

Board Meeting (held in public)
Friday 29 March 2019, 9.00am –11.45am
Trust Headquarters, Stockdale House, Victoria Road, Leeds LS6 1PF

AGENDA

Time	Item no.	Item	Lead	Paper
Preliminary business				
9.00	2018-19 (109)	Welcome, introductions and apologies	Neil Franklin	N
9.05	2018-19 (110)	Declarations of interest	Neil Franklin	N
9.10	2018-19 (111)	Questions from members of the public	Neil Franklin	N
9.15	2018-19 (112)	Patient's story: ICAN - transition from children to adult services.	Steph Lawrence	N
9.30	2018-19 (113)	Minutes of previous meeting and matters arising: a. Minutes of the meeting held on 1 February 2019 and 1 March 2019 (extraordinary meeting) b. Actions' log	Neil Franklin Neil Franklin	Y Y
Quality and delivery				
9.40	2018-19 (114)	Chief Executive's report	Thea Stein	Y
9.50	2018-19 (115)	Committees' assurance reports: a. Charitable Funds Committee: 1 March 2019 b. Nominations and Remuneration Committee: 8 March 2019 c. Audit Committee: 22 March 2019 (verbal) d. Quality Committee: 18 February, 18 March 2019 e. Business Committee: 20 February, 25 March 2019 (verbal)	Brodie Clark Neil Franklin Jane Madeley Ian Lewis Brodie Clark	Y Y N Y Y
10.15	2018-19 (116)	Performance brief and domain reports	Bryan Machin	Y
10.35	2018-19 (117)	Significant risks and board assurance framework summary	Thea Stein	Y
10.55	2018-19 (118)	Annual staff survey 2018	Jenny Allen/Laura Smith	Y
11.10	2018-19 (119)	Estates a. Office Reorganisation: Proposed new lease for the 4 th floor, Stockdale House b. LIFT Under Lease Plus Agreements (ULPAs) from Community Health Partnerships (CHP)	Bryan Machin	Y Y
Strategy and planning				
11.20	2018-19 (120)	Operational plan 2019/20	Bryan Machin	Y
Governance				
11.30	2018-19 (121)	Gender pay gap report	Jenny Allen/Laura Smith	Y
11.35	2018-19 (122)	Corporate governance report	Thea Stein	Y
11.40	2018-19 (123)	Board workplan	Thea Stein	Y
Minutes				
11.40	2018-19 (124)	Approved minutes (for noting): a. Charitable Funds: 14 December 2018 b. Quality Committee: 21 January 2019 and 18 February 2019 c. Leeds Health and Wellbeing Board: 12 December 2018 d. Leeds Safeguarding Children Partnership Board: 9 October 2018 e. Business Committee: 23 January 2019	Neil Franklin	Y Y Y Y Y
11.45	2018-19 (125)	Close of the public section of the Board	Neil Franklin	N

Date of next meeting (held in public)
Friday, 24 May 2019, 9.00am -12noon
Trust Headquarters, Stockdale House, Leeds LS6 1PF

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

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

<p>AGENDA ITEM 2018-19 (113ai)</p>

Friday 1 February 2019, 9.00am – 11.45am

Present:	Neil Franklin Thea Stein Dr Tony Dearden Jane Madeley Professor Ian Lewis Bryan Machin Sam Prince Dr Ruth Burnett Steph Lawrence Jenny Allen Laura Smith	Trust Chair Chief Executive Non-Executive Director Non-Executive Director Non-Executive Director Executive Director of Finance and Resources Executive Director of Operations Interim Executive Medical Director Interim Executive Director of Nursing Director of Workforce, Organisational Development (OD) and System Development (JA) Director of Workforce, Organisational Development (OD) and System Development (LS)
Apologies:	Brodie Clark Diane Allison	Non-Executive Director Company Secretary
In attendance:	Richard Gladman Louise Elwen	Associate Non-Executive Director ICAN Community Nurse
Minutes:	Bridget Lockwood	Business Support Manager
Observer:	Roohi Collins	Insight Programme participant
Members of the public:	One member of the public in attendance	

Item	Discussion points	Action
2018-19 (86)	<p>Welcome and introductions The Chair welcomed Board members and one observer to the meeting.</p> <p>Apologies Apologies were noted from a Non-Executive Director, Brodie Clark.</p> <p>Opening remarks The Chair opened the meeting.</p>	
2018-19 (87)	<p>Declarations of interest There were no declarations of interest made in relation to any items on the agenda.</p>	

<p>2018-19 (88)</p>	<p>Questions from members of the public One member of the public was in attendance. No questions had been notified in advance of the meeting.</p>	
<p>2018-19 (89)</p>	<p>A patient's story: Children's Services The Board welcomed Louise Elwen, Integrated Children with Additional Needs (ICAN) community nurse, who specialised in sleep disorders and attended the meeting to describe how the service assisted young people and families.</p> <p>The Board listened to a recording of an interview the ICAN community nurse had conducted with a young male who had been referred to the service by his GP, and heard about the techniques he and his mother had been provided with to help him sleep better. The Board heard how the techniques used, such as having a bath before bedtime and only wearing pyjamas for bed, had helped the young person sleep more which resulted in him being more alert and able to concentrate during the day.</p> <p>The Board also heard how the service had helped the young person's mother who had been sleeping on her son's bedroom floor for three years and prior to referral to the service, had been signed off work with depression and anxiety. Initial referrals by the GP to the CAMHS team had been declined and the school had not been able to help. Following a subsequent referral to the sleep pathway service and what was described as a "team effort", the mother had been able to return to work and no longer felt depressed.</p> <p>The Director of Workforce, Organisational Development and System Development (LS) reflected on the high level of trust the mother and young person had in the ICAN community nurse, and asked how long her interaction had been with them. The ICAN community nurse responded that she had carried out just one home visit in the summer of 2018, followed by a series of phone calls.</p> <p>The Chief Executive asked how many children were referred to the pathway. The ICAN community nurse was not aware of the number of referrals but responded that children between the ages of two and 19, generally with Down syndrome, cerebral palsy or autism were seen by the service.</p> <p>The Trust Chair asked if lessons could be learned by increasing awareness of the pathway amongst local GPs. The ICAN community nurse agreed that awareness needed to be widened. It was noted that a number of charities assisted with sleep disorders and this information was also shared with parents when seen by the service. The Executive Director of Operations added that awareness in the child health hubs would assist in building a better understanding.</p> <p>Associate Non-Executive Director (RG) asked how many people worked in the team. The ICAN Community Nurse responded that there were four ICAN nurses, a community nursery nurse, a specialist health visitor and two SILC nurses in the special inclusion schools. Further links with the community CAMHS service were also being made so that helping with sleep disorders became part of their clinical practice. The ICAN community nurse added that an ICAN Consultant had a special interest in sleep disorders and the team were trying to reduce the use of melatonin to treat such disorders.</p> <p>The Interim Executive Medical Director informed the Board that the concept of group consultations was being considered in the Community Paediatric service as an option to be considered for less complex cases. The ICAN community nurse said that some parents needed more support than could be offered in a group setting, and added that a two hour session on sleep hygiene needed to be offered early to prevent the condition becoming more serious.</p>	

	<p>A Non-Executive Director (JM) asked why the referral had not been accepted by CAMHS. The Executive Director of Operations said this was likely to be an inappropriate referral because the CAMHS team did not have a sleep service. A Non-Executive Director (IL) asked why CAMHS had not referred the GP to the sleep pathway service.</p> <p>The Chief Executive said this learning was helpful in highlighting that awareness needed to be raised with colleagues in CAMHS and with GPs.</p> <p>The Trust Chair thanked the ICAN community nurse for her time and passed on the Board's best wishes to the young person and his mother.</p>	
<p>2018-19 (90)</p> <p>(90a)</p> <p>(90b)</p>	<p>Minutes of the previous meetings held on 7 December 2018 and matters arising</p> <p>Minutes of the meeting held on 7 December 2018 The minutes were reviewed for accuracy and agreed to be a correct record of the meeting.</p> <p>Items from the actions' log The completed actions from previous meetings were noted. All actions were in hand or to be discussed as part of the meeting's agenda.</p> <p>It was noted that the Care Quality Commission's final report following the System Review of Health and Social Care in Leeds had been received that week. The Chief Executive would share with individuals should they wish to read the report.</p>	
<p>2018-19 (91)</p>	<p>Chief Executive's report The Chief Executive introduced the report which provided an update on Trust activities since the last Board meeting and highlighted key issues for the Board to note.</p> <p>A Non-Executive Director (JM) asked what work was underway in preparation for Brexit. The Chief Executive responded that Dr Ian Cameron, the Director of Public Health at Leeds City Council, was the Senior Responsible Officer for Leeds. The Executive Director of Operations was the Senior Responsible Officer for the Trust and confirmed that a risk assessment against seven areas had been carried out at the request of NHS England. It had been determined that the risks for the Trust were low due to very few European Union nationals working for the Trust and the fact that the organisation was not a high volume prescriber. Consumables were procured through the national NHS Supply Chain and therefore the national approach would be adopted by the Trust in the event of a no deal Brexit. The Senior Management Team retained oversight of the position and the Chief Executive suggested that the risk assessment be considered by the Business Committee.</p> <p>Assurance was being sought in the city regarding preparations underway in primary care and risks were noted as being significantly higher for the acute trust. A Non-Executive Director (TD) asked if the risks were being costed. The Chief Executive responded that NHS England was undertaking a costing exercise and increasing stock levels of medicines.</p> <p>A Non-Executive Director (IL) was pleased to note that Leeds Community Healthcare NHS Trust and Leeds City Council had been rated as 'Outstanding' following a recent OFSTED review of Children's Services in the city. The Board recognised the significant work involved and continued improvement demonstrated since a less favourable review in 2010.</p>	

	<p>A Non-Executive Director (IL) was also pleased to note that three individuals had been identified to act in an advisory capacity for staff caring for patients with a learning disability. He was impressed to learn that Jitesh Patel, Community Dietician with the Trust, had recently won first prize for 'New Research' at the British Dietetics Association's Research Symposium for his work on Iodine screening for women of childbearing age. The Board offered congratulations to Jitesh.</p> <p>Action: Brexit risk assessment to be considered by the Business Committee in March 2019</p> <p>Outcome: The Board noted the Chief Executive's report and the matters highlighted.</p>	Executive Director of Operations
2018-19 (92)	<p>Committees' assurance reports:</p> <p>Item 92a – Charitable Funds Committee held 14 December 2018 The report was presented by the Trust Chair who highlighted that the Chief Executive of Leeds Cares would be joining Board members for lunch at the conclusion of the meeting. Further work was underway to establish the objectives around this workstream.</p> <p>Item 92b – Nominations and Remuneration Committee held 14 December 2018 The report was presented by the Chair of the Committee, the Trust Chair, who highlighted that reasonable levels of assurance had been determined on areas considered by the Committee:</p> <ul style="list-style-type: none"> • The substantive recruitment and selection process for the substantive appointment to the Executive Director of Nursing and Executive Medical Director posts. The Board noted that the closing date for applications was 9 February, with interviews at the end of February and the beginning of March 2019 • Outcome of the Clinical Excellence Awards panel • Approval of payment of the Living Wage from 1 November 2018 <p>Item 92c – Audit Committee held 14 December 2018 The report was presented by the Chair of the Committee and Non-Executive Director (JM) who highlighted the key issues, namely:</p> <ul style="list-style-type: none"> • Internal Audit update reports – support was requested from the Executive Team to ensure that all audits were completed by year end • GDPR – the Committee received a progress report on the Trust's actions to achieve compliance with GDPR legislation which provided reasonable assurance that plans were robust and being delivered • Board Assurance Framework (BAF) – the Committee reviewed the entire BAF as part of its six monthly review programme. An additional draft strategic risk had been considered in relation to the threat of cyber security to the Trust's IT infrastructure. This would be discussed later in the agenda. <p>Item 92d – Quality Committee held 21 January 2019 The report was presented by the Chair of the Committee and Non-Executive Director (IL) who highlighted the key issues, namely:</p> <ul style="list-style-type: none"> • Spotlight on Police Custody Forensic Healthcare Service – the Committee heard an overview of the service, including key challenges and the remodelling of the service since the Trust was awarded the tender. A range of challenges were heard and the Committee were pleased to note 	

	<p>that despite these, the service was meeting all key performance indicators set by the Police commissioners.</p> <ul style="list-style-type: none"> • Clinical Outcomes Programme Update – the Committee welcomed the update and noted that 75 per cent of services had completed a self-assessment on the use of outcomes information. The Committee would determine an assurance level following a further update in March 2019. • Quality Account Quarter 3 update – it had been noted that nine indicators were progressing as planned, 14 indicators had a risk of delay, and four indicators had not met the agreed timescale for achievement. The Committee expressed concern regarding the four indicators that would not be achieved: Quality Challenge+ visits to all services, waiting times in ICAN and autistic spectrum disorder assessment service, CAMHS waiting times and Friends and Family Test equality data improvement. The Committee determined that reasonable assurance had been provided that the right actions were in place to support the achievement of the priorities. The Committee was less assured that all priorities would be achieved. • Performance brief and domain reports – the Committee had recognised the improved format and richer narrative in the report and had agreed that a reasonable level of assurance had been provided. • Guardian for Safe Working Hours – the Committee had noted the quarterly update report and determined that reasonable assurance had been provided. <p>Item 92e – Business Committee held 23 January 2019</p> <p>The report was presented by Associate Non-Executive Director (RG) who highlighted the key issues, namely:</p> <ul style="list-style-type: none"> • Service Support Session - Leeds Integrated Sexual Health Service: the Committee had received an impressive presentation from the service, including their approach to quality improvement, finding solutions, and combining excellent staff and patient engagement with data collection and performance information. Associate Non-Executive Director (RG) reflected on clear lessons that could be transferred to other services across the organisation. • Change Board (projects) – the Committee had received greater assurance on individual projects but requested further information in future reports about the interdependencies across the programme as a whole • Draft Estates Strategy Transformation 2019-24 – The Committee had requested that the Strategy included further detail regarding the change in the ways that staff would work and how the Strategy would support this. Associate Non-Executive Director (RG) reflected that the Strategy would benefit from the learning from the drafting of the Workforce Strategy in shaping a revised Estates Strategy. <p>Outcome: The Board noted the update reports from the committee chairs and the matters highlighted.</p>	
<p>2018-19 (93)</p>	<p>Performance brief and domain reports</p> <p>The Executive Director of Finance and Resources presented the report which provided a high level performance summary for December 2018. He thanked Board members for comments offered regarding the improved format of the report. The Senior Management Team had reviewed the data and determined that the Trust's overall performance position was good. Further triangulation of data across various domains continued.</p> <p>Safe and Caring domains</p> <p>The Chief Executive noted that the position regarding pressure ulcers had plateaued and requested an update. The Interim Executive Director of Nursing</p>	

responded that it had been established that the causes of pressure ulcers remained the same. Work was underway to concentrate on the learning from cases, rather than the investigation process, and to ensure that the learning was embedded. It had been agreed at a recent Patient Safety and Experience Governance Group meeting that two afternoon workshops would be held for frontline staff twice a year, with three sessions per afternoon, to focus on learning from pressure ulcers. The Chair asked how the revised approach would assist staff in learning. The Interim Executive Director of Nursing responded that the workshop sessions would allow staff to be more open than the investigative approach taken to date.

Associate Non-Executive Director (RG) asked if other trusts were reporting a similar plateau and if learning from elsewhere in the country could be adopted. The Interim Executive Director of Nursing responded that the Trust was part of NHS Improvement's Pressure Ulcer Collaborative and the same issues were being reported at those meetings. The Interim Executive Director of Nursing added that she would also be meeting with the Director of Nursing at Cambridge Community Health Services to share learning.

The Executive Director of Finance and Resources requested an update on the Category 4 pressure ulcer reviewed at panel in January 2019. The Interim Executive Director of Nursing confirmed that this had been determined as avoidable.

Effective domain

A Non-Executive Director (JM) asked what steps were to be taken regarding the Quality Challenge+ peer review process. The Interim Executive Director of Nursing responded that frontline staff and the Senior Management team felt that the process needed to be less generic in order to be appropriate for all services, and the approach needed to be reviewed to ensure it was more effective. The Quality Committee would be considering a revised approach at its meeting in March 2019, for implementation from 1 April 2019. The Interim Executive Director of Nursing added that the programme was on schedule in quarter 4 but there had been a reduction in the number of visits undertaken in quarter 3 which would not be recovered prior to the end of the financial year.

The Chief Executive queried the action under NICE guidance 11 regarding the need for planned training for staff in CAMHS around managing challenging behaviour. The Interim Executive Medical Director agreed to follow this up.

Action: Interim Executive Medical Director to query the requirement for CAMHS staff to undertake training around proactive strategies for managing challenging behaviour

Interim
Executive
Medical
Director

Responsive domain

The Executive Director of Operations informed the Board that there had been a sharp increase in the number of waits in the Child Development Centre in December 2018. This was due to an increase in Complex Communication Assessment referrals (autistic spectrum disorder assessment for under-5s), which was an issue reported nationally. Commissioners had provided funding for a waiting initiative which aimed to reduce waits to 12 weeks by April 2019. In addition, the Executive Director of Operations highlighted a service improvement initiative had seen the creation of a multi-disciplinary team between the ICAN and CAMHS teams to work on a clear pathway between the two services, specifically relating to children referred for an autism assessment.

The Executive Director of Operations highlighted that in quarter 3 there had been a reduction in performance against the six week waiting target in the Improving

Access to Psychological Therapy (IAPT) Service, with an overall quarter performance of 69.9 per cent against a target of 75 per cent. The target to see 95 per cent of all referrals within 18 weeks had not been impacted by this performance however, the service had achieved 99.2 per cent against a target of 95 per cent.

The service had achieved access of 13.6 per cent of the prevalent population against a target of 15 per cent, however, joint work with commissioners to achieve this target had led to an increase in the number of patients referred to the service. Consequently an increase in the waiting times for initial screening and Step 3 appointments had increased and therefore additional staff had been recruited to address the position following receipt of additional funding from commissioners. Demand, capacity and the impact of agreed actions were being closely monitored.

A Non-Executive Director (JM) asked how the 800-900 waits in CAMHS was being monitored. The Executive Director of Operations responded that all referrals were triaged by the MindMate Spa and prioritised according to risk. 60 per cent of those referred were discharged following a next steps consultation, the remainder were added to waiting lists and referred to self-help materials on a bespoke website. Any referrals for autism or ADHD were referred directly into a pathway rather than to a next steps consultation. The Board noted that the Senior Management Team had agreed that a reduced number of new appointments would be offered in March 2019 in order to prioritise onward waits.

Well-led

Associate Non-Executive Director (RG) asked if further comparative analysis would be available regarding sickness absence in the Trust. The Director of Workforce, Organisational Development and System Development (JA) responded that analysis carried out regarding long term sickness absence had concluded that the Trust was not an outlier in the strictest sense, however, the Trust reported higher absence rates than the majority of peers. Work was underway to establish any specific areas of concern. It was noted that a recent Internal Audit report had offered reasonable assurance on how the position was being managed. The Director of Workforce, Organisational Development and System Development (JA) added that a key focus of the Workforce Strategy was health and wellbeing and would be reported on monthly.

A Non-Executive Director (IL) queried the high sickness absence rates recorded in Children's Services. The Executive Director of Operations confirmed that the area of most concern was the 0-19 pathway which had undergone a great deal of change recently due to the implementation of the new service model. Further triangulation of this data was underway. The Chief Executive informed the Board that additional support was available to staff regarding mental health and wellbeing, including the introduction of Mental Health First Aiders.

Financial position

The Executive Director of Finance and Resources confirmed that the Trust's overall financial position remained consistent with previous months and it was anticipated that the revised control total of £4m would be achieved. The Business Committee had reviewed the control total for the next financial year and the recommendation of the Executive Director of Finance and Resources was that the Trust accept the control total and associated one per cent surplus. The Board noted a risk relating to the national pay award funding which would not be fully funded through the control total offered.

The Chief Executive asked if there would be any financial implications for the Trust given the aggregated control total for the West Yorkshire and Harrogate Integrated Care System (ICS). The Executive Director of Finance and Resources responded

	<p>that there was an expectation that all Trusts within the ICS achieve their control totals in order to receive Provider Sustainability Funding (PSF) from NHS Improvement. It was noted that this was less of a risk for Leeds Community Healthcare NHS Trust as this was a cash payment that the Trust would not be able to utilise. A Non-Executive Director (JM) queried the number of trusts within the ICS that were not expected to achieve their control total. The Executive Director of Finance and Resources responded that it was anticipated that all trusts would achieve individual control totals, with the exception of one trust which had not accepted its control total.</p> <p>Outcome: The Board noted the Trust's performance for December 2018.</p>	
<p>2018-19 (94)</p>	<p>Significant risks and assurance report</p> <p>The Chief Executive presented the report which outlined the Trust's current risk profile and detailed organisational risks currently scoring 15 or above following the application of controls and mitigation measures.</p> <p>The Board noted the de-escalation of Risk ID 224, relating to sickness absence, from a score of 16 (extreme) to a score of 12 (high). The de-escalation of the risk had been agreed by the Senior Management Team following a discussion at the Trust Board meeting in December 2018 and subsequent confirmation of mitigations in place to address the risk.</p> <p>The Chief Executive referred to the de-escalation of Risk ID 939, relating to the new CAMHS Tier 4 building, from a score of 16 (extreme) to a 12 (high) and it was agreed to reflect on this further as part of the update provided on this project in the private session of the Board.</p> <p>The Chief Executive highlighted that the description of Risk ID 949 as "high turnover of staff in Neighbourhood Teams" had been amended to more accurately reflect that the risk related to the movement of staff in neighbourhood teams.</p> <p>A Non-Executive Director (JM) asked the Chief Executive to thank the Company Secretary for a clear report. The Board agreed the addition of BAF Risk 2.6, relating to the risk around cyber security, following a recommendation from the Audit Committee.</p> <p>Outcome: The Board noted the contents of and the themes identified in the risk register, noted the revised BAF risk scores and current assurance levels, and agreed the addition of BAF risk 2.6.</p>	
<p>2018-19 (95)</p>	<p>Serious incidents summary report</p> <p>The Interim Executive Director of Nursing presented the Serious Incidents Report which summarised outcomes, themes, actions and learning from investigations closed between October and December 2018. The Board noted that the majority of Serious Incidents in quarter 3 related to falls and pressure ulcers. The Trust had received positive feedback from NHS Improvement on its high reporting of falls.</p> <p>The Interim Executive Director of Nursing highlighted that an unexpected death had occurred in one of the Recovery Hubs. The coroner had accepted the cause of death, not related to the catheter or retention of urine, and no inquest was planned. The Board noted however that an internal investigation had identified potential lapses in care, and an action plan was due to be finalised. All appropriate actions would be taken and learning disseminated.</p> <p>The Board noted that the process around the completion of Serious Incident investigations had not been followed in quarter 3, with some reports not being sent</p>	

	<p>to commissioners as required. Additional training, including a flow chart, was being provided to new members of staff within the Clinical Governance Team to ensure there was no re-occurrence.</p> <p>The Interim Executive Director of Nursing informed the Board that a young person had died who had been under the care of one of the Trust's Care Navigators while on the caseload of the CAMHS Tier 4 service in Sheffield. The Trust had been fully engaged in the investigation process from the start and the Board would be provided with a further update should there be any implications for the organisation.</p> <p>A Non-Executive Director (IL) queried the definitions around avoidable and unavoidable Serious Incidents. The Interim Executive Director of Nursing clarified that the definition was dependent on what was within the control of the organisation and its staff. A Non-Executive Director (IL) felt that the Trust had a responsibility to take action should a Serious Incident occur within the system, regardless of whether the Trust was in control of the factors surrounding the incident. The Interim Executive Director of Nursing agreed to consider how this would be reported in future Board papers.</p> <p>Action: Interim Executive Director of Nursing to consider the future reporting of avoidable and unavoidable Serious Incidents that occur within the health system</p> <p>Outcome: The Board noted the current position and received assurance regarding the management of Serious Incidents and the handling of inquests</p>	<p>Interim Executive Director of Nursing</p>
<p>2018-19 (96)</p>	<p>Mortality report</p> <p>The Interim Executive Medical Director introduced the quarter 3 Mortality Report and referred to the complexity of reporting such data in a community setting. The Board noted that reporting had improved significantly during 2018/19 with the ability to determine the number of Level 1 and Level 2 reviews completed. The last meeting of the Mortality Surveillance Group had reviewed trends in each Business Unit. In 2019/20 the Group would compare the number of cases undergoing a Level 1 or Level 2 investigation with the complexity of the patient, such as, patients with a mental health condition or learning disability. It was noted that at present there was no comparable community trust mortality dataset to enable benchmarking to take place. A citywide group was due to meet the following week to discuss how to maximise the learning from deaths as a city.</p> <p>A Non-Executive Director (IL) recognised the amount of work that been undertaken within the Trust to improve mortality reporting, and welcomed the progress that had been made. He reflected on the lack of reporting on deaths of patients with a learning disability. The Interim Executive Medical Director responded that these deaths were reported but acknowledged that there was further work to do regarding such reporting. It was noted that there were no cases in quarter 3 of 2018/19. The Interim Executive Director of Nursing added that she was the Trust's lead for the Learning Disabilities Mortality Review (LeDER) programme. Eight people were trained to undertake investigations, a higher number than other organisations in Leeds, and the individuals carried out investigations both internally and for other Trusts within the city.</p> <p>The Trust Chair asked if there should be a separate section in the Board report regarding deaths of patients who had a learning disability. A Non-Executive Director (IL) suggested that the Mortality Annual Review include this information. The Interim Executive Medical Director agreed to report in this way.</p> <p>An Associate Non-Executive Director (RG) highlighted that a pilot was underway in North Yorkshire regarding the use of data analytics on Electronic Palliative Care</p>	

	<p>Co-ordination Systems (EPaCCs). The Interim Executive Medical Director was interested to discuss this further.</p> <p>The Chief Executive referred to the significant amount of work that was routinely undertaken on mortality investigations, particularly in the Adult Business Unit, where 20-25 per cent of deaths required a Level 2 review, with no additional resource available for this purpose. The Chief Executive therefore asked the Board to be as concerned about the impact on staff members as with the need for mortality reporting. The Interim Executive Medical Director added that the recent work carried out in order to provide such detailed quality data was not sustainable. The Chair acknowledged this challenge.</p> <p>A Non-Executive Director (TD) requested clarification on the reporting of deaths of patients with a mental health condition. The Interim Executive Medical Director responded that this was not clear other than the guidance stating that dementia was to be excluded in this context.</p> <p>The Trust Chair summarised the discussion, acknowledging the challenges in producing mortality data whilst also providing clarity on trends. He felt that the Board should receive an annual review, with quarterly reports to be considered by the Quality Committee and reported by exception to the Board.</p> <p>Action: Mortality Annual Review to include information on the deaths of patients who had a learning disability</p> <p>Outcome: The Board:</p> <ul style="list-style-type: none"> • received assurance regarding mortality reporting and review in the Trust • Quality Committee to receive quarterly Mortality Reports, to be reported to the Board by exception 	Interim Executive Director of Nursing
2018-19 (97)	<p>Guardian for Safe Working Hours Report</p> <p>The Interim Executive Medical Director introduced the quarterly update report which had been reviewed at the Quality Committee on 21 January 2019. The Board had reviewed the last quarterly report at its meeting on 7 December 2018 and there was nothing further to highlight at this time.</p> <p>The Board noted that the Interim Executive Medical Director was working with the Joint Negotiating Committee's staffside chair to establish a combined plan for engagement with medical and dental staff.</p> <p>Outcome: The Board noted the report</p>	
2018-19 (98)	<p>Safe staffing report</p> <p>The Interim Executive Director of Nursing introduced the bi-annual report on safe staffing, in line with NHS England requirements and National Quality Board recommendations. The report was presented in a revised format and demonstrated triangulation with other patient safety indicators. Safe staffing had been maintained across all inpatient units within the Trust over the six month period.</p> <p>The Board noted that the new nurse associate role had been ratified by the Nursing and Midwifery Council (NMC) earlier in the week and seven members of staff had qualified in this role. The Interim Executive Director of Nursing highlighted that the Care Quality Commission had issued clear guidance that trusts were not to replace roles undertaken by a registered nurse with registered associates. It was confirmed that the Trust was compliant with this guidance. The Chief Executive said that the next report to the Board would include a paragraph</p>	

	<p>to confirm this compliance.</p> <p>Associate Non-Executive Director (RG) queried the number of Health Visitors in post and it was confirmed that the establishment aligned with the levels required of the Trust.</p> <p>A Non-Executive Director (JM) asked if the data breaches/inappropriate sharing of information in the Health Visiting Service were reportable incidents. The Interim Executive Director of Nursing responded that the breaches related to administrative rather than clinical errors. It was agreed that the minutes would reflect this clarification regarding the wording in the report. The Board accepted the assurance.</p> <p>Outcome: The Board noted the contents of the report, the progress made and supported the continuation of six monthly reviews at the public Board meeting.</p>	
<p>2018-19 (99)</p>	<p>Realising our strategic direction</p> <p>The Chief Executive introduced the report which outlined work undertaken over the last six months to enable stronger relationships with primary care, social care and the third sector, and described the Trust's partnership working with organisations in the city and beyond, in particular the relationship with the Leeds GP Confederation. The Chief Executive highlighted that the publication of the <i>NHS Long Term Plan</i> significantly supported the direction of travel and put the Trust in a unique position nationally. The Chief Executive invited comments and questions.</p> <p>The Trust Chair agreed that the <i>NHS Long Term Plan</i> aligned with the work the Trust had undertaken over the past two years which therefore provided assurance in terms of the organisation's strategy. He added that discussions at recent Committees in Common meetings and at the joint Leeds Community Healthcare/Leeds GP Confederation development sessions assisted in providing further context.</p> <p>The Chief Executive said that there was a strong momentum in the city to do things differently, including the potential need for organisational change, which was being communicated in localities. This needed to be balanced with the bespoke communications with the Trust's frontline staff. The Director of Workforce, Organisational Development and System Development (JA) felt that this was well understood by the Board but agreed there was a need to communicate this to staff also. The Executive Director of Operations felt this needed to be communicated in a way that would be understood by all services. The Chief Executive agreed to reflect on how this might be achieved.</p> <p>Associate Non-Executive Director (RG) commented that the next joint development session with the Leeds GP Confederation was to be used to have more tangible conversations about how the aims outlined in the strategy might work in practice. The Chief Executive confirmed that work was underway to establish a means to provide an under-arching structure with the least amount of upheaval. The joint appointment of the Director of Workforce, Organisational Development and System Development, the Executive Director of Nursing and the Executive Medical Director roles already allowed structured ways in which the two organisations could work together.</p> <p>Associate Non-Executive Director (RG) asked how this would be made pertinent to the Trust's staff members. The Chief Executive confirmed there had been ongoing engagement, described as the continuation of a journey. It was recognised that there would be a need to be more specific about the potential impact of change with some staff groups or services however. Associate Non-</p>	

	<p>Executive Director (RG) requested clarity on the potential impact on staff. The Chief Executive responded that where a commitment to better outcomes for patients was evident, reaction to change was generally more positive. The Chair added that he had noted at the recent 50 Voices meeting that there had been a good level of awareness regarding potential change and there had been no resistance to it.</p> <p>The Trust Chair agreed that clarity regarding the communication of the strategy needed careful consideration, and needed to vary according to audience. He felt that engaging with GPs provided an additional challenge.</p> <p>Outcome: The Board noted the update on the Trust’s strategy and work to date.</p>	
<p>2018-19 (100)</p>	<p>Workforce strategy</p> <p>The Director of Workforce, OD and System Development (LS) presented the draft Workforce Strategy (2019-21) for approval. The Board noted that the Strategy was the culmination of an iterative period over the past months involving a range of stakeholders. The Strategy had been considered by the Business Committee on 23 January 2019.</p> <p>The Board noted that the six priorities outlined in the Workforce Strategy aligned with the organisation’s strategic direction, provided a framework for delivery and had been embedded in the Trust’s Seven Magnificent Behaviours. The Business Committee would continue to oversee progress on the Strategy. The quarterly Workforce Report to the Board would be re-drafted to align with the six priorities.</p> <p>Associate Non-Executive Director (RG) commented on a good piece of work and asked if the Strategy would be aligned with the planning process for the next financial year. The Director of Workforce, Organisational Development and System Development (LS) confirmed that it was aligned with the Trust’s business planning and business unit plans.</p> <p>The Trust Chair welcomed the Strategy in bringing pieces of work together and providing clarity on delivery, the means to assess the success of delivery, and the attendant risks around these steps. The Trust Chair added that the Strategy provided a good template for other strategic documents.</p> <p>The Chief Executive proposed that the Board focus on one priority at each meeting to allow a greater depth of understanding and discussion, and the Business Committee to receive regular updates on all six priorities. The Board agreed the proposal.</p> <p>A Non-Executive Director (JM) felt that the Risks to Delivery did not capture broader system risks. The Director of Workforce, Organisational Development and System Development (JA and LS) agreed to include these risks with updates to the Board.</p> <p>Action: Workforce Strategy update to the Board to focus on one priority per meeting. Business Committee to receive updates on all six priority areas.</p> <p>Action: system risks to be included in Risks to Delivery</p> <p>Outcome: The Board approved the Workforce Strategy (2019-21) for delivery and dissemination.</p>	<p>Director of Workforce</p> <p>Director of Workforce</p>
<p>2018-19 (101)</p>	<p>Quality Strategy update report</p> <p>The Interim Executive Director of Nursing presented the quarter 3 update on the implementation plan for the Quality Strategy 2018-2021. It was noted that all</p>	

	<p>actions were either complete or on track for completion within the given timeframes.</p> <p>A Non-Executive Director (IL) confirmed that the Quality Committee had considered the report and had been assured that the implementation plan was on target for completion.</p> <p>Outcome: The Board noted and accepted the quarter 3 update on the Quality Strategy.</p>	
2018-19 (102)	<p>Board work plan The Chief Executive presented the Board work plan (public business) for information.</p> <p>Outcome: The Board noted the work plan.</p>	
2018-19 (103)	<p>Approved minutes of Board committees The Board noted the following final approved committee meeting minutes:</p> <ul style="list-style-type: none"> a) Quality Committee: 26 November 2018 b) Business Committee: 28 November 2018 c) Audit Committee: 19 October 2018 d) Charitable Funds Committee: 30 October 2018 	
2018-19 (104)	<p>Close of the public section of the Board The Chair thanked everyone for attending and concluded the public section of the Board meeting.</p>	
<p>Date and time of next meeting Friday 29 March 2019, 9.00am – 12.00pm Boardroom, Trust Headquarters, Stockdale House, Victoria Road, Leeds LS6 1PF</p>		

V2 11.03.2019

Signed by the Trust Chair:
Date: ??? 2019

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

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

Friday 1 March 2019 12.noon - 12.10pm

Present:	Neil Franklin	Trust Chair
	Thea Stein	Chief Executive
	Brodie Clark	Non-Executive Director
	Dr Tony Dearden	Non-Executive Director
	Richard Gladman	Non-Executive Director
	Professor Ian Lewis	Non-Executive Director
	Bryan Machin	Executive Director of Finance and Resources
	Sam Prince	Executive Director of Operations
	Jenny Allen	Director of Workforce, Organisational Development (OD) and System Development
	Laura Smith	Director of Workforce, Organisational Development (OD) and System Development
	Steph Lawrence	Interim Executive Director of Nursing
	Dr Ruth Burnett	Executive Medical Director

Apologies: None

In attendance: Diane Allison Company Secretary

Minutes:

	Discussion points	Action
2018-19 (105)	<p>Introductions and apologies</p> <p>The Trust Chair opened the extraordinary public meeting. He explained that the purpose of the meeting was for the Board to consider the proposal to approve a contract with Redcentric based upon the outcome of a procurement process to provide the successor connectivity to the N3 network known as the Health and Social Care Network.</p> <p>No apologies were received</p>	
2018-19 (106)	<p>Declarations of interest</p> <p>There were no declarations of interest made in relation to the one item on the agenda.</p>	
2018-19 (107)	<p>Executive Director of Finance and Resources introduced the Health and Social Care Network (HSCN) Migration paper. He advised the Board of the requirement to migrate to the successor of the NHS private network (N3) which is known as "HSCN" and recommended that this should be achieved by letting a</p>	

	<p>contract with Redcentric PLC who in April 2018 were selected as the preferred supplier for Health & Social Care Network and Public Services Network (PSN) services to the Yorkshire and Humber region (YHSPN). The financial implications were detailed in the paper, as well as the due diligence process, the benefits of the proposed migration and the risk, which was assessed as minimum in terms of migration. The paper had previously been considered at Business Committee on the 23rd January 2019 and the Committee had recommended that the Board should approve this.</p> <p>Board members considered the proposal and agreed to approve the contract.</p> <p>Outcome: The Board approved the Health and Social Care Network (HSCN) Migration contract with Redcentric</p>	
<p>2018-19 (108)</p>	<p>Close of the private Extraordinary Board meeting The Trust Chair closed the Board meeting.</p>	
<p style="text-align: center;">Date and time of next meeting Friday 29 March 2019, 0900 – 1200 Boardroom, Leeds Community Healthcare NHS Trust, Stockdale House, Victoria Road, Leeds LS6 1PF</p>		

Signed by the Trust Chair: Neil Franklin
Date: 29 March 2019

V1 15 03 2019

Leeds Community Healthcare NHS Trust
Trust Board meeting (held in public) actions' log: 29 March 2019

Agenda Number	Action Agreed	Lead	Timescale	Status
Meeting Friday 5 October 2018				
2018-19 (51)	Chief Executive's report: CQC Local System Review of Health and Social Care in Leeds: a final copy of the CQC report to be circulated to Board members when available.	Executive Director of Operations	When the report is available Ongoing	
Meeting 1 December 2018				
2018-19 (71)	Committees' assurance reports Senior Management Team to consider the Leeds Cares offer and put forward a recommendation to the Board	Chief Executive	Trust Board 29 March 2019	Private business agenda 29 March 2019
2018-19 (71)	Committees' assurance reports Executive Director of Finance and Resources to speak with the Director of Workforce, OD and System Development and Internal Audit Manager regarding an internal audit review of the ESR action plan	Executive Director of Finance & Resources	Trust Board 29 March 2019	Discussed at Audit Committee 22 March 2019
2018-19 (71)	Committees' assurance reports Chief Executive and Director of Workforce, OD and System Development to consider HR representation at the Quality Committee	Chief Executive	Trust Board 24 May 2019	To be reviewed at April 2019 Quality Committee
2018-19 (76)	Patient experience report Interim Executive Director of Nursing to provide further information in future reports on the primary themes of complaints and the number of complaints that had been fully or partially upheld.	Interim Executive Director of Nursing	Trust Board 24 May 2019	Next report due to Trust Board May 2019
Meeting 1 February 2019				
2018-19 (91)	Chief Executive's report Risk assessment on a no deal Brexit to be considered by the Business Committee in March 2019.	Executive Director of Operations	Trust Board 29 March 2019	Completed
2018-19 (93)	Performance brief and domain reports – effective domain Query the requirement for CAMHS staff to undertake training around proactive strategies for managing challenging behaviour.	Interim Executive Medical Director	Trust Board 24 May 2019	
2018-19 (95)	Serious incidents report Consider the future reporting of avoidable and unavoidable serious incidents that occur within the health system.	Interim Executive Director of Nursing	Trust Board 24 May 2019	
2018-19 (96)	Mortality report Mortality Annual Review to include information on the deaths of patients with learning disability.	Interim Executive Medical Director	Next annual review due 2020	
2018-19 (100)	Workforce strategy Workforce strategy update to the Board to focus on one priority per meeting.	Director of Workforce	Trust Board 29 March 2019	Work plan updated

Actions on log completed since last Board meeting	Blue
Actions not due for completion before 29 March 2019; progressing to timescale	Green
Actions not due for completion before 29 March 2019; agreed timescales and/or requirements are at risk or have been delayed	Yellow
Actions outstanding as at 29 March 2019; not having met agreed timescales and/or requirements	Red

Report to: Trust Board: 29 March 2019
Report title: Charitable Funds Committee 1 March 2018: Committee's Chair assurance report
Responsible director: Chair of Charitable Funds Committee
Report author: Interim Executive Director of Nursing
Previously considered by: Not applicable

<p>Purpose of the report This paper identifies the key issues for the Board from the Charitable Funds Committee held on 21 March 2019 and indicates the level of assurance based on the evidence received by the Committee where applicable.</p> <p>Charitable development updates The Interim Director of Nursing updated the committee on the key priority areas:</p> <p>More than a welcome programme This work has now been superseded by the Hello My Name is Campaign which will be fully launched across LCH later this year. The campaign will ensure it incorporates how people are welcomed when accessing LCH services.</p> <p>In relation to improvements to the general ambience of the health centre waiting areas to be progressed, a full report is to be presented to the committee at the next meeting to identify the work completed to date and the next steps.</p> <p>Liaison with Leeds Cares The Interim Executive Director of Nursing updated the committee in relation to the progress of this work. The Chief Executive of Leeds Cares had attended to speak to the Board after the last Board meeting and spoke to a number of Board members about the proposal for LCH to work with Leeds Cares in relation to its charitable funds in the future. All had agreed this was the right direction of travel and would open up a lot of opportunities for LCH in the future. A draft MOU is to be considered by the Board in the private session on 29 March 2019.</p> <p>.</p> <p>In-house lottery scheme The Interim Executive Director of Nursing confirmed that the appetite for an in-house lottery scheme had now been tested with staff. A message to all staff had been placed in Community Talk and staff were asked to respond as to whether they would be interested. There were a total of 101 responses, all of which were positive. However, having considered this as it is such a small percentage of the total staff in the organisation the committee agreed to take no further action at this stage and any further action in relation to this could be considered as the work with Leeds Cares progresses if this is appropriate.</p> <table border="1" data-bbox="220 1861 1350 1935"> <tr> <th colspan="7">Assurance level</th> </tr> <tr> <td>Substantial</td> <td></td> <td>Reasonable</td> <td>X</td> <td>Limited</td> <td></td> <td>No</td> </tr> </table> <p>Charitable funds: financial report The Committee Chair raised one query in relation to the report:</p>	Assurance level							Substantial		Reasonable	X	Limited		No
Assurance level														
Substantial		Reasonable	X	Limited		No								

The Chair of the Committee queried the training for some of the specialist services that had been funded via charitable funds. The Interim Executive Director of Nursing agreed to follow this up and bring back further information to the next meeting in relation to this.

