To note the contents of the report and the comments made during discussions on the Wellbeing of Future Generations (Wales) Act 2015 video and the refreshed Joint Strategic Needs Assessment;
b) To endorse the change from a Joint Strategic Needs Assessment to a Joint Strategic Assessment (JSA), reflecting the 'working with' approach and reflecting strengths and assets based approach developed in communities and neighbourhoods;
c) To endorse the extension of the JSA to cover the wider determinants of health in line with the refreshed Health and Wellbeing Strategy/Leeds Plan, Best Council/Best City priorities (paragraphs 3.1-3.3);
d) To actively support and contribute to a strong partnership approach to the JSA (paragraphs 3.6-3.10);
e) To agree the establishment of a partnership task and finish group to drive the JSA (paragraphs 3.11) and to note that the Chief Officer, Health Partnerships, will be responsible for overseeing implementation of the group.
f) Agreement that the JSA includes focus on secure and happy childhoods to ensure the best start for children and young people
g) Agreement that a wide breadth of information is used to inform the JSA including existing data sets where appropriate (e.g. mental health needs assessment framework)

56 Leeds Academic Health Partnership Strategy

The Chief Officer, Health Partnerships introduced a report providing an update on the progress made by the Leeds Academic Health Partnership (LAHP) to establish a Strategic Framework of priorities along with a summary of its programme of active projects to deliver these. The report acknowledged the role of the LAHP within the wider strategic context of the Leeds Health and Well Being Strategy, Leeds Health and Care Plan and the Leeds Inclusive Growth Strategy.

The report identified the strength and skills of LAHP members to drive the main strategic priorities of:

- Support the delivery of partners' own (and shared) strategies and plans –helping to simplify, not add to, complexity;
- Reflect the breadth of the partnership, for example: physical *and* mental health; care provided in *and* out of hospital; health *and* social care; discovery science to applied health research

- Build the reputation of and add value to all partner organisations and the city across the totality of the work programmes.
- Build on and bring together existing strengths across the city and also develop areas of new capability

Discussion focussed on the following key issues:

- The need to identify how the Third Sector will be further involved in the Partnership
- The need to clarify the role of digitalisation and digital innovation in the delivery of the priorities
- The 'one workforce' approach and how training will be delivered across the various partners to ensure this approach is implemented
- As part of a wider piece of work for the health and care partnership, three priorities of apprenticeships; organisational development and the long term future workforce had been identified for 2018, with focus commencing on 1st April 2018. From September, focus would include cultural working conditions and bringing together the workforce.

RESOLVED

1) To note the Strategic Framework priorities and progress made by the Leeds Academic Health Partnership and its programme to deliver better health outcomes, reduced health inequality and more jobs and stimulate investment in health and social care within the City's Health and Wellbeing Strategy.
2) To note that the Chief Officer, Health Partnerships Team will be responsible for overseeing implementation by the LAHP of its programme.

57 Pharmacy Needs Assessment 2018-21

The Director of Public Health, LCC, submitted a report on the new Pharmacy Needs Assessment (PNA) 2018-2021 which had been produced after a thorough and robust process, including a number of consultation measures.

Liz Bailey, Healthy Living and Health Improvement, introduced the summary findings of the report and provided assurance on the following key points:

- Leeds had a good spread and access to pharmaceutical services. No current gaps in provision of necessary services to meet the needs of the Leeds population had been identified;
- The PNA did not identify any future needs which could not be met by pharmacies/providers already on the pharmaceutical list; taking into account likely demographic changes during the three year life of the PNA

The following comments were noted during discussions:

- Welcomed the recognition given to pharmacies and pharmacists for their support to local communities
- Acknowledged a concern regarding access to pharmacies; given that residents were being encouraged to discuss health and wellbeing issues with their pharmacists in the first instance where appropriate

- Sought assurance that where there was no pharmacy service, there was provision of 'distance pharmacy' with 10 miles; noting the continuing residential expansion of Leeds into outlying suburbs
- Noted that the previous PNA included building "Safe Places" provision within pharmacies and this was not included in the 2018-21 document. It was agreed that the PNA 2018-21 would be reviewed to ensure "Safe Places" are incorporated
- Concern over how migrants/new residents to Leeds are enabled to access pharmacies
- Opportunity to progress the 'one healthcare records system'; including pharmacies

RESOLVED -

a) To note the thorough processes undertaken to compile the PNA 2018-2021
b) To note the findings and recommendations contained in the PNA 2018-2021
c) To note that there are no current gaps in the provision of necessary services to meet the needs of the Leeds Health and Wellbeing Board area population.
d) To note that there are no current gaps in the provision of other relevant services to meet the needs of the Leeds Health and Wellbeing Board area population.
e) To note that the PNA has not identified any future needs which could not be met by pharmacies already on the pharmaceutical list, which would form part of related commissioning intentions.
f) To note that as of 1st January 2018, all areas of Leeds have a reasonable choice of pharmaceutical services
g) To notes the follow up actions that have been taken, since the submission of the update paper submitted on 23rd November 2017.
h) To approve the PNA document ready for publication and placing on the Leeds Observatory website http://observatory.leeds.gov.uk/ by 1st April 2018.

58 Progressing the NHS Leeds Clinical Commissioning Groups Partnership Annual Report 2017-2018

The Board considered the report of the Communications Manager, NHS Leeds Clinical Commissioning Groups Partnership, which demonstrated how the Clinical Commissioning Group Annual Report has documented its contribution to the joint health and wellbeing strategy.

The report highlighted that information was previously submitted by the Leeds CCGs Partnership to the self-assessment workshop held for the HWB in January 2018. This submission provided an overview of how the organisation had contributed to each of the 12 priorities within the Leeds Health and Wellbeing Strategy 2016-21. It was proposed that this submission would be used for the Annual Report 2017-18 to evidence the extent that the Leeds CCGs Partnership has contributed to the delivery of the Leeds Health and Wellbeing Strategy.

RESOLVED

a) To support the process for developing the CCG annual report as outlined in para 3.6 to meet the statutory requirement outlined by NHS England.
b) To acknowledge the extent to which the NHS Leeds CCGs have contributed to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021.
c) To agree to the formal recording of this acknowledgement in the NHS Leeds CCGs' annual reports according to statutory requirement.

59 For Information: iBCF (Spring Budget) Q3 2017/18 Return and BCF Performance Monitoring Q3 2017/18 Return

The Board received for information, a copy of the iBCF Spring Budget and the Better Care Fund 2017/18 Quarter 3 returns.

RESOLVED -

a) To note the contents of the report
b) To note the contents of the Leeds iBCF Quarter 3 return to the DCLG
c) To note the content of the Leeds HWB BCF Performance Monitoring return to NHSE for quarter 3 of 2017/18

60 For Information: Leeds Health and Care Quarterly Financial Reporting

The Board received, for information, a copy from Leeds Health and Care Partnership Executive Group (PEG) which provided an overview of the financial positions of the health & care organisations in Leeds, brought together to provide a single citywide quarterly financial report.

RESOLVED – To note the end of year forecast contained within the Leeds health & care quarterly financial report.

61 Any Other Business

No additional items of business were identified.

62 Date and Time of Next Meeting

RESOLVED – To note the following arrangements:

a) Board workshop – Thursday 19th April 2018 at 9.30 am
b) Formal Board meeting – Thursday 14th June 2018 at 12.30 pm