Assurance level							
Substantial		Reasonable	X	Limited		No	

Committee's Annual Report & Review of Terms of Reference

The Committee considered and accepted this report and the terms of reference

Report to: Trust Board - 29 March 2019
Report title: Nominations and Remuneration Committee - 8 March 2019 Committee Chair's Assurance Report
Responsible director: Chair of Nominations and Remuneration Committee
Report author: Director of Workforce
Previously considered by: Not applicable

<p>Purpose of the report</p> <p>This paper outlines the key issues for the Board arising from the Nominations and Remuneration Committee held on 8 March 2019. In addition to a forward look at the annual work plan, the Committee considered the following.</p> <p>Proposed VSM Pay Award 18/19:</p> <p>The Committee approved the recommendation received nationally that all Very Senior Managers (VSMs) should receive a flat consolidated uplift to salaries aligned with the national guidance received.</p> <table border="1"> <tr> <th colspan="8">Assurance level</th> </tr> <tr> <td>Substantial</td> <td></td> <td>Reasonable</td> <td>X</td> <td>Limited</td> <td></td> <td>No</td> <td></td> </tr> </table>	Assurance level								Substantial		Reasonable	X	Limited		No	
Assurance level																
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Report to: Trust Board (circulated by email)
Report title: Quality Committee (workshop) 18 February 2019: Committee’s Chair assurance report
Responsible Director: Chair of Quality Committee Report author: Company Secretary
Previously considered by: Not applicable

Purpose of the report
 This paper identifies the key issues for the Board from the Quality Committee focussed workshop held on 18 February 2019 and indicates the level of assurance based on the evidence received by the Committee where applicable. The Committee has previously agreed to reformat its work plan and to hold six ‘business’ meetings linked to Board and four ‘focus based’ workshop style meetings per year, as this would allow the Committee to focus more sharply and effectively on key items. The February 2019 Quality Committee meeting was a focussed workshop with subjects on an overview of the Specialist Business Unit and its quality outcomes journey, and on the implementation of safety huddles in the Adult Business Unit.

Specialist Business Unit (SBU)
 The Committee was provided with some context of the SBU including the breadth of services offered. Committee members were invited to engage in conversations with service representatives and to hear about their challenges and successes in relation to outcome measures. The Committee was informed about the business unit’s quality outcome measures journey and representatives from Podiatry, MSK, Physiotherapy, Dietetics, Speech & Language Therapy and Foot Protection Service attended to describe their individual approach to identifying, monitoring and analysing outcome measures and the outcome tools utilised. Service representatives confirmed that this work had led to better conversations with commissioners about service development. It was clear that there was a requirement for systems support through the Business Intelligence team in the move towards more robust outcomes information. The Committee learned that the process of analysing data was labour intensive and that specialist resource was needed to support the services to understand variance for example why seeing patients at home rather than in clinic appears to produce better outcomes.

Safety Huddles
 The ABU Safety Huddle Coach explained the purpose of safety huddles: these are brief, clinical risk focussed meetings using a multi-disciplinary approach to ensure that teams understand how a specific risk may impact their caseload. At the moment the clinical risk being focussed on in safety huddle meetings is falls, however once the methodology is practised and embedded, teams can begin to introduce other risks eg pressure ulcers, to the safety huddle conversation. Two of the neighbourhood teams have achieved accreditation from the Y&H Improvement Academy. In discussion it was recognised that whilst the Adult Business Unit was further advanced in the roll-out of safety huddles, the other two business units were also planning the introduction safety huddles for their services. Challenges were discussed including changing culture - which takes time, capacity issues, and delays in reporting data and learning due to the investigation process. The Committee agreed that it was helpful to understand the intensity and focus of what services were doing to embed the safety huddle process.

Performance brief and domain reports
 It was noted that there had been one avoidable category 4 pressure ulcer incident. The Committee noted that issues highlighted in the Performance Brief were mostly connected with children’s services. The Committee was advised that CBU is now operating the same performance panel process as the other two business units. The Committee discussed the challenges in meeting the demand for Child and Adolescent Mental Health Service (CAMHS), which were detailed in the new ‘operational issues and

pressures' section of the Performance Brief and was advised that the service had good processes in place and that issues were being addressed.

Assurance level							
Substantial		Reasonable	X	Limited		No	

Clinical Governance Report

The backlog of complaints is now under control. The Patient Engagement and Experience Team is fully recruited to and the Committee was apprised of the team's schedule of initial activities.

Specialist Business Unit (SBU)

The SBU report highlighted the SBU leadership restructure, which has been quality impact assessed and is to be implemented on 1 April 2019. The Committee was informed that SBU has improved its performance in the management of incidents over recent months.

Risks and challenges included performance issues related to a subcontracted service, increased referral rates for IAPT and increased demand for the Adult Speech and Language Therapy Service.

Children's Business Unit

The mobilisation of the new Public Health Integrated Nursing Service (PHINS) is on track and recruitment is going well. The Committee learned that the new model would allow school nurses to do more public health work. The Committee also discussed the recovery plans in place to manage the waiting lists for ICAN and CAMHS.

Challenges included increasing the business unit's appraisal rates, which are below Trust target and child protection supervision rates. The rate of sickness in some services is very high; The Committee was advised that these are proactively being managed and mitigation is in place.

Adult Business Unit

ABU services are feeling under pressure however they continue to manage patient flow well during the winter period. Sickness levels increased in January 2019, which were compounded by neighbourhood teams clinical staff vacancies and this is being mitigated by the use of bank/agency staff.

A number of inappropriate referrals had been received by the self-management team and tighter criteria were being drawn up for access to the service.

Update on Risk 957: Increase in demand for the Adult Speech and Language Therapy Service

The Committee had been advised of a new risk on the risk register at its meeting in January 2019. The Committee had not been assured of the controls in place to manage the risk at that meeting and requested further information. An update was provided at the February 2019 Committee meeting that urgent waits were being managed and routine referrals were now being accepted, although they are not currently actively managed. The service use an evidence-based triage tool and work has been done to ensure that people referred to the service knew the signs to look out for that would indicate a need for a more urgent appointment. The Committee was advised that the commissioner was conducting a service review, and that the outcome of this would have the greatest impact on waiting times. The Committee requested that waiting times for this service are included in future Performance Brief data and that the impact of patients waiting for this service are explored at the March 2019 Committee meeting.

**AGENDA
ITEM
2018-19
(115dii)**

Report to: Trust Board 29 March 2019
Report title: Quality Committee 18 March 2019: Committee's Chair assurance report
Responsible Director: Chair of Quality Committee Report author: Company Secretary
Previously considered by: Not applicable

<p>Purpose of the report This paper identifies the key issues for the Board from the Quality Committee meeting held on 18 March 2019 and indicates the level of assurance based on the evidence received by the Committee where applicable.</p> <p>Service Spotlight: Community Paediatricians The Medical Lead and the ICAN Clinical Services Lead presented an overview of the Integrated Children's Additional Needs (ICAN) Service to the Committee, and described the co-dependencies between the professional groups working within the service. The presentation included feedback drawings created by young patients and the Committee was advised that drawings can, for example, establish if children have autism. Staff provided feedback of how it felt to work in the ICAN service – which was very positive. The Committee was advised that the Medical Lead had achieved Leader of the Year, last year at the Trust. Challenges were the high level of vacancies and the difficulties in recruiting permanent staff and reducing the number of locums. Increased demand and waiting times, plus understanding performance data and IT systems not being integrated were other areas of challenge. The Committee asked whether parents had difficulty in navigating the numerous specialty service areas within ICAN. The Committee was advised that parents do struggle, and some GP's do not understand the current framework. It was recognised that the transformation programme, which would resolve these issues, needed to traction and a Programme Board was being established. The Committee requested to receive an update on the transformation programme within two months and agreed that a further presentation on this would be valuable once the transformation was beginning to take place.</p> <p>Performance brief and domain reports It was noted that the narrative sections for Safe and Caring domains of the Performance Brief were not up to date, therefore the Committee was unable to conclude a level of assurance. The Committee also noted that there was conflicting information provided about the number of category 3 pressure ulcers and determined that only limited assurance was received.</p> <table border="1" data-bbox="240 1556 1367 1632"> <tr> <th colspan="7">Assurance level</th> </tr> <tr> <td>Substantial</td> <td></td> <td>Reasonable</td> <td></td> <td>Limited</td> <td>x</td> <td>No</td> </tr> </table> <p>Operational plan and Quality Account The Committee was advised of the four Quality Account priorities, which were aligned to the organisation's priorities and that clinical outcomes were included in the operational plan. The operational plan has been aligned with the City's plan. The Committee was reasonably assured that the document reflected the Trust's priorities and deliverables for the year ahead and agreed the defined measures.</p> <table border="1" data-bbox="240 1897 1367 1973"> <tr> <th colspan="7">Assurance level</th> </tr> <tr> <td>Substantial</td> <td></td> <td>Reasonable</td> <td>x</td> <td>Limited</td> <td></td> <td>No</td> </tr> </table>	Assurance level							Substantial		Reasonable		Limited	x	No	Assurance level							Substantial		Reasonable	x	Limited		No
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Review of Quality Challenge Plus

The Committee received a report describing how the Quality Challenge+ programme currently operates within the organisation, the reason for the review and proposed changes to the programme, which were based on feedback from services. The suggested changes to the Quality Challenge+ process for 2019-20 included examples of amendments to the self-assessment and quality walk documents and supporting guidance. The main change was the intention to have 5 standards based on each of the CQC domains rather than the current 10 standards. The Committee was concerned that to have all 56 services reviewed within one year may be onerous and could make that the process feel rather industrial. The Committee was assured that additional visitors would ensure that the process remained personal and responsive. The Committee heard that the new process would be piloted in quarter one and then amended if necessary. The Committee approved the new process

Research Strategy

The Head of Research & Development presented an update of the review of the delivery of the research and development strategy 2015-2018 and introduced the key aims and themes within the new Research Strategy for 2019-2023, currently under development, for the Committee to comment on. The Committee was advised that the research team had undertaken work that addressed the aims of the 2015-2018 however had struggled with the more challenging objectives of the 2015-18 strategy, which were: increasing the amount of funding into the organisation, and dissemination of research. The Committee reviewed the draft 2019-23 strategy which addressed the challenging aspects of the previous strategy and proposed aims and objectives to address inherent issues. The Committee explored why Research was not embedded in the Trust, and suggested that LCH should pool resources with similar trusts, and collaborate more with academics. The discussion on the proposals for the new strategy was very positive and supportive but recognised that it might be overambitious. Nevertheless it was recognised that there is an appetite to advance research within the organisation and a proposal emerged that this should be the subject of a Board or QC workshop in the near future. The further version of the new strategy will be brought back to the Committee.

Assurance level							
Substantial		Reasonable	x	Limited		No	

Schedule of KPIs (draft)

The Head of Business Intelligence tabled a draft proposal of measures for inclusion in the 2019/20 Performance Brief. The Committee was asked to examine the relevance of current and proposed measures and to feedback any comments to the Head of Business Intelligence. Immediate comments from the Committee was that meaningful measures and targets needed to be established and agreement that the Trust should look at measurement for improvement, rather than performance measures.

Outcomes Update

The Committee was provided with an updated position regarding the progress of the LCH Clinical Outcomes Program. Considerable work has taken place between the Clinical Outcomes Project Team and the Business Intelligence Team to identify the level of support required for the central reporting of clinical outcome measures. The Trust has committed non-recurrent funding for the Project leadership and support model identified over the 19.20 financial year. The CCG have committed to working with LCH, primary care and LTHT to enable the healthcare system in the city to reach a stage where we can report our impact against national clinical outcomes for long term conditions. A further update will be provided to the Committee in May 2019.

Patient experience thematic report

The Committee was provided with a new style of report with themes from incidents, complaints, concerns, and other feedback as well as a summary of the outcomes, learning and actions from completed investigations. The report also gave information about service improvements and actions taken to prevent recurrence. The Committee agreed that the report format had potential, however the information needed to be more succinct in future reports.

Clinical Audit Programme 2019-20

The Committee was apprised of the Trust's responsibility to ensure that robust systems and processes had been implemented in the development of the Clinical Audit Programme. There had been increased engagement with services during the planning stage. The Committee was advised of some outstanding

audits from the previous programme, which were being followed up. The Committee approved the 2019-20 programme but commented that linkages to quality improvement needed to be more explicit.

Assurance level							
Substantial		Reasonable	x	Limited		No	

Committee's terms of reference

The Committee reviewed its existing terms of reference and agreed that no changes were required.

Report to: Trust Board 29 March 2019 (previously circulated by email)
Report title: Business Committee 20 February 2019: Committee’s Chair assurance report
Responsible Director: Chair of Business Committee Report author: Company Secretary
Previously considered by: Not applicable

Purpose of the report

This paper identifies the key issues for the Board from the Business Committee held on 20 February 2019 and indicates the level of assurance based on the evidence received by the Committee where applicable.

Draft Operational Plan 2019-20

The Director of Finance and Resources presented the draft plan and asked the Committee members if they thought it reflected the organisation’s context and plans for the coming year. The draft plan had been submitted to NHSI. It was agreed that the draft plan was a good reflection of the strong role the Trust played in the local health economy. There were some concerns raised about the format of the standard NHSI template, which the Trust must use for its submission. The Committee was advised that the Trust’s internal plan, which will be a more complete overview of priorities, will be presented to Business Committee then received at Trust Board in March 2019.

Digital Strategy

The Committee was apprised of the early thinking towards the development of a refreshed digital strategy, including details of new digital priorities, considerations and opportunities. The next steps are to link up the Trust’s strategy with those of the GP Confederation and primary care networks, link the priorities to the recently published NHS Long Term Plan as well as other national, regional and city strategies, take into account development initiatives and to consider which innovation development ideas should be pursued. Completion of these activities will allow a formal strategy document to be drawn up for Trust Board approval. There was no projected timescales for next steps in the process.

Concerns were raised about the effectiveness and the Trust’s utilisation of existing technology where, it was believed, further attention is required.

It was very clear that much urgent work and focus was required in order to meet the immediate improvement requirements but equally, to begin shaping a coherent medium term plan that responded to business requirements; that was in line with other key Trust strategies and that captured the broader Leeds program. The Business Committee were keen to see an early plan for next steps.

Internal Audit Draft Plan

The Committee reviewed the draft internal audit plan and considered whether internal audit could assist with any other areas of the business that were not reflected in the current draft plan. There were suggestions for reviews of partnership working and of patient and public engagement. The Committee agreed that patient and public engagement (PPE) should take place in the following year (2020-21) once the Trust has revised and redefined its approach.

Partnership working had been reviewed in 2018-19, however the view of the Committee was that this was a complex issue and the previous audit had not delved deep enough. The Committee agreed that a further, more in depth advisory review of partnership working was required. A general discussion followed about the number, breadth and depth of internal audit reviews which the Executive Director of Finance will follow up with the internal auditors.

Performance Brief

The Committee was advised by the Senior Executive Team that they had visited a number of neighbourhood teams recently and this helped to contextualise performance information and provide assurance that whilst there were some capacity issues, these were not affecting the quality of care. The Committee discussed the flow of hospital patients, and heard that work was ongoing to establish whether patients being admitted could have been assisted in the community, and why discharge numbers reduce at weekends. The IAPT performance target had previously been discussed in the service support session. The Committee noted that statutory and mandatory training figures were much improved and was advised that work had been done to clean up the data. The Committee discussed the appraisal rates which had improved in corporate services, following a concerted effort to remedy this. The Committee was advised that the Trust is confident it will achieve its financial control total.

Assurance level							
Substantial		Reasonable	X	Limited		No	

Meeting: Trust Board, 29 March 2019	Category of paper <i>(please tick)</i>	
Report title Performance Brief and Domain Reports	For approval	<input type="checkbox"/>
Responsible director: Executive Director of Finance and Resources Report author: Head of Business Intelligence	For assurance	<input checked="" type="checkbox"/>
Previously considered by: Senior Management Team, 13 March 2019 Quality Committee, 18 March 2019 Business Committee, 25 March 2019	For information	<input type="checkbox"/>

<p>Purpose of the report</p> <p>This report provides a high level summary of performance within the Trust during February 2019</p> <p>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.</p> <p>More detailed narrative on each of the individual indicators will be available in the domain reports.</p>
<p>Main issues for consideration</p> <p>The pressures on services over the winter period remain as reported in January's Performance Brief; pressures in some parts of the health and care system but nothing out of the ordinary reported in Leeds Community Healthcare teams. The advance preparations we made and the planned investment in additional capacity having proved beneficial in managing demand and the naturally reduced supply of staff due to seasonal increase in staffs' own sickness levels.</p> <p>Careful management of the Trust's finances has ensured that finance has not been a constraint to securing the capacity to deliver high quality care. Reduced vacancy levels over recent months are a positive sign of reducing capacity risks.</p> <p>During February the Senior Management Team undertook visits to the entire neighbourhood teams over two weeks to again experience first-hand the current issues, pressures and great practice.</p> <p>In the Safe and Caring domains the key issue to note is the reported increase in category 3 pressure ulcers and a reported category 4 pressure ulcer; all have been fully investigated and validated to ascertain if they were avoidable to LCH. These are now closed incidents that were initially reported in Datix in an earlier month.</p> <p>A summary narrative for each domain is provided in section 1 of the Performance Brief.</p>
<p>Recommendations</p> <p>The Committee is recommended to:</p> <ul style="list-style-type: none"> • Note present levels of performance • Determine levels of assurance on any specific points

Performance Brief – February 2019

Purpose of the report

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

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

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

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

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

Committee Dates

Senior Management Team – 11th March 2019

Quality Committee – 18th March 2019

Business Committee – 20th March 2019

Trust Board – 29th March 2019

Recommendations

Committees and the Board are recommended to:

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

Main issues for Consideration

Overall performance remains *good*.

The pressures on services over the winter period remain as reported in January's Performance Brief; pressures in some parts of the health and care system but nothing out of the ordinary reported in Leeds Community Healthcare teams. The advance preparations we made and the planned investment in additional capacity having proved beneficial in managing demand and the naturally reduced supply of staff due to seasonal increase in staffs' own sickness levels.

Careful management of the Trust's finances has ensured that finance has not been a constraint to securing the capacity to deliver high quality care. Reduced vacancy levels over recent months are a positive sign of reducing capacity risks.

Whilst our performance data remains predominantly good, it remains important to check that against the experiences and views of those providing front line care. Members of the Senior Management Team spend much of their time with managers and clinicians but on occasion plan a focussed set of visits.

During February the Senior Management Team undertook visits to all the neighbourhood teams over a two-week period to again experience first-hand the current issues, pressures and great practice.

Each SMT member spent two full mornings with the teams spending time out visiting patients, time in allocation and time speaking to staff. Members either shadowed nursing staff, community matrons or self-care facilitators. The team then spent time together reflecting on the visits and discussing issues raised and any common themes or issues that emerged, good practice that should be encouraged and supported or problems that could be tackled immediately.

- 1) Quality Boards were being used but were often - due to the constraints of buildings not in the best places for everyone in the team to see and utilise fully. It was agreed to explore the use of virtual quality boards as well and virtual fast track lists as these lists are now not visible in bases due to GDPR issues
- 2) For some bases the issue of staff numbers on the ground continues to be an issue. This continues to be a national issue of recruitment of nursing staff and therapists and on the day of the visits a couple of bases were dealing with seasonal illnesses causing problems. It was good to see the way in which teams continued to work to cover essential visits, looked at creative solutions and worked well together but we know we continue to need to think of innovative ways to recruit and innovate new roles- such as the self-care practitioners. Also more local recruitment is going to be explored further.
- 3) Some teams were using self-allocation very well – not all were and it was agreed to look at ensuring consistency and further embedding of this practice. This practice reduces the workload around allocation but works best when teams are fully staffed and changes do not need to be made to allocated visits
- 4) Staff that were shadowed were all able to say who their line manager was, who they got supervision from, how team meetings occurred and referenced other support and communication mechanisms that were in place such as huddles and safety huddles.
- 5) Teams had experienced problems with some discharges from hospital over the last few weeks and they were “datixed” and would be raised with the hospital

- 6) The self-care practitioner was shadowed by one member of the team and this confirmed the value of this role in ensuring patients and their families are supported to care for themselves ensuring we can utilise our teams most efficiently and effectively
- 7) The visits raised the questions of the use of “units” in allocating work and it is something we continue to look at
- 8) We need to use data and information better to ensure that all NTs are aware of referral patterns, staffing levels etc. at all levels of the team.
- 9) We also need to ensure that the role of community matron is utilised to best effect across both community and primary care services
- 10) Ensure that the understanding of holistic assessment and clinical judgement is well embedded

The overriding impression felt by all of the Senior Management Team was that they observed great clinical care in all teams and extraordinary compassion and care as befits a service that received Outstanding for caring.

The visits have been extremely useful in exploring issues with teams – such as whether new processes for investigations and changes to the holistic assessment are being welcomed – which they are and looking at a wide range of issues from staff morale, to support for clinical supervision, to the buildings people are using. We will continue to explore these themes.

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

In the **Safe** and **Caring** domains the key issue to note is the reported increase in category 3 pressure ulcers; all have been fully investigated and validated to ascertain if they were avoidable to LCH. These are now closed incidents that were initially reported in Datix in an earlier month.

Other than a marginal deterioration in community patients recommending care all other indicators are green.

The measures in the **Effective** domain are reported quarterly so there is no routine new information presented and no matters have arisen to escalate.

In the **Well Led** domain, there are a number of positive movements to draw out from the Well Led figures at the end of February 2019, and an area of reducing compliance to focus on.

The area of reducing compliance is appraisal, which has seen month-on-month drops during the past 3 months. This may be partially linked to services struggling to prioritise appraisals during winter months. Actual performance remains in the mid 80s percent but is some way below our stretch target. To ensure no further deterioration and move to improvement, a more detailed picture of service-by-service compliance is being produced to support managers in identifying areas to focus on, whilst monitoring and challenge continues via the regular performance monitoring meetings.

Retention continues to be both stable and within tolerance at 13.6% turnover. LCH has now been tracking at over 5% lower turnover than its peer comparators since May 2018. In the last week we have received positive feedback from NHS Improvement about LCH’s successful participation in the NHS Improvement retention programme, including an invitation to share LCH retention approaches with other organisations.

Sickness absence has dropped for the second month in a row since its December 2018 peak. This drop is expected in the normal annual cycle of sickness absence, nevertheless it is positive to see reductions in both long and short term sickness absence, with overall sickness back below the target 5.8% outturn figure, at 5.7%.

Statutory & Mandatory training compliance continues to improve, with the overall organisation compliance rate standing at 93.5% against a target of 95%; and the Corporate Directorate achieving 95% compliance. Recent investigations suggest that most NHS organisations in the region target their statutory and mandatory compliance between 85% and 90%, making LCH notable in its aspirations for higher achievement.

In the **Finance** domain, the Trust is £0.2m underspent against the planned position at the end of February. The Trust's forecast outturn continues to be £4.0m which includes £1.2m original control total, £0.5m additional surplus from the release of a redundancy provision no longer required and £2.3m of Provider Sustainability Funding (PSF) from NHS Improvement. The major risk to the financial position was the outstanding balance on services that have been decommissioned; this has been mitigated.

At the end of February there are 63 vacancies, this is the same as last month; temporary staffing remains in place to mitigate the impact on service delivery. The Trust is 17% below the agency cap for the year to date as previously reported. Cost savings plans continue to be below expected levels in respect of procurement savings; the financial forecast outturn reflects this non-achievement. The non-delivery of this saving will be mitigated in year so there is no risk to the delivery of the revised control total. The Trust has £25m in the bank which is less than planned due to the timing of payments and receipts but is of no concern. The use of resources risk rating continues to be 1 overall and the Trust is meeting all better payments targets.

Operational Issues and Pressures

Child and adolescent mental health services (CAMHS)

This section provides an update on work the Board is aware of in the Community Child and Adolescent Mental Health Service (CAMHS) to:

- Meet the 4-hour response time for urgent and emergency referrals
- Meet the 48-hour response time for priority referrals
- Meet the 12-week response time for routine referrals

The service routinely meets the wait for urgent, emergency and priority referrals. After a difficult few months the 12-week wait is now improving. There are currently 95 children/young people waiting more than 12 weeks – all have been risk assessed and none need a priority appointment. Most of these have either chosen to take a specific date outside the 12-week window or have cancelled/not attended the appointment. The mean average wait is 15.3 weeks; this reduces to 14.9 weeks when patient choice (to wait longer) is taken out of the calculation

The service has also been working to address the wait for assessment for autistic spectrum disorders. This is a national priority and the average wait time in the CAMHS service is 33 weeks.

To ensure the Trust can meet the demand, the leadership team has been working with the service to introduce some standards around caseload numbers and time spent in direct patient contact. The national benchmarking data suggests that Leeds CAMHS hold caseloads per 100,000 population of about half the national average and caseloads/contacts per clinical WTE are around two thirds of the national average. Essentially the new standards require a full time clinician to see four patients per day (there is clear flexibility in this standard with regard to caseload complexity/group work etc.) and to accept six new referrals per month.

The introduction of these productivity measures led to practitioners raising concerns with service leaders about expectations, risk prioritisation and morale within the service. Local and trust leaders have now met three times with all members of Community CAMHS. As a result it was agreed to relax the expectation for each clinician to undertake six new assessments per month to two for the month of March. This will maintain (but not improve) the current waiting time during the month. The resulting capacity will be focused on closing cases where further intervention is not indicated; clearing of administrative backlogs e.g. reports and ensuring all clinical notes are up to date. This focus on caseload review aims to free up capacity to ensure that all clinicians can return to accepting 6 new referrals per month from April

In addition the Trust has commissioned a local independent provider to accept referrals for assessment for autistic spectrum disorders. The independent provider was sourced following a procurement exercise and works to the CAMHS protocol in terms of care delivery. At the end of each episode each case is reviewed by a CAMHS practitioner who quality assures the care given and telephones the parents with the forward plan and discusses the care provided.

In the meantime the pathway for this client group is being significantly streamlined and when implemented will provide sufficient capacity to meet ongoing demand. Several practitioners have carved out time in their job plan to complete this pathway work.

Monthly meetings will continue with this staff group for at least the next four months in order that Senior Management Team has full awareness of morale within the service.

Mental Healthcare provision at HM Young Offenders Institution at Wetherby

Leeds Community Healthcare NHS Trust has been issued with a Contract Performance Notice by NHS England in relation to failure to manage the subcontract for the CAMHS and Harmful Sexual Behaviour element of the contract for Wetherby Young Offenders institute (YOI) and Adel Beck. NHS England expects to see significant improvement within 3 months. A full recovery plan is in place and being monitored by NHS England at a monthly Improvement Board.

Leeds Community Healthcare NHS Trust has served a Contract Performance Notice to the subcontract holder South West Yorkshire Partnership NHS Foundation Trust (SWYFT) in respect of the service delivery. Fortnightly recovery meetings are taking place

Safe – February 2019

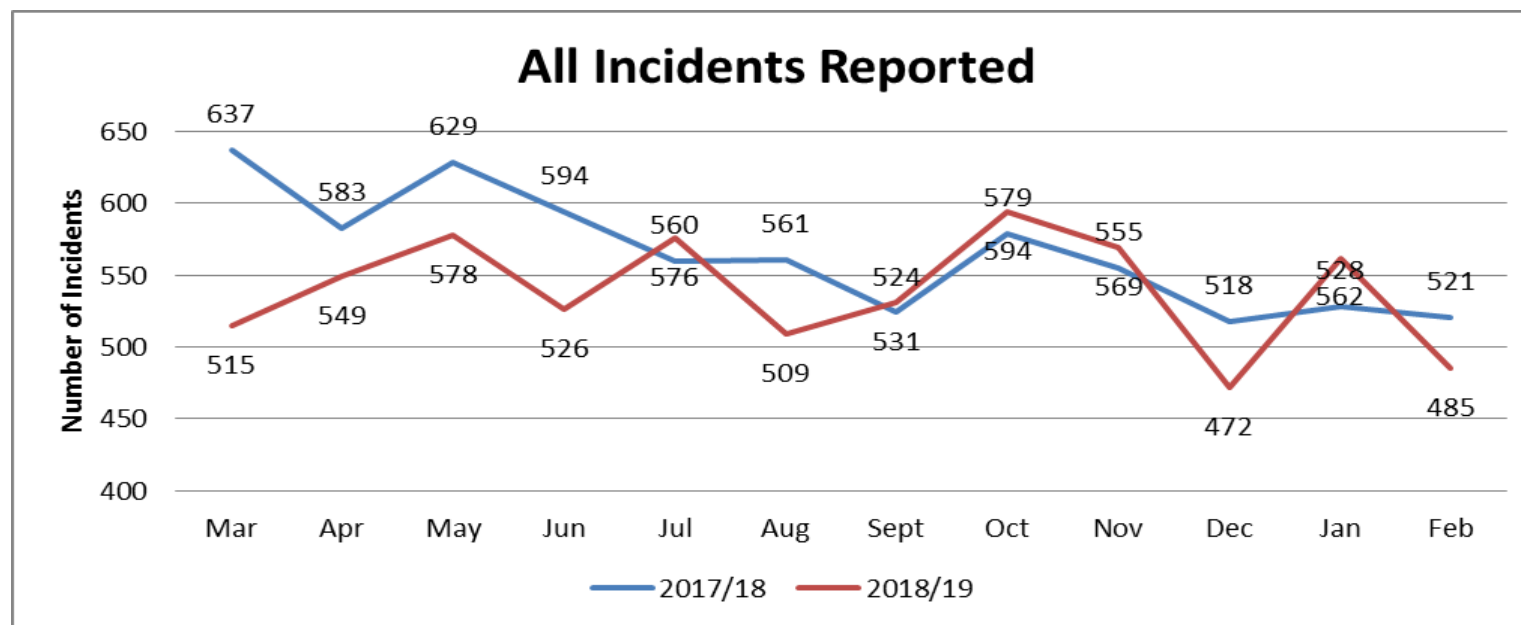
By safe, we mean that people are protected from abuse and avoidable harm

Safe - people are protected from abuse and avoidable harm		Target	YTD	Q1	Q2	Q3	Jan	Feb	Mar	Q4	Forecast	Rolling 12 Month Trend
Overall Safe Staffing Fill Rate - Inpatients	2018/19	>=97%	-	101.1%	101.1%	97.8%	97.1%	100.7%				
	2017/18		-	97.7%	98.7%	98.1%	99.4%	99.6%	99.1%	99.1%	●	
Patient Safety Incidents Reported in Month Reported as Harmful	2018/19	0.56 to 1.1	0.90	0.86	0.85	0.88	0.84	0.83				
	2017/18			0.92	0.86	0.82	1.03	1.00	0.68	0.90	●	
Potential Under Reporting of Patient Safety Incidents	2018/19	1.19 to 2.7	1.91	1.85	1.82	2.03	1.88	1.70				
	2017/18			2.22	2.20	2.01	1.90	1.99	1.84	1.90	●	
Serious Incident Rate	2018/19	0 to 1.87	0.05	0.04	0.05	0.04	0.05	0.00				
	2017/18			0.05	0.05	0.04	0.07	0.07	0.07	0.07	●	
Percentage VTE Risk Assessment Completed	2018/19	>=95%	93.6%	79.2%	100.0%	100.0%	100.0%	90.9%				
	2017/18			-	-	98.3%	91.7%	70.0%	90.0%	83.9%	●	
20% Reduction in Avoidable Category 3 Pressure Ulcers	2018/19	10	7	2	2	0	0	3				
	2017/18			2	6	1	1	0	1	2	●	
0 Avoidable Category 4 Pressure Ulcers	2018/19	0	0	0	0	0	0	1				
	2017/18			12	0	0	3	0	0	0	0	●
Percentage of Incidents Applicable for DoC Dealt with Appropriately	2018/19	100%	92.0%	100.0%	100%	92%	100%	100%				
	2017/18			100.0%	100%	100%	100%	100%	100%	100%	100%	●

Although small in number it is of concern to note the 3 category 3 pressure ulcers reported in February and 1 category 4 pressure ulcer. These are validated and closed that were initially reported in Datix in an earlier month.

All Incidents – Comparison of two years data

As the graph illustrates the numbers of incidents reported month by month is quite variable, ranging from 579 in October to 472 in December. Despite the monthly variation there is no discernible trend.



**graph running by rolling year*

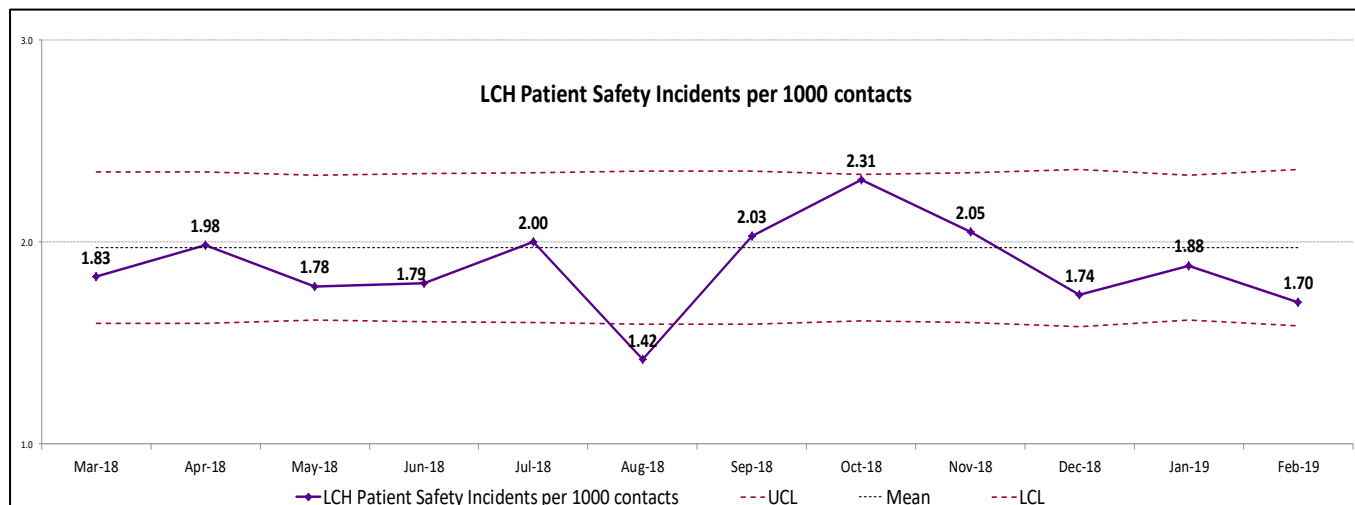
In February, 24% (116) of all the patient incidents reported originated from other providers. Whilst this does impact on LCH staff time it is important that lessons are learned across the health system. The Quality review meetings between the trust and the CCG provide the opportunity to review this issue, share learning and identify any wider issues.

There were 48 staff incidents reported in the month. This is lower than previous months and is not of any concern. 81% were reported as no harm. There was one moderate harm incident which reported a severe allergic reaction to latex gloves.

Patient Safety Incidents (PSIs) - LCH only

There were a total of 201 LCH PSIs reported in February 2019, comparable with earlier months, excluding the low reporting number in December.

The LCH PSI's per 1000 contacts SPC below shows a third consecutive month below the mean in February. The position will continue to be monitored with a view to understanding if this genuinely represents a reduction in patient safety incidents or a reduction in reporting.



Incidents causing harm (LCH only)

The moderate harm incidents recorded in February are still to be reviewed and investigated. An update on any pertinent or applicable findings and actions will be provided in the next report.

LCH Patient Safety Incidents by Degree of Harm

Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
133	126	116	108	135	78	126	161	146	107	142	92
45	66	75	70	83	58	67	84	66	55	65	55
32	43	33	37	31	26	30	49	33	36	45	34
7	5	6	4	5	8	9	2	8	4	6	9
230	248	242	235	259	173	246	309	264	203	260	201
1:4.6	1:4	1:4.9	1:4.3	1:6.1	1:4	1:4.9	1:4.8	1:5.2	1:4.1	1:4.1	1:3.4

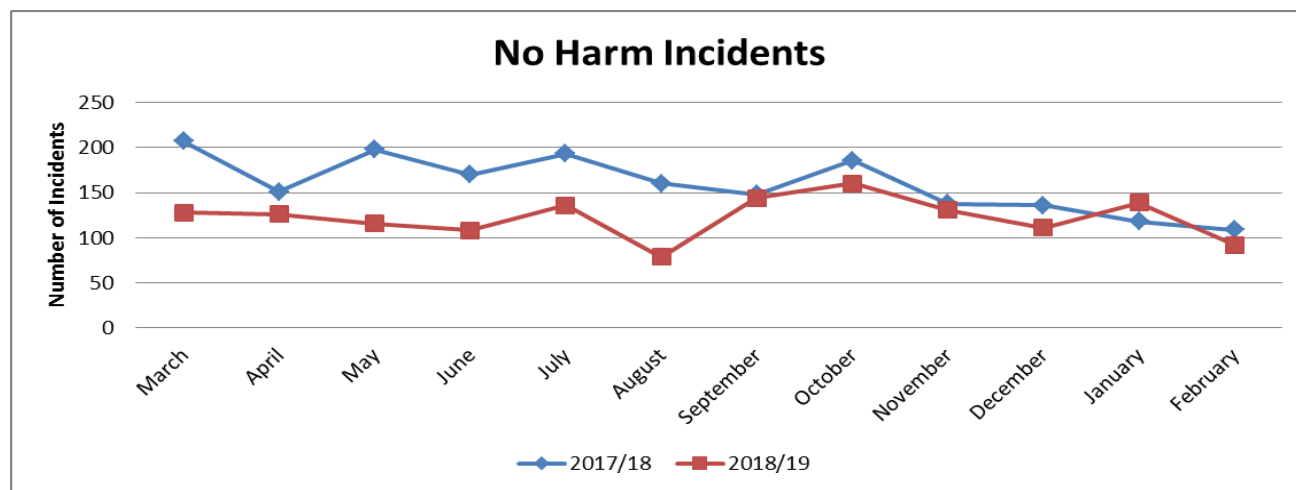
Moderate & Major Harm Incidents

Of the 9 major harm incidents were reported in February. 5 were falls and 4 were pressure ulcers, of which 1 was unstageable and 3 Category 4, all of those will be fully investigated to determine whether they were avoidable to LCH or not.

34 Moderate harm incidents have been reported in February. 20 pressure ulcers; category 3 or unstageable; 10 falls and 4 others (medication, appointment and accident were the incident categories used). Again all of these will be fully investigated to determine whether they were avoidable to LCH or not.

No Harm incidents

This month no harm incidents have reduced from 139 in January to 92 in February which is within normal variation.



Overdue Incidents

There are 378 live incidents as of 18 March. Of these, 100 have breached the 15 or 30 day investigation time and are classed as overdue, a small increase on previous months. The position remains that the majority of overdue incidents are within the Adult Business Unit. Reminders are being sent to the 'incident owner' to review and close, and the clinical lead is supporting teams with this. It should be noted that the majority of incidents classed as overdue for closure are no harm or low harm, making the risks of not learning from an incident lower than from moderate and major harm incidents, which do have more greater oversight and active management.

Duty of Candour

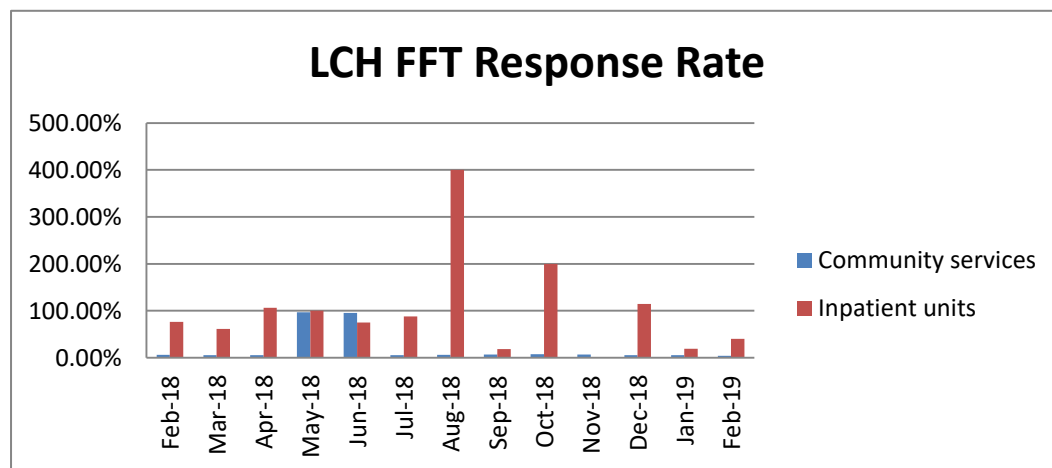
Eight incidents were closed that were attributable to LCH of moderate harm or above. All these patients have been offered an apology and given the option of receiving further information about the completed investigation. Therefore we are 100% compliant. .

Caring – February 2019

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

Caring - staff involve and treat people with compassion, kindness, dignity and respect		Target	YTD	Q1	Q2	Q3	Jan	Feb	March	Q4	Forecast	Rolling 12 Month Trend
Percentage of Staff Recommending Care (Staff FFT)	2018/19	>=73%	-	83.0%	82.4%						●	
	2017/18		-	81.0%	75.0%		80.7%		80.7%			
Percentage of Respondents Recommending Inpatient Care (FFT)	2018/19	>=95%	-	91.7%	100.0%	98.3%	100.0%	100.0%			●	
	2017/18		-	100.0%	96.7%	90.5%	-	100.0%	100.0%	100.0%		
Percentage of Respondents Recommending Community Care (FFT)	2018/19	>=95%	-	95.9%	96.9%	95.0%	96.2%	94.9%			●	
	2017/18		-	95.3%	95.5%	96.0%	96.3%	96.3%	95.0%	95.0%		
Written Complaints - Received	2018/19	<211	121	44	40	37	5	7			●	
	2017/18		50	57	52	22	10	20	52			

Friends and Family Test (FFT)



The graph to the left shows the friends and family test response rate. The relatively small number of responses received (690 in February) is recognised; the Patient Engagement and Experience Team are actively reviewing how services can increase response rates and are currently looking at other methods such as text messaging and electronic device responses to reach out to a wider cohort of patients.

Overall, of the responses received 95% of 684 of Community patients and 100% the 6 inpatients would recommend the service to family and friends. The table below provides the detail by business unit for February.

February 2019	Number of responses received	% of which recommended	% of which would not recommend	Number of comments received	Overall response rate
ABU Services	94	92.6%	2.1%	30	2.9%
CBU Services	154	94.8%	0.7%	209	3.3%
CBU Inpatients	1	100%	0%	1	n/a
SBU Services	436	96.1%	2.5%	366	4.5%
SBU Inpatients	5	100%	0%	0	33.3%

Complaints, Concerns, PALS and Claims

The table below highlights the number of complaints and concerns that have been received by the Patient Experience Team. If any particular trends/themes are noticed by the team, these are escalated to the appropriate service/team manager to reduce any associated risk.

Feedback	February 2019 Received	Notable trends
Complaints	8	No themes emerging at present. Closer links with the new patient engagement team will support teams to look at any highlighted problem areas through complaints to be reviewed and acted upon.
Concerns	31	
Clinical Claims	0	
Non-clinical Claims	0	
Claim settlements	0	

Performance against the NHS Complaints Regulations 2009 statutory requirements is shown in the table below. There are no performance concerns to note.

Received and closed complaints in February and active caseload	
Acknowledged within 3 days	100% Compliance
Responded to within 180 days	100% Compliance (closed complaints)
Active Patient Experience Team Caseload	20 open complaints, 10 open concerns
PHSO requests	1

Effective – February 2019

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

Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence		Target	YTD	Q1	Q2	Q3	Jan	Feb	March	Q4	Forecast
Compliance with Other NICE Guidance Within 2016	2018/19										
	Full Compliance	38	21	6	12	21					●
	Action Plan in Place		1	-	1	1					
	Not yet due		16	32	25	16					
Number of Mandatory Audits	Due to start in Q	All audits started		6	0	6					
	Started in Q			18	1	4					
Number of LCH Generated Audits Started (as a percentage of all LCH generated audits)	2018/19	>=80%	-	31.2%	9.2%	6.4%					●
	2017/18		-								
Compliance with Clinical Supervision	2018/19	>=80%	-	81.9%	83.0%	85.6%					●
	2017/18		-	80.0%	61.0%	70.0%		72.0%		72.0%	
Number of Unexpected Deaths in Bed Bases	2018/19	No Target		0	0	1					
	2017/18		-	0	2	1		0		0	
Number of Sudden Unexpected Deaths in Infants and Children on the LCH Caseload	2018/19	No Target		5	4	5					
	2017/18		-	1	1	2		3		3	
Percentage of services rated good or outstanding following the Quality Challenge+ Peer Review	2018/19	>=70%		100.0%	0.0%	50.0%					●
	2017/18		-	-	-	-		-		-	
Percentage of services rating themselves as good/outstanding through the Quality Challenge+ Self Assessment	2018/19	>=80%		82.0%	88.0%	100.0%					●
	2017/18		-	-	-	-		-		-	

This domain is reported quarterly.

Responsive – February 2019

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

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		Target	YTD	Q1	Q2	Q3	Jan	Feb	March	Q4	Forecast	Rolling 12 Month Trend
Patient Contacts - Variance from Profile	2018/19	0 to ± 5%	-3.2%	-3.0%	-6.4%	-3.1%	3.6%	-1.1%			●	
	2017/18			-5.9%	-7.5%	-1.5%	-7.1%	-10.2%	-12.2%	-9.4%		
Patient Contacts - Variance from 2017/2018	2018/19	-	-	-4.2%	-7.1%	-8.3%	2.2%	1.2%			●	
	2018/19			392,687	373,881	379,856	138,175	118,260				
	2017/18			409,858	402,291	414,157	135,216	116,889	125,986	378,091		
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	2018/19	≥92%	-	97.0%	97.8%	96.7%	97.5%	97.4%			●	
	2017/18			99.6%	99.5%	98.8%	99.2%	99.1%	97.6%	97.6%		
Number of patients waiting more than 52 Weeks (Consultant-Led)	2018/19	0	0	0	0	0	0	0			●	
	2017/18			0	0	0	0	0	0	0		
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	2018/19	≥99%	-	99.7%	97.0%	100.0%	100.0%	100.0%			●	
	2017/18			99.5%	100.0%	100.0%	100.0%	100.0%	97.9%	97.9%		
% Patients waiting under 18 weeks (non reportable)	2018/19	≥95%	-	98.9%	98.4%	98.2%	98.2%	97.9%			●	
	2017/18			98.8%	98.8%	98.9%	99.0%	98.9%	98.6%	98.6%		
IAPT - Percentage of people treated within 18 weeks of referral	2018/19	≥95%	-	98.9%	99.6%	99.3%	99.5%	99.8%			●	
	2017/18			100.0%	98.6%	99.2%	99.8%	98.9%	98.5%	98.5%		
IAPT - Percentage of people treated within 6 weeks of referral	2018/19	≥75%	-	98.9%	78.8%	69.8%	69.7%	72.9%			●	
	2017/18			96.1%	94.4%	96.2%	95.9%	95.1%	91.8%	91.8%		

Statutory Breaches and Waiting Lists

The Trust is currently performing well against the nationally set target of 95% of patients treated within 18-weeks of referral for Consultant-led services. February performance was 97.4% and this is consistent with performance over the last year. Within this there are a number of hotspots where breaches do occur; however numbers are small and at the end of February 2019, 38 patients had waited more than 18 weeks for treatment in consultant-led services. Breaches occur most often because the appointment is cancelled either by the patient or the service and there is insufficient time to re-schedule within the 18-week window

The hotspots include patients referred to Consultant Paediatricians in Community Paediatric Clinics or to the Paediatric Neurodisability Service. The transformation programme in ICAN aims to redesign the pathways into the service eliminating wasted waiting time and ensuring the child sees the right professional as quickly as possible.

The Audiology service routinely meets the 6-week wait standard for diagnostic tests

There are several national targets applied to the Improving Access to Psychological Therapies (IAPT) service. Performance has dipped in terms of 75% waiting less than 6 weeks to access the service. February performance was 72.9% continuing the improvement in performance since quarter 3. The service has an improvement plan in place. There is an overarching expectation that 95% of patients are seen within 18 weeks and the service routinely meets this standard

In addition to the national standards the Trust works to an internal target of 92% of all non-Consultant-led referrals being seen within 18 weeks (to mirror the national target). The Trust routinely meets this standard.

Specific Business Unit issues include:

Adult Speech and Language Therapy – Demand for the service exceeds capacity within the service. This is recognised by our CCG commissioner and in response they will undertake a review of all adult speech and language therapy services (LCH and LTHT) in 2019/20. This will result in the correct capacity being commissioned in both services as well as streamlined/integrated pathways. This issue has been added to the corporate risk register. A subset of this waiting list – for adults with Learning Disabilities – has 12 (of 59) patients waiting over 18 weeks. The longest wait is 32 weeks. In the interim, pending the service review, a recovery plan is in place with commissioners to prioritise urgent referrals, gradually reduce the backlog of referrals (subject to successful recruitment) and pick up routine referrals from September.

Musculoskeletal (MSK) – Spinal Treatment Service - Demand currently exceeds the capacity within the service. A business case is in development with commissioners to meet the current demand and divert an additional 15 people per week from LTHT and 5 patients per week from Harrogate.

Foot Protection Service – since introducing the new service, demand has outstripped the commissioned capacity. Commissioners have recognised the gap in capacity and have funded additional staff to reduce the backlog and meet the revised demand assumptions

Childrens' Business Unit issues include:

Integrated Children's Additional Needs Service (ICAN) - Preschool Autism (National Reportable RTT wait) - 31 patients are waiting more than 18 weeks but all have an appointment booked and the recovery plan remains in place. The longest wait is 33.9 weeks which is an improvement on the previous month and in line with the waiting list initiative projections (41 in December 2018)

Children's Speech and Language Therapy – (CSLT) - 81 patients are waiting more than 18 weeks. Central booking is being rolled out from an initial pilot site with measurable, positive impact on waits times (and productivity). All mainstream teams will be on central booking by July 2019 and all other service lines by September 2019. Further recovery planned for Easter Break by utilising traded capacity from schools into community clinics.

Mindmate Single Point of Access - The average time for triage is 3.5 weeks (SLA standard is 2 weeks). Temporary administrative support has been put in place and a new Team Manager is currently receiving hand-over.

Well-Led – February 2019

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

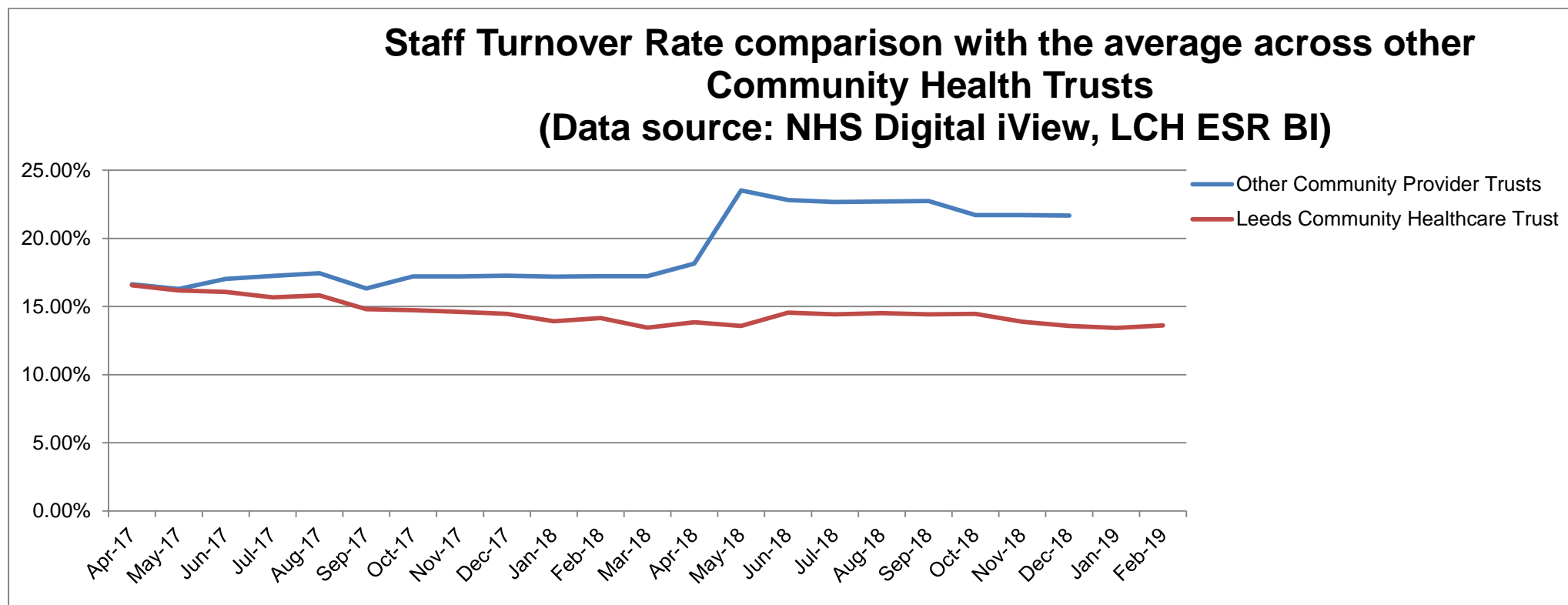
Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture		Target	YTD	Q1	Q2	Q3	Jan	Feb	March	Q4	Forecast	Rolling 12 Month Trend
Staff Turnover	2018/19	<=15.0%	-	14.0%	14.5%	14.0%	13.4%	13.6%			●	
	2017/18		-	15.2%	14.4%	14.8%	13.3%	13.5%	13.9%	13.9%		
Reduce the number of staff leaving the organisation within 12 months	2018/19	<=20.0%	-	13.1%	14.4%	14.9%	17.5%	17.3%			●	
	2017/18		-	16.3%	12.0%	11.0%	11.0%	12.1%	12.0%	12.0%		
Executive Team Turnover	2018/19	<=14.5%	-	2.2%	4.2%	6.2%	6.0%	6.0%			●	
	2017/18		-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
Stability Index	2018/19	>=85%	-	85.5%	86.0%	86.3%	86.8%	86.7%			●	
	2017/18		-	83.8%	82.5%	85.3%	85.4%	85.0%	85.8%	85.8%		
Short term sickness absence rate (%)	2018/19	<2.2%	-	1.9%	1.6%	2.1%	2.4%	2.1%			●	
	2017/18		-	1.8%	1.9%	2.5%	3.5%	2.4%	2.1%	2.1%		
Long term sickness absence rate (%)	2018/19	<3.6%	-	3.5%	3.8%	3.8%	3.7%	3.6%			●	
	2017/18		-	3.5%	3.4%	4.0%	4.1%	3.6%	3.4%	3.4%		
Total sickness absence rate (%)	2018/19	<5.8%	-	5.3%	5.4%	5.8%	6.2%	5.7%			●	
	2017/18		-	5.2%	5.4%	6.5%	7.5%	6.0%	5.6%	5.6%		
AfC Staff Appraisal Rate (12 Month Rolling - %)	2018/19	>=95%	-	80.7%	82.3%	87.3%	85.4%	84.2%			●	
	2017/18		-	86.6%	82.5%	78.3%	79.7%	80.3%	79.8%	79.8%		
Medical staff appraisal rate (%)	2018/19	100%	-	100.0%	100.0%	78.0%					●	
	2017/18		-	100.0%	100.0%	100.0%		100.0%	100.0%			

WRES indicator 1 - Percentage of BME staff in the overall workforce	2018/19	No Target	-			9.7%	9.6%	9.4%					
	-		-			90.2%	90.9%	90.6%	91.3%	91.3%			
WRES indicator 1 - Percentage of BME staff in Bands 8-9, VSM	2018/19	No Target	-			3.2%	2.7%	2.6%					
	-		-			90.2%	90.9%	90.6%	91.3%	91.3%			
6 universal Statutory and Mandatory training requirements	2018/19	>=95%	-	90.3%	88.9%	90.3%	92.7%	93.5%					
	2017/18		-	91.0%	90.5%	90.2%	90.9%	90.6%	91.3%	91.3%	●		
Percentage of Staff that would recommend LCH as a place of work (Staff FFT)	2018/19	>52.0%	-	63.0%	60.3%	-							●
	2017/18		-	54.0%	53.9%		56.7%	56.7%					
Percentage of staff who are satisfied with the support they received from their immediate line manager	2018/19	>52.0%	-	64.0%	65.1%	73.5%							●
	2017/18		-	62.0%	60.0%		62.5%	62.5%					
Sustain the time between placing adverts													
	Qualified Nurses	<= 112 Days	-										●
	Administration	<=83 Days	-										●
	Police Custody	<=145 Days	-										●
Response Rate for Staff FFT	2018/19	>22.0%	-	24.0%	23.5%								●
	2017/18		-	22.2%	21.0%		24.5%	24.5%					
Response Rate for Inpatient FFT	2018/19	23.1%	-	38.9%	96.1%								●
	2017/18		-	15.4%	11.8%	175.0%	0.0%	76.5%	61.1%	61.1%			
Response Rate for Community FFT	2018/19	6.8%	-	7.4%	6.2%								●
	2017/18		-	6.9%	4.6%	7.4%	5.8%	5.9%	5.4%	5.4%			
Total agency cap	2018/19	£534k	£4,867k	£1,403k	£2,766	£4045k	£434k	£388k					●
	2017/18		£6,089	£1,544k	£3,123k	£4532k	£459k	£442k	£656k	£6,089			
Percentage Spend on Temporary Staff	2018/19		6.9%	7.8%	7.1%	6.9%	6.2%	6.5%					
	2017/18		8.0%	8.1%	8.1%	7.7%	6.5%	7.5%	9.5%	7.8%			

With two KPIs at red in February, appraisal and statutory and mandatory training rate, performance in this domain is improving. Further analysis is provided below on these and the other KPIs.

Retention

The overall trend continues to be positive with turnover reporting at 13.6%. This is below the 2018/19 outturn target of 14.5%. This continues to benchmark favourably against our Community Trust peers and is visually presented in the graph below:-



Work to improve our health and wellbeing offer, approach to talent management, leadership and management development, staff engagement and a number of specific recruitment and retention initiatives should further support an increase in stability levels and reduction in turnover rates during 2018/19.

Background detail associated with retention is at **Appendix 1**.

Health and Wellbeing

The sickness absence rate for February is 5.7% (consisting of 2.1% short term and 3.6% long term). The trend shows an on-going reduction since December 2018;

The Trust continues to identify and develop ways to support health and wellbeing, including development of guidance for managers, by a member of staff who has experienced mental ill health on how to support staff with a mental health issue.

Exploration of Employee Assistance Programmes has also been undertaken.

15 LCH staff will begin their 2 day training in April, as Mental Health First Aiders and we will be requesting active input from staff with a disability to help us understand more the recent staff survey results around this area and how we can improve.

We continue to look externally at best practice and recently attended a 2 day national HWB conference, which had contributions from many multi-national companies. Whilst there were some learning/tips along the way, it was re-assuring to know that this Trust appears to be leading the way in certain areas, particularly around mental health and wellbeing.

Appraisal

Appraisal rates stand at 84% for January, indicating a slight overall decline in comparison to December and January.

	Target	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec - 18	Jan - 19	Feb - 19
Overall	Improvement Trajectory to 95%	79.9%	78.5%	83.3%	84.9%	87.5%	88.2%	86.3%	85.4%	84.2%
Adult		80.8%	78.6%	82.1%	86.3%	90.7%	93.3%	90.6%	89.2%	88.2%
Children's		83.6%	79.1%	83.4%	84.4%	84.3%	82.6%	79.9%	80.4%	79.9%
Corporate		64.7%	69.0%	81.6%	84.3%	85.1%	83.2%	77.9%	85.2%	83.2%
Operations		90.2%	87.9%	89.2%	88.0%	90.5%	89.0%	88.9%	88.9%	90.6%
Specialist		76.7%	77.6%	84.3%	82.9%	86.4%	88.4%	88.5%	85.01%	82.5%

Appraisal compliance has seen month-on-month drops during the past 3 months. This may be partially linked to services struggling to prioritise appraisals during winter months. A more detailed picture of service-by-service compliance is being produced to support managers in identifying areas to focus on, whilst monitoring and challenge continues via the regular performance monitoring meetings.

Statutory and Mandatory training

Statutory & Mandatory training compliance continues to improve, with the overall organisation compliance rate standing at 93.5% against a target of 95%; and the Corporate Directorate achieving 95% compliance. Recent investigations suggest that most NHS organisations in the region target their statutory & mandatory compliance between 85% and 90%, making LCH notable in its aspirations for higher achievement.

There is a continuing project to support the improvement of statutory and mandatory accessibility and compliance, focussing on the Universal six, plus seven other high priority/risk areas, namely:

- Manual Handling
- Fire Safety
- Information Governance (Data Security)
- Safeguarding (Children)
- Prevent
- CPR (Resuscitation)
- Conflict Resolution
- Slips, Trips & Falls (H&S)
- Infection Prevention & Control
- Equality & Diversity
- Safeguarding (Adults)
- Dementia
- Mental Capacity Act

The core of this project is to ensure competences, courses (and levels) as well as staff groups are up-to-date and correctly configured in ESR to ensure compliance figures may be accurately reported, and high risk teams identified and supported through targeted communication and related initiatives. The project is progressing well and we anticipate this first phase of compliance-related work to be completed and returned to business-as-usual for maintenance and governance by 31st March 2019.

Business Unit	Target	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec - 18	Jan – 19	Feb – 19
Overall	Improvement Trajectory to 95%	89.6%	89.6%	88.7%	88.4%	90.3%	90.0%	90.6%	92.7%	93.5%
Adult		88.8%	89.4%	88.5%	87.5%	90.6%	89.8%	91.0%	92.7%	92.6%
Children's		92.2%	91.7%	89.7%	89.6%	91.5%	90.6%	91.3%	92.6%	94.2%
Corporate		92.3%	92.6%	91.2%	91.3%	94.1%	92.81%	92.2%	94.8%	95.4%
Operations		84.2%	82.4%	83.5%	81.6%	83.7%	87.52%	88.4%	92.4%	93.7%
Specialist		89.2%	89.9%	89.7%	90.4%	90.6%	90.61%	90.0%	93.0%	94.0%

Staff Survey

Following the lifting of the national results embargo on 26 February 2019, engagement work with staff across the Trust continues:

1. Senior business unit and corporate directorate leadership share of results and plan for cascading the results to their teams, and work with engagement
 - Development sessions have happened with some senior leadership teams, and continue to happen with all business units. These are planned throughout the year to maintain focus and momentum on the engagement work, as well as to ensure support in their reporting in to Performance Panel on progress being made
 - Teams with concerning specific or overall feedback are already engaged in discussion and support – in business units, as well as corporate and operations teams
 - Teams with significant levels of year-on-year improvement are being engaged with to understand learnings and create opportunities to share across the organisation
 - ABU ‘Staff Engagement Forum’ continues to meet regularly to discuss and support one another in understanding feedback from survey and crafting next steps for tailored engagement
2. Staffside were updated in January and are due a further update in March
3. The Black and Minority Ethnic Network is being engaged in discussion and action; Workforce Race Equality Standard data is under review and preparations in place for share during the ‘Race for Equality’ event
4. A Board workshop is planned for May
5. A communication plan is being developed to share feedback, next steps and involvement plans.

Friends and Family Test (FFT)

The National Staff Survey and Staff FFT have been aligned to one another as part of a broader initiative in the Trust to create data series offering greater ongoing insight into engagement. Q3’s Staff FFT is closed on 15th March. Interim results at halfway through ‘live’ period show response rates up slightly on the final Q2 response rate at 62% (05/03/19), with improvement in scoring relating to both staff recommending LCH as a place to work and a place to receive treatment.

Finance – February 2019

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

Finance		Target	YTD	Q1	Q2	Q3	Jan	Feb	March	Q4	Forecast
Net surplus (-)/Deficit (+) (£m) - YTD	2018/19	£3.8m	£4.0m	£0.3m	£1.6m	£3.7m	£3.7m	£4.0m			●
	2017/18		-£3.3m	-£0.9m	-£2.1m	-£2.9m	-£2.8m	-£3.0m	-£3.3m	-£3.3m	
Net surplus (-)/Deficit (+) (£m) - Forecast	2018/19	£4.0m	£4.0m	£2.5m	£4.0m	£4.0m	£4.0m	£4.0m			●
	2017/18		-£3.3m	-£3.0m	-£3.0m	-£3.0m	-£3.2m	-£3.3m	-£3.3m	-£3.3m	
Forecast underlying surplus	2018/19	£1.4m	n/a	n/a	n/a	n/a	n/a	n/a			●
	2017/18		-£1.4m	-£1.4m	-£1.4m	-£1.4m	-£1.4m	-£1.4m	-£1.4m	-£1.4m	
Capital expenditure in comparison to plan (£k) - YTD	2018/19	107k	£1,432k	£303k	£574k	£1348k	-£325k	£409k			●
	2017/18		£1.4k	£0.2m	£0.3m	£0.6k	£0.6k	£0.9k	£1.4k	£1.4k	
Capital expenditure in comparison to plan (£m) - Forecast	2018/19	£1.9m	£1.9m	£3.2m	£3.4m	£3.4m	£1.9m	£1.9m			●
	2017/18		£1.4m	£1.8m	£1.8m	£1.6m	£1.7m	£1.6m	£1.4m	£1.4m	
CIP delivery (£m) - YTD	2018/19	£0.5m	£4.1m	£1.0m	£1.9m	£3.2m	£0.5m	£0.4m			●
	2017/18		£2.8m	£0.6m	£1.2m	£2.1m	£2.4m	£2.6m	£2.8m	£2.8m	
CIP delivery (£m) - Forecast	2018/19	£4.7m	£4.5m	£4.7m	£4.7m	£4.5m	£4.5m	£4.5m			●
	2017/18		£2.8m	£3.4m	£2.9m	£2.9m	£2.9m	£2.9m	£2.8m	£2.8m	
Use of Resources Risk Rating (from Oct 2016)	2018/19	2	1	1	1	1	1	1			●
	2017/18		1	1	1	1	1	1	1	1	

Income & Expenditure Summary

The year to date surplus at the end of February is £0.2m ahead of plan. The Trust's forecast outturn is £4.0m. As previously reported this includes £1.2m original control total, £0.5m additional surplus from the release of a redundancy provision no longer required and £2.3m of Provider Sustainability Funding (PSF) from NHS Improvement.

Income

The Trust operates on a predominantly block contract basis so income risk is unlikely to be a significant issue in the achievement of financial targets.

The contract income continues to be slightly less than planned due to the penalties for the police custody and community care beds contracts. Non-contract income continues to be as planned.

Forecast income is £0.3m less than planned as a result of the penalties above and £22k for the non-achievement of the Health and Wellbeing CQUIN (evidenced by the staff survey responses); this will be mitigated by underspending on reserves expenditure. Receipt of all other CQUINs and PSF income has been assumed in the forecast position. As reported last month there is one other CQUIN performance at risk. The total income at risk is £110k; in the event this income isn't achieved the Trust can manage the shortfall without impacting on the delivery of the overall control total.

Pay and Non-pay Expenditure & Vacancies

Levels of pay and non-pay expenditure have a reasonably consistent run rate this year; any variation being forecast (eg pay awards) or understood following review (eg "lumpy" expenditure profiles). Risks to achievement of financial targets at this stage in the year are likely to come from unforeseen events or forecasting error. The Trust has sufficient headroom to manage small, unforeseen variation in expenditure.

Year to date

Pay expenditure is £0.1m less than planned for the year at February (£0.2m last month), this is in line with expectations. There are 63 WTE vacancies this month; this represents 2.3% of the planned establishment after taking into account the budgeted vacancy factor. This is the same as last month. Temporary staffing costs were £576k for the month (£593k at Jan).

Agency staffing expenditure is 17.0% below the cap and not a concern.

Non-pay is overspent £0.6m for the year to date; the overspending is 1.7% of expenditure and is not a risk to the overall financial position and continues to be driven by the cost saving requirement. The "Other Non-pay" costs include the as yet un-identified corporate and Trust-wide CIPs which are resulting in the year to date overspending. Given the Trust's overall financial position it is not intended to pursue these this year but they do need to be delivered recurrently.

Forecast Outturn

Pay expenditure is forecast to be £0.1m more than budget at the end of the year; in month there has been additional staffing costs for the stroke service not previously in the forecast.

The non-pay forecast overspend is £0.7m which is £0.1m less than last month. The forecast includes the cost of additional clinical contracts to increase capacity in the neighbourhood teams for winter, this utilises some of the pay underspending for the Adult Business Unit.

Overall, expenditure levels are fairly stable and in line with recent forecasts.

Delivery of Cost Improvement Plans

CIP delivery remains consistent with previous months; there continues to be a shortfall circa 3.6% (£155k) in respect of the procurement savings. Specific corporate support savings have not been identified however corporate pay continues to be underspent at the end of February so these savings are being made non-recurrently.

The forecast delivery of the Cost improvement plans is consistent with last month. There are no further procurement savings identified this year, the shortfall is factored into the reported position.

Continued delivery of efficiency savings is essential to avoid impacting on the financial performance and deterioration of the underlying position. The forecast recurrent shortfall has been brought forward into 2019/20 financial plans which will be considered by the Board in March 2019.

Business Unit Budget Performance

Budget Performance

The Business Units have a net total of 11 wte vacancies for February. There are 26 vacancies for the Adult Business Unit; Specialist Services are overstaffed by 12 wte and Children's have 3 more staff than budgeted. The specialist overstaffing is mainly in IAPT (6.69 wte) and MSK (5.10 wte) services. Despite this Specialist is forecast to be underspent by more than £0.2m on pay at the end of March; obviously if this situation were to continue into the new financial year this would result in a cost pressure for the BU. Overstaffing in the Children's is in CAMHS community services (5.21 wte), SLT (8.48 wte) and ICAN (6.51 wte) these are being offset by understaffing in C&YP IAPT (6.00 wte), CAMHS inpatients and outreach (10.00 wte) and HV and school nursing services (7.26 wte).

The Specialist Business Unit continues to be £0.6m underspent at the end of February; and forecasting to be £0.6m underspent at the end of March this is slightly less than last month's forecast. The change is in respect of additional expenditure on staffing for the stroke service. Pay underspending is £0.2m year to date the biggest drivers of this are, CRU, police custody, YOI and dental services. Non pay underspending are £0.4m overall at the end of the month and are in the following services YOI, dental and MSK services. Underspending in these services is being offset by overspendings on pay in sexual health and podiatry and in police custody and sexual health non pay.

Children's Business Unit is a net £1.1m overspent at the end of February being £1.3m over on pay which is offset by an underspending on non-pay. The overspending on pay is being driven by CAMHS and Paediatric medical locum cover. There are further pay overspendings for Speech and Language Therapy, Hannah House and ICAN services. The reasons for all are understood and accepted in 2018/19 as part of the financial management of the Trust's financial position. The Business Unit is aware that locum medical spend must significantly reduce in 2019/2 Non-pay underspending is in Speech and Language therapy services and Children's Continuing Care. And all budgets will need to return to a balanced position.

At the end of February the Adult Business Unit has a net £0.6m underspent, £0.1m more than at January but forecast to be £0.5m under at the end of March as the services manage winter pressures. The February underspending is in respect of pay and is driven by the level of vacancies across the services. Services with the largest underspending on pay include Neighbourhood teams, Health Case Management Community Geriatricians and the Nights service.

Capital Expenditure

The Trust has a capital resource limit (CRL) of £2.039m including £127k added in year for public WiFi access. The Trust expects to spend £1.868m for the year. This excludes all expenditure in respect of the CAMHs new inpatient building as it is anticipated the expenditure incurred by the year end will transfer to Leeds and York Partnerships NHS FT.

Capital expenditure is £0.2m overspent at the end of February however this is a timing issue in respect of IT equipment. This overspending is being partially offset by and underspending on estates expenditure which is later than anticipated whilst the results of the 6 facet surveys were known. The Trust has also disposed of some assets this year which enables more expenditure to be incurred.

The Trust expects there to be a small underspending against its capital resource limit.

Cash

The Trust's cash position remains very strong at £25.8m, which is £1.3m less than plan due to the timings of payments and receipts. At the end of March the Trust anticipates the cash balance being £27.4m.

Better Payment Practice Code

The Trust continues to exceed the 95% target for paying invoices for all measures. Performance has dipped slightly this month due to an issue with interpretation service invoices.

Use of Resources Risk Rating

The Trust's risk rating at the end of February continues to be 1 overall, which is the lowest risk. All measures are rated as 1 for the year to date.

Appendix 1 – February 2019

Well- Led Additional Information

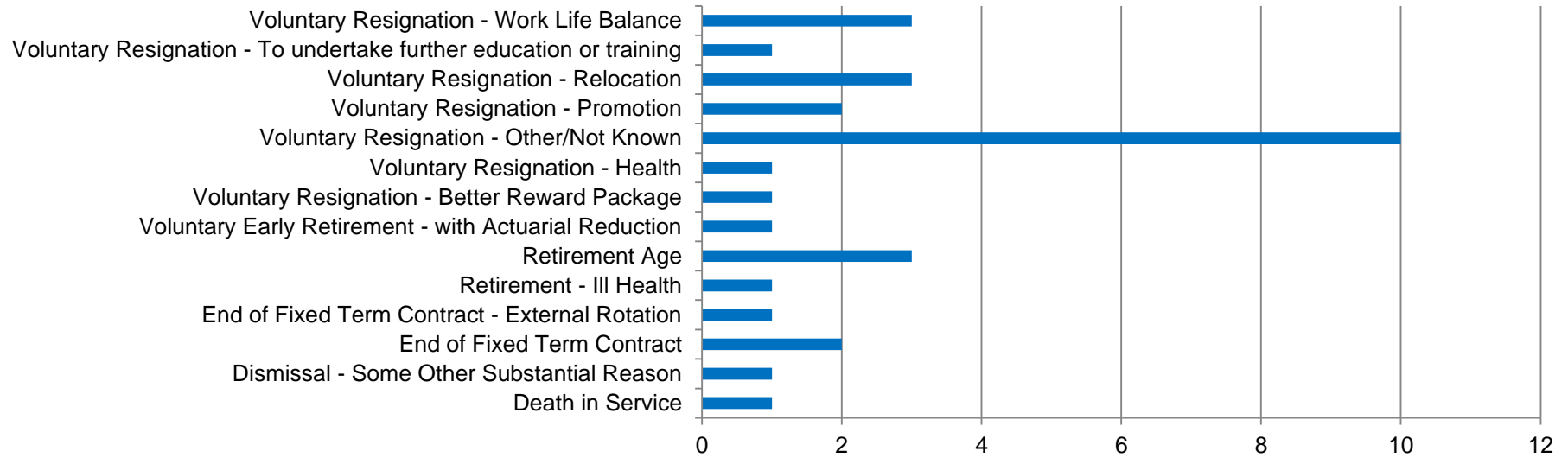
Retention background data:

In February 2019 there were 31 leavers across the Trust. Their distribution by Business Unit, staff group and reason for leaving is set out below:

Business Unit	February 19 Leavers
Adult Business Unit	11
Children's Business Unit	6
Corporate / Operations	8
Specialist Business Unit	6
Grand Total	31

Staff Group	February 19 Leavers
Clinical Services and Scientific	6
Administrative and Clerical	8
Allied Health Professionals	1
Nursing and Midwifery Registered	13
Medical and Dental	2
Estates	1
Grand Total	31

February 2019 Leavers by Reason



Appendix 2 – February 2019

Detailed Financial Tables

Table 1	Year to Date	Variance from plan	Forecast Outturn	Performance
Key Financial Data				
Statutory Duties				
Income & Expenditure retained surplus	£4.0m	£0.2m	£4.0m	G
Remain with EFL of (£3.708m)			£-3.7m	G
Remain within CRL of £2.039m	£1.4m	£-0.2m	£1.9m	G
Capital Cost Absorption Duty 3.5%			3.5%	G
BPPC NHS Invoices Number 95%	98%	3%	95%	G
BPPC NHS Invoices Value 95%	98%	3%	95%	G
BPPC Non NHS Invoices Number 95%	96%	1%	95%	G
BPPC Non NHS Invoices Value 95%	95%	0%	95%	G
Trust Specific Financial Objectives				
Use of Resources Risk Rating	1	-	1	G
CIP Savings £3.2m recurrent in year	£2.8m	-5%	£3.2m	R
CIP Savings £1.5m planned non recurrent in year	£1.3m	-	£1.5m	G

Table 2	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 & Expenditure Summary									
Income									
Contract Income			(128.0)	(127.7)	0.3	(139.7)	(139.4)	0.3	0.2
Other Income			(12.0)	(11.9)	0.0	(13.1)	(13.1)	0.0	(0.0)
Total Income			(139.9)	(139.6)	0.3	(152.8)	(152.5)	0.3	0.2
Expenditure									
Pay	2,685.3	2,622.3	98.6	98.5	(0.1)	107.7	107.7	0.1	0.0
Non pay			34.2	34.8	0.6	37.5	38.2	0.7	0.8
Reserves & Non Recurrent			1.0	(0.2)	(1.2)	1.1	(0.2)	(1.3)	(1.2)
Total Expenditure	2,685.3	2,622.3	133.9	133.1	(0.8)	146.3	145.7	(0.5)	(0.5)
EBITDA	2,685.3	2,622.3	(6.0)	(6.5)	(0.5)	(6.5)	(6.8)	(0.3)	(0.2)
Depreciation			1.7	1.8	0.1	1.9	2.0	0.1	0.1
Public Dividend Capital			0.6	0.7	0.1	0.7	0.8	0.1	0.1
Profit/Loss on Asset Disp			0.0	0.1	0.1	0.0	0.1	0.1	0.1
Interest Received			(0.1)	(0.1)	(0.0)	(0.1)	(0.2)	(0.0)	(0.0)
Retained Net Surplus	2,685.3	2,622.3	(3.8)	(4.0)	(0.2)	(4.0)	(4.0)	(0.0)	(0.0)
	Variance =	(63.0)							

Table 3 Month on Month Pay Costs by Category	April £k	May £k	June £k	July £k	August £k	Sept £k	Oct £k	Nov £k	Dec £k	Jan £k	Feb £k	YTD Actuals £k
Directly employed staff	7,886	7,829	7,898	8,247	8,688	8,344	8,340	8,276	8,300	8,605	8,517	90,932
Seconded staff costs	88	51	109	86	83	12	72	72	104	59	83	820
Bank staff	176	218	224	45	163	166	138	161	209	159	188	1,846
Agency staff	438	417	549	394	462	507	386	450	442	434	388	4,867
Total Pay Costs	8,588	8,515	8,781	8,772	9,396	9,029	8,936	8,960	9,056	9,257	9,176	98,466

Table 4 Year to Date Non Pay Costs by Category	YTD Plan £k	YTD Actual £k	YTD Variance £k	Last Month YTD Variance £k	Forecast Outturn Variance £k
Drugs	741	809	68	73	
Clinical Supplies & Services	9,648	9,203	(444)	(419)	
General Supplies & Services	4,674	4,564	(110)	(106)	
Establishment Expenses	6,234	6,197	(37)	(54)	
Premises	11,471	11,700	229	215	
Other non pay	1,474	2,350	876	819	
Total Non Pay Costs	34,241	34,823	582	528	681

Table 5 Savings Scheme	2018/19 YTD Plan £k	2018/19 YTD Actual £k	2018/19 YTD Variance £k	2018/19 Annual Plan £k	2018/19 Forecast Outturn £k	2018/19 Forecast Variance £k	2018/19 Forecast Variance %
Estates	642	642	0	700	700	0	0%
Admin Review	229	229	0	250	250	0	0%
Corporate Support	275	275	0	300	300	0	0%
Procurement	165	10	(155)	180	10	(170)	-94%
Non Pay Inflation	403	403	0	440	440	0	0%
CQUIN	414	414	0	452	452	0	0%
Contribution to overheads / fixed costs	762	762	0	831	831	0	0%
Release of Reserves	69	69	0	75	75	0	0%
IT Kit	275	275	0	300	300	0	0%
Discretionary spending	458	458	0	500	500	0	0%
Decommissioning cost reduction	583	583	0	700	700	0	0%
Total Efficiency Savings Delivery	4,276	4,121	(155)	4,728	4,558	(170)	-4%

Table 6	Annual Budget	Budget	Actual Contract	Variance	YTD Budget	YTD Actual	YTD Variance
Service Line	£m	WTE	WTE	WTE	£m	£m	£m
Specialist Services	39.2	674.3	686.7	12.4	35.8	35.3	(0.6)
Childrens Services	29.3	698.9	701.4	2.5	26.8	27.9	1.1
Adults Services	41.2	880.3	854.2	(26.1)	37.8	37.2	(0.6)
Ops Management & Equipment	1.7	52.8	53.1	0.4	1.5	1.5	0.0
Service Line Totals	111.4	2,306.3	2,295.5	(10.8)	101.9	101.9	0.0
Corporate Support & Estates	28.6	379.0	326.9	(52.1)	26.2	26.6	0.4
Total All Services	140.0	2,685.3	2,622.3	(63.0)	128.1	128.5	0.4

Table 7	YTD Plan	YTD Actual	YTD Variance	Annual Plan	Forecast Outturn	Forecast Variance
Scheme	£m	£m	£m	£m	£m	£m
Estate maintenance	0.6	0.3	(0.3)	0.7	0.6	(0.1)
Equipment/IT	0.2	0.7	0.5	0.5	0.7	0.2
Electronic Patient Records	0.4	0.5	0.1	0.5	0.5	0.0
Public WiFi	0.1	0.1	0.0	0.1	0.1	0.0
Disposals	0.0	(0.1)	(0.1)	0.0	(0.1)	(0.1)
Totals	1.3	1.4	0.2	1.9	1.9	0.0

Table 8	Plan 28/02/2019	Actual 28/02/2019	Variance 28/02/2019	Opening 01/04/18	Planned Outturn 31/03/19	Forecast Outturn 31/03/19	Forecast Variance 31/03/19
Statement of Financial Position	£m	£m	£m	£m	£m	£m	£m
Property, Plant and Equipment	28.7	29.4	0.7	29.3	30.7	30.7	0.0
Intangible Assets	0.0	0.0	(0.0)	0.1	0.0	0.0	0.0
Total Non Current Assets	28.8	29.4	0.7	29.4	30.7	30.7	0.0
Current Assets							
Inventories	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Trade and Other Receivables	6.9	7.6	0.7	8.8	7.9	7.9	0.0
Cash and Cash Equivalents	27.1	25.8	(1.3)	23.2	25.8	27.4	1.7
Total Current Assets	34.0	33.4	(0.6)	32.1	33.7	35.3	1.7
TOTAL ASSETS	62.8	62.8	0.1	61.5	64.3	66.1	1.7
Current Liabilities							
Trade and Other Payables	(10.7)	(10.1)	0.6	(12.1)	(13.4)	(13.4)	(0.0)
Provisions	(0.4)	(0.7)	(0.3)	(1.4)	(0.4)	(0.4)	0.0
Total Current Liabilities	(11.1)	(10.8)	0.3	(13.4)	(13.8)	(13.8)	(0.0)
Net Current Assets/(Liabilities)	22.9	22.6	(0.3)	18.7	19.9	21.5	1.7
TOTAL ASSETS LESS CURRENT LIABILITIES	51.7	52.0	0.4	48.0	50.6	52.3	1.7
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	51.7	52.0	0.4	48.0	50.6	52.3	1.7
TAXPAYERS EQUITY							
Public Dividend Capital	0.3	0.4	0.1	0.3	0.3	0.4	0.1
Retained Earnings Reserve	20.9	21.1	0.2	17.2	19.7	21.3	1.6
General Fund	18.5	18.5	0.0	18.5	18.5	18.5	0.0
Revaluation Reserve	12.0	12.0	0.0	12.0	12.0	12.0	0.0
TOTAL EQUITY	51.7	52.0	0.4	48.0	50.6	52.3	1.7

Table 9 Measure	Performance This Month	Target	RAG
NHS Invoices			
<i>By Number</i>	98%	95%	G
<i>By Value</i>	98%	95%	G
Non NHS Invoices			
<i>By Number</i>	96%	95%	G
<i>By Value</i>	95%	95%	G

Table 10 Criteria	Metric	Performance	Rating	Weighting	Score
Liquidity	Liquidity ratio (days without WCF)	58	1	20%	0.2
Balance Sheet sustainability	Capital servicing capacity (times)	9.3	1	20%	0.2
Underlying performance	I&E margin	3%	1	20%	0.2
Variance from plan	Distance from plan	0	1	20%	0.2
Agency spend above ceiling	Agency	-17%	1	20%	0.2
Overall Use of Resources Risk Rating					1

Meeting: Trust Board 29 March 2019	Category of paper <i>(please tick)</i>	
Report title: Significant Risks and Board Assurance Framework (BAF) Summary Report	For approval	✓
Responsible director: Chief Executive Report author: Risk Manager / Company Secretary	For assurance	
Previously considered by: N/A	For information	

Purpose of the report:

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

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

The Board Assurance Framework (BAF) summary advises the Board of 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 2019

- No risks currently scoring 15 or above (extreme)
- No new risks scoring 15 or above
- No risks deescalated, which previously scored 15 or above
- No closed risks, which previously scored 15 or above
- No new risks scoring 12

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.

The proposed 2019/20 BAF summary of strategic risks is also attached. Strategic risks have been reviewed by SMT and changes to 2018/19 are described.

Recommendations

The Board is recommended to:

- Note the revisions to the risk register
- Note the current assurance levels provided in the revised BAF summary
- Approve the amendments to the 2019/20 BAF strategic risks

SIGNIFICANT RISKS AND BAF REPORT

1.0 Introduction

- 1.1 The risk register report provides the Board with an overview of the Trust's material risks currently scoring 15 or above after the application of controls and mitigation measures.
- 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 (1 February 2019), including any new risks, risks with increased or decreased scores and newly closed risks. The report seeks to reassure the Board that there is a robust process in place in the Trust for managing risk.
- 1.3 Summary reports (such as this one) are produced on a frequent basis and alert the senior governance structure (SMT, committees, and Trust Board) to important changes in the risk register. An in-depth (full) report is produced on a less frequent basis, and describes and analyses all risk movement, the risk profile, themes and risk activity.
- 1.4 This paper provides a summary of the current BAF and an indication of the assurance level that has been determined for each strategic risk.

2.0 Summary of current risks scoring 15 or above

- 2.1 There are no risks with a current score of 15 (extreme) or above on the Trust risk register as at 7 March 2019
- 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 de-escalated risks, which previously scored 15 (extreme) or above.
- 2.5 There are no closed risks which previously scored 15 (extreme) or above.

3.0 Risks scoring 12 (high)

- 3.1 There are no new risks scoring 12 reported since February 2019

4.0 Risks escalated to a score of 12 (high)

- 4.1 No risks have been escalated to a score of 12 since February 2019

5.0 Risks de-escalated from a score of 12 (high)

5.1 One risk has been de-escalated from a score of 12 since February 2019

Risk 954	Diabetes Service waiting times	Current risk score 9 (high)	Previous risk score 12 (high)
<p>Reason for de-escalation:</p> <ul style="list-style-type: none">• Number of patients waiting over 18 weeks is reducing• Group consultations are easing the appointment slots			

6.0 Closed risks previously scoring 12

6.1 No risks have been closed, which previously scored 12

7.0 Risks with an out of date review date

7.1 There is a robust process for ensuring the risk register is effectively reviewed and kept up to date. An automated system reminds risk owners to update their risks where a review date has passed. The Risk manager produces a monthly quality assurance report and If the risk remains outstanding, further reminders are sent personally by the Risk Manager. 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 being 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 The Audit, Quality and Business Committees, and the Board review the sources of assurance presented to them and provide the Board (through the BAF process) with positive or negative assurance.

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). Where adjustments have been made to the level of assurance, an explanation is provided below.

8.6 Since the last BAF report in February 2019, the current level of assurance for the following BAF risks has been adjusted as follows:

Positive assurance movement (indicating an improved situation)

- BAF risk 2.1 (achieving internal projects) has moved further into reasonable. The Change Board report provided Business Committee with reasonable assurance. A review of the Change programme was given a reasonable assurance opinion by Internal Audit.
- BAF risk 3.2 (address the scale of sickness absence) Management of Sickness Absence internal audit report provided a reasonable assurance opinion. Business Committee was advised that comparative sickness absence data shows the Trust is not an outlier but does have higher than average levels of sickness.

Negative assurance movement (indicating a worsening situation)

- No negative movement has occurred.

8.7 The attached BAF summary reflects the amended assurance levels.

9.0 Board Assurance Framework 2019/20 proposed amendments

9.1 The operational plan for 2019/20 has now set out the Trust's priorities and objectives for the coming year. SMT has reviewed and revised the strategic risks on the BAF. The attached risk summary, describes the strategic risks and aligns them to the corporate objectives for 2019-20.

9.2 The following amendments have been made to the 2018/19 BAF:













9.2.1 (Previous) 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' has been removed as the achievement of CQUINs is not viewed as a significant risk and all other aspects of this risk are reflected in risk 1.3, which describes the risks of not improving quality.

9.2.2 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' –this is realigned with the 'Delivering Outstanding Care' strategic goal and is therefore renumbered as 1.4 above.

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
 - Approve the amendments to the 2019/20 BAF strategic risks

Appendix One 2018/19 BAF levels of assurance

Details of strategic risks (description, ownership, scores)								Level of Assurance					
Strategic Goal	Risk	Risk ownership		Risk score				Current Level of Assurance (denoted by ).				Assurance - additional Information	Assurance Movement
		Responsible Director	Responsible Committee	Likelihood	Consequence	Risk Score	Risk score movement	No	Limited	Reasonable	Substantial		
Provide high quality services	RISK 1.1 If the Trust does not have effective systems and processes for assessing the quality of service delivery and compliance with regulatory standards then it may have services that are not safe or clinically effective.	SL	QC	3	4	12						Quality Committee reports on Clinical Audit and NICE guidance compliance provided reasonable assurance. Quality Challenge + is not providing sufficient assurance and the programme is being reviewed.	
	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.	SL	QC	2	4	8						Internal audit review of incident management provided reasonable assurance.	
	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	SL	QC	2	3	6						SMT service visits provided additional assurance about service quality.	
	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.	SL	QC	3	2	6							
Provide sustainable services	RISK 2.1 If the Trust does not achieve principal internal projects then it will fail to effectively transform services and the positive impact on quality and financial benefits may not be realised.	SP	BC	2	3	6						Change Board report provided Business Committee with reasonable assurance. Change programme given reasonable assurance by internal audit.	
	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	2	3	6						CAMHS and IAPT service demand mitigation information provided Business Committee with reasonable assurance	
	RISK 2.3 If the Trust does not improve productivity, efficiency and value for money and achieve key targets, supported by optimum use of performance information, then it may fail to retain a competitive market position.	BM	BC	3	3	9							
	RISK 2.4 If the Trust does not retain existing viable business and/or win new financially beneficial business tenders then it may not have sufficient income to remain sustainable.	BM	BC	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						Internal Audit review of Key Financial Systems provided reasonable assurance	
	Risk 2.6 If the Trust does not maintain the security of its IT infrastructure and increase staffs' knowledge and awareness of cyber-security, then there is a risk of being increasingly vulnerable to cyber attacks causing disruption to services, patient safety risks, information breaches, financial loss and reputational damage.	BM	AC	2	4	8						The internal audit of GDPR and on cyber security received reasonable assurance. The Audit Committee received assurance that the Trust's GDPR plans are robust and being implemented.	

Recruit, develop and retain the staff we need now and for the future	RISK 3.1 If the Trust does not have suitable and sufficient staff capacity and capability (recruitment, retention, skill mix, development) then it may not maintain quality and transform services.	AH	BC	4	4	16					Guardian for Safe Working Hours report provided Quality Committee with reasonable assurance	
	RISK 3.2 If the Trust fails to address the scale of sickness absence then the impact may be a reduction in quality of care and staff morale and a net cost to the Trust through increased agency expenditure.	JA/LS	BC	4	3	12					Management of Sickness Absence internal audit report provided reasonable assurance. Business Committee advised that comparative data shows the Trust is not an outlier but does have higher than average levels of sickness.	➔
	RISK 3.3 If the Trust does not fully engage with and involve staff then the impact may be low morale and difficulties retaining staff and failure to transform services.	TS	BC	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 .	JA/LS	BC	3	3	9					Business Committee noted that appraisal rates are improving	
Work in partnership to deliver integrated care and care closer to home	RISK 4.1 If the Trust does not respond to the changes in commissioning, contracting and planning landscape (Health and Care Partnership (ex STP) 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	BC	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.	SL	QC	3	3	9					Quality Committee advised that Patient Experience Team recruitment now complete and has a schedule of initial activities	
	RISK 4.4 If there is insufficient capacity across the Trust to deliver the key workstreams of system change programmes, then organisational priorities may not be delivered.	TS	BC	3	3	9						
	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	BC	3	3	9					An Internal Audit review of Collaborative Working provided a reasonable assurance opinion but with three important recommendations, for which action is being taken. The Audit Committee recognised the limited scope of this audit and has requested a further, more in depth review to be included in the 2019/20 audit programme.	

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 (<i>have resulted</i>) in failure to achieve the clinical, quality and business objectives in the areas reviewed.

Appendix Three BAF (2019/20) strategic risks

Strategic Goals	Deliver outstanding care	Use our resources wisely and efficiently	Ensure LCH's workforce is able to deliver the best possible care in all our communities	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 (Exec Director of Nursing / Quality Committee)	Risk 2.1 If the Trust does not achieve principal internal projects then it will fail to effectively transform services and the positive impact on quality and financial benefits may not be realised (Exec Director of Operations / 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 (Director of Workforce / Business Committee)	RISK 4.1 If the Trust does not respond to the changes in commissioning, contracting and planning landscape (Health and Care Partnership (ex STP) 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. (CEO / 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 (Exec Director of Nursing / 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 (Exec Director of Operations / 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. (Director of Workforce / Business Committee)	RISK 4.2 If the Trust does not maintain relationships with stakeholders, including commissioners and City Council then it may not be successful in new business opportunities. The impact is on the Trust's reputation and on investment in the Trust. (CEO / 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 (Exec Director of Nursing / 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 (Exec Director of Finance and Resources / 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 (CEO / Business Committee)	Risk 4.3 If the Trust does not ensure there are robust agreements and clear governance arrangements when working with complex partnership arrangements, then the impact for the Trust will be on quality of patient care, loss of income and damage to reputation and relationships (Exec Director of Finance and Resources / Business Committee)
	RISK 1.4 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. (Exec Director of Nursing / 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 (Exec Director of Finance and Resources / 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 (Director of Workforce / 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. (CEO/ Business Committee)
	Renumbered from 4.3	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 (Exec Director of Finance and Resources / Business Committee)		
		RISK 2.6 If the Trust does not maintain the security of its IT infrastructure then there is a risk of being increasingly vulnerable to cyber attacks causing disruption to services, patient safety risks, financial loss and reputational damage. (Exec Director of Finance and Resources / Audit Committee)		

Renumbered from 4.5

Changes from 2018/19 BAF

(Previous) 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' has been removed as the achievement of CQUINs is not viewed as a significant risk and all other aspects of this risk are reflected in risk 1.3, which describes the risks of not improving quality.

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' –this is realigned with the 'Delivering Outstanding Care' strategic goal and is therefore renumbered as 1.4 above. (Previous) RISK 4.5 (Governance arrangements for partnerships) is now renumbered as Risk 4.3

Meeting: Trust Board 29 March 2019	Category of paper <i>(please tick)</i>	
Report title: 2018 Staff Survey Results – Public Board update	For approval	
Responsible director: Chief Executive	For assurance	✓
Report author: Director of Workforce		
Previously considered by N/A	For information	

<p>Purpose of the report:</p> <p>This report provides the public session of the Board with an update on the 2018 Staff Survey organisational results which are now available in the public domain at and the data is no longer under embargo.</p>
<p>Main issues for consideration:</p> <ul style="list-style-type: none"> • Acknowledgement of the 2018 organisation wide results; • Noting of the positive trajectory against LCH previous Staff Survey results; • Note proposed next steps in terms of both dissemination of these results and plans to work with them at a local Business Unit and service level.
<p>Recommendations</p> <p>The Board is recommended to:</p> <ul style="list-style-type: none"> • Note the release of 2018 Staff Survey results to date and endorse the proposed approach to the management of the information and its implications.

2018 Staff Survey Results

1. Purpose of Report:

This report provides the public session of the Board with an update on the 2018 Staff Survey organisational results and related work being done across LCH.

The report also sets out comparisons with this year's Staff Survey results as compared to our 2017 results, as well as National Comparator data.

It also proposes an approach for the dissemination of the information as well as the work needed to further engage our staff with these results and more importantly continue to engage our staff with LCH as an organisation.

2. Background:

The 2018 Staff Survey opened to our staff in October 2018 and closed at the end of November 2018. As in previous years, the organisation received a summary organisational report on Christmas Eve 2018 followed by some additional detail early in January. This data enables us to analyse in respect of our absolute position and in the context of results for the same questions in previous years and offers the opportunity for internal benchmarking.

At the end of February additional reporting was released to compare each Trust with its peer group and offer benchmarked data on ten key themes. In March, Qualitative data (verbatim comments) were released and shared with services.

3. 2018 Staff Survey Headlines:

A more detailed report is included as **Appendix 1** to this report but in summary our headlines from the 2018 organisation wide report are as follows:

- 52% of our staff completed the survey which is nine percentage points above the national average of 43%.
- Whilst our completion rate last year was 54% it is still enormously pleasing to note that more of our staff engaged in this process than nationally and additionally that this percentage completion means we are within + / - 1% accuracy tolerance in terms of responses.
- Levels of engagement ¹ at LCH are up as a whole with five of the nine key measures for engagement showing significant improvement.
- Five of the six key measures for job satisfaction have also improved significantly since 2017.
- Of 66 questions asked in the 2018 Staff Survey our results have had a positive change in 46, no change in 11 and a negative change in 9.

¹ As defined by the CIPD (Chartered Institute of Personnel and Development) and interpreted through a specific set of Staff Survey questions.

- None of our responses to questions have had a significant deterioration since 2017.
- There is significant evidence that the areas of improvement that we wished to target following our 2017 results have actually progressed and improved; these included specifically in relation to immediate line manager support, feeling valued and recognised and senior management communications as well as involvement in decision making.
- Additionally, there is much to celebrate in terms of positive shifts in questions linked to our own LCH values and behaviours; the infographic attached at **Appendix 2** provides a very visual demonstration of this.
- There are areas that we need to focus more on in this coming year including in terms of some aspects of the health and well-being of our staff as well as diversity and inclusion; the results for these areas are currently being further analysed with a plan to discuss at SMT in the very near future.

At the end of February 2019, we also received the 2018 National Benchmarking report. LCH is benchmarked against Community Trusts only and this group are known to be amongst some of the highest performers on Staff Survey amongst NHS provider organisations. In summary our headlines from this report are as follows:

- LCH performed at the highest level in the peer group of Community Trusts in the area of Senior Management Communication and Involvement in Decision Making.
- We have seen a statistically significant improvement (meaning that there has definitely been an improvement in those areas since 2017) in four of the ten key nationally benchmarked themes:
 - Health and wellbeing
 - Immediate manager support
 - Safe environment from violence and
 - Staff engagement.
- There has been no decline in any of the ten key themes since 2017.
- The Trust is average in terms of immediate manager support which whilst demonstrating an improvement from our 2017 is an area that we would wish to improve further on.

4. Staff Survey Next Steps:

Qualitative data has now been received and shared through the leadership levels in our services for consideration alongside the year-on-year quantitative data and action planning to support understanding key concerns in teams, and support the development of greater levels of engagement across the Trust.

Development sessions are being undertaken with each of the Business Units and Corporate Directorate leadership teams to agree best way forward to share results and support teams in working with their feedback. Business units are in the process of identifying priorities and reporting to Performance Panel their people-related plans for engagement and continuation of the foundational work undertaken over the past year.

Those teams in need of additional targeted support and intervention in respect of staff engagement are being offered a targeted QI support package as well as the potential to

'buddy up' with services performing really well on engagement to share learning and support. Targeted work is being undertaken relating to specific areas, including Equality & Diversity (including WRES), Health & Well-being and Manager & Team Support.

Additionally, organisational headlines and National benchmarking data have been shared with SMT and our staffside colleagues through both the JNC as well as the JNCF. Leaders Network and 50 Voices have also had the opportunity to work with the results and 'call conversations' to better understand feedback and work together with the data. Thea has written to all staff in the organisation to thank them for their completion of the survey but more importantly for all of the feedback and effort from them in terms of engaging with the organisation.

5. Recommendations:

The Board is asked to note the release of 2018 Staff Survey results and endorse the proposed approach to the management of the information and its implications.

APPENDIX 1

2018 National Staff Survey – Key Findings for LCH

Overview

Response rates for LCH organisation-wide compare extremely favourably with National NHS Average which is reported at 43% (unconfirmed). However, year-on-year overall response rates are down 2% on 2017 at 52%.

Overall, the movement of question scoring year-on-year was positive:

- 46 of the 66 questions posed had positive changes year-on-year from 2017
- 11 had no change
- only 9 questions experienced a year-on-year deterioration.

Most significant improvements year-on-year (with larger changes of between +6% and +10% year-on-year compared with changes experienced between 2016 and 2017) relate to senior manager communication, immediate manager support and employee engagement measures of ‘recommendation as a place to work and receive treatment’:

Improvements since 2017

Rank	Question	%	2018	2017	Diff
1	9c Senior managers here try to involve staff in important decisions	49	39	10	
2	5a I am satisfied with the recognition I get for good work	61	52	9	
3	5g I am satisfied with my level of pay	41	32	9	
4	21c I would recommend my organisation as a place to work	64	55	9	
5	4g There are enough staff at this organisation for me to do my job properly	32	24	8	
6	9d Senior managers act on staff feedback	44	36	8	
7	4e I am able to meet all the conflicting demands on my time at work	42	35	7	
8	4f I have adequate materials, supplies and equipment to do my work	66	59	7	
9	5f I am satisfied with the extent to which my organisation values my work	50	43	7	
10	5b I am satisfied with the support I get from my immediate manager	73	67	6	
11	21d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	76	70	6	

Most significant deteriorations (note the magnitude of those deteriorations being quite small at between -2% and -1% year-on-year) include a variety of themes, including staff ability to contribute to improvements

Deteriorations since 2017

Rank	Question	%	2018	2017	Diff
1	14 My organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age	63	65	-2	
2	17b My organisation encourages us to report errors, near misses or incidents	89	91	-2	
3	20 I have had training, learning or development in the last 12 months	69	71	-2	
4	3b I am trusted to do my job	90	91	-1	
5	4a There are frequent opportunities for me to show initiative in my role	70	71	-1	
6	4b I am able to make suggestions to improve the work of my team/department	74	75	-1	
7	5c I am satisfied with the support I get from my work colleagues	84	85	-1	
8	13b In the last 12 months personally I have never experienced harassment, bullying or abuse at work from managers *	92	93	-1	
9	18a If you were concerned about unsafe clinical practice, would you know how to report it?	90	91	-1	

Please note depending on your Trust's results there may be more than 10 or fewer than 10 questions in the lists.

Internal Benchmarking RAG tables (data still to be verified by Capita)

RAG data at service level for internal benchmarks shows number of discrete questions scoring at LCH average (white), -10% below LCH average (red), or between -5% and -9% (amber) or +10% above LCH average (green).

Strong Service Areas to Learn From (which consistently score significantly above LCH average on a significant number of areas) (WRAG also given in brackets):

- Dietetics (17, 1, 0, **51**)
- Estates Facilities Admin (18, 2, 3, **46**)
- TB/HALP/COVAS/CommGynae (24, 0, 0, **45**)

Service areas in need of additional support and development conversation (which score markedly below LCH average on a significant number of question areas):

- CAMHS Community Wedge (E/W/S) (13, **51**, 4, 1)
- ICAN Central Admin/Comm Paediatrics Admin (12, **50**, 4, 3)
- SY Custody Suite (3, **63**, 2, 1)

Those services performing markedly around the LCH mean:

- SPUR
- Health Case Management
- Health Visiting
- MSK
- LSH
- SLT

Employee Engagement

Excerpt from Capita report:

The Chartered Institute of Personnel and Development (CIPD) defines employee engagement as "a combination of employee commitment to the organisation and its values plus a willingness to help out colleagues." Employee engagement goes beyond the levels of job satisfaction and motivation, it is something an employee has to offer and cannot be 'required' as part of the employment contract.

In the NHS Operating Framework 2010/11, the Department of Health said "Motivated and involved staff are better placed to know what is working well and how to improve services for the benefit of patients and the public", with the improvement of employee engagement being listed amongst the five national priorities for the NHS. Consequently an Overall Employee Engagement indicator is included in the NHS National Staff Survey Benchmark Reports. This overall indicator of staff engagement is calculated using the responses to nine individual questions which make up three areas related to staff engagement, these areas are:

- The extent to which staff feel motivated and engaged with their work (Q2a-Q2c);
- Staff members' perceived ability to contribute to improvements at work (Q4a, b and d); and
- Staff willingness to recommend the organisation as a place to work or receive treatment (Q21a, c and d).

The overall employee engagement measure comprises nine questions, these individual questions are displayed below alongside their 2018 and 2017 positive percentage scores⁵. The component questions of employee engagement are shown below to highlight individual areas of strength and individual areas for improvement

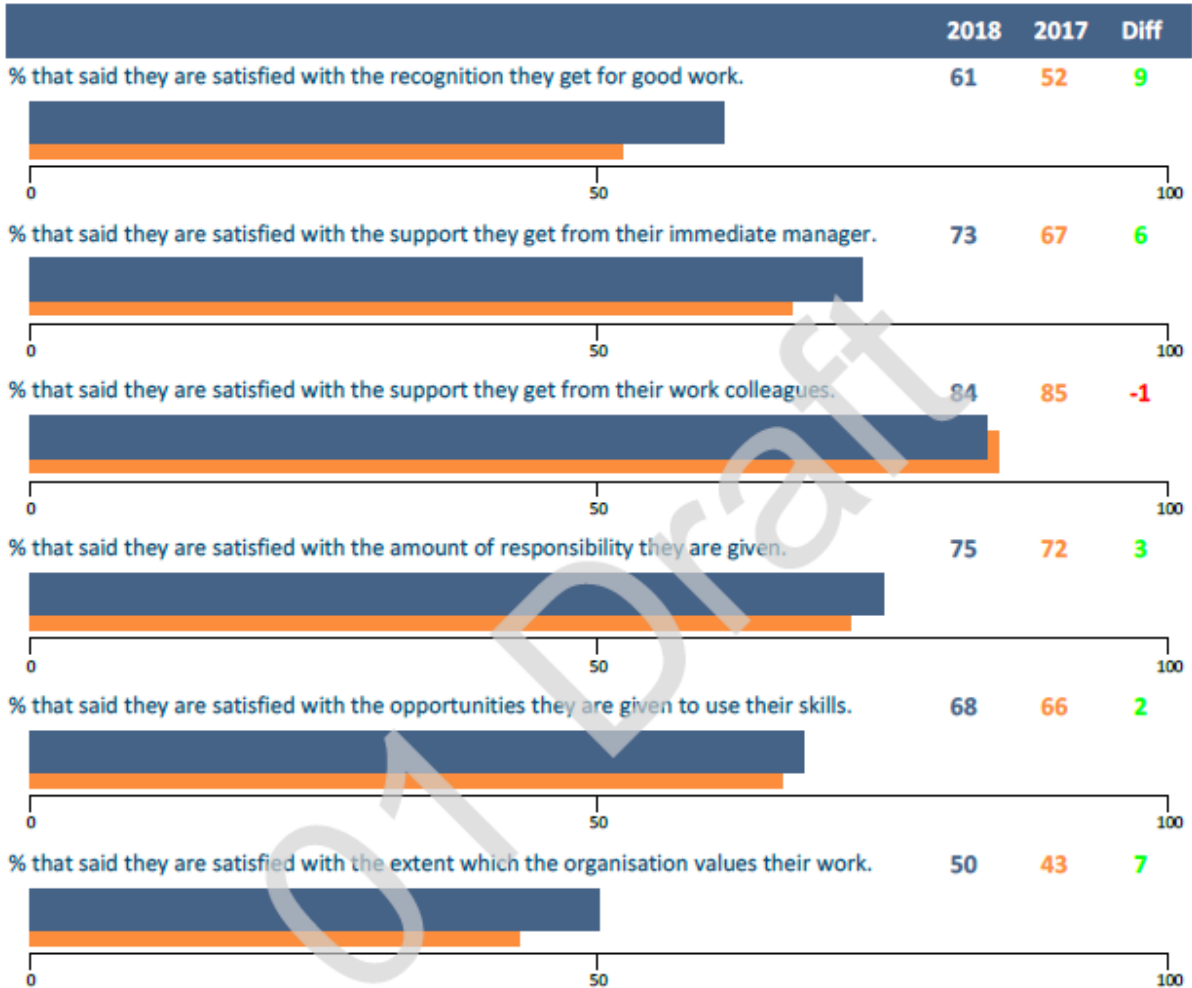
Levels of engagement at LCH are up as a whole, with five of the nine key measures for engagement showing significant improvement, with two of the nine showing deterioration of -1 and a further two measures remaining the same year-on-year.

Question	%	2018	2017	Diff
2a I look forward to going to work	59	55	4	
2b I am enthusiastic about my job	73	72	1	
2c Time passes quickly when I am working	79	79	0	
4a There are frequent opportunities for me to show initiative in my role	70	71	-1	
4b I am able to make suggestions to improve the work of my team/department	74	75	-1	
4d I am able to make improvements happen in my area of work	53	53	0	
21a Care of patients / service users is my organisation's top priority	81	78	3	
21c I would recommend my organisation as a place to work	64	55	9	
21d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	76	70	6	

⁵ Scores for Q2a - c are calculated from the 'always and often' responses. Scores for Q4a - b, d and Q21a, c and d are calculated from 'strongly agree and agree' responses.

Job Satisfaction

Five of the six key measures for **Job satisfaction** have improved significantly since 2017 – see below for detail:



Comments (qualitative data not yet available in detail only frequency figures)

Strengths: Feeling Valued/Supported (18%), Job satisfaction (14%), Relationships/Co-operation (14%)

Improvement areas: Feeling Valued/Supported (11%); Training, Development and Progression (11%), Being treated fairly (9%), Communication (9%), Health & Well-being (7%), Job Satisfaction (7%)

N.B. Further data (National Benchmarking & Qualitative Comments – March 2019) and analysis to follow.

Staff survey results 2018



Adapting to change and delivering improvements



46 of the 66 questions asked in the staff survey have had positive changes year on year from 2017.

The most significant changes relate to senior manager communication, immediate manager support and recommendations of LCH as a place to work and receive treatment.



Only 9 questions showed a year-on-year decline.



Working together



Our Staff Survey response rate of 52% compares really well with the national NHS average of 43%.



10%

more colleagues believe that Senior Managers try and involve staff in important decisions.



Leading by example



8%

more colleagues believe that leaders act on feedback.



73%

of colleagues said they were satisfied with the support from their immediate line manager.



Caring for our patients

81% ↑

of colleagues said care of patients and service users is our **top priority.**



Making the best decisions



9%

more colleagues would recommend LCH as a place to work.



6%

more colleagues would recommend LCH to a friend or relative.



Finding solutions

There is still more for all of us to do. The results of this year's survey are great and tell us we're moving in the right direction.

Everyone here at LCH has played their part in this achievement.



Caring for one another



9%

Colleagues feeling recognised and valued at work has gone up by



to all staff who took the time to tell us about their experience

Meeting - Trust Board 29 March 2019	Category of paper <i>(please tick)</i>	
Report title – Office Reorganisation: Proposed new lease for the 4th floor, Stockdale House.	For approval	√
Responsible Director – Executive Director of Finance and Resources Report author – Property Manager	For assurance	
Previously considered by – Estates Strategy Implementation Board, Business Committee 25 March 2019	For information	

<p>Purpose of the report</p> <p>To support the management and reorganisation of the Trust’s office accommodation, additional facilities are required within the headquarters building, Stockdale House.</p> <p>It is proposed to enter into a new lease for the 4th floor under similar terms and conditions to the other 3 leases to provide space for the relocation of the Primary Care Confederation, the CAMHS management team from Little Woodhouse Hall and the Safeguarding Team from Armley Moor. Additionally, it will enable an increase in the number of meeting rooms available on site and support the introduction of New Ways of Working.</p> <p>A separate case will outline the options for reorganising the accommodation across the Headquarters but this report sets out the key terms and costs of the lease for the 4th floor.</p>
<p>Main issues for consideration</p> <p>By approving this lease, LCH will be committed to the rent and service charges up to October 2023 but in the first year there is a 3 month rent free period. This termination date is coterminous with the other 3 floors. The gross cost for the period of the lease for the 4th floor is a total of £900,122 with annual gross costs of £199,583. There are also set up costs of approximately £35,000 (inc. VAT) for the initial IT installation and legal charges of around £4,000.</p>
<p>Recommendations</p> <p>The Board is recommended to:</p> <p>The Board is asked to approve the signing of the lease for the 4th floor at Stockdale House with a cost commitment of around £200,000 per annum, a total financial commitment to the end of the lease of just over £900,000 and one off costs of £39,000 for IT and legal services.</p>

Office Reorganisation: Proposed new lease for the 4th floor, Stockdale House

1. Purpose of this report

- 1.1. To support the management and reorganisation of the Trust's Office Accommodation, additional accommodation is required within the Headquarters building, Stockdale House. This supports the new Estate Strategy 2019 – 2024 by creating a centralised Headquarters and will be followed by four community office hubs across the city, moving offices out of LIFT buildings and clinical spaces.
- 1.2. This proposal will enable the Primary Care Confederation to relocate to Stockdale House along with the Management Team from Little Woodhouse Hall as part of the CAMHS Redevelopment Project. Additionally, in order to hand back office facilities at Armley Moor Health Centre to Community Health Partnerships enabling the GP service to expand, the Safeguarding Team needs to be relocated.
- 1.3. The additional 4th floor also provides an opportunity to reorganise the Headquarters to create a meeting room suite and a more appropriate office configuration on the other floors to meet the New Ways of Working (NWOW) requirements.
- 1.4. A separate business case is being submitted by the Facilities Team to cover the cost of the works and redevelopment plans, but costs are included below for the initial IT installation. Any further costs for the meeting room services and additional IT requirements will be included in this Facilities case.
- 1.5. This report sets out the final terms and costs for the lease for the 4th floor at Stockdale House.

2. Background

- 2.1. LCH already has leases for the 1st, 2nd and 3rd floors at Stockdale and the advantages of co-locating LCH services has enabled improved connectivity and support within the organisation.
- 2.2. The addition of the 4th floor will provide around 60 extra desks along with additional meeting rooms. The Facilities Team are submitting an options appraisal on the extent of the reorganisation to this and the other floors, but the initial requirements are to accommodate the following additional teams:
 - Primary Care Confederation – 30 desks
 - Safeguarding Team –desks for 18 WTE
 - CAMHS Management Team – desks for 10 WTE
- 2.3. One objective as a result of the additional floor, is to improve the working environment and roll out the NWOW project across the headquarters. Another objective is to create much needed break out spaces and meeting rooms.
- 2.4. The 4th floor will add a further 7,000 sq.ft. of office accommodation but there will be a reduction of 1,400 sq.ft at Armley when the space used by the Safeguarding Team is vacated. Although there is no specific saving in space for the CAMHS Management Team, they will have to vacate Little Woodhouse

Hall as part of the CAMHS Redevelopment Project. Similarly, the Primary Care Confederation will relocate fully from WIRA and the availability of this additional accommodation will enable this important co-location to be achieved.

3. The Key Lease Terms

- 3.1. The terms for the 4th floor are similar to those for the other floors and specifically those agreed for the 3rd floor in 2018. The main agreements are as follows:
 - 3.1.1. The length of the lease will be from 01/04/2019 to 08/10/2023. This is coterminous with the other 3 leases but this also means that all four leases will terminate in October 2023. Proposals will be developed for the Headquarters after this as part of the new Estate Strategy 2019 – 2024.
 - 3.1.2. The full costs are detailed below but the rent will be £59,653 (exc. VAT) p.a. This equates to £8.57 per sq.ft.
 - 3.1.3. A 3 month rent free period will commence when the lease is signed. This amounts to a £15,000 saving in 2019/20.
 - 3.1.4. A Schedule of Condition has been compiled and agreed with the Landlord (Bonsai Holdings LLP) which means that the dilapidations at the end of the term will be measured against the current condition of the floor.
 - 3.1.5. The lease includes an additional 24 car park spaces and barrier fobs. There is an agreement to provide additional fobs as required at an agreed cost.
 - 3.1.6. LCH will be entitled to use up to 25 secure bicycle storage units.
 - 3.1.7. As a result of concerns about the number of faults within the Landlord's demise, a notification and rectification process has been agreed and documented in the lease.
 - 3.1.8. A side letter has been agreed to ensure that LCH will not be responsible for any costs for the external works to the car parks and roadways when the replacement external lighting is installed.
 - 3.1.9. It has been agreed that the previous tenants, now Sedulo, will leave the furniture at no charge and the Facilities business case will estimate the potential saving of this as part of the options appraisal on the changes envisaged.

4. Costs

- 4.1. Appendix 1 provides a breakdown of the lease payments and service charges over the period of the agreement.
- 4.2. The cost for one year including rent, service charges, rates, utilities and cleaning is £199,583.60.
- 4.3. The overall costs for the full lease term will be £900,122.04.
- 4.4. It is expected that the legal costs and fees will be up to £4,000.

- 4.5. The initial IT installation for the data cabling, data cabinets, UPS and fibre connection plus some of the cabling required will cost around £35,000 (inc. VAT).
- 4.6. As described in 3.1.3, there will be a rent free period amounting to £15,000 in 2019/20.

5. Recommendations

- 5.1. The Committee is asked to recommend to the Board that the lease for the 4th floor at Stockdale House should be signed with an annual cost of £199,583.60 p.a. and a total commitment until October 2023 of £900,122.04, along with the initial set up costs of £35,000 for the IT installation and legal costs of around £4,000.

Appendix 1: Stockdale House 4th Floor – Whole Lease Term Costs

Space Occupied	Charge	Annual Cost - (including VAT as applicable)	Cost of lease term 01/04/2019 – 08/10/2023
7,000 sq.ft.	Rent	£71,583.60	£322,842.04
	Rates	£33,000.00	£148,830.00
	Service Charge/insurance	£40,000.00	£180,400.00
	Utilities/cleaning	£30,000.00	£135,300.00
	Photocopiers/other running costs	£25,000.00	£112,750.00
Total		£199,583.60	£900,122.04

Meeting - Trust Board 29 March 2019	Category of paper <i>(please tick)</i>	
Report title – LIFT Under Lease Plus Agreements (ULPAs) from Community Health Partnerships (CHP)	For approval	√
Responsible Director – Executive Director of Finance and Resources Report author – Property Advisor	For assurance	
Previously considered by – Estates Strategy Implementation Board	For information	

<p>Purpose of the report</p> <p>The Trust has been paying for its occupation of the LIFT properties since they were transferred from the PCT in 2013, but without formal leases in place. LCH are now required to regularise their existing occupation of these properties.</p> <p>The first 5 Under Lease Plus Agreements (ULPAs), with negotiated Heads of Terms, were signed by LCH on 31st October 2018 following approval by the Board on 3 August 2018. Community Health Partnerships (CHP) now require LCH to sign the next 5 ULPAs and this report sets out the costs involved and any issues to be considered following the detailed legal review.</p> <p>The Community Dental Service accommodation at these sites is being treated entirely separately from the core LCH space and ULPAs for the facilities required under the new dental contract will be completed once the service requirements are known.</p>
<p>Main issues for consideration</p> <p>By approving the ULPAs for the 5 sites identified, LCH will be committed to a minimum of 3 years charges before which a break in the agreement could be enacted. The gross cost for the 5 sites for a 3 year period will be a total of £12,460,853.</p> <p>The terms of the ULPA allows LCH to occupy the building until the end of the head lease unless a Break is agreed; a Break in the ULPA is possible on each 3rd anniversary of the date signed. The overall cost of all 5 buildings until the end of each Head Lease is £57,054,430 (based on 2018/19 costs).</p>
<p>Recommendations - The Committee is recommended to:</p> <p>The Board is asked to approve the signing of the ULPAs for the 5 properties listed in the report with a probable minimum cost commitment over three years of £12.5m and, if no changes are made to LCH's occupation, a total financial commitment to the end of the lease of £57m.</p>

LIFT Under Lease Plus Agreements from Community Health Partnerships

1. Purpose of this report

1.1. LCH are required to regularise their existing occupation of the LIFT properties.

The first 5 Under Lease Plus Agreements (ULPAs), based on agreed Heads of Terms, were signed by LCH on 31st October 2018 following a previous report to the Business Committee on 27 June 2018 and the Trust Board on 3 August 2018. Community Health Partnerships (CHP) now require LCH to sign the next 5 ULPAs for LCH space currently occupied at the sites identified below and therefore this report sets out the costs involved and any issues to be considered following the detailed legal review. These 5 properties also incorporate separate accommodation for the Community Dental Service (CDS) but the ULPAs for these facilities will not be considered until the decision on the location of the CDS is finalised and ULPAs will then be drawn up for the sites required.

1.2. Importantly as with the previous ULPAs, by agreeing the lease terms, LCH will be able to terminate their occupancy with "break rights" every 3 years or hand back specific areas when service contracts change. This will enable the flexible use of the estate and assist in the future management of these buildings.

2. Background

2.1. The 5 properties provide high quality, fit for purpose accommodation which has been specifically designed for clinical and support services. They are maintained to a high standard and enable the accommodation to be utilised in a flexible manner with the ability to support a wide range of services as well as the office hub and spoke model in the future. The following *Table 1* details the properties concerned and will be referred to at points in this report. *Appendix 1* attached provides further information on the range of services at each site.

Table 1

Site	LCH Occupancy	Head lease expiry date	Service Context
Armley Moor	66.57%	01/11/2030	This is a busy site and a key strategic location for the West.
Beeston Hill	29.98%	01/05/2032	This is a strategic site for the delivery of the Leeds Integrated Sexual Health Service.
Middleton	43.58%	01/10/2030	This is primarily a Neighbourhood Team base for the South.
Reginald Centre	69.35%	17/10/2035	Following the relocation of the Children's Services from SJUH, this site is now being developed as a dedicated Children's Hub.
Yeadon	48.64%	14/10/2032	This is a Neighbourhood Team base and busy site for multi service delivery for the North and West

2.2. The occupation of the LIFT buildings was transferred to LCH under a Transfer Order in 2013 and, following a lengthy negotiation with CHP, these ULPA documents will require signing and sealing by LCH. *Table 1* shows the expiry dates for each head lease.

3. Agreements reached on ULPAs

3.1. Following tortuous negotiations with CHP, the ULPA terms have now been finalised with the key issues as follows:

- 3.1.1. Ability to Break the ULPA after 3 years from the agreed date and each subsequent 3 years. CHP will require a minimum of 6 months' notice prior to the 3rd anniversary of the ULPA date.
- 3.1.2. "Lettable Units" can be handed back to CHP (without CCG approval) at any time if the accommodation is no longer required. If it is found that any Units in these buildings are utilised less than an average 50%, the space may be returned to CHP as a future bookable space. This would also apply to office accommodation that is identified as surplus following the city wide review.
- 3.1.3. CHP will be responsible for booking space that becomes vacant or void. Moving forward, this will enable LCH to book and pay for exactly the number of sessions required to deliver clinical services in this returned space should it not be required 100% of the time.
- 3.1.4. Any Variations that have been approved via the agreed process will not have to be reinstated at the end of the term. Any future Variations will be signed off by LCH prior to any expenditure.
- 3.1.5. The % occupancies upon which the costs are based have largely been agreed and finalised, reflecting any changes since the original 2013 Transfer Order but slight adjustments as a result of detailed reviews (mainly for the shared and common areas) may still be necessary.
- 3.1.6. Although the rental and service charges are based on the agreed % of the Lease Plus Agreement, the Service Charges will vary and be reconciled at the end of each fiscal year according to the actual costs incurred.
- 3.1.7. If service contracts are terminated and the related accommodation is no longer required by LCH, it can be handed back to CHP.

4. Accommodating changes in the future delivery of services

4.1. The existing service provision in the 5 buildings is attached at *Appendix 1*. The terms of the ULPA will allow flexibility in the future to review whether the sites are appropriate and suitable going forward and, as explained above, it will be possible to hand back accommodation not required. This will enable LCH to manage the estate efficiently and book the space required in line with the developing service contracting environment.

- 4.2. It is also intended to manage these facilities in line with the Trust's Estates Strategy and as part of a Leeds city "One Public Estate" strategy. These LIFT buildings, along with the other 5, are core assets and central to the future delivery of services across the city.

5. Costs

- 5.1. *Appendix 2* provides a breakdown of the Lease Plus Payment for each site showing an annual charge based on 2018/19 costs with an estimated commencement date of February 2019. The costs will increase annually in line with RPI.
- 5.2. By approving the ULPAs for the 5 sites identified, LCH will be committed to a minimum of 3 years charges before which a break in the agreement could be enacted. The gross cost for the 5 sites for a 3 year period will be a total of £12,460,853.
- 5.3. *Table 1* includes the Head Lease expiry date for each building. The terms of the ULPA allows LCH to occupy the building until this date unless a Break is agreed; a Break in the ULPA is possible on each 3rd anniversary of the date signed. The overall cost of all 5 buildings until the end of each Head Lease is £57,054,430 (based on 2018/19 costs).
- 5.4. Although there has been no formal lease in place, the Trust has been paying for its occupation of the LIFT properties since the 2013 Transfer Order and this has been affordable with the Trust's total budget.
- 5.5. As described in 3.1.2 it is possible for LCH to hand back groups of rooms (Lettable Units) which will reduce the payments accordingly.

6. Next steps

- 6.1. The ULPAs for the 5 buildings identified in this report will be executed if approved by the Board.
- 6.2. Further work is required before the ULPAs for the Community Dental Service can be completed and it is expected to reduce the number of sites involved following the Consultation and Engagement Process.

7. Recommendations

The Board is asked to approve the ULPAs for the 5 properties specified in this report should be signed with a probable minimum cost commitment over three years of £12.5m and, if no changes are made to LCH's occupation, a total financial commitment to the end of the lease of £57m.

Appendix 1: Clinical services provided at each site

DRAFT

	Armley Moor	Beeston Hill	Middleton	Reginald Centre ICAN Hub	Yeadon
Adults					
CUCS	√	√			√
Wounds		√			√
Long Term Conditions					
Cardiac	√	√			√
Diabetes	√				√
Respiratory	√	√			
Specialist					
Adult Nutrition & Dietetics	√		√		√
Gynaecology	√	√			√
MSK inc FALLS	√	√			√
Spinefit					√
ISHS	√	√		√	
Podiatry	√	√	√		√
IAPT LCH	√				√
IAPT Northpoint			√		√
Speech & Swallowing	√		√		
Adult SLT					√
TB		√		√	
Children's					
Community Ophthalmology	√			√	√
Paediatric audiology	√			√	
Speech & Language Therapy	√	√	√	√	√
Stammering support				√	
Paediatric Psychology & Wellbeing	√			√	
Watch It	√	√			
Paediatric clinic	√			√	√
Children's OT/Physio	√			√	
Eating Disorders				√	
Sickle Cell & Thalassaemia				√	
Children's Nutrition & Dietetics	√			√	
CAMHS	√		√	√	
HV	√	√	√	√	√
Continence				√	
Paediatric orthotics				√	
Non LCH services					
Harrogate FT Bowel Screening	√				
Harrogate FT various					√
EXTEND pulmonary rehab					√
LTHT warfarin	√				√
LTHT midwives	√				
LTHT hearing aid technician	√				

Appendix 2: site ULPA costs

CHP Leases (Dental sites excluding dental areas)

Site	Armley Moor	Beeston Hill	Middleton	Reginald	Yeadon	TOTAL
% occupancy	66.57%	29.98%	43.58%	69.35%	48.64%	
Annual cost of occupancy (2018-19)(NET)	989,128	446,402	372,905	1,003,856	649,056	3,461,348
VAT	197,826	89,280	74,581	200,771	129,811	692,270
Annual cost of occupancy (2018-19)(GROSS)	1,186,954	535,682	447,487	1,204,628	778,867	4,153,618
Lease start date (assumed)	01/02/2019	01/02/2019	01/02/2019	01/02/2019	01/02/2019	
Lease end date	01/11/2030	01/05/2032	01/10/2030	17/10/2035	14/10/2032	
Gross Cost for 3 years to 31/1/22 - first break point	3,560,861	1,607,047	1,342,460	3,613,883	2,336,602	12,460,853
Cost to end of lease	13,946,706	7,097,793	5,222,168	20,117,280	10,670,483	57,054,430

Meeting Trust Board 29 March 2019	Category of paper <i>(please tick)</i>	
Report title LCH Operational Plan 2019/20	For approval	✓
Responsible director Executive Director of Finance and Resources Report author Business Planning Manager	For assurance	
Previously considered by Business Committee (25 March 2019) Quality Committee (18 March 2019)	For information	

<p>Purpose of the report</p> <p>The purpose of this report is to submit LCH's internal 2019/20 Operational Plan to the Trust Board for approval.</p>
<p>Main issues for consideration</p> <p>The Board planning workshop in November 2018 informed the development of the Trust's priorities and plan. Quality Committee has reviewed the quality priorities and plans, 25 March Business Committee will review the priorities, financial plan, workforce and business plans.</p> <p>Contract negotiations are progressing well and we expect to be able to meet national deadlines for submission of contract schedules: 1 April 2019.</p> <p>This internal 2019/20 Operating Plan is consistent with the final NHSI 2019/20 plan submission which will be submitted by the national deadline, 4 April 2019. February Business Committee reviewed the draft NHSI submission to ensure that it reflected the Trust's plans for the year ahead.</p> <p>The Trust's 2019/20 operational plan describes how the Trust will continue to deliver high quality services and engage with partners to deliver system transformation plans 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.</p> <p>The plan reflects continuity and clear alignment with key focuses of the NHS Long Term Plan, the West Yorkshire and Harrogate Health and Care Partnership Plan and the Leeds Health and Care Plan. The Plan signals the expectation that there will be a step change in the impact of the Leeds Health and Care Plan on the Trust. If so, full engagement in the Local Care Partnerships / Primary Care Networks, the Population Health Management programme and key workstreams will require funding for expansion, to support parallel</p>

running, backfill and corporate capacity.

The operational plan sets out corporate priorities and success measures for 2019-2020.

Recommendations

The Board is asked to consider whether the Operational Plan provides sufficient clarity about the strategy, priorities and plans for 2019/20, priorities and plans support delivery of the strategic goals and are achievable and is recommended to

- approve the 2019-20 Operational Plan



Leeds Community Healthcare NHS Trust
Operational Plan
2019 - 2020

March 2019

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Leeds Community Healthcare NHS Trust

Operational Plan 2019/20

Executive Summary

1. Leeds Community Healthcare NHS Trust is proud to have provided high quality community services for eight years. As we move into our ninth year, the national, regional and local strategic context is changing significantly. This Operational Plan for 2019/20 outlines the strategic context and presents our plans for the year.
2. The recently published NHS Long Term Plan describes a future in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting. There is strong emphasis on and funding for out of hospital care, 'dissolving' the boundaries between primary and community services, creating integrated teams with a focus on population health.
3. This resonates strongly with the West Yorkshire and Harrogate Health and Care Partnership Plan, the Leeds Health and Care Plan and LCH's strategic direction of travel - a key focus being our commitment to work with the GP Confederation to achieve ever greater integration between primary and community services to serve the public better and make best use of the Leeds pound - and this plan.
4. In 2019/20 we expect there to be a step change in the impact of the Leeds Health and Care Plan on the Trust. LCH will only be able to fully engage in the development of Local Care Partnerships / Primary Care Networks, the Population Health Management programme and other key workstreams if there is funding for expansion, to support parallel running, backfill and corporate capacity.
5. Section B2 reflects good progress in delivering most of the Trust's 2018/19 priorities including:
 - retention rates; further improvement in staff engagement reflected in national staff survey results; fully recruiting to new posts in the Police Custody service
 - quality improvements in the services the CQC rated requires improvement in its last inspection; roll-out of Quality Boards; national accreditation of safety huddles in ABU; leadership engagement in LCH's quality improvement approach; multiple national awards recognising excellence
 - engagement with partners in developing and implementing Local Care Partnerships, integrated pathways and new models of care; strengthening system-wide governance and decision-making through establishing committees in common;
 - success in retaining, winning and growing services across all 3 Business Units

6. Particular challenges included recruiting to some hard to recruit areas; achieving the zero tolerance Category 4 avoidable pressure ulcer target and progressing productivity work at pace.
7. There is significant continuity in our 2019/20 priorities – section B3, which includes strengthening organisational approach to service user engagement.
8. Key Quality improvements planned include development at pace of clinical and patient impact outcomes, embedding QIA, incorporating the ‘fair and just culture’ model in pressure ulcer and falls review and reviewing falls training and assessment documentation – section B4
9. A key focus over the coming year will be implementing our Workforce strategy which sets out our approach to ensuring that we are able to grow, recruit, develop and retain the workforce that the city needs now and in the future – section B5. Focus on ‘our people’ and engagement will be a top priority again in 2019/20 for all 3 Business Units. Key initiatives include creating a just and fair culture; strengthening Equality and Diversity awareness and understanding; introducing new roles, targeted development of apprenticeships and partnership working to jointly meet resourcing needs; our refreshed Leadership and Management development offer; and improving ESR.
10. Section 6 sets out alignment of LCH’s 2019/20 Operational Plan with the ICS Health and Care Partnership Plan and the Leeds Health and Care Plan. We expect the Leeds Health and Care Plan Local Care Partnership and Population Health Management cross-cutting workstreams to ramp up in 2019/20. It is vital that there is recognition that this cannot be absorbed within existing LCH capacity and will require additional investment.
11. The Plan includes extensive integrated pathway development, development of New Models of Care and integrated pilots for all 3 Business Units aligned to the Pro-active Care, Early Intervention and Self-Management; Urgent Care and Rapid Response; and Optimising Secondary Care workstreams. These plans will be further developed to reflect NHS Long Term Plan ambitions and requirements and the refresh of the Leeds Health and Care Plan. We will review our plan for embedding ‘Better Conversations’ across services.
12. Our three Business Units plans support delivery of the Trust’s priorities. They also have priorities specific to them. Adult Business Unit priorities are:
 - ensuring the right staff, structures and systems are in place to deliver high quality care and support people to remain independent in the community
 - working with partners centrally and across communities to support system flow and accelerate the left shift
 - embedding a standardised approach to how specialist citywide services wrap around NTs
13. Specialist Business Unit priorities are:
 - Retaining and growing viable business
 - Actively participating in system wide alignment to solve system challenges

- Ensuring all services are sustainable
 - Horizon scanning to identify business development opportunities
14. Children's Business Unit priorities are the 7 objectives of the Childrens Services Strategy:
- Agree and develop fully integrated pathways for children and young people in Leeds
 - Demonstrate the effectiveness of services through outcome and best practice
 - Children and Young People will have a positive experience of our services
 - Deliver within budget, be cost effective and provide value for money
 - Retain and expand services by being tender-ready and open to business development opportunities
 - Have a workforce that is skilled and competent to meet the changing health and wellbeing needs of children and young people
 - Maximise the potential of technology
15. Fewer services will be tendered in 2019/20 however Specialist Business Unit and Children's Business Unit plans includes considerable mobilisation work.
16. Section B8 relates to our Digital Technology plans which include completing EPR rollout in ICAN and transitioning to business as usual for all services, e-rostering roll-out, extending E-Referrals and GPDR requirements. We will refresh the Digital Strategy to reflect the accelerating pace of technological development, the role Digital can play in supporting innovation and transformational change to patient care and service delivery, the ambition and requirements of the NHS Long Term Plan and to align with city-wide digital plans.
17. We will refresh the Estates Strategy to provide clear ambition, direction and approach to creating an Estate that supports and enables delivery of our strategic goals and is aligned with the city Estates Strategy.
18. 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 2018/19. For 2019/20 the Trust has a plan that underpins service delivery and its strategic objectives whilst demonstrating it is able to deliver its financial duties – section B9.

Leeds Community Healthcare NHS Trust

Operational Plan 2019 - 2020

Leeds Community Healthcare NHS Trust is proud to have provided high quality community services for eight years. As we move into our ninth year, the national, regional and local strategic context is changing significantly. This Operational Plan for 2019/20 outlines that strategic context and presents our plans for the year in response.

A. Strategic Context

1. National - NHS Long Term Plan

1.1. The recently published NHS Long Term Plan sets the agenda for the NHS for the next decade, reinforcing the strategic direction set in the 5 Year Forward View. It sets out:

- How the NHS will move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting. This includes a major emphasis and £4.5 billion of new investment for out of hospital care, 'dissolving' the boundaries between primary and community services and creating expanded community multidisciplinary teams aligned with primary care networks with a focus on population health
- New, funded, action the NHS will take to strengthen its contribution to prevention and health inequalities
- Priorities for care quality and outcomes improvement for the decade ahead, including for children and young people, cancer, mental health and long term conditions
- How current workforce pressures will be tackled, and staff supported
- A programme to upgrade technology and digitally enabled care across the NHS
- How the NHS will achieve financial stability.

1.2. The Plan also calls for significant legislative changes, including supporting the creation of NHS integrated care trusts, for example, to deliver primary care and community services; remove the counterproductive effect that general competition rules and powers can have on the integration of NHS care; free up NHS commissioners to decide the circumstances in which they should use procurement, subject to a 'best value' test to secure the best outcomes for patients and the taxpayer.

1.3. This resonates strongly with the priorities and approach indicated in both the West Yorkshire and Harrogate Health and Care Partnership Plan and the Leeds Health and Care Plan.

- 1.4. The Clinical Standards Review will be published in the spring to test new and revised standards prior to implementation starting October 2019. A detailed implementation programme is due to be published in the autumn.
- 1.5. The Government Spending Review will set the NHS capital budget, funding for education and training, local government settlement to cover public health and adult social care services. The national NHS Workforce Plan will be published in the summer.
- 1.6. The Social Care Green Paper is now long overdue. It is hoped that this will set out a path towards establishing a sustainable effective social care model which is a critical requirement to enable the ambitions of the NHS Long Term Plan to be achieved.

2. West Yorkshire and Harrogate Health and Care Partnership Plan

- 2.1. LCH continues to be a committed partner in developing and implementing both the West Yorkshire and Harrogate Integrated Care System (ICS) Health and Care Partnership Plan and the Leeds Health and Care Plan. Our 2019/20 Operational Plan is fully aligned to both.
- 2.2. The ICS Health and Care Plan sets out 9 priority programmes, underpinning approaches and enabling work streams. A key principle of the ICS is that services should be delivered as close as possible to people in their own homes and communities, where safe and effective and wherever possible, in local neighbourhoods. Only when the safety, quality and cost effectiveness of care are improved by providing it at a greater scale will services be delivered elsewhere.
- 2.3. LCH is a key partner in the ICS' Mental Health priority programme, being the lead provider for the West Yorkshire CAMHS New Model of Care which aims to reduce admissions and bed days, including out of area, through more effective case co-ordination.
- 2.4. ICS priorities for preventing ill health, improving well-being, developing Primary and community services, improving stroke provision, urgent and emergency care, planned care, developing a workforce and digital infrastructure that meets future needs are being progressed through the 6 component 'place' level plans. LCH's involvement is indicated in section 1.3 below.
- 2.5. System-wide governance and decision-making at ICS and Leeds system level has been strengthened through establishment of the West Yorkshire Mental Health Collaborative – a committees in common between the four mental health and community trusts in West Yorkshire (Bradford District Care NHS Foundation Trust, Leeds and York Partnership NHS Foundation Trust and LCH NHS Trust and South West Yorkshire Partnership NHS Foundation Trust).

3. Leeds Health and Care Plan

- 3.1. The Leeds Health and Wellbeing Strategy continues to provide the strategic context for the Leeds Health and Care Plan. It sets out the overall vision:

'Leeds will be a caring city for people of all ages, where the health of the poorest improves the fastest.'

and the major challenges and strategic priorities for health and well-being in Leeds.

- 3.2. In 2018/19 there has been significant progress in developing and implementing Leeds Health and Care Plan 4 key workstreams: Prevention; Pro-active care, early intervention and self-management; Urgent care and rapid response; Optimising secondary care, and the 3 cross-cutting workstreams: Local Care Partnerships, Population Health Management and Better Conversations.
- 3.3. The enabling workstreams - Digital, Workforce and Estates - reflect commitment across providers and social care to collaborate more effectively on infrastructure, support services and to attract inward investment.
- 3.4. Improving system flow is managed through a separate workstream by System Resilience Board (SRAB). However all Leeds Health and Care Plan workstreams ultimately support improving and sustaining patient flow. Good progress has been made in reducing Delayed Transfers of Care for which Leeds was an outlier.
- 3.5. The CQC system review / inspection of care for the over 65s commented favourably on partnership working in the city and specifically the positive contribution our neighbourhood teams and city-wide services made to supporting system flow. They also commented favourably on progress with developing and implementing the Leeds Health and Care Plan. Key concerns noted related to provision of care home places,to add
- 3.6. System-wide governance and decision-making has been strengthened through establishment of the:
 - Leeds Providers' Integrated Care Collaborative – a committees in common with Leeds GP Confederation, Leeds Teaching Hospitals NHS Trust, Leeds and York Partnership NHS Foundation Trust
 - Leeds Primary Healthcare Collaborative – a committees in common with Leeds GP Confederation
- 3.7. The Leeds Health and Care Plan is currently being refreshed informed by demographic analysis from the recently completed Joint Strategic Assessment, key findings of the recent CQC system review of care for the over 65s, findings of the 1st phase of system flow analysis by Newton Europe, the Long Term Plan ambitions and requirements and engagement with partners and the public.
- 3.8. We expect there to be a step change in the impact on the Trust of engaging in developing and implementing the Leeds Health and Care Plan in 2019/20. LCH will only be able to fully engage in key workstreams e.g. LCPs / PCNs, the Population Health Management programme, service and pathway integration and development, if there is corresponding funding for expansion, to support parallel running, backfill, project management, corporate capacity and staff development given the context we are operating in
 - increasing demand and complexity as a result of demographic change

- impact on both service and corporate capacity of delivering successive years of financial savings.

4. Competitive Environment

- 4.1. 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.
- 4.2. However, as mentioned in para 1.2 the NHS Long Term Plan signals a welcome move away from competitive processes. LCHs plan for 2019/20 includes considerable mobilisation work post successful tender and a lower level of work to prepare services for and develop bids for services being tendered. We are committed to offering innovative, efficient services that deliver high quality patient care, working in partnership with other providers whenever it enables us to enhance our offer.

5. Regulatory Context

- 5.1. 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.
- 5.2. The CQC rated LCH overall 'good' in its last inspection (reports published August 2017). All improvement recommendations from that inspection were completed by September 2018.
- 5.3. The CQC has informed the Trust that it will undertake an inspection, which will also include the new well led inspection, before the end of August 2018. This will provide the opportunity to evidence improvements made and for the CQC to re-assess the ratings.
- 5.4. Children's SEND services provided by Leeds City Council and Leeds Community Healthcare were inspected by OFSTED and rated 'Outstanding': Leeds is the first major city to achieve this standard. The CQC's city-wide review of Children Looked After and Safe-Guarding services reflected positively on LCH provision. All LCH actions will have been completed before the start of FY 2019/20. Her Majesty's Inspectorate of Prisons (HMIP) inspected provision of health care in Wetherby Young Offenders Institute (YOI) and Adel Beck in March 2018. This inspection reflected very well on the quality of health care provision.
- 5.5. The Trust will continue to work closely with NHS Improvement to ensure we meet all our regulatory requirements. NHSI and NHSE continue work to integrate.

B. Leeds Community Healthcare NHS Trust

1. LCH Strategy

- 1.1. The Board set a strategic direction of travel several years ago and has continued to reflect on and shape this. We set a strategic direction of travel of approaching the next five years with a clear focus on creating partnerships which help to sustain and nurture community health services, re-designing services and pathways so that more is achieved within the available resources – whilst at the same time ensuring we recruit and retain a healthy, motivated workforce. See Section 5 re our recently refreshed Workforce Strategy.
- 1.2. Over the last few years we have focussed on realising this ambition particularly in relation to partnerships with primary care, social care, hospital services and the third sector, and working ever more closely with these partners. Fundamental to this is
 - 1.2.1. Partnership working to develop and implement the ICS Health and Care Partnership Plan, Leeds Health and Care Plan and Future in Mind Transformation Plan (Children and Young People Mental Health). LCH is recognised as a key partner. We have strengthened our relationship with the other NHS providers in Leeds and our mental health partners in West Yorkshire through two further committees in common which aim to improve alignment and integration of services:
 - Leeds Providers' Integrated Care Collaborative – a committees in common between Leeds GP Confederation, Leeds Teaching Hospitals NHS Trust, Leeds and York Partnership NHS Foundation Trust and Leeds Community Healthcare NHS Trust
 - West Yorkshire Mental Health Collaborative – a committees in common between the four mental health and community trusts in West Yorkshire (Bradford District Care NHS Foundation Trust, Leeds and York Partnership NHS Foundation Trust and Leeds Community Healthcare NHS Trust and South West Yorkshire Partnership NHS Foundation Trust)
 - 1.2.2. The programme of work we have embarked on with the GP Confederation, whereby we are working with them to ensure ever greater integration between primary and community services. Examples include:
 - Joint appointments across LCH and Leeds GP Confederation Executive Teams (Executive Director of Nursing, Executive Medical Director and Director of Workforce)
 - Provision of joint services (e.g.GP Streaming, Weight Management) and developing joint bids in response to tenders (e.g. IAPT) where we are providing an under-arching support to primary care clinical leadership
 - The development of a range of integrated services from MSK services to bold work looking at integrated nursing across our services

- Joint development sessions to consider how we move forward
 - The establishment of Leeds Primary Healthcare Collaborative – a committees in common between Leeds GP Confederation and Leeds Community Healthcare which enables us to co-ordinate decision making across the two organisations
 - Our work with the GP Confederation is increasingly attracting interest across the Integrated Care System and England as an excellent example of innovative and creative work which is really driving integration
- 1.3. Leeds Community Healthcare is in a good position to respond to the direction of travel set out in the NHS Long Term Plan as the plan reinforces much of our work over the last few years to
- strengthen collaboration with our partners, in particular General Practice and Adult Social Care
 - develop expanded community multi-disciplinary teams
 - integrate provision and pathways across secondary and primary care
 - support left shift through providing pro-active care, early intervention and self-management.
- 1.4. This is demonstrated by:
- Our well established Neighbourhood Teams (2014) which bring together community and social care staff in 13 teams across the city covering identified GP lists, enabling greater co-ordination of care. Teams work in clusters with GP practices and this is the heart of primary care networks and, in turn, LCPs
 - Establishment of MSK First Contact Practitioners in 2 localities which are an element of expanded community multidisciplinary teams, the cornerstone of the NHS Long Term Plan's vision for creating a sustainable system through achieving a left shift
 - Full involvement in development of integrated Respiratory and Diabetes pathways to improve patient experience and outcomes by creating seamless transfer and providing the right care in the most appropriate setting
- 1.5. These partnership arrangements are embedding across the city. This is a significant change for everyone and is a challenge for all providers to work and think differently – focussing our services around populations rather than our own organisations. LCH has good experience of supporting Localities whilst at the same time working with partners to integrate provision / pathways e.g. in our Specialist services, diabetes, stroke, respiratory, where our major partners span primary care, acute and social care.
- 1.6. There is a strong emphasis in the NHS Long Term Plan on the importance of ensuring people get more control over their own health and more personalised care when they need it. This fits well with the emphasis we have had in the Trust over the past few years to support all our staff in health coaching and motivational interviewing techniques, and the development of

self care facilitators across our neighbourhood teams, and new approaches across CAMHS and ICAN.

- 1.7. Our Children's Services Strategy reflects the ambition to integrate provision and pathways underpinned by partnership working with primary, secondary and social care, education and third sector organisations to promote a better experience and outcome for children and young people. This is entirely consistent with the city's Children and Young People's Plan and Future in Mind strategy. We expect the Leeds Plan refresh to have a stronger focus on Children.
- 1.8. Next steps: It is clear that there is a great deal that is going well in realising our strategic intent and it is pleasing that the NHS Long Term Plan clearly supports the direction of travel we have been pursuing. In moving the strategy forward over the next year we will be:
 - Continuing to develop our relationship with the GP Confederation and exploring all possible options for how we can move forward our integration to serve the public better and make best use of the Leeds pound.
 - Strengthening our working in localities and clusters around populations from our neighbourhood teams, to our new health visiting and school nursing services working in local areas around school clusters.
 - Working with partners to ensure that services which need to be provided 'once' for the city are indeed provided once and in the pursuit of local flexibility do not lose city wide consistency, inadvertently increase inequalities or move away from evidence based care
- 1.9. Our aim, reflected in our operational plan for 19/20, will be to ensure that we:
 - Enable services to be more responsive to local needs with variation where there is a demonstrated need
 - Enable the skills and strengths of professionals and their knowledge of patients to be better shared and utilised
 - With our primary care and social care colleagues to become the "centre" for the Local Care Partnerships, and a focus for how more specialist services will connect with primary/community services colleagues to deliver more integrated care on the ground.
 - Continue to develop our specialist longer term condition services, in line with the expectation of commissioners and funding, to be able to support more people at home and in a community setting. These services to be increasingly integrated across providers and will be community led.
 - Work on further developing a governance framework with partners which facilitates integration and ensures quality. The committees in common described above will support us with this, as will our full participation as a partner in the Health and Social Care Academy.
 - And finally, to optimise city-wide expertise and support including increasingly how we offer managerial and other expertise to partners, particularly in primary care. We will continue to build on the joint arrangements already in place with the GP Confederation and the opportunities presented in the NHS Long Term Plan, and explore how to

get the best from both organisations in order to deliver the ambition of fully integrating primary and community services.

1.10. Other key planks of our business development strategy are to:

- retain and grow services
- undertake responsible geographic expansion of services in neighbouring areas to Leeds 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.
- Build on progress this year in developing traded offers for our specialist expertise in community services as long as it does not impede on delivering quality care day to day or our priorities.

2. Delivery of LCH's 2018/19 Priorities

2.1. **Strategic Goal 1:** Recruit, develop and retain the staff we need now and for the future

The 3 priorities have been underpinned by organisational commitment to maintaining our focus on 'creating the working life that we want', 'building the workplace that we want', including enhancing our health and well-being offer and acting on national staff survey results at every level.

- i. Retention: maintained consistently below the 15% target and we continue to benchmark very well against other community providers. We participated in an NHSI Retention programme and achieved the 2nd largest reduction in retention.
- ii. Recruitment with a particular focus on hard to recruit areas: we were successful in recruiting to new posts for the recently tendered Police Custody service, recruited 25 newly qualified nurses, target 30, and project achieving 90% of establishment for the 0-19 service by quarter 1 2019/20. This has been aided by investment in resource to develop recruitment via social media.
- iii. Sickness absence: we expect to achieve the year-end target: <5.8%

2.2. **Strategic Goal 2:** Provide high quality services

- i. Achieve or maintain good or outstanding rating for all services: CQC and Quality Challenge Plus: all improvement recommendations from the CQC's 2017 inspection were completed by September 2018. We are cautiously confident that there has been and continues to be the necessary focus, support and processes so that services achieve good / outstanding CQC rating when next inspected. Hannah House has made continuous progress in strengthening quality and operational governance, systems and processes, workforce development and morale.

The targets for services self-assessing themselves, and peer visits assessing services as good or outstanding for the Quality Challenge Plus although the number of peer visits was significantly below target. This will be addressed in the refreshed Quality Challenge process

- ii. Develop LCHs quality improvement approach: good engagement of LCH leadership in understanding QI principles and incorporating QI methodology in understanding and reporting performance at all levels. We have exceeded the target: to train 100 more staff in QI. There has been considerable learning from the 4 organisational QI projects: none will be complete by year-end.
- iii. Provide harm-free evidence based care. The zero tolerance target for Category 4 avoidable pressure ulcers will not be met. March '19 data will determine whether the Category 3 target is achieved. Good progress in developing tools and providing information to support from line staff with Quality Improvement: rolling out use of Quality Boards in Specialist Business Unit and Adult Business Unit gaining national accreditation for safety huddles

2.3. **Strategic Goal 3:** Work in partnership to deliver integrated care and care closer to home.

- i. Engage fully in the development and implementation of the Leeds Health and Care Plan and West Yorkshire and Harrogate H&CP Plan under-pinned by an effective relationship with all partners. There has been strong engagement both with the ICS H&CP Plan and Leeds Health and Care Plan as indicated in section 1.2.1 and 6.3
- ii. 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. There has been good engagement and responsiveness as indicated in section 6.4.
- iii. Increase service and organisational focus on prevention, early intervention, pro-active care and self-management to keep people well in the community. There has been good engagement and responsiveness as indicated in section 6.4.10 - 6.4.23
- iv. To continue to focus on all opportunities to develop integrated working and provision between Primary Care and LCH. There has been good progress as indicated in engagement and responsiveness as indicated in section 1.2.2.

2.4. **Strategic Goal 4:** Create sustainable services

- i. Establish a project team and implement the project plan for developing the CAMHS Tier 4 new building and service offer. The key risk is that total projects costs are unlikely to be within the original £13m bid. Board agreed in principle to transfer building responsibility to LYPFT. Final design is nearing completion: progress continues to be made towards submission of a planning application.
- ii. Implement year 1 of the business development strategy: successful in securing the 0-19 PHINS, Tier 3 Weight Management service and Humberside Liaison and Diversion Service. In final stage of the tender for the IAPT contract. Several business cases for new models of care and pathway developments across all 3 Business Units funded in 2018/19.

- iii. Develop an innovative and viable model for the 0-19 pathway that meets commissioners' requirements. LCH was successful in retaining the contract and is making good progress mobilising the service
- iv. Work on productivity within agreed services with clear expectations regarding workload and efficiency requirements. 1st phase of work being progressed to agreed time-frames: not sufficiently progressed to deliver CIPs in 2018/19

We delivered our financial targets.

3. Corporate Priorities 2019/20

- 3.1. LCH's priorities for 2019/20 are guided by ICS and city ambitions and plans, our achievements and challenges in delivering LCH's 2018/19 priorities and wider operational and performance challenges and opportunities.
 - We are confident that we will maintain our 100% track record in consistently achieving the 18 week referral to treatment target in 2019/20 and will meet the 6 week diagnostic target and Eating Disorder scheme access targets. We are confident of meeting the national IAPT targets other than the 22% national access target and are working to achieve commissioner's locally set trajectory, 15%, by the end of 2019/20.
 - We will deliver on the Long Term Plan expectation that all providers reduce their waiting lists during 2019/20. We will continue to monitor closely CAMHS and ICAN waiting times and the impact of recovery plans.
- 3.2. Not surprisingly there is significant continuity in our priorities for the coming year. 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 2.

Strategic goal 1: Ensure LCH's workforce is able to deliver the best possible care in all our communities

Priority 1: Improve overall engagement levels across the organisation through initiatives on creating the working lives that we want:

- *Health and Well-being;*
- *Diversity and inclusion;*
- *Cultural initiatives;*
- *Leadership and management development*
- *Training & development*

Priority 2: Further strengthen recruitment, particularly for hard to recruit roles, and produce an organisational workforce plan underpinned by future organisational design principles aligned with operational business plans that sets out resourcing requirements and plans to meet these by profession

Priority 3: Leadership: implement and further develop a revised leadership and management development offer for the organisation.

Priority 4: Work effectively as a system partner in the development and implementation of workforce and HR strategies, systems and plans across Primary Care, the city of Leeds and the West Yorkshire and Harrogate ICS

Strategic goal 2: Deliver outstanding care

Priority 5: Maintain quality across all services & aim for outstanding rating by CQC & in services' Quality Challenge+

Priority 6: Develop and embed continuous quality improvement which engages staff and service users

Priority 7: Strengthen organisational approach to service user engagement and experience at all stages of care delivery

Priority 8: In developing and implementing new models of care and new ways of working including integrated pathway development, service developments, tenders and sub-contracting arrangements and working across boundaries, ensure quality is maintained or improved

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

Priority 9: 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 10: Increase service and organisational focus on prevention, early intervention, pro-active care and self-management to keep people well in the community

Priority 11: Focus on all opportunities to develop integrated working & provision between Primary Care & LCH.

Strategic goal 4: Use our resources wisely and efficiently

Priority 12: Develop an innovative and viable model for the new CAMHS Tier 4 service to the agreed time-frame

Priority 13: Mobilise the 0-19 PHINs service, Community Dental service, Liaison and Diversion and Tier 3 Weight Management service, and other successful bids

Priority 14: Understand and reduce unwarranted variation

Priority 15: Implement digital and estates strategies

4. Quality

4.1. Quality Risks: LCH's top 3 quality risks relate to

- difficulty recruiting key staff in specific areas - this is a Trust priority for 2019/20. Organisational and Business Unit workforce plans will set out resourcing requirements and plans to meet these by profession
- managing sickness absence to ensure adequate capacity to meet demand. This is being addressed through our work to develop further our health and well-being offer.
- staff engagement and morale – this is our top Trust priority for 2019/20. We will improve overall engagement through initiatives on health and well-being, diversity and inclusion; culture and our refreshed training & development, leadership and management development offer

4.2 Quality Priorities: The quality priorities to be reported in the Trusts Quality Account for 2019/20 have been developed in consultation with Business Units, corporate teams and Quality Committee and align with the Quality Strategy, the Trust's priorities and Business Unit plans. They are due to be approved by June 2019 Board:

Priority 1: Maintain quality across all services & aim for outstanding rating – CQC & Quality Challenge+

Priority 2: Strengthen organisational approach to service user engagement and experience at all stages of care delivery

Priority 3: Strengthen our learning mechanisms for incidents and good practice

Priority 4: In developing and implementing new models of care and new ways of working including integrated pathway development, service developments, tenders and sub-contracting arrangements and working across boundaries, ensure quality is maintained or improved

4.3. The success measures are set out in appendix 3. Further discussion is required by SMT to finalise the measures which will be incorporated in the Quality Account.

4.4. The Trust priorities reflect the strong commitment to delivering sustainable system transformation and quality improvements through improving patient flow, integrating provision and achieving left shift. We have an internal winter pressures delivery plan.

4.5. Other priority quality improvement initiatives are to:

- continue development of clinical and patient impact outcomes reporting at service, pathway and population health segment levels and aligned to commissioner and system requirements. The CCG has agreed to fund additional resource to enable development at pace in line with the organisational plan
- strengthen and embed our QIA process and work with commissioners on a joint process
- continuous improvement in pressure ulcer prevention and management: reduction in category 3 avoidable pressure ulcers and zero category 4

pressure ulcers (confirm target). We will implement a revised pressure ulcer and falls review process, incorporating the 'fair and just culture' model, to optimise staff engagement and learning from reviews. We are working with partners city-wide to look at system-wide approaches to pressure ulcer reduction and review learning

- Maintaining our focus on falls reduction including reviewing the falls assessment documentation and training provision to better support staff in their falls prevention work
- Completing Electronic Patient Record development in the Children's Business Unit to enable shared access to the patient record across services
- improving access in line with national and local service specifications:
 - CAMHS: 12 week waiting time target through completing pathway redesign.
 - ICAN Paediatric Neuro disability and Community Paediatric Clinics
- leading city-wide Gram negative work. The initial focus is reviewing E-coli cases to identify and share learning across the system, the 2nd phase will focus on pseudomonas
- continuing Exec led work to reduce unwarranted internal variation through analysis of internal and external benchmarking, including Model Hospital, GIRFT, NHS National Benchmarking data and reference costs

4.6. We will increase and enhance the contribution of research to quality improvement through refreshing and implementing LCH's Research Strategy in 2019/20. The overall aspirations of the 2019 - 2023 Research Strategy will be for LCH to become a centre of research excellence where:

- Staff are enthused about research activity and perceive it to be part of their "day job"
- Leaders understand how and why research is core NHS business
- World class research is practiced in all the communities we serve, which results in improvements in care and clinical outcomes.
- Partners in the statutory, academic, industry and voluntary sectors seek research collaboration with LCH as an organisation of first choice

5. Workforce

5.1. 2019/20 coincides with the first year of our new Workforce Strategy 2019-21; the successor to our Organisational Development Strategy 2017-19. The Workforce Strategy draws on a broad range of external, internal and cultural context. Its 6 priority areas are **Leadership & Skills; Diversity & Inclusion; Resourcing; Integration & Partnerships; Wellbeing; and Proactive Analytic**

5.2. The 6 Workforce Strategy priorities are designed to respond to and anticipate existing and future strategic and operational requirements, including the

2019/20 LCH Strategic Objectives. The full Workforce Strategy 2019-21 is available on the LCH Intranet.

5.3. Workforce is a critical feature of our organisational strategic priorities for 2019/20, and we have a range of initiatives and plans designed to deliver them.

5.4. The first LCH Strategic Goal is to ensure LCH's workforce is able to deliver the best possible care in all our communities. This goal is identical to the overall aim of the Workforce Strategy, and we are focused on delivering the priorities associated with it in 2019/20, as outlined below:

5.5. **Priority 1: Improve overall engagement levels across the organisation**

5.5.1. Our 2018 staff survey results show that our services have made steady progress in improving engagement levels across the organisation over the past 2 years. Focus on 'our people' and engagement will be a top priority again in 2019/20 for all 3 Business Units, including understanding and acting on staff survey results at team level and for the 1st time all 3 Business Units having a Celebration event. We will build Visibility of senior leadership is indicated by the Staff Survey results to be particularly strong.

5.5.2. We will continue to build on this progress across a whole range of engagement initiatives, not limiting ourselves to those initiatives associated with communication and decision-making, but aiming to improve as many as possible of the elements which enable people to feel motivated, valued and effective at work, including:

- **Sickness absence levels** will remain within tolerance, achieving an equal or improved position by the end of 19/20 compared with 18/19. This will be delivered through our sickness absence analysis, work, which is helping us to identify better measurement and reporting of sickness absence, and to focus in an evidence-based way on supporting people back to work. We will ensure that our health & wellbeing offer to staff is clear and accessible, focusing in particular on mental health and wellbeing.
- **Diversity & Inclusion** is a key focus. 2019/20 will see our Equality & Diversity training reviewed and improved, specifically within our statutory & mandatory training suite. We also propose to develop additional subject-specific masterclasses, prioritising a disability masterclass. The new Reverse Mentoring programme, where our senior leaders are mentored by BAME employees will be fully implemented and reviewed.
- **Just and Fair Culture:** We will work across the organisation using our full range of engagement mechanisms to ensure that the principles of #peoplebeforeprocess and #justandfairculture concepts are explored, understood and in use across the organisation. We will ensure that these concepts are applied to our policy reviews and employee relations work.
- **Learning & Development:** We are strengthening our learning and development processes, infrastructure and offer to ensure learning & development opportunities are increasingly aligned

with organisational need; and that there is clarity over access to development. Our Statutory & Mandatory training offer will be reconfigured to secure improved accessibility and compliance, and to facilitate the streamlined passage of employees between NHS organisations. We are working closely with the Leeds Health & Care Academy and partners across the city, to realise citywide opportunities for development of the health and care workforce.

- **Improving Workforce Systems:** We are working to improve the accessibility and quality of our workforce systems, including the Electronic Staff Record (ESR) and e-Rostering (the latter currently in its implementation phase). Our aim is to achieve transparency and access to information across the organisation which is used to inform decision making.

5.6. **Priority 2: Further strengthen recruitment, particularly for hard to recruit roles**

5.6.1. We aim to secure and retain the best possible workforce at LCH. During 2018/19 we saw improvements in the retention of our existing workforce, and in this regard we consistently benchmark favourably against comparator organisations. We will strive to maintain our retention success during 2019/20, while we also focus on securing the supply of workforce into the organisation through improvements in our resourcing approach.

- **Workforce plans:** Our 19/20 workforce plan is aligned with finance and activity plans, including alignment to the Business Units' own business plans. We will underpin this plan with further enhancements to our organisational resourcing plan, seeking to identify, anticipate and respond to resourcing challenges, themes and "hotspots" in an increasingly sophisticated and evidence-driven way. E-rostering will be a key part of enabling data-driven decision making with respect to resourcing and workforce planning.
- **New roles:** We will build on the success of roles such as the Nursing Associate to identify and introduce further new roles in support of identified resource need and skills shortages. Apprenticeships will continue to be a key feature of our development, targeted to business needs and we will work closely with partners across the city to realise opportunities in the apprenticeship field.
- **Talent Management:** we will identify our critical roles within the organisation, and engage services in the development of an improved talent management approach, linked with appraisal processes.
- **Recruitment practices:** we aim to continuously improve our recruitment practices, aiming to improve fill rates, and implementing resourcing action plans in partnership with Business Units in relation to "hard to recruit" roles. We propose to secure specific resource in order to optimally exploit the

digital opportunities available to us in attracting new talent to the organisation.

5.7. **Priority 3: Implement and further develop a revised leadership and management development offer for the organisation.**

5.7.1. Our new Leadership & Management offer was launched in January 2019 and is already receiving extremely positive feedback from participants.

- **Build on strong Leadership & Management foundations:** Our aim in 2019/20 is to build on our Leadership & Management development offer's strong start, enabling managers and aspiring managers from across the organisation to access Leadership & Management development. We are considering options to scale up the development offer to reach more people both within LCH and across Primary Care; and we are working closely with the Leeds Health and Care Academy on the development of their System Leadership module.
- **Leadership Competency Framework:** during 2019/20 we will be embedding a Leadership Competency Framework (LCF), based on the LCH values and behaviours as well as engagement with stakeholders. By the end of 2019/20 it is envisaged this will support constructive discussions about leadership potential and development needs, linked with appraisal processes and the emerging LCH Talent Management approach.

5.8. **Priority 4: Work effectively as a system partner in the development and implementation of workforce and HR strategies, systems and plans across Primary Care, the city of Leeds and the West Yorkshire and Harrogate ICS**

5.8.1. We expect an increasing proportion of our workforce opportunities and challenges will have opportunities to be approached jointly, through strong partnership working across organisational boundaries.

- **Supporting Primary Care:** During 2019/20 we will continue to provide strategic HR / workforce direction on behalf of GP Confederation, supporting the Confederation in its work to deliver its Offer to its member practices.
- **Transformation opportunities:** working with partners we will identify and deliver transformation and / or integration opportunities, with the aim of securing improved care for the communities we service. During 2019/20 we expect to focus on opportunities linked to Primary Care nursing and the delivery of Specialist Primary Care roles.
- **One Leeds Workforce:** we will support the One Leeds Workforce agenda by leading on citywide workstreams including Statutory and Mandatory training, and supporting the implementation of the Leeds Strategic Workforce Priorities, with their proposed long term vision to *“work as if we are one team, growing our own workforce from our diverse communities,*

supported by leading and innovative workforce education, training and technology”.

6. Alignment of the 2019/20 Operational Plan with Local Plans

6.1. Alignment with the ICS Health and Care Partnership Plan

- 6.1.1. The West Yorkshire CAMHS New Model of Care programme has been successful in its 1st year in reducing out of area admissions and delivering savings. Savings are being invested in improving crisis, outreach and intensive home treatment provision West Yorkshire wide. Leeds crisis provision will be enhanced through establishing a weekday 9-5 service, which will also free up CAMHS outpatient capacity. We await the outcome of commissioners’ bid for funding to extend the service to a 7 day and out of hours service.
- 6.1.2. We will continue to work with partners to progress planning for the building of state of the art new Tier 4 facility to open in June 2021 and develop a service model for the expanded service.

6.2. Alignment with the Leeds Health and Care Plan

- 6.2.1. The Leeds Health and Care Plan has 3 cross-cutting work streams that will impact significantly on LCH in 2019/20:

- Local Care Partnerships
- Population Health Management
- Rebalancing the conversation

in addition to the 4 main programmes:

- Prevention
- Pro-active care, early intervention and self-management
- Optimising Secondary Care
- Urgent Care and Rapid Response

- 6.2.2. **Development of Local Care Partnerships (LCPs)** is central to the Leeds Health and Care Plan’s ambition for developing and redesigning integrated primary care organised around peoples’ needs at the neighbourhood level (c30,000-50,000) and cuts across all 4 workstreams. Leeds has gained national recognition for its innovative approach, led by Thea Stein, LCH Chief Executive. s

- 6.2.3. In 2019/20 the aim will be for all 18 LCP partnerships to form partnership arrangements and become functional. This is a significant change and challenge for all partners – focussing services around populations rather than our own organisations.

- 6.2.4. Our Neighbourhood Teams are aligned to all 18 LCPs and at the heart of LCPs. Our Children’s Business Unit is working with GP and LTHT colleagues in the first 2 Child and Family Hubs – the LCP partnership model to address key health issues for children and young people specific to local communities. These will expand to include patient representation and other partners and be rolled out

in other areas. In the coming year we will expand LCH representation in LCPs.

- 6.2.5. Leeds has been successful in securing £1.6m which will fund programme management, external facilitation and data analysis to support population health management approach implementation in 4 'trailblazer' LCPs and funding to pump prime priority initiatives identified to improve healthcare tailored to the needs of the local population. It is also expected that supporting LCP development and implementation of population health management approach will be a priority for the CCG when allocating its 2019/20 £10m transformation fund.
- 6.2.6. It is vital that there is recognition that management, front-line and corporate capacity to support LCP development, routine functioning and implementation of specific schemes and initiatives cannot be absorbed within existing LCH capacity and requires additional investment.
- 6.2.7. **Population Health Management** is a priority focus of the Long Term Plan and central to the Leeds Health and Care Plan. This programme of work is expected to ramp up in 2019/20, key elements being the following work with LCP partners:
- phased programme to agree Frailty Outcomes Framework measures
 - identifying and trialling key interventions that are expected to have the greatest impact on improving outcomes for people living with frailty informed by patient data analysis
 - developing new clinical and financial accountability arrangements that enable providers to implement a population based approach and improve outcomes
- 6.2.8. A key strategy for reducing demand for healthcare underpinning the ICS and Leeds Health and Care Plan is the commitment to a **strengths based approach** and **rebalancing the conversation** with patients and the public so that we 'work with' rather than 'do to'. This is consistent with the NHS Long Term Plans emphasis on ensuring people get more control over their own health and more personalised care when they need it.
- 6.2.9. In Quarter 1 we will review the organisational ambition, approach and plan for embedding 'Better Conversations' across services aligning with city-wide plans.
- 6.2.10. **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. All 3 Business Units are engaged in work to implement the city Tobacco Strategy. 2019/20 CQINs build on the 2017-19 CQUINs which focussed on smoking and alcohol use screening and provision of advice in the Community Neuro Rehab Centre.
- 6.2.11. **Pro-active care, early intervention and self-management:** This workstream aims to stabilise demand for acute, urgent and community-based care from people who could have their needs

more effectively met in other places or by self-management by increasing:

- the number of people remaining independent in their own home
- the number of people with long term conditions managing their own health
- the range of services provided in the community
- the number of integrated neighbourhood models provided

6.2.12. Key initiatives supporting the development of **expanded community multidisciplinary teams** to progress in 2019/20 are:

- rolling out the MSK First Contact Practitioner model city-wide to improve access to musculoskeletal expertise, patient outcomes and release GP capacity – also a NHS Long Term Plan requirement. The pace of roll-out will be impacted by the availability of suitably qualified Extended Scope Practitioners and funding.
- work with system partners to model the impact of the left shift , including closure of acute ‘surge’ capacity
- we hope to be successful in our partnership bid to be lead provider of a consortium providing an IAPT service that is fully integrated across primary care and aligned to resource and access growth targets set out in the NHS Long Term Plan.

6.2.13. In 2019/20 we will progress the **joint LCH / GP Confederation Integrated Care work programme**, including progressing plans to establish integrated wound care clinics /hubs across wider primary care in several localities, joint LCH GP practice leg clubs, expand catheter care in the community, establish a nurse bank for primary care and LCH and a training and development offer for primary and community care in Leeds, including a preceptorship programme for nurses new to primary care

6.2.14. We are confident that our Neighbourhood Teams will be able to meet the Long Term Plan’s requirement to deliver **community health crisis response services**, where clinically appropriate, within 2 hours of referral.

6.2.15. We will continue work with Adult Social Care to ensure there is a clearly understood **single integrated rehabilitation and reablement** offer. This will be a first stage in a wider programme of work to meet the requirements of the Long Term Plan to expand reablement and rehabilitation.

6.2.16. Another key focus of the Long Term Plan is the requirement to **upgrade support to all care home residents** who would benefit by 2023/24. In 2019/20 we will work with commissioners to scope existing input across care homes to understand variation as an initial step of wider system work to enhance care provision in care homes and improve patient health and well-being outcomes.

6.2.17. A key plank of the Leeds Health and Care Plan is **development of integrated pathways that extend and increase provision in the**

community / extended general practice locality working, increase access to pro-active care, treatment optimisation and support around acute episodes and develop models which promote self-management. We will engage fully in work with commissioners and partners to develop and implement integrated MSK, Diabetes, Respiratory, Cardiac, Neuro, Parkinsons and Gynaecology pathways.

- 6.2.18. **Rebalancing the conversation:** we await the outcome of the 2019/20 contract for our proposal to roll out our Neighbourhood Team self-management model across all 18 Neighbourhood Teams. The model uses a health coaching approach to develop patients' confidence and ability to self-manage. The pilot evidenced that this approach transforms lives and frees up neighbourhood team clinical capacity. If funded we will explore extending the approach to GP practices.
- 6.2.19. We will fully engage with city-wide work to develop **HELM, a patient held record alongside** continuing to develop and increase use of our award winning apps, 'Let me show you' and 'Step up' which enable communication about care and capturing progress in relation to goals respectively. We will introduce 'live chat' as part of the new 0-19 service to engage better with young people aged 11-18
- 6.2.20. **Optimising Secondary Care** Our **Community Stroke service** will build on excellent partnership working with LTHT this year to develop an integrated clinical pathway to improve system flow, support timely discharge from hospital, improve productivity and quality across the pathway. This will be underpinned by greater understanding across LTHT and LCH staff of the pathway and working as a unified team. We will explore with commissioners the potential to replicate this approach across other Long Term Conditions, including the Cardiac and Neurology pathway.
- 6.2.21. We will work with partners to implement the **Leeds Cancer Strategy** in relation to prevention, early diagnosis and living with and beyond cancer: it is in the early stages of development. We expect this to impact particularly on MSK First Contact Practitioners and NTs (End of Life).
- 6.2.22. We will implement a **Therapy Led Discharge initiative**, with LCH therapists working alongside LTHT clinicians to enable medically fit patients to be discharged as early as possible with therapy assessments undertaken in the home / the community.
- 6.2.23. We will continue to work jointly with system partners to **reduce variation on products / consumables** e.g. enteral feeding products, dressings
- 6.2.24. **Urgent Care and Rapid Response:** We will progress the following key elements:
- work with partners on developing and implementing the proactive frailty model and falls pathway review to keep people well and at home / in the community through pro-active

management. Linked to this will be development of a Virtual Frailty Ward which is expected to have a significant impact on reducing emergency admissions. The current plan is for some elements to go live by Autumn 2019

- continuing to expand, develop and evaluate the Virtual Respiratory Ward, to reduce hospital admissions, length of stay and enable management in the community. This is a useful test case for applying the Virtual Ward model to Frailty and other Long Term Conditions.
- facilitate a partnership of the incumbent providers to develop a bid / model proposal for establishing 4 further Urgent Treatment Centres across the city by autumn 2020
- work with partners across LTHT and ASC and others to ensure smooth and timely discharge post finalisation of LTHT discharge pathways
- continue to engage fully in developing closer pathways and ways of working between SPUR and the other central referral services, the out of hours 111 service and Clinical Advisory Service (CAS) post tender in 2019

6.5 LCH is also engaged in the enabling workstreams:

- Estates – LCH's Estates strategy and plans will be consistent with the city Estates Strategy: due to be approved in quarter 1 2019
- Digital – see section 8.1.3
- Workforce – see section 5.8.1

7. Service Plans

7.1. Our three Business Units plans support delivery of the Trust's priorities. They each also have priorities specific to them.

7.2. Adult Business Unit

7.2.1. Adult Business Unit priorities for 2019/20 are:

- ensuring the right staff, structures and systems are in place to deliver high quality care and support people to remain independent in the community
- working with partners centrally and across communities to support system flow and accelerate the left shift
- embedding a standardised approach to how specialist citywide services wrap around NTs

7.2.2. Ensuring the right staff, structures and systems are in place: key focuses will be continuing to embed New Ways of Working, particularly caseload management, continuing roll out of safety huddles, embedding the wound care management clinical care framework and developing the delirium, depression and dementia framework.

7.2.3. ABU will have its 1st Celebration event

7.2.4. The CCG wishes to undertake a further 'roadmap' review across a range of Adult and Specialist Business Unit services (to be determined) and LCH estate which will identify unwarranted variation and opportunities to improve quality or release time to care.

7.2.5. Key workstreams supporting system flow are:

- developing and implementing the Virtual Ward Frailty
- implementing the iBCF funded Therapy Led Discharge project which will reduce length of stay and improve patient outcomes
- SPUR, Leeds Integrated Discharge Service and other relevant services implementing service changes once the discharge model has been agreed
- Supporting work arising from Newton Europe analysis:
 - engaging with commissioners about modelling future NTs capacity required to support left shift
 - NTs and wrap around services working with partners to support recommendations from the next phase of Newton Europe - focus on admission avoidance.
 - reviewing the pathway for referring to community care beds
 - undertaking a service review of the Neighbourhood Nights Service to avoid admissions, improve access and enable people to achieve their preferred place of care at the end of life
 - Implementing LCH's internal winter planning delivery plan to help smooth out peaks and troughs in demand and capacity building on successful past initiatives

7.2.6. Enabling left shift

- We expect LCP development to require greater input from ABU senior management and service managers in 2019/20 which cannot be fully absorbed within existing ABU and corporate team capacity. The CCG is considering our bid for backfill support.
- There will be a major focus on Frailty work with partners:
 - implementing the Frailty model
 - trialling a population health management approach in the 4 LCP trailblazers
 - developing the Virtual Ward Frailty
 - reducing waiting times for the Community Falls service
- Standardising how specialist citywide services wrap around NTs will also support patient flow:
 - further embedding self-management skills and approach within NTs: wider roll-out is dependent on securing funding
 - further development of standardised pathways of care and reduction in unwarranted variation through clinical care frameworks and improved relationships between specialist and neighbourhood team services
 - working with partners to clarify the rehabilitation and reablement offer

- developing a consistent approach to support for care homes and exploring opportunities for traded offers by specialist city-wide teams

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

7.3.1. Specialist Business Unit priorities for 2019/20 are:

- Retaining and growing viable business
- Actively participating in system wide alignment to solve system challenges
- Ensuring all services are sustainable
- Horizon scanning to identify business development opportunities

7.3.2. In 2019/20 a major focus for the Specialist Business Unit will be developing service models and / or mobilising services:

- We await the outcome of our lead provider bid to deliver an integrated and expanded IAPT service in partnership with the GP Confed, LYPFT, Touchstone, Northpoint and Community Links. We are currently in the negotiation phase.
- Agreeing with NHS England the service specification and contract for the Community Dental service and subsequently mobilising the service
- We expect to bid for the contract to become the sole provider of SpineFit Pain Management services in Leeds; we're awaiting the tender to be released and are working with the service to be tender ready
- Mobilising Humber Liaison and Diversion Service in partnership with Community Links: go-live April 2019
- Mobilising Tier 3 Weight Management in partnership with LTHT and LYPFT: go-live April 2019

7.3.3. Key workstreams supporting patient flow and left shift are:

- developing and implementing new models of care:
 - expand the Virtual Respiratory Ward across the city, evaluate current provision and develop a service model proposal to inform 2020/21 funding decisions
 - Continue to rollout the first contact physiotherapy new model of care across localities
- implementing integrated pathways to support seamless transfer and provide care in the most appropriate setting:
 - MSK: to provide timely intervention and reduce the number of inappropriate referrals for surgical opinion
 - Diabetes: to provide early intervention, reduce avoidable complications, reduce waiting times and improve city-wide treatment target performance. Linked to this, we will pilot very low calorie diets for diabetes patients and work with patients and Leeds CCG to identify alternative and supplementary methods of delivering Structured Education and a Foot Protection Service

- Respiratory: to reduce avoidable admissions through prevention, earlier identification of people at risk, earlier diagnosis, intervention and treatment optimisation with access to the Virtual Respiratory Ward and core respiratory service and mobilising the Enhanced Oxygen Ambulatory service which we expect to become self-funding
 - Stroke and Neuro: to improve access to timely rehabilitation which will reduce inpatient bed days and improve function / delay deterioration.
 - Parkinson Disease Service: to resolve system challenges by developing an equitable citywide nursing service across the acute and community pathway.
 - Gynaecology: further exploit the single point of access to broaden the scope of services and clinical interventions delivered in the community, ensuring timely access to assessment and treatment and reduce waiting times across the pathway.
 - Speech and Swallowing Service: to reduce waiting times
- 7.3.4. We will work to stabilise the CIVAS service as a pre-condition to extending the service to additional clinical pathways.
- 7.3.5. We will ensure services are sustainable and ready to expand to meet demand and implement required service changes: Spinal Treatment Service, Enteral Feeding, Diabetes including the Foot Protection Service and Structured Education. We will work with commissioners to develop an Inclusion Service which focuses on hard to reach and excluded groups and brings together HALP and the Gypsy and Traveller Nurse / Service
- 7.3.6. Key service quality improvements will be: improving access to Leeds Sexual Health service informed by capacity and demand analysis and further integrating the service; mobilising the SECURE STAIRS psychological intervention stepped model at Wetherby YO1 and Adel Beck and Adult Nutrition and Dietetics, Community Neurology, MSK, Podiatry and SLT services implementing the next phase of work to develop reporting on waiting times, clinical outcomes and patient experience .

7.4. **Children's Business Unit**

- 7.4.1. The Children's Business Unit has a significant development and improvement agenda aligned to the Children's Services Strategy and reflects Trust priorities, the requirements of the Long Term Plan and the city's plan for developing mental health services. The key focus of the Children's Services Strategy over 19/20 will be continued work to establish key pathways with children and young people that form the basis of a holistic LCH Children's Service; including the development of meaningful goals and outcome measures.
- 7.4.2. CAMHS significant service and pathway development and improvement agenda is reflected in the recently refreshed city plan: Future in Mind Leeds Local Transformation Plan and includes:

- West Yorkshire CAMHS Tier 4: New Care Model implementation - continuing to work with partners to develop pathways and to mobilise Leeds Crisis Service; continuing to work with partners to progress plans for the new build (contract to be awarded in quarter 4) and progress service model development
- Review of MindMate SPA including further development and implementation of an enhanced model that includes a brief consultation/ intervention component
- Engaging with Social Emotional and Mental Health Cluster Review as part of wider service model and pathway development supporting closer working and integration across providers
- Intensive Positive Behaviour Support Service implementation which became operational February 2019
- Continued input to the Yorkshire Centre for Excellence in Adoption Support
- Maintaining waiting times for Next Step and autism assessments and improving waiting times for other pathways. This will be enabled by progressing implementation of revised clinical pathways, new ways of working and ongoing use of capacity and demand analysis
- Engaging in the CCGs service spec review of CAMHS

7.4.3. Other integrated pathway development includes:

- Being an active partner in developing Child Health Hubs pilots and initiatives identified to improve provision to better meet local needs
- Working with commissioners to integrate additional services into the ICAN model and further improve information in Education and Health Care Plans

7.4.4. A major focus for Children's Business Unit and corporate teams will continue to be mobilising the 0-19 Public Health Integrated Nursing Service, including developing the one team approach, co-locating and functional integration in Children's centres in areas of highest need, providing an extended service offer [8-8], incorporating children's dental health promotion and improving transition for children at key points in their development.

7.4.5. Children's Business Units plans for developing patient engagement include developing a Children and Young People's Forum to inform service improvement, redesign and development and creating a dedicated website for Children's services that improves access, sign-posting and self-management enabled by inter-active digital technology

7.4.6. We will finalise the transfer of the Sickle Cell and Thalassemia service to LTHT

8. Key Enablers

8.1. Digital Technology

8.1.1. The Trust has recognised that the rapidly changing environment within which it is working, the accelerating pace of technological development and the ambition and requirements of the NHS Long Term Plan means that the Digital Strategy which was approved by the Board in 2017 requires a refresh and work will commence to better align the digital landscape to support a new and emerging set of business requirements, in an organisation which will be more closely aligned to Primary Care.

8.1.2. The early work on the Strategy refresh recognises the importance Digital can play in supporting innovation and transformational change to patient care and service delivery. A consultative process will be established to support services and patients to make the best use of digital solutions.

8.1.3. Our strategy and plans will align with city-wide digital developments and plans which seek to go beyond the integration of care providers and towards population health systems, and LCH will need to join and play its part in for example the development of HELM, the patient held record, further improvements of the Leeds Care Record and of a shared city-wide IT infrastructure:

Early priorities for 2019/20 include:

- Transition away from the legacy NHS Network (N3) to the new Health and Social Care Network (HSCN).
- Re-provision of the support service previously supplied by EMBED, in partnership with the Local Authority, CCG and Primary Care and the transition to the Community Cloud, which will see the Trust's corporate data stored in a commercial (secure) cloud based service
- Re-provision of the support service previously supplied by EMBED, in partnership with the Local Authority, CCG and Primary Care. The Trust's corporate data will be stored in a commercial cloud based service.

8.1.4. In 2019/20 other key Digital activities will be:

- Completion of EPR rollout in ICAN and transition to business as usual running for all services.
- Rolling out e-rostering following a successful pilot phase. The initial focus will be on Neighbourhood Teams
- Prepare for the implementation of the National Data Opt Out clause, removing data from our secondary uses systems where patients have expressed a wish to do so.
- Support the Commissioners expectation and aspiration that all outpatient based clinical services are able to operate through the national E-Referral Service to minimise delay and maximise choice.
- Commence software upgrades for Windows 7 and Office 2010, both of which become unsupported in 2020

- Ensure that all Fax machines are withdrawn from service by March 2020 in line with the Secretary of State's express request and replaced with alternative technical solutions and business processes.
- 8.1.5. These actions will be in addition to the increased maintenance overhead necessary to keep the Trust network secure from cyber vulnerability.
- 8.1.6. Having undertaken significant work to achieve compliance with the General Data Protection Regulation during 2018/19, there is a significant overhead required in 2019/2020 and beyond in order to maintain compliance. Specifically the creation of a network of Information Asset Owners who will provide local custody of service information flows to ensure that the Information Asset Register remains accurate.

8.2. Estates rationalisation

- 8.2.1. The Estates Strategy is being refreshed to provide clear ambition, direction and approach to creating an Estate that supports and enables delivery of our strategic goals. The strategy will align with the city Estates Strategy which will be finalised by August 2019 and will support LCH's commitment to developing ever closer integration and working with partners, including in relation to utilisation of Estates. The Strategy will address key challenges, including ownership and use of PFI buildings and set clear targets for further improving the utilisation of the space we lease and own.

9. Financial Plan

- 9.1. Leeds Community Healthcare's approach to the strategic management of its financial resources has been consistent since the establishment of the Trust in April 2011. Our vision in 2011 was that "we provide the best possible care to every community in Leeds". We said that we would deliver high quality care, being a good partner, developing and valuing our staff and using our resources wisely and efficiently. Eight years later the strategic objective to "use our resources wisely and efficiently" remains.
- 9.2. LCH has been operating in an extremely challenging NHS financial environment. In their seventh report on the financial sustainability of the NHS (January 2019), the National Audit Office noted:

Since 1974-75, health spending in real terms has increased by 3.7% a year on average in England.¹ Between 2015-16 and 2018-19, NHS England received smaller increases, averaging 2.4% a year. Funding constraints, coupled with an ageing population and higher demand for care, have increased pressures on the health system.

Those funding constraints and higher demand have impacted on LCH over recent years. In line with our strategic objective we have sought wherever possible to protect front line clinical services. Our approach has allowed us to continue to focus on delivering high quality services whilst we have delivered on our financial targets, delivering the surplus required by the regulatory system each year

9.3. The NAO Report went on to set the scene for future NHS funding:

In June 2018, the Prime Minister announced a long-term funding settlement for the NHS, which will see NHS England's budget rise by an extra £20.5 billion by 2023-24. Between 2019-20 and 2023-24, this equates to an average annual real-terms increase of 3.4%. The funding will be front-loaded with an increase of 3.6% in the first year, which means £4.1 billion extra in 2019-20. In January 2019, NHS England and NHS Improvement published a long-term plan for the NHS that aims to ensure that this additional funding is well spent.² In its 2018 Autumn Budget, the government also announced an additional £1.25 billion adjustment to NHS England's budget to cover unavoidable increased costs of NHS staff pensions

9.4. LCH's financial plan reflects an improved but still challenging funding environment for 2019/20.

9.5. The Trust's 'business as usual' operations and the priorities described in this Operational Plan are underpinned by the proposed income and expenditure and capital budgets. This Financial Plan demonstrates delivery of the control total £1.745m set by NHS Improvement.

9.6. This Plan sets out the result of contract negotiations with commissioners. We anticipate that there will be further conversations early in the financial year with NHS Leeds CCG regarding funding for transformation that supports our strategy of integration with primary care and other partners in the health and care system and further internal service transformation.

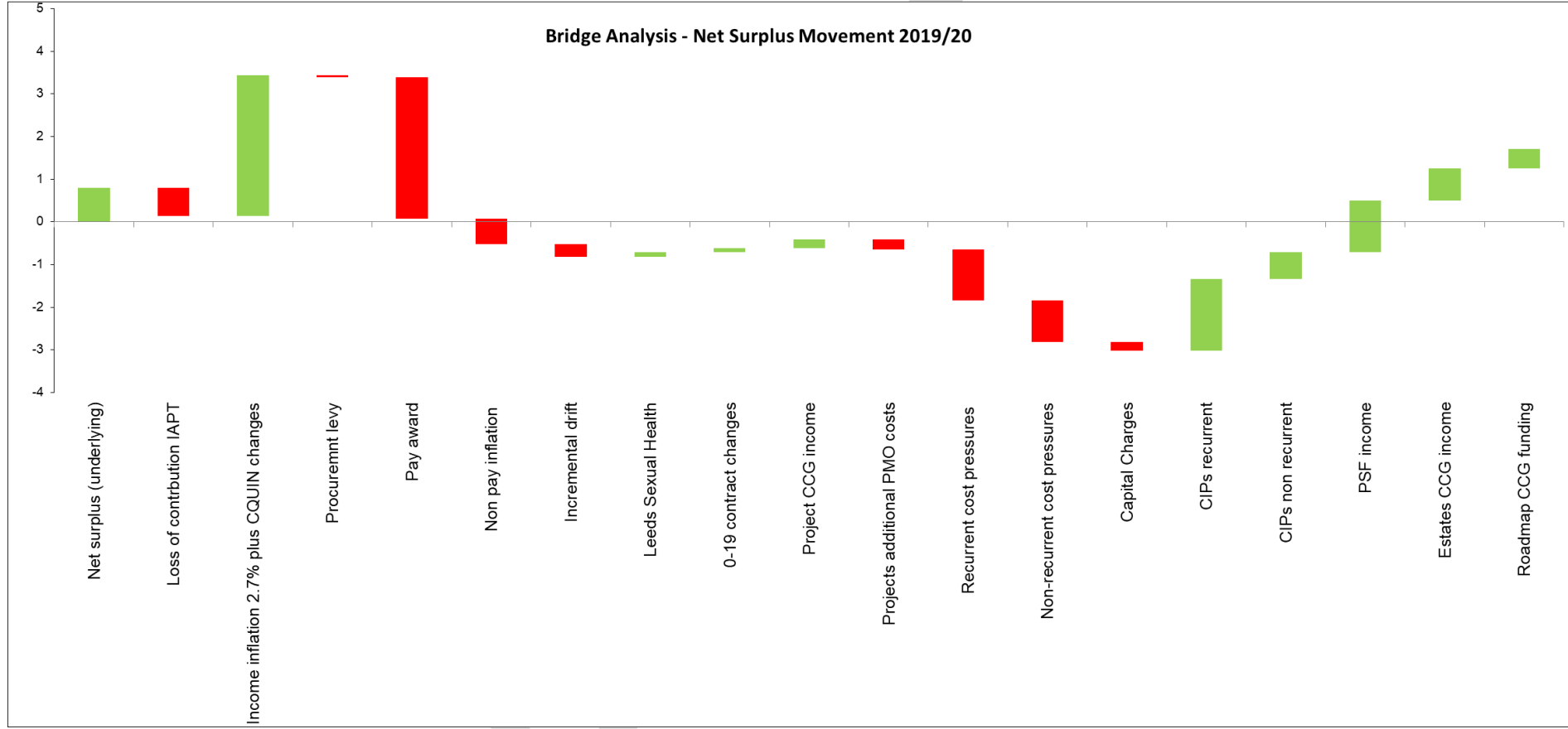
9.7. The Board will note later in this Financial Plan, proposals by SMT for specific recurrent and non-recurrent increases in expenditure budgets in 2019/20. SMT has aimed to balance its approach, recognising the need to invest in services, invest in programmes that support our priorities and meet unavoidable cost pressures whilst maintaining the requirement for in year efficiency savings at a challenging but deliverable level of 3.8m (2.5%). This efficiency requirement for 2019/20 comprises £2.3m (1.5%) new efficiency programmes and £1.5m (1.0%) relating to schemes delivered non-recurrently in 2018/19.

9.8. The following paragraphs provide more detail on the proposed income and expenditure and capital budgets for 2019/20.

9.9. Income and Expenditure Summary

Income & Expenditure Summary	Annual Plan £m
Income	
Contract Income	(145.5)
Provider Sustainability Fund	(1.2)
Other Income	(6.3)
Total Income	(153.0)
Expenditure	
Pay	109.4
Non pay	38.5
Reserves	0.7
Total Expenditure	148.6
EBITDA	(4.4)
Depreciation	2.0
Public Dividend Capital	0.8
Interest Received	(0.1)
Retained Net Surplus	(1.7)

9.8 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.



9.9. Income Detail

- 9.10. Total income planned for the Trust for 2019/20 is shown in the table below. This report has been prepared on the most likely contract income position. The main risk is around the income derived from savings on the CAMHS new model of care baseline budget where £0.9m expenditure has been committed to new CAMHS community service delivery across West Yorkshire. Savings significantly exceeded this expenditure commitment in 2018/19 so the risk is at present, considered low.

Income Summary	Annual Plan	
	£m	£m
Contract Income		
NHS Leeds CCG		
Main contract	102.1	
Community Care Beds Service	3.9	
Weight Management	0.4	106.4
NHS England		
CAMHS T4	1.6	
Young Offender Healthcare	3.5	
Dental	2.8	
Liaison & Diversion	1.2	
CAMHS NMoC	0.9	
Public Health	0.7	10.7
Police Custody		8.2
Leeds City Council		
Public Health	6.7	
Community Care Beds Service	1.7	
0-19 Public Health Intergrated Nursing	10.8	
Leeds Equipment Service	1.0	20.2
Provider Sustainability Fund		1.2
Other Income		6.3
Total Income		153.0

- 9.11. Contract negotiations have progressed well with **NHS Leeds CCG** and the contract for 2019/20 is ready for signature at the time of writing. The CCG has agreed circa £4m additional recurrent funding plus £2.3m non-recurrent funding.
- 9.12. The outstanding decommissioning financial gap from 2018/19 has been met non-recurrently by the CCG.
- 9.13. The financial plan only contains seven months of income and costs for IAPT as the current contract end on 31 October 2019. Whilst the Trust and its partners are confident of winning the tender to provide services beyond that date the financial implications are not assumed.
- 9.14. The national guidance for NHS commissioners includes a tariff uplift of 2.7%. In line with this the contract uplift from NHS Leeds CCG includes a 2.7% inflator to the recurrent block contract baseline plus estates. The 2.7% increase includes the

recurrent funding for the impact of the 2018/19 and 2019/20 pay awards. The 2018/19 pay award impact was funded centrally and non-recurrently for 2018/19.

- 9.15. There has been a national change to CQUINs for 2019/20. The value of the CQUIN has reduced from 2.5% pa to 1.25% of the contract value. The balance of the CQUIN has been rolled into the recurrent baseline thereby reducing financial risk for provider organisations. £1.213m has been rolled into the CCG contract income baseline. The CQUIN payment available for 2019/20 is £1.26m. CQUINs have yet to be agreed with Commissioners, national guidance having only been published recently.
- 9.16. NHS contracts have also been amended to take into account changes to the national NHS procurement services. NHS supply chain changes have been adjusted from April to remove the “contribution” to procurement running costs. Procurement infrastructure and overheads will now be funded by a top slice from all organisations that use the service. National rates have been published for all NHS contracts; community contracts are to be reduced by 0.05%. This is circa £48k for the CCG contract.
- 9.17. There is no provision in the contract sum for adjustment, up or down, in the event that activity varies from agreed levels.
- 9.18. The additional income includes recurrent commitments to new services that had been pilots, services previously funded by the Better Care Fund, funds to correct the impact of a prior year technical cost pressure and investment in transformation.
- 9.19. **NHS England’s** commissioned service lines have all had the 2.7% inflator applied in the planning assumptions. The contracts have yet to be formally agreed at the time of writing, the deadline for sign off is 21 March. Assumed income is as in the table above. Note that £1.4m of the £3.5m for Young Offender Healthcare is sub-contracted to SWYPFT. The contract for 2019/20 includes £450k for the secure stairs service.
- 9.20. The planned income from the **Regional Police Custody** contract is £8.2m. Penalties apply in respect of non-delivery of KPIs for this contract.
- 9.21. **Local Authority** contracts have yet to be formally agreed. Assumed income is as in the table above. The sexual health and the 0-19 PHINS contracts include penalties for non-delivery of KPIs.
- 9.22. The **Provider Sustainability Fund** income has been reduced to £1.201m for 2019/20 from £1.333m (before bonus) in 2018/19. This does not impact on the Trust’s in year financial position and does not constitute any risk. It is likely that a percentage, likely to be 20% of the PSF will be dependent on the West Yorkshire and Harrogate ICS meeting its aggregate control total. Whilst there is a material risk that this will not be achieved, as the Trust has a very healthy cash position this poses little risk to the Trust’s finances.
- 9.23. **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.

9.24. **Expenditure Detail**

9.25. Material changes to planned rolled forward expenditure include:

- Increase in the pay costs baseline in respect of incremental drift of £0.3m.
- Pay award at £3.4m; this is based on the actual cost of the 2019.20 pay award including non-consolidated elements and an estimate for the medical and dental and very senior management pay awards yet to be agreed.
- The increase in costs associated with agreed investments.

9.26. Planned **pay costs** assume an in year saving of £5.6m for vacancies. This represents a 5.0% vacancy factor, unchanged in principle from 2018/19. Pay expenditure for 2018/19 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 2019/20. Within 2018/19 expenditure there was high use of expensive locum medical staff. Moving into 2019/20 the budget assumes agency costs within cap and no use of unfunded locum medical staff. The pay cost pressures identified and funded later in this report address major risk areas.

There is a degree of risk that the vacancy factor won't be delivered but, mitigating that, account should be taken of the fact that the Trust will start 2019/20 with circa 60 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.

Taking everything into account the judgement made in these budget proposals is that the vacancy factor at £5.5m is reasonable.

9.27. The Trust's **agency cap** for 2019/20 is £6.5m the same as 2018/19. The forecast outturn agency costs for 2018/19 is £5.5m and the planning assumption is this will increase slightly to £5.6m for 2019/20; this is in line with inflation and the Trust's decision to break glass in terms of payments to agencies for patient safety reasons. This means there is £0.9m headroom in the financial plan.

9.28. £0.65m 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 £0.35m is required to contribute towards the efficiency savings leaving £0.3m for cost increases.

9.29. Constructive contract negotiations with NHS Leeds CCG have resulted in investment in:

- significant service developments (eg foot protection service, CAMHS crisis service),
- meeting agreed service demand pressures (eg CUCS),
- agreeing recurrent funding for pilots (eg diabetes) and services previously funded non-recurrently (eg Leeds Integrated Discharge Service)
- addressing cost pressures caused by increased demand (eg enteral feeds),
- Providing some investment in transformation schemes. We anticipate that there will be further conversations early in the financial year with NHS Leeds CCG regarding funding for transformation that supports our strategy of integration with primary care and the other partners in the health and care system and further internal service transformation.

- 9.30. In addition to the additional income secured through contracts, the Senior Management Team is proposing further recurrent and non-recurrent increases in expenditure budgets in 2019/20. SMT has aimed to balance its approach, recognising the need for investment whilst keeping the requirement for in year efficiency savings at a deliverable but challenging level.
- 9.31. The investment proposals in the following tables invest in programmes that support our priorities (eg programmes to better support and engage *all* our staff and develop our Quality Improvement approach), provide financial support to services as they manage change (eg financial pressure in Children’s Services), improve the technology infrastructure that supports staff (eg IT network for Police Custody suites), support innovative service developments (eg Self-Management Team) and meet unavoidable cost pressures (eg IT licences).
- 9.32. CIPs are discussed further and detailed at paragraphs 9.37 to 9.48

Recurrent Investments and Cost Pressures	£000
Additional capital charges generated from capital investment	250
Strategic investment in building lease costs to meet requirements now and facilitate medium term estate reduction strategy	200
Management of variations in financial contributions from service tender income	150
Development of Single Point of Urgent Referral to meet demand and capacity pressures	136
Investment in time to care, otherwise released as CIP from EPR roll-out	132
Potential costs of changed internal post arrangements	80
Recurrent establishment of the Freedom to Speak Up Guardian	52
Investment in Information Governance to ensure GDPR compliance and strategic development	50
National requirement to migrate from N3 connections	40
Anticipated part year increase in Microsoft licences following end of national contract	40
Development of Quality Improvement approach	40
Securing IT network for Police Custody services	30
Mobile Device Management system to support roll out to clinical staff	25
Licence for room booking system to support strategy of reducing unnecessary building costs	15
Improving internal and external communications	13
Securing car parking for staff at Burmantofts	13
Licences to text appointment reminders to patients to reduce 'did not attends'	6
	1,272

Non-recurrent Investments and Cost Pressures	£000
Support to Children's Services: Community paediatric and CAMHS locum medical cover	675
Reserve for winter pressures	400
Anticipated commencement of rollout of smart phones for clinical staff	200
Continuation of Self-Management Team pilot	101
Support to Children's Services: impact of decisions made under Personal Health Budgets	90
Workforce Information improvement programme	70
Black and minority ethnic & Diversity and Inclusion programmes	67
Management of net staff secondment impacts	66
Essential migration costs from current contract to new provider	60
Mobilisation of new service contract	50
Investment in digital innovation	50
Strategic investment in accommodation costs to meet requirements now and facilitate medium term estate reduction strategy	30
Business Intelligence capacity funded from award of service tender	22
Support to Children's services: changing service as a result of tender result	16
	1,897

9.33. Budgets proposed for our significant transformation proposals include:

Transformation Project	£000
Electronic Patient Record	656
E-rostering	200
Estates Rationalisation and Administration Review	150
Development of Outcome Measures	60
	1,066

The Trust recognises the support that NHS Leeds CCG will contribute to some of these transformation costs in 2019/20 and hopes to secure further transformation resource during the year.

9.34. **Reserves**

9.35. The financial plan proposes the Trust starts the year with net reserves of £0.7m. This comprises £0.8m committed reserves, being funds yet to be deployed to budgets, £0.1m uncommitted reserves and £0.2m un-identified savings requirement. It is proposed to net these latter two amounts off to leave a reserve shortfall expressed as an as yet unidentified CIP.

9.36. Committed reserves will be deployed to budgets as the Trust gets certainty of timing and/or expenditure values.

Breakdown of Reserves	£k	Rec/Non Rec	Status
IT Kit	300	R	Committed
IT Kit CIP	-250	NR	Committed
Pay inflation (medics & VSM)	149	R	Committed
Non Pay Inflation 2018/19	10	R	Committed
Non Pay Inflation	645	R	Committed
Non Pay Inflation CIP	-345	R	Committed
LSH & YOI contracts profit share to partners	300	R	Committed
Contribution from new services	80	NR	Uncommitted
Contribution from new services	900	R	Committed
Contribution CIP	-900	R	Committed
Un-identified CIP	-200		Required to find
Total	689		

9.37. **Cost Improvement Programme and Other Planned Savings**

- 9.38. The need to deliver cost improvement programmes will continue to be a significant challenge for the Trust.
- 9.39. The efficiency expectation nationally for 2019/20 is 1.1%.
- 9.40. The efficiency requirement for 2019/20 totals £3.8m (2.5%) comprising £2.3m (1.5%) new efficiency programmes and £1.5m (1.0%) relating to schemes delivered non-recurrently in 2018/19
- 9.41. The new CIP proposals for 2019/20 recognise the severe pressure that many of services have continued to face during 2018/18. For that reason again there is no general CIP applied across the Trust or across business units. The 2019/20 CIPs seek to protect front line clinical delivery wherever possible.

CIP Scheme	£k	R/NR	Risk Rating
Estates	145	R	L
Non pay inflation reserve	345	R	L
Specialist non pay	100	R	L
Specialist other	100	NR	M
Adults non pay	115	R	L
Adults other	85	NR	M
Infection control	15	R	L
Interest received on cash at bank	60	R	L
Contribution from new investments	900	R	L
IT Kit	250	NR	L
Un-identified	200		H
Total	2,315		

- 9.42. The most material CIP for 2019/20 is the contribution to overheads from new investments. This could be used to increase corporate support to operational services; however, investment in corporate services is considered on an

incremental step change basis only when SMT considers that investment is essential. Such investments for 2019/20 have been detailed above in the cost pressure sections of the plan.

- 9.43. 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.
- 9.44. The increase in interest rates and the level of the Trust's bank balance means there is additional interest receivable income of £60k expected in 2019/20.
- 9.45. Other CIPs take advantage of pre-existing plans and identified opportunities.
- 9.46. In order to deliver the control total of £1.745m the Trust requires a further £0.2m of, as yet, unidentified savings. As was stated above there is an uncommitted reserve of £0.1m which reduces the unidentified savings to £0.1m. This is not, in itself, and will be managed in year.
- 9.47. As the Board has been aware throughout 2018/19, any recurrent CIP requirement not delivered recurrently in year must be delivered in the following year. Within the financial plan the assumption is that these, totalling £1.5m will be delivered in 2019/20. They are:
- £500k reduction in discretionary expenditure as a contribution to the £1.5m contract gap in 2018/19;
 - £500k administration review savings – the financial plan assumes that these savings will be achieved in year either by the management of vacancies in year until the review is complete and savings specified and agreed
 - £300k reduction in corporate services costs: the financial plan assumes that these savings will be achieved in year by the management of vacancies until specific plans are agreed
 - £170k procurement CIP not delivered in 2018/19: the financial plan assumes these savings will be identified and delivered
- 9.48. Effectively then there is an unidentified savings requirement of £500k brought forward from 2018/19 to add to the relatively low risk 2019/20 CIP plan. With the net £0.1k reserves shortfall identified above the Trust enters 2019/20 with a £0.6m unidentified savings requirement.
- 9.49. In order to deliver this saving and to manage in-year financial risk it is proposed to re-focus the work of the Productivity Group on unwarranted variation and productivity opportunities across services and corporate functions through better use of benchmarking information. Although, savings from this approach are likely to be delivered in the second half of the year, the work will also be mindful of the need to get a headstart on planning for 2020/21.
- 9.50. **Capital**
- 9.51. The Department of Health has once again informed all Trusts that permission to spend capital in 2019/20 will be severely restricted. This includes projects that are financed from the Trust's cash.
- 9.52. The budget paper includes the proposed capital expenditure ('capex') of £2m which is consistent with the well-established strategy of funding capex from internally generated depreciation resources. This is expected by NHS

Improvement and the Trust Board is required to declare capex will remain within this level.

- 9.53. The proposal tabled below has a total £5.5m for estates expenditure of which £0.4m is ear-marked to address significant back-log maintenance. All properties in use will be maintained to the required standard for patient care.
- 9.54. There is £0.5m proposed for IT equipment and £0.45m for clinical equipment expenditure; some of the clinical equipment expenditure will be timed for the second half of the year to ensure any unforeseen demands can be addressed.
- 9.55. The continued roll out of the electronic patient record across ICAN services will require a further £0.5m capital investment; this is split between pay costs and additional equipment costs.
- 9.56. In summary, the Trust's 2019/20 depreciation charges of £2.0m will provide the cash to fund the planned capital expenditure.

Capex	Annual Plan
	£m
Estates General Maintenance	0.15
Estates Backlog Maintenance	0.40
Information Technology	0.50
Clinical Equipment	0.45
EPR project	0.50
Total Capex	2.00

9.57. **Cash**

- 9.58. The Trust's cash position remains very strong with a forecast £27.1m at the start of the year. This includes additional cash generated from historic surpluses and provider sustainability funds.
- 9.59. 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 2019/20 gives the Trust access to £1.201m of Provider Sustainability Fund income, as this cannot be spent it also increases the Trust's cash position.
- 9.60. The Trust expects to achieve the better payments practice code in 2019/20. However this continues to be a challenge for the organisation given the devolved approval regime and the finance team will continue to take every possible action to meet this again for the coming financial year.

9.61. **Use of Resources**

- 9.62. 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.

9.63. **Financial Risks**

- 9.64. The risks to delivering the agreed control total are principally around control of expenditure as most of the Trust's income is fixed. There are no significant risks to income other than penalties on contracts identified in this plan: police custody, sexual health and 0-19 PHINS contracts.
- 9.65. Should the IAPT service currently out to tender be lost, the impact is already built into the financial modelling.
- 9.66. There is a risk around pay expenditure; 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 planned increase in NHS employers' pension contribution will be met centrally for 2019/20. This may bring further financial challenge in the future given the proportion of the Trust's contracts that sit outside NHS commissioning.
- 9.67. The Trust enters the financial year with no financial contingency, consistent with and managed in the last two years.
- 9.68. Breach of the agency cap is unlikely given historic performance, the fact the Trust starts the year with fewer vacancies than recent years and the level of headroom between planned spend and the cap.
- 9.69. The most significant cost risk is the non-delivery of prior year cost saving plans. Within the financial plan the assumption is that these will be delivered in 2019/20. These relate to recurrent savings required but have not yet been attributed to specific budgets and therefore present an increased risk of non-delivery. These include:
- £500k reduction in discretionary expenditure as a contribution to the £1.5m contract gap in 2018/19;
 - £500k admin review savings;
 - £300k reduction in corporate services costs; and
 - £170k procurement CIP not delivered in 2018/19.
- 9.70. The level of risk in 2019/20 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.
- 9.71. There is a risk to the in-year and underlying position of the Trust if recurrent CIPs fail to be delivered.
- 9.72. The Trust continues to risks to its financial stability due to the competitive tendering of Trust services. During 2019/20 the IAPT service contract will become part of a newly commissioned integrated primary care mental health service; full year effect is a potential reduction of £5.4m income. The part year impact of the loss of contribution from the IAPT services is included in this financial plan. The Trust has planned for additional resources to support the work involved in ensuring

the best possible bids can be made when services are tendered and is pursuing other areas of growth particularly in partnership with primary care.

9.73. Based on the current known financial assumptions the underlying recurrent position is a Trust surplus of £40k.

9.74. **Conclusions**

9.75. 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 2018/19. For 2019/20 the Trust has a plan that underpins service delivery and its strategic objectives whilst demonstrating it is able to deliver its financial duties.

10. Risks and Mitigation

10.1. 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.

DRAFT

Appendix 2: LCH's Strategic Framework

Organisational Vision

To provide the best possible care to every community we serve

Strategic goals

- 1: Ensure LCH's workforce is able to deliver the best possible care in all our communities
- 2: Deliver outstanding care
- 3: Work in partnership to deliver integrated care and care closer to home
- 4: Use our resources wisely and efficiently

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 2

2019/20 Trust Priorities

Strategic goal: 1: Ensure LCH's workforce is able to deliver the best possible care in all our communities

<p>Priority 1: Improve overall engagement levels across the organisation through initiatives on creating the working lives that we want :</p> <ul style="list-style-type: none">• Health and Well-being;• Diversity and inclusion;• Cultural initiatives;• Leadership and management development• Training & development
<p>Key focuses</p> <ul style="list-style-type: none">• Focused work throughout the year on particular areas e.g. mental health, bullying and harassment, MSK.• Sickness absence project to understand better measurement and reporting + getting people back to work• Reverse mentoring of senior leadership by BAME employees is implemented and reviewed• BAME representation on recruitment & selection panels is increased• E&D training reviewed and improved, specifically E&D statutory & mandatory training plus additional subject-specific masterclasses, prioritising a disability masterclass• The principles of “people before process” and “just and fair culture” are explored and developed• Leadership & management training is promoted throughout LCH and delivered through the 3 strands of the new Leadership & Management programme• Redevelopment of the LCH Learning & Development offer and infrastructure• Redesign of statutory, mandatory and role based training requirements in ESR.
<p>Key success measures</p> <ul style="list-style-type: none">• 19/20 KPIs will be defined in the Workforce Directorate 19/20 Business Plan, currently in development. They will include KPIs linked to sickness management and staff survey; as well as training systems and take-up

<p>Priority 2: Further strengthen recruitment, particularly for hard to recruit roles, and produce an organisational workforce plan underpinned by future organisational design principles aligned with operational business plans that sets out resourcing requirements and plans to meet these by profession</p>
<p>Key focuses</p> <ul style="list-style-type: none"> • Development & implementation of an organisation wide workforce plan • Focused action plans for “hard to recruit” roles. • Organisation and Business Unit workforce plans address critical skills shortages including through apprenticeships. • e-rostering implementation • Source permanently the digital marketing skills needed, to develop and implement digital resourcing campaigns aligned with workforce needs. • Nursing Associate programme and apprenticeships continue with increasingly targeted approach
<p>Key success measures</p> <ul style="list-style-type: none"> • 19/20 KPIs will be defined in the Workforce Directorate 19/20 Business Plan, currently in development. They will include KPIs linked to workforce plans, e-rostering, vacancy rates and new roles

<p>Priority 3: Leadership: implement and further develop a revised leadership and management development offer for the organisation.</p>
<p>Key focuses</p> <ul style="list-style-type: none"> • Embed and expand the new Leadership & Management offer, launched in January 2019, underpinned by the Leadership Competency Framework • Develop a new talent management approach, including tools to support staff and managers, through a process of engagement
<p>Key success measures</p> <ul style="list-style-type: none"> • 19/20 KPIs will be defined in the Workforce Directorate 19/20 Business Plan, currently in development. They will include KPIs linked to workforce plans, e-rostering, vacancy rates and new roles

<p>Priority 4: Work effectively as a system partner in the development and implementation of workforce and HR strategies, systems and plans across Primary Care, the city of Leeds and the West Yorkshire and Harrogate ICS</p>
<p>Key focuses</p> <ul style="list-style-type: none"> • Leadership & launch of Leeds citywide statutory & mandatory training project; to smooth flow of workforce across organisational boundaries • Design and delivery of GP Confederation employment / engagement model • Introduction of bank arrangements for GP Nurse / HCA opportunities • We will be instrumental in the development and delivery of the Leeds One Workforce Strategic Priorities • Strong Leeds voice in WY&H workforce considerations
<p>Key success measures</p> <ul style="list-style-type: none"> • 19/20 KPIs will be defined in the Workforce Directorate 19/20 Business Plan, currently in development. They will include KPIs linked to workforce plans, e-rostering, vacancy rates and new roles

Strategic goal 2: Deliver outstanding care

<p>Priority 5: Maintain quality across all services & aim for outstanding rating by CQC & in services' Quality Challenge+</p>
<p>Key focuses</p> <ul style="list-style-type: none"> • Timely implementation of action plans to address improvement requirements from external reviews • Complete Quality Challenge + review and implement revised process. • Implement agreed organisational plan to systemise outcome measurement and reporting and establish robust processes for central oversight. • Embed internal QIA process across service / pathway development, transformation and improvement processes, work with commissioners on joint process and embed monitoring and escalation of impact in BU performance process
<p>Key success measures</p> <ul style="list-style-type: none"> • Implement action plan to address improvement recommendations from external reviews to the agreed timescale • Quality challenge success measure to be defined once Quality Challenge review

complete and revised approach agreed

- QIA's undertaken on a timely basis, monitoring and escalation of impact embedded in BU performance process
- Services have access to reliable outcome data to inform service development and linked to QI – once SMT agree plan can define more specifically e.g. which / how many services

Priority 6: Develop and embed continuous quality improvement which engages staff and service users.

Key focuses

- Develop a clear strategy outlining our approach to CQI aligned to LCH vision and values – to agree timescale
- Develop communications plan – to agree timescale
- Identify the needs and wants from Improvement partnership with the Improvement Academy
- Delivery of QI training, evaluation training, Effective decision making and compassionate leadership sessions
- Align QI with wider quality improvement through QI team participating in key quality improvement forums including CEG, PSEG and Always events oversight group

Key success measures

- Staff able to articulate how they have used QI methodology to improve care / working life
- An increase in the number of hits on Elsie page to use resources, contact staff
- Increase in the number of Improvement stories shared
- Increased numbers of QI projects based on audit findings and increased articulation of positive impact of clinical audit to board

- **Priority 7:** Strengthen organisational approach to service user engagement and experience at all stages of care delivery.

Key focuses

- Experience and Engagement framework in place to measure progress
- Development of a patient engagement strategy and operational plan to deliver the strategy once new staff in place and based on Healthwatch findings (report

due end of March)

- Work with our partners to support and benefit from engagement work across the City
- Consider how we ensure patient engagement in the incident investigation process
- Organisation-wide roll out of 'Hello my name is...' Campaign
- 'Always Events' are understood and in place across the Organisation

Key success measures

1. Implement a Patient Experience and Engagement Framework by end of Q2
2. Develop a Patient Engagement and Experience Strategy
 - Agree an implementation plan which has SMART objectives by end of Q2; to include impact measures and review timetable
 - Agree the process and support structure to services to increase patient engagement across the organisation by end of Q3
 - Agree process and support structure to help facilitate patient and/or carer involvement in incident investigations by end of Q3
3. Develop Patient experience and engagement service staff champion role and quarterly meetings
 - Aims, membership and Terms of Reference of the group are clearly defined by end of Q1
 - There is representation from each service/team across the Organisation
4. Organisation-wide roll out of 'Hello my name is...' Campaign
5. 'Always Events' are understood and in place across the Organisation

Priority 8: In developing and implementing new models of care and new ways of working including integrated pathway development, service developments, tenders and sub-contracting arrangements and working across boundaries ensure quality is maintained or improved

Key focuses

- Agree a focus on clinical governance at the start of all projects in the remit of the Director of Nursing.
- Establish processes to ensure consideration of appropriate governance processes being in place at the start of establishing all new and existing

integrated ways of working.

- All integrated nursing and therapy projects that fall under the remit of the Director of Nursing will have clinical oversight from the integrated care steering group chaired by the Director of Nursing
- Work is ongoing to establish robust clinical governance processes within new contracts e.g. weight management service, liaison and diversion etc. prior to services going live. This will be ongoing work as new contracts are awarded.
- Undertake internal audits of clinical governance processes in sub-contracts, new pathways, pilots, New Models of Care and tenders.

Key success measures

- All QIAs / project evaluations evidence quality maintained or improved
- Clinical governance structures fully established and functioning effectively at the commencement of delivery of services.
- Clinical governance structures established and functioning effectively across all sub-contracts.

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

Priority 9: Engage fully as a key partner in the development of LCPs and their plans and ensure service responsiveness in implementing new models of care and pathway redesign.

Key focuses

- Engage fully in LCPs, Primary Care Networks and Family Health Hubs and support their development
- Engage fully in the development of integrated care pathways: respiratory, neuro, diabetes, cardiac, gynaecology
- Ensure the development of First Contact Practitioner and implementation
- Participate in development of Urgent Treatment Centres, the Virtual Frailty Ward and further development of the Virtual Respiratory Ward
- Participate in the development and implementation of Population Health Management approach

Key success measures

- First Contact Practitioner model in place in line with agreed implementation plan
- Different organisational model with the GP Confed to support Primary Care Network and LCPs is understood and being developed

<p>Priority 10: Increase service and organisational focus on prevention, early intervention, pro-active care and self-management to keep people well in the community and enable left shift..</p>
<p>Key focuses</p> <ul style="list-style-type: none"> • NT self-management roll out depending on success of transformation fund bid • 0-19 contract implementation • Successful outcome of IAPT procurement • Continue roll-out of health coaching and motivational interviewing across services • Develop a 3rd sector strategy to support and drive closer working with the 3rd sector
<p>Key success measures</p> <ul style="list-style-type: none"> • self-management roll out – to be defined when know if funding secured • 0-19 mobilisation • Success measures relating to embedding Better Conversations in the way we work organisation-wide to be defined once the organisational plan has been agreed

<p>Priority 11: Focus on all opportunities to develop integrated working & provision between Primary Care & LCH.</p>
<p>Key focuses</p> <ul style="list-style-type: none"> • Roll out integrated nursing models • Progress development of integrated pathways • Work with the GP Confed to develop a different organisational model to support Primary Care Network and LCPs
<p>Key success measures</p> <ul style="list-style-type: none"> • Tangible examples of working together more effectively and using clinical capacity and skill across the partnership more effectively • Different organisational model with the GP Confed to support Primary Care Network and LCPs is understood and being developed

Strategic goal 4: Use our resources wisely and efficiently

Priority 12 Develop an innovative and viable model for the new CAMHS Tier 4 service to the agreed time-frame
Key focuses <ul style="list-style-type: none">• Agree a viable revenue operational model and affordable capital scheme.• Obtain LCH Board approval of full business case for submission to NHS Improvement in autumn 2019
Key success measures <ul style="list-style-type: none">• FBC approved by NHSI by end of quarter 3• Contract awarded during quarter 4

Priority 13: Mobilise the 0-19 PHINs service, Community Dental service, Liaison and Diversion and Tier 3 Weight Management service, and other successful bids
Key focuses <ul style="list-style-type: none">• Operationalise 0-19 PHINs service by 1 April 2019• Operationalise Liaison & Diversity service by 1 April 2019• Operationalise Tier 3 Weight Management service by 1 April 2019• Consultation on dental bid April – June 2019 and operationalise by 1 October 2019• Continue with negotiations in relation to IAPT April - June 2019 to develop an effective, integrated and viable model and operationalise by 1 October 2019
Key success measures <ul style="list-style-type: none">• Services up and running by contract start dates

Priority 14: Understand and reduce unwarranted variation.
Key focuses <ul style="list-style-type: none">• Agree an approach for identifying unnecessary variation in services• A programme of work to identify and reduce waste of resources across the Trust

Key success measures

- Clear examples of identified waste or variation within an action plan to tackle it
- Contribution to CIP as a direct result of the approach

Priority 15: Implement digital and estates strategies**Key focuses**

- By September 2019 refresh both the Digital and Estates strategies consistent with Trust strategy and supporting 'Creating the Working Lives that we Want'
- Commence implementation once strategies approved

Key success measures

- Strategies approved by Board
- To be defined once the strategies are approved

Appendix 3

2019/20 Quality Account Priorities

Priority 1: Maintain quality across all services & aim for outstanding rating – CQC & Quality Challenge+

Success Measures

1. Implement action plan to address improvement recommendations from external reviews to the agreed timescale
2. Quality Challenge+: ensure that:
 - a. At least 80% of Quality Challenge+ visits are reported as good or outstanding following a peer review visit
 - b. Increase the number of Quality Challenge+ peer reviewers across LCH who actively engage in the Quality Challenge+ process
3. Define other key Quality Challenge+ success measure once review complete

Priority 2: Strengthen organisational approach to service user engagement and experience at all stages of care delivery

Success Measures

1. Implement a Patient Experience and Engagement Framework:
 - a. To establish current position across the organisation
 - b. Includes chosen models for engagement
 - c. Identifies key actions
 - d. Directly links to the organisations strategic priorities
2. Develop a Patient Engagement and Experience Strategy:
 - a. Agree an implementation plan which has SMART objectives by end of Q2; to include impact measures and review timetable
 - b. Agree the process and support structure to services to increase patient engagement across the organisation by end of Q3
 - c. Agree process and support structure to help facilitate patient and/or carer involvement in incident investigations by end of Q3
3. Develop Patient experience and engagement service staff champion role and quarterly meetings:
 - a. Aims, membership and Terms of Reference of the group are clearly defined by end of Q1
 - b. There is representation from each service/team across the organisation
 - c. Expectations of the role are clearly defined
 - d. The group feeds into reporting structures via the Patient Experience Team
4. Organisation-wide roll out of 'Hello my name is...' Campaign
5. 'Always Events' are understood and in place across the organisation

Priority 3: Strengthen our learning mechanisms for incidents and good practice

Success measures

1. Set up a repository on ELSIE for all learning from incidents and good practice
2. Roll out FABULEEDS across LCH:
 - a. Gain good practice stories from Business Units in each quarter
 - b. Provide an annual poster of good practice for display in services
 - c. Ensure that learning from good practice is escalated to senior staff leaders through the governance reporting structure
3. Support focus events for all staff on learning from incidents and excellence to showcase good practice and learning

Priority 4: Development of new models of care across health and social care economies within Leeds

Success measures

1. Increase the number of patients who are active with self-management/care across the neighbourhood teams – target to be defined in measurable terms when know whether successful in securing funding for roll-out
2. All new services and service developments undertake a QIA - **To align with success measures**

Appendix 5. BAF (2019/20) strategic risks

Changes from 2018/19 BAF indicated below

Strategic Goals	Deliver outstanding care	Use our resources wisely and efficiently	Ensure LCH's workforce is able to deliver the best possible care in all our communities	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 (Exec Director of Nursing / Quality Committee)	Risk 2.1 If the Trust does not achieve principal internal projects then it will fail to effectively transform services and the positive impact on quality and financial benefits may not be realised (Exec Director of Operations / 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 (Director of Workforce / Business Committee)	RISK 4.1 If the Trust does not respond to the changes in commissioning, contracting and planning landscape (Health and Care Partnership (ex STP) 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. (CEO / 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 (Exec Director of Nursing / 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 (Exec Director of Operations / 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. (Director of Workforce / Business Committee)	RISK 4.2 If the Trust does not maintain relationships with stakeholders, including commissioners and City Council then it may not be successful in new business opportunities. The impact is on the Trust's reputation and on investment in the Trust. (CEO / 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 (Exec Director of Nursing / 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 (Exec Director of Finance and Resources / 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 (CEO / Business Committee)	Risk 4.3 If the Trust does not ensure there are robust agreements and clear governance arrangements when working with complex partnership arrangements, then the impact for the Trust will be on quality of patient care, loss of income and damage to reputation and relationships. (Exec Director of Finance and Resources / Business Committee)
	RISK 1.4 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. (Exec Director of Nursing / 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 (Exec Director of Finance and Resources / 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 (Director of Workforce / 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. (CEO/ 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 (Exec Director of Finance and Resources / Business Committee)		
		RISK 2.6 If the Trust does not maintain the security of its IT infrastructure then there is a risk of being increasingly vulnerable to cyber attacks causing disruption to services, patient safety risks, financial loss and reputational damage. (Exec Director of Finance and Resources / Audit Committee)		

(Previous) 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' has been removed as the achievement of CQUINs is not viewed as a significant risk and all other aspects of this risk are reflected in risk 1.3.

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' –this is realigned with the 'Delivering Outstanding Care' strategic goal and is therefore renumbered as 1.4 above.

Meeting Trust Board 29 March 2019	Category of paper <i>(please tick)</i>	
Report title: Gender pay gap report	For approval	
Responsible director: Laura Smith / Jenny Allen - Director of Workforce Report authors: Ruth Davies – Senior Human Resources Manager, Simon Pyper – Workforce Information Analyst	For assurance	
Previously considered by: SMT; March 2018	For information	√

<p>Purpose of the report</p> <p>To provide information on the Trust’s 2018 gender pay gap, as at the snapshot date of 31.03.18, as required by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017</p>
<p>Main issues for information</p> <p>There is a legal obligation for the Trust to publish specific gender pay gap data on or before 30th March yearly</p> <p>The overall 2018 gender pay gap identified is 10.69%; with the pay of men higher than that of women. This percentage is primarily driven by a gender pay gap in the highest-paid quartile of the workforce.</p> <p>This report supplies the detail and likely cause(s) of the identified gender pay gap</p> <p>The report supplies actions to address the pay gap in quartile 4</p>
<p>Recommendations</p> <p>Board is recommended to note:</p> <ul style="list-style-type: none"> • The data contained within the 2018 report and the gender pay gap identified • The narrative written to support / explain the data contained in the 2018 report • The legal requirement to upload the data to the national database and Trust website by 30.03.19 • The publication of the narrative to accompany the 2018 report • The pay gap in quartile 4 is expected to decrease over time as individuals progress up the Agenda for Change pay scales as personal pay steps are reached • The potential actions to help address the pay gap in quartile 4 include continuing to encourage diverse applications across the Clinical Excellence Awards and consideration of taking positive action to ‘target’ the recruitment of females in under-represented staff / speciality groups across the Trust

Gender pay gap reporting

1.0 Background

The Trust is required to report on the gender pay gap in line with other public sector bodies in order to comply with the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017.

From 2017, any organisation that has 250 or more employees must publish and report specific figures about their gender pay gap as at the 'snapshot date' of 31st March in the year of reporting.

Employers must both

- Publish their data and a written statement (from the Director of Workforce confirming the accuracy of the information) on their public-facing website (where it must stay for a period of 3 years after publication), and
- Report their data to the on-line government website using the 'gender pay gap reporting service'

2.0 Requirements

For the purposes of gender pay gap reporting, the definition of who counts as an employee is defined in the Equality Act 2010 and includes:

- Employees (with a contract of employment)
- Workers
- Self-employed people where they have to personally perform the work

The following information must be provided:

- The mean and median gender pay gap
- The mean and median bonus gender pay gap*
- The proportion of males and the proportion of females receiving a bonus payment*
- The proportion of males and females in each quartile pay band

*Clinical excellence awards will be regarded as bonus pay, as well as any other payments above the level of ordinary pay for performance or expertise such as performance related pay for very senior managers and others.

ESR has a set of dashboards which have been developed nationally to help Trusts report their gender pay gap data and these dashboards have been utilised by the Workforce team when preparing the 2018 data.

For the purposes of this report, "pay" must take into account the number of "units" (paid hours) worked during the reference period. Hours worked in overtime during the reference period can result in a heightening of both the "units worked" and the hourly rate of an individual.

3.0 What is the data telling us?

The narrative report, which has been written as an accompaniment to this report, gives greater detail, additional figures / tables and some further analysis of the data.

However, one statistic that is particularly interesting (and which supports the need for narrative to accompany the nationally reported data) is that whilst the Trust's nationally reported mean gender pay gap figure is 10.69%, further examination of the more detailed data from which this figure is drawn – as shown in the table below - shows that in quartiles 1, 2 and 3 the gender pay gap is in favour of women within the workforce – ranging from more than 3% to just over 1% in favour.

It is only in quartile 4 that the pay gap shifts, and considerably so, in favour of men within the workforce at 14.34%.

Quartile	Female	Male	Pay Gap (%) *
1	£ 9.47	£ 9.17	-3.34%
2	£ 12.66	£ 12.53	-1.05%
3	£ 16.52	£ 16.31	-1.27%
4	£ 23.30	£ 27.20	14.34%

* A negative value indicates a pay gap in favour of females

The relatively high gender pay gap in favour of males identified in Q4 can be linked to both a small number of high salary / long service individuals; a small number of individuals working a particularly high number of “units” during the reference period; and a small number of individuals who transferred to the Trust under TUPE Regulations within this quartile.

4.0 Recommendations

Board is recommendation to note:

- The data contained within the 2018 report
- The narrative written to support and explain the data contained in the 2018 report
- The legal requirement to upload the data to the national database and Trust website by 30.03.19
- The publication of the narrative to accompany the 2018 report
- The pay gap in quartile 4 is expected to decrease over time as individuals progress up the Agenda for Change pay scales as personal pay steps are reached
- Proposed actions to help address the pay gap in quartile 4 include continuing to encourage diverse applications across the Clinical Excellence Awards and consideration of taking positive action to ‘target’ the recruitment of females in under-represented staff / speciality groups across the Trust

5.0 Supporting information

Appendix 1 - LCH gender pay gap report for 31st March 2018
Appendix 2 - LCH Gender Pay Gap Report Narrative document

GENDER PAY GAP REPORT 2018

This data is based on all employed staff within Leeds Community Healthcare NHS Trust (LCH), including those on Agenda for Change, Medical and Dental, Very Senior Manager pay scales and those employees who have transferred to the Trust as part of a Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) and retained their original pre-TUPE pay scales.

The overall 2018 gender pay gap identified is 10.69%; with the pay of men higher than that of women. This percentage is driven by a gender pay gap in the highest-paid quartile of the workforce which favours men. Within the other three quartiles the gender pay gap is in favour of women. The Trust has identified actions to address the identified pay gap.

Trust Gender Profile

The LCH workforce consists of circa 85% of females and circa 15% of males

Mean Gender Pay Gap

- Females, on a mean average earn 10.69% less than males

Median Gender Pay Gap

- Females, on a median average earn 2.24% less than males

Bonus payments

Clinical excellence awards for medical and dental consultant staff have been reported as bonus pay for the purpose of gender pay gap reporting.

- 1.0% of male employees receive a bonus payment
- 0.3% of female employees receive a bonus payment

Mean Bonus Gender Pay Gap

- Females, on a mean average, earn 17.85% more than males in bonus payments

Median Bonus Gender Pay Gap

- Females, on a median average, earn 210.43% more than males in bonus payments

Percentage of males and females in each pay quartile

Quartile	Female Headcount	Male Headcount	Female %	Male %
1 (lowest paid)	617	88	87.52	12.48
2	580	79	88.01	11.99
3	675	73	90.24	9.76
4 (highest paid)	587	118	83.26	16.74

NB the above table shows the data based on Quartiles ie not what the Trust refers to as 'quarters' within the financial year

Gender Pay Gap Report Narrative

Background to the Trust

The Trust employs circa 2,800* staff and provides a diverse range of community health services to the more than 750,000 residents of the city of Leeds and its surrounding communities.

** for gender pay gap reporting purposes.*

The Trust is committed to being an equal opportunities employer and to building equality, diversity and inclusion into everything that it does.

This report sets out:

- the reporting requirements for the Trust
- provides additional data where appropriate
- provides some analysis to identify the gender pay gap
- possible reasons for the gender pay gap

Reporting requirements

The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 require organisations with 250 or more employees to report annually on their gender pay gap; the Trust first reported data in March 2017 and must do so, again, annually.

The gender pay gap is different to equal pay.

The gender pay gap shows the difference in the average pay between all males and females in a workforce and is expressed as a percentage of male earnings – see Table 1 below.

Equal pay deals with the pay differences between males and females who perform the same or broadly similar work or work of equal value. It is unlawful to pay people unequally because of their gender.

The Trust is committed to the principle of equal opportunities and equal treatment for all employees and ensures that we deliver equal pay by adherence to the nationally agreed NHS terms and conditions of employment for our workforce.

The Agenda for Change terms and conditions of service (AfC) provides the framework for the majority of the workforce at the Trust, namely nursing, allied health professionals, some technical staff, managerial and administration and clerical staff.

The remaining staff groups working at the Trust – medical consultants, medical and dental staff and doctors and dentists in training – are subject to the nationally agreed Medical and Dental Staff terms and conditions which also ensure equality of pay.

Ultimately, the Trust is committed to the fair treatment and reward of all staff irrespective of gender.

The Gender Pay Gap 2018

Definitions and scope

The gender pay gap is defined as the difference between the mean or median hourly rate of pay that male and female colleagues receive.

The mean pay gap is the difference between average hourly earnings of male and female colleagues ie the hourly gap divided by the average for male employees equates to the mean gender pay gap.

The median pay gap is the difference between the mid-points in the ranges of hourly earnings of male and female employees. It takes all salaries in the sample, lines them up in order from lowest to highest, and picks the 'middle-most' salary.

The report is based on rates of pay as at 31st March 2018 and bonuses paid in the year 1st April 2017 – 31st March 2018. It includes all workers in scope as at 31st March 2018.

'The Gap' - as at 31st March 2018

Table 1

Mean and median percentages		
1	The mean gender pay gap	10.69%
2	The median gender pay gap	2.24%
3	Percentage of males receiving a bonus payment	1.0%
4	Percentage of females receiving a bonus payment	0.3%
5	The mean gender bonus gap	- 17.85%
6	The median gender bonus gap	- 210.43%

A negative value indicates bonus payments which are in favour of females ie females are paid 17.85% more than their male counterparts. Please see comments later in this report explaining what constitutes a bonus for the purpose of gender pay gap reporting

Pay Quartiles by Gender

Table 2

Quartile	Female Headcount	Male Headcount	Female %	Male %	Description
1 (lowest paid)	617	88	87.52	12.48	Includes all employees whose standard hourly rate places them at or below the lower quartile
2	580	79	88.01	11.99	Includes all employees whose standard hourly rate places them above the lower quartile but at or below the median
3	675	73	90.24	9.76	Includes all employees whose standard hourly rate places them above the median but at or below the upper quartile
4 (highest paid)	587	118	83.26	16.74	Includes all employees whose standard hourly rate places them above the upper quartile

What is the Gender Bonus Gap?

Within the gender pay gap regulations, 'bonus pay' means any remuneration that relates to profit sharing, productivity, performance, incentive or commission.

For the purpose of gender pay reporting within the NHS, Clinical Excellence Award payments are regarded as 'bonus pay'. The Clinical Excellence Awards (CEA) scheme is intended to recognise and reward those medical and dental consultants who perform 'over and above' the standard expected for their role. Awards are given for quality and excellence, acknowledging exceptional personal contributions towards the delivery of safe and high quality care to patients and to the continuous improvement of NHS services.

There are 12 levels of CEA. Levels 1 to 8 are awarded by the Employer Based Awards Committee and levels 10 to 12 (Silver, Gold and Platinum) are awarded nationally. Level 9 awards can be awarded locally or nationally as Bronze, depending on the type of contribution.

Our Gender Pay Gap – further data

It is perhaps helpful to review the staffing pay band profile within the Trust. Table 3 below reflects the pay bands in operation across the Trust's workforce. Bands 1 (the lowest pay band) through to 9 (the highest pay band) are the AfC pay bands, the medical and dental workforce are shown as 'Non Consultant M&D' and 'Consultant M&D', the 'Managerial' category includes the Directors / Executive Directors of the Trust (who receive pay according to the VSM 'very senior managers' pay scales) and the Chair and Non-Executive Directors are also listed.

The data is sourced from the same data which provided the gender pay gap figures shown in tables 1 and 2 above.

Table 3

Pay Band	Female		Male		Total	Pay Gap (%) *
	HeadCount	%	HeadCount	%		
Band 1	9	36%	16	64%	25	-3.59%
Band 2	200	91%	20	9%	220	0.23%
Band 3	449	89%	56	11%	505	-1.83%
Band 4	190	89%	23	11%	213	-0.91%
Band 5	465	90%	54	10%	519	-4.44%
Band 6	679	89%	86	11%	765	0.39%
Band 7	272	85%	48	15%	320	1.51%
Band 8a	116	84%	22	16%	138	-1.96%
Band 8b	16	84%	3	16%	19	-0.01%
Band 8c	11	85%	2	15%	13	-2.02%
Band 8d	5	83%	1	17%	6	5.06%
Managerial	4	80%	1	20%	5	8.47%
TUPE Transferees	4	67%	2	33%	6	-3.38%
Consultant M&D	18	62%	11	38%	29	2.24%
Non Consultant M & D	19	68%	9	32%	28	18.38%
Non-Exec Director/Chair	2	33%	4	67%	6	-9.99%

* A negative value indicates a pay gap in favour of females

The Trust's nationally reported mean gender pay gap figure is 10.69% but further examination of the more detailed data from which this figure is drawn – as shown in table 4 below which details

average hourly rates by quartile and percentage pay gap - shows that in quartiles 1, 2 and 3 the gender pay gap is in favour of women within the workforce – ranging from more than 3% to just over 1% in favour.

It is only in quartile 4 that the pay gap shifts, and considerably so, in favour of men within the workforce at 14.34%.

Table 4

Quartile	Female	Male	Pay Gap (%) *
1	£ 9.47	£ 9.17	-3.34%
2	£ 12.66	£ 12.53	-1.05%
3	£ 16.52	£ 16.31	-1.27%
4	£ 23.30	£ 27.20	14.34%

* A negative value indicates a pay gap in favour of females

The relatively high gender pay gap in favour of males identified in Q4 can be linked to a small number of high salary / long service individuals, a small number of individuals working a particularly high number of “units” during the reference period and a small number of individuals who transferred to the Trust under TUPE Regulations within this quartile.

What is the data telling us?

The median pay gap figure, as shown in table 1, could be affected by the fact that, percentage wise, we employ relatively few males (circa 15%) but employ a disproportionately large percentage of males who are paid within quartile 4 (see table 2).

Also at table 1, the pay gap in relation to the payment of bonuses (clinical excellence awards as outlined above) is favourable to female employees. This is due to the fact that more females than males receive a bonus (50% of eligible female employees compared to 36% of eligible male employees) and the bonuses received are also paid at higher levels than those paid to their male counterparts.

However, the figure that we report nationally for ‘bonus pay’ shows that we pay 1.0% of our male employees and 0.3% of our female employees a bonus, which contradicts the above paragraph.

How can this be? The answer lies in from where the source data is drawn and how that data is reported upon nationally as opposed to within this supporting narrative paper.

The 1.0% / 0.3% figure is expressed as a percentage of the whole LCH workforce ie as a percentage of all males and all females we employ. However, only a 1% of our workforce are eligible to apply for a bonus (because only medical and dental consultants can apply for clinical excellence awards).

Generally, across the AfC pay bands, the gender pay gap is predominantly in favour of females as shown in table 3 above – most notably show at Band 5 where the pay gap is 4.44% in favour of females. An explanation for this could be that the majority of Band 5 roles are clinically focussed and our workforce is predominantly female in clinical roles.

There are some striking exceptions to the positive female pay gap however, with percentage figures ranging from 5% to 18% in favour of male employees. One explanation could be due to length of service in the pay band with males having longer service at that band than their female counterparts. If the male employees have reached the top of the pay band, the pay gap in these

bands will diminish, year on year as their female colleagues progress through the pay band to reach the top.

A further potentially impacting factor on the pay gap is that for the purposes of this report, “pay” must take into account the number of “units” (paid hours) worked during the reference period. Hours worked in overtime during the reference period can result in a heightening of both the “units worked” and the hourly rate of an individual.

Table 4 further expands on the differences between the favourable pay gaps – 3.3% in favour of females in quartile 1 opposed to 14.34% in favour of males in quartile 4.

These percentages need to be considered in the context of the actual numbers of employees upon which the gender pay is calculated. Quartile 4 typically comprises the highest earning roles within the Trust and the actual number of employees that make up the quartile (roughly Band 8b and above) is to 106 (75 females and 31 males). As a percentage of the Trust’s overall workforce, that equates to 3.7% so it is worth noting that there is a limited amount of analysis that can be carried out with confidence due to the small numbers involved.

This can also be noted with regards to the pay differences reported at pay band 8d and managerial.

Conclusion

The nationally reported upon and published figures for the Trust’s gender pay gap are not as ‘simple’ as they appear. To fully understand and interpret the data it is necessary to understand that complex relationship that exists between different data sets and how a small shift in the data can significantly impact the nationally reported figures.

Meeting: Trust Board 29 March 2019	Category of paper	
Report title: Corporate Governance Report	For approval	
Responsible director: Chief Executive Report author: Company Secretary	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:

- An update on progress of the Annual Governance Statement
- 'Going concern' statement
- Declarations of interest and compliance with fit and proper person requirements made by directors for 2018/19 (in draft at appendix 1. Red highlighted text is to be confirmed)
- Non-executive membership of the Board and committees

Recommendations

The Board is recommended to:

- 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 2018/19 (in draft)
- Note the membership of each Committee (no changes are proposed)

Corporate Governance Report: March 2019

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 2018/19, the Trust is required to produce a draft annual governance statement for submission to the Trust's external auditors with the draft annual accounts.
- 3.2 SMT reviewed the first draft of the Annual Governance Statement on 13 March 2019 and suggested some enhancements. The Audit Committee reviewed the revised version on 22 March 2019.
- 3.3 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 24 May 2019).

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

- 1.1 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.

- 1.2 The Trust's financial monitoring throughout 2018/19 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.
- 3.2 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.
- 1.3 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; the forecast for the year end is an overall score of 1.
- 1.4 The Trust's draft financial plan for 2019/20 demonstrates delivery of the Board approved surplus; for 2018/19 the Trust will exceed the original NHS Improvement control total, for 2019/20 the plans demonstrate achievement of the Control Total surplus.
- 1.5 The Trust has low levels of outstanding debt; the majority of the contract income is paid in month.
- 1.6 The Trust's liquidity remains very strong with circa £27m forecast to be in the bank at the year-end; £26.9m 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 2019/20.
- 1.7 The Board of Directors is an experienced team. During the financial year there has been the substantive appointment of a Medical Director, a Director of Workforce and a Director of Nursing and Allied Health Professionals.
- 1.8 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. This is in line with the Group Accounting Manual 2018/19 4.11-4.16.
- 1.9 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.
- 1.10 If any material matters come to light between now and the approval of the accounts they will be drawn to the Board's attention.

4 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 £25.
- 5.3 In February 2019, all directors were asked to review and update their declarations of interest and a schedule of disclosures for 2018/19 is appendix 1 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 2019, 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'. In addition, annual checks have been conducted to confirm former satisfactory background checks are still current, these include Google search, health and social care regulators' checks, disqualified directors, insolvency and bankruptcy registers.

7 Board membership: appointment of non-executive directors

- 7.1 Over the course of 2018/19, 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 Three non-executive directors had their terms of office extended during 2018/19:
- 7.2.1 In April 2018, the Chair, Neil Franklin had his term of office extended to 7 May 2020.

7.2.2 Jane Madeley's term of office was extended on 19 December 2018 to 31 March 2021.

7.2.3 Richard Gladman's (currently Associate Non-Executive Director) term of office was extended until 31 March 2020.

8 Board committees: membership 2019/20

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 Committees reviewed their terms of reference in March 2019 and there have been no proposed amendments to the membership of each Committee. Existing membership is as follows:

	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 and Allied Health Professionals
Business Committee	Brodie Clark (chair) Dr Tony Dearden Richard Gladman	Chief Executive Executive Director of Finance & Resources Executive Director of Operations
Charitable Funds Committee	Brodie Clark (chair) Neil Franklin	Executive Director of Finance & Resources Executive Director of Nursing and Allied Health Professionals
Nominations and Remuneration Committee	Neil Franklin (chair) Brodie Clark Jane Madeley	

9 Recommendations

9.1 The Board is recommended to:

- 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 2018/19 (in draft)
- Note the membership of each Committee (no changes are proposed)

Leeds Community Healthcare NHS Trust
Director's declarations of interests for disclosure 2018/19 (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: in excess of £25
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	CQC Reviewer	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: in excess of £25
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	1 meal from University of Leeds. Value unknown but may have been over £25.
Brodie Clark	None	None	None	Non-executive Director Compass	Compass (services for drug and alcohol misuse)	None	None	None
Richard Gladman (Associate)	None	None	None	Programme Director, NHS Digital. Programme Director for Yorkshire and Humber Health and Care Record	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: in excess of £25
Laura Smith* (from 4 June 2018)	Director of Workforce in the GP Confederation Leeds	None	None	None	None	None	None	None
Jenny Allen* (from 4 June 2018)	Director of Workforce in the GP Confederation Leeds	None	None	None	Indirect interest – husband is a partner at KPMG, which is involved in financially auditing the Trust. KPMG also bid and contract for contracts with NHS Providers. Husband is also a Trustee for Age UK Leeds.	None	None	None
Ian Lewis	None	None	None	Trustee: Rossett School Harrogate	Occasional teaching/ facilitating for	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: in excess of £25
					Medical Mediation Foundation			
Bryan Machin	None	None	None	From 11 June 2018 two days per week – Director of Finance for the Est Yorkshire and Harrogate Health and Care Partnership ('Integrated Care System')	None	None	None	None
Amanda Thomas (until 31 October 2018)	None	None	None	None	None	None	None	None
Ruth Burnett (from 1 August 2018)	Medical Director Leeds GP Confederation	None	None	None	None	None	None	None
Phil Ayres- until 31 May 2018	None	None	None	None	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: in excess of £25
Sam Prince	None	None	None	None	None	None	None	None
Marcia Perry (until 31 October 2018)	None	None	None	None	None	None	None	None
Ann Hobson* (until 3 June 2018)	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
Sue Ellis* (until 31 August 2018)	None	None	None	Governor of Greenhead 6 form college Huddersfield	None	None	None	None

* Non-voting Board member

Trust Board public workplan 2018-19
Version 14 : 6 March 2019

Topic	Frequency	Lead officer	1 February 2019	1 March 2019 Extraordinary	29 March 2019	24 May 2019	2 August 2019	4 October 2019	6 December 2019
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	CEs	X		X	X	X	X	X
Patient story	every meeting	EDN	X		X	X	X	X	X
Quality and delivery									
Chief Executive's report	every meeting	CE	X		X	X	X	X	X
Performance Brief	every meeting	EDFR	X		X	X	X	X	X
Performance Brief: annual report	Annual	EDFR				X			
Care Quality Commission inspection reports	as required	EMD							
Quality account	annual	EDN				X			
Mortality report	4 x year - annual report each April from 2020	EMD	X annual report			X			
Staff survey	annual	DW			X				
Safe staffing report	2 x year	EDN	X				X		
Seasonal resilience	annual	EDO						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 report	2 x year	CE					X Annual report		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 End of year report		X	
Service strategy	as required	EDFR							
Quality strategy	annual	EDN	X						
Workforce Strategy	every meeting from May 2019	DW	X			X Leadership and skills	X Resourcing	X Wellbeing	X Diversity and inclusion
Research and development strategy	annual	EMD					X		
Governance									
Medical Director's report: doctors' revalidation	annual	EMD					X		
Nurse revalidation	annual	EDN					X		
Well-led framework	as required	CS					X CEs report		X Action plan
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			
Annual governance statement	annual	CS				X			
Going concern statement (part of corporate governance update)	annual	EDFR			X				
NHS provider licence compliance	annual	CS				X			
Committee terms of reference review	annual	CS				X			
Board and sub-committee effectiveness	annual	CS				X			
Register of sealings	annual	CS				X			
Declarations of interest/fit and proper persons test (part of corporate governance update)	annual	CS			X				
Significant risks and risk assurance report	every meeting	CS	X			X	X	X	X
Corporate governance update	as required	CS			X				
Reports									
Equality and diversity report	annual	DW							X
Safeguarding annual report	annual	EDN						X	
Infection prevention control annual report	annual	EDN						X	
Emergency preparedness annual report	annual	EDO						X	
Additional items									
West Yorkshire Mental Health Services Collaborative	as required	CE							
Leeds Health and Care Academy - Partner Board briefing	as required	CE							
Leeds Providers Integrated Care Collaborative - Committees in Common	as required	CE							
Leeds Community Healthcare/Leeds General Practice Confederation - Committees in Common	as required	CE							
CAMHS Tier 4 - Building	as required	EDFR							
Healthwatch review of patient engagement activity	as required	EDN							
HSCN Migration	as required	EDFR		X					
Proposed new lease for 4th floor Stockdale House	as required				X				
LIFT Under Lease Plus Agreements (ULPAs) from Community Health Partnerships (CHP)	as required	EDFR			X				
West Yorkshire and Harrogate Health and Care Partnership (Formerly STP)	as required	CE							

Key

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

Charitable Funds Committee
Friday 14 December 2018
10:30 – 12:00
Meeting Room 1, Stockdale House

Agenda Item 2018-19 (124a)

Present	Brodie Clark	Committee Chair / Non-executive Director
	Neil Franklin	Trust Chair
In attendance	Steph Lawrence	Interim Executive Director of Nursing
	Cherrine Hawkins	Deputy Director of Finance and Resources
Minutes	Nicola Wood	PA to Interim Executive Director of Nursing
Apologies	Executive Director of Finance and Resources	

Item no	Discussion item	Actions
2018-19 (18i)	<p>Welcome and Apologies The Committee Chair opened the meeting and welcomed the members.</p> <p>Apologies were noted from the Executive Director of Finance and Resources.</p>	
2018-19 (18ii)	<p>Declarations of Interest Prior to the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Committee members.</p> <p>The Committee Chair asked if there were any additional declarations of interest prior to the meeting commencing. None were received.</p>	
2018-19 (18iii)	<p>Minutes of meeting held on 30 October 2018 The minutes were reviewed for accuracy and agreed as a true record of the meeting.</p>	
2018-19 (18iv)	<p>Matters arising and review of action log <u>2016-17 (37) Charity development update: Charity Development Group meeting</u> The Interim Executive Director of Nursing informed the Committee that there was not a Charitable Development Group operational in the organisation at that time. The Committee agreed this should be placed on hold until the future direction of travel had been agreed. Action completed.</p> <p><u>2017-18 (15d) Meeting with Chair of Leeds Cares Charity (LTHT)</u> The Interim Executive Director of Nursing provided an update to the Committee following her meeting with Chief Executive of the Leeds Cares Charity. Action completed.</p> <p><u>2018-19 (11) Matters arising and review of action log: colour coding to be reviewed</u> Action completed.</p>	

	<p><u>2018-19 (11) Matters arising and review of action log: more than a welcome</u> The Interim Executive Director of Nursing confirmed the Patient Engagement Manager had commenced in post and this area of work would be picked up as a priority.</p> <p><u>2018-19 (11) Matters arising and review of action log: more than a welcome</u> The Committee Chair requested that a full report identifying the work completed to date and the next steps be presented to the Committee at the next meeting.</p> <p><u>2018-19 (13i) Finance Report: Refund to Hannah House for WiFi budget</u> The Deputy Director of Finance and Resources confirmed that £1000 had been refunded. Action completed.</p> <p><u>2018-19 (13i) Finance Report: The Trusts response to donations</u> The Deputy Director of Finance and Resources informed the Committee that there was a mixed approach in the Trusts response to the donations it received. Individual services responded to donations made directly to their service, either formally by letter or informally dependent on the relationship with the donator. The Finance Team responded to donations made directly to the central team.</p> <p>There was a discussion around who should sign the thank you letters sent from the Finance Team. The Deputy Director of Finance and Resources proposed that letters in response to donations over £500 should be signed by the Chief Executive or the Chair of the Charitable Funds Committee. All other donations should be fully acknowledged by letter.</p> <p>The Committee Chair was assured the Trust responded adequately to donations received.</p> <p><u>2018-19 (13i) Approval process for the Trusts charitable expenditures</u> The interim Executive Director of Nursing shared the approval process for the Trusts charitable expenditures with Committee members. The Committee was assured by the process in place. Action completed.</p>	
<p>2018-19 (19)</p>	<p><u>Charity development update</u> The Committee asked the Interim Executive Director of Nursing to provide an update on the four key priority areas.</p> <p><u>More than a welcome programme</u> A full report would be presented to the Committee at the next meeting to identify the work completed to date and the next steps.</p> <p><u>Charity Development Group</u> There was not a Charitable Development Group operational in the organisation at that time. The Committee agreed this should be placed on hold until the future direction of travel for the work and governance of the Committee had been agreed.</p> <p><u>Liaison with Leeds Cares</u> The Interim Executive Director of Nursing gave an overview of the meeting she had with the Chief Executive of Leeds Cares on 3 December 2018.</p>	

	<p>The Interim Executive Director of Nursing felt the conversation had been productive in terms of what the offer could be.</p> <p>The Chief Executive of Leeds Cares had agreed the Hannah House fund could be kept as a separate entity.</p> <p>There had been a discussion around ‘what it would look like’ if the Trust became part of Leeds Cares. The Chief Executive (Cares) had said there would be wider access to fund raising and also to additional funds.</p> <p>The Chief Executive had confirmed that Leeds Cares were completely independent of Leeds Teaching Hospitals NHS Trust.</p> <p>The Interim Executive Director of Nursing highlighted that Leeds and York Partnership Trust were in conversations with Leeds Cares around consolidation of their charitable funds.</p> <p>The Interim Executive Director of Nursing stated that the Senior Management Team believed this was the right direction of travel.</p> <p>The Chief Executive of Leeds Cares had offered to deliver a presentation to the Trust’s Board around what they could offer. The Committee agreed the Trust Board Workshop in March 2019 would be a good opportunity to receive this presentation.</p> <p>The Committee agreed that it would be useful to arrange a pre-meeting for the Chief Executive of Leeds Cares, the Charitable Funds Committee Chair, Interim Executive Director of Nursing and Deputy Director of Finance and Resources.</p> <p>The Deputy Director of Finance and Resources proposed a conversation with the Chief Executive of Leeds Cares around how the Trust continued to engage with the community, should it agree to join the wider Leeds Health Charity.</p> <p>Action: Interim Director of Nursing to have a conversation with the Company Secretary in relation to a timetable for the Chief Executive of Leeds Cares to deliver a presentation to Board Workshop and schedule a pre-meeting.</p> <p>The members agreed it would be the responsibility of the Charitable Funds Committee to sign off any agreement; this would follow recommendation from Trust Board.</p> <p><u>In-house lottery scheme</u></p> <p>The Interim Executive Director of Nursing confirmed that the in-house lottery scheme had not been progressed since the last meeting.</p> <p>In response to a query from the Trust Chair, the Deputy Director of Finance and Resources and the Interim Executive Director of Nursing said there had not been any ‘testing the appetite of staff’. Deputy Director of Finance and Resources proposed talking to other Trusts about their in-house lottery schemes.</p> <p>Action: Interim Executive Director of Nursing agreed to discuss the proposal with the Senior Management Team, initiate some ‘dip-testing’ with staff and cross reference with other community trusts. Interim Executive Director of Nursing to feedback at the meeting in March 2019.</p>	<p>Interim Executive Director of Nursing</p> <p>Interim Executive Director of Nursing</p>
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<p>2018-19 (20i)</p>	<p>Finance report The Committee received the report.</p> <p>The Committee Chair raised two queries in relation to the report:</p> <p><u>Income and Expenditure Account 31 October 2018: Overheads</u> In response to a query from the Committee Chair, the Deputy Director of Finance and Resources said the support costs for the telephone and computer charges were reasonable. She informed the Committee that the charges related to a fixed license fee for additional accounting software. The Charitable Funds required a separate system as it could not run on the Trusts Oracle system.</p> <p><u>Detailed Expenditure Transactions: Hannah House TVs and radios</u> The Committee Chair queried the expenditure for TVs and radios at Hannah House. The Deputy Director of Finance and Resources responded that the expenditure had resulted from a CQC recommendation. The Committee Chair queried if the expenditure should have come out of the Trust's funds rather than the Charitable Funds.</p> <p>Action: Deputy Director of Finance and Resources to review the CQC recommendation and explore the specifics of the expenditure. Deputy Director of Finance and Resources to feedback the outcome at the next meeting.</p>	<p>Deputy Director of Finance and Resources</p>
<p>2018-19 (21)</p>	<p>Matters for the Board The Committee Chair agreed to provide an update to Trust Board on the four key priority areas:</p> <ul style="list-style-type: none"> • More than a welcome programme • Charity Development Group • Liaison with Leeds Cares • In-house lottery scheme 	
<p>2018-19 (22)</p>	<p>Any other business The Interim Executive Director of Nursing passed on her apologies for the next meeting. The Committee agreed to reschedule the date to ensure the continuity of progress. The Deputy Director of Finance and Resources proposed holding the next meeting directly after the Board Workshop on 1 March 2019.</p> <p>Action: The Committee Chair and Interim Executive Director of Nursing to have a discussion outside of the meeting and offer dates to other attendees.</p> <p>The Deputy Director of Finance and Resources informed the Committee that the independent examination of the Charitable Funds accounts 2018/19 would need to be agreed and progressed. She said that Audit Committee had proposed a three year contract, however in light of the position with Leeds Cares the Charitable Funds Committee agreed the contract should be for one year.</p>	<p>Interim Executive Director of Nursing</p>
	<p style="text-align: center;">Dates and times of next meeting</p> <p style="text-align: center;">Friday 1 March 2019 13:00-14:30 Meeting Room 1 Stockdale House</p>	

PUBLIC MINUTES

**Quality Committee
Monday 21 January 2019
Boardroom, Stockdale House, Leeds
09:30 – 12:30**

<p>AGENDA ITEM 2018-19 124b</p>
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Present	Professor Ian Lewis	Committee Chair
	Dr Tony Dearden	Non-Executive Director
	Neil Franklin	Trust Chair
	Thea Stein (from 10.00)	Chief Executive
	Steph Lawrence	Interim Executive Director of Nursing
	Dr Ruth Burnett	Interim Medical Director
In Attendance	Sam Prince (until 11.30)	Executive Director of Operations
	Carolyn Nelson	Head of Medicines Management
	Roohi Collins	Aspiring NED
	Caroline McNamara	Clinical Lead for Adult Services
	Elaine Goodwin	Clinical Lead for Specialist Services
	Helen Rowland	Clinical Lead for Children's Services
	Diane Allison	Company Secretary
For items 68 only	Kayleigh Abbott	Clinical Lead for Policy Custody Suites
Minutes	Rebecca Hill	Clinical Governance Officer (Audit and Effectiveness)
Observing	Jan Thompson	Clinical Lead for IAPT
	Nicola Waddington	Clinical Lead for Children's Speech and Language Service
Apologies	None	

Item no	Discussion item	Actions
Welcome and introductions		
2018-19 (67a)	Welcome and Apologies The Chair welcomed members and attendees and discussed the format of the meeting. No apologies were received.	
2018-19 (67b)	Declarations of Interest Prior to the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Committee members. The Chair asked if there were any additional interests. There were no additional declarations of interest received.	
2018-19 (67c)	Minutes of meeting held on 26 November 2018 The minutes were reviewed for accuracy and agreed as a true record of the meeting, with the following amendments: <ul style="list-style-type: none"> The Clinical Lead for Adult Services requested that a sentence on page 4 was rephrased as the work was being undertaken with partner organisations and this should be reflected in the minutes; "The Adult Business Unit was looking at setting up a virtual frailty ward". 	

- The Clinical Lead for Children’s Services requested that the paragraph pertaining to ICAN and the Health Services Journal on page 8 was rephrased; it was agreed that “came second” should be re-worded as “was highly commended”.

**2018-19
(67d)**

Matters arising and review of action log

It was agreed that all completed actions would be removed from the action log.

Action 2018-19 (38d) - Matters Arising: Clinical Audit Programme 2017-18 update

To be discussed under agenda item 2018/19 (71c).

The action was completed.

Action 2018-19 (56d) – Performance Brief and Domain Reports

To be discussed under agenda item 2018/19 (70a).

The action was completed.

Action 2018-19 (58e) – Winter planning: Quality Implications

The action was completed.

The Committee discussed why mortality and emergency hospital admissions were not included on the latest dashboard. It was noted that mortality is reviewed in various other contexts, including the Mortality Review Group, the Clinical Senate, and the Safeguarding Committee. It was queried how the Trust could obtain a full picture of mortality within Leeds.

Action 2018-19 (63b) – Safeguarding Committee annual report

The action was completed.

The Safeguarding Committee has published their annual report and the Interim Executive Director of Nursing gave assurance that the 3 outstanding actions had either been completed or incorporated into another piece of work.

Service Spotlight

**2018-19
(68)**

Specialist Business Unit: Police Custody Suites

The Clinical Lead for Police Custody Suites provided an overview of the Police Custody Suites, before commencing the presentation.

A Non-Executive Director (TD) queried why there was local variance in the percentage of arrest throughputs that were seen by healthcare professionals. It was clarified that this was likely due to the Police force’s varying levels of reliance on healthcare professionals. Another factor identified was the types of crime in different areas. The Trust Chair questioned why the presentation did not provide details of referrals to the healthcare professionals where the patient was not seen. The Clinical Lead for Police Custody Suites confirmed that there were no gaps in provision and all patients are seen.

It was agreed that a significant amount of work had taken place within the Police Custody Suites to develop a positive culture and improve opportunities for career development, as identified in last year’s staff survey results. The Executive Director of Operations noted that the Performance Panel had been observing the Police Custody Suites closely, and it was evident that there had been a lot of work on Performance Indicators. The Executive Director of Operations also noted that the Police Custody Suites are a very different service to those usually provided by Leeds Community Healthcare, which had caused challenges previously.

A Non-Executive Director (TD) remarked that it was evident a lot of work had

	<p>been done to improve the efficiencies within the service, but questioned what been undertaken to improve the quality of service provided. The Clinical Lead for Police Custody Services explained that the service was commissioned, and heavily governed by the Police, whose priority was performance indicators. It was recognised that the performance indicators had improved, and the service could now focus on quality indicators. It was noted that the new 3-7 year tender had been beneficial allowing the Police Custody Suites team to be proactive in making quality improvements and developing clinical outcome measures.</p> <p>The Trust Chair commended the fair presentation on the Police Custody Suites. The Committee agreed that it would be important to examine the publication of the next Staff Survey results to identify 2019/20 improvement priorities.</p> <p>The Committee noted that it was important to ensure Police Custody Suites healthcare professionals remain aligned to the Leeds Community Healthcare culture, rather than become accustomed to the Police culture and discussed how the Board could support this. The Clinical Lead for Police Custody Suites noted that Leeds Community Healthcare is geographically centred in Leeds; which is unsuitable for those staff that work and live elsewhere in Yorkshire and the Humber. The Committee noted the ongoing work to address the issue, and it was also noted that the Trust could make links with organisations in other areas to assist with staff well-being and training.</p> <p>The Chair queried the service's current position with regard to incidents. The Clinical Lead for Police Custody Suites explained that incidents commonly viewed as 'normal' were often not recorded on Datix. The Committee agreed that viewing the incidents as 'normal' was likely to have a significant impact on staff well-being. It was acknowledged that incidents pertaining to Medication Governance were commonly recorded on Datix, resulting in the development of a Medicines Governance Forum.</p> <p>It was agreed that it would be beneficial to receive an update as to how the Policy Custody Suites team is working to improve the quality of service provided and learning from incidents.</p> <p>Prompt: Once the results from the staff survey have been published, the Committee to receive an update on priorities on staff engagement for the upcoming year. The service would also focus on quality indicators as well as the performance indicators prescribed by the contract.</p> <p>The Clinical Lead for the Police Custody Suites was thanked for her presentation.</p>	Clinical Lead for Specialist Services
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Key Issues		
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2018-19 (69a)	<p>Outcome Measures Update</p> <p>The Interim Executive Medical Director highlighted that significant work had taken place since the last outcome measures update report. A 75% response rate to self-assessments has allowed the Trust to evidence its current position with regard to outcome measures. The Chair remarked that it would be useful to compare the Trust's position nationally and provide the outcomes measures data to the Commissioner in a way that was meaningful. The Chief Executive reported that the report provided a higher level of assurance by quantifying previously anecdotal evidence of outcome measures use by services.</p> <p>The Interim Executive Medical Director noted that the priorities for the next financial year are agreed in February. It was agreed to feedback the discussions</p>	
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	<p>to the Committee in March 2019.</p> <p>Action: Interim Executive Medical Director to provide an update on resources required for outcome measures.</p> <p>In response to queries from a Non-Executive Director (TD), the Interim Executive Medical Director explained that the resource needs were not currently known. It was also noted that the work was being driven by Leeds Community Healthcare.</p> <p>It was agreed that next month's spotlight would focus on the Specialist Business Unit and their work with the Commissioner and Data Driven Quality Improvement (DQIP). The Clinical Lead for Children's Services advised the Committee that funding had been identified for a member of staff to lead on outcomes within the Children's Business Unit.</p> <p>The Committee concurred with the sentiment of paragraph 3.1 of the Outcomes Measures update report, but it was debated whether the services were currently aware of the impact on Public Health outcomes in Leeds. It was agreed that the paper was designed to demonstrate the current position and provide assurance about the longer-term plan in relation to Public Health outcomes.</p>	
<p>2018-19 (69b)</p>	<p>Winter Planning</p> <p>It was noted that the planning stage was now over as winter had begun, but that the surge in demand usually seen during the second week of January had not been observed as yet and the system did not appear to be operating as close to capacity as would normally be expected at this time of year. The Executive Director of Operations reported that there had been no safety concerns thus far.</p> <p>The Executive Director of Operations reported that there had been periods where there were 70 vacant beds in the Community Care Bed Bases; criteria had been amended to assist people to leave hospital. The Committee discussed the reduction in the number of people being discharged from hospital, which was likely to have had an impact on the Trust's winter pressures. It was theorised by the Committee that this may have been caused by reduced hospital admissions, suggesting that hospital avoidance programmes had been successful.</p> <p>The Committee noted that the optimistic situation may be due to milder weather, but this could deteriorate in February. It was also noted that there had been no flu outbreaks, which may also have had an impact on the Trust's winter pressures. The Committee was advised that neighbouring areas did not appear to be in such a desirable position (with the exception of Bradford), and it was suggested that the End System Review may have contributed toward stable winter pressures as it provided a good opportunity to share good practice.</p> <p>A Non-Executive Director (TD) questioned whether the current position was reflected in social care. It was clarified that that there had been some delays in hard-to-reach areas, but allocating to a social worker occurred on the same day as referral and SPUR referrals were processed within 2 hours. It was agreed that the recent work by Newton Europe was likely to have had a large impact.</p> <p>The Clinical Lead for Adult Services reported that Neighbourhood Teams would not necessarily concur with the view that there have been no winter pressures; it was reported that the teams are managing but it did not feel as easy as the statistics suggested.</p>	

<p>2018-19 (69c)</p>	<p>Falls and Pressure Ulcer Investigation</p> <p>The Interim Executive Director of Nursing reported there was an ongoing review of how Leeds Community Healthcare investigates falls and pressure ulcer incidents. The review had been initiated following staff feedback that the current review process felt punitive and not aligned with the Trust's 'organisation of adults' and a just culture. In addition there is not always enough focus on the learning.</p> <p>The Committee agreed that it was a worthwhile piece of work, but it was essential that the new investigation process maintained a focus on conducting a thorough and robust, yet fair, investigation, embedding the learning from investigations to maximise patient safety and prevent recurrent themes emerging from Serious Incident investigations.</p> <p>The Interim Executive Director of Nursing advised the Committee that the review would engage with the Quality Improvement Team to support the implementation of improvement plans and measure whether the review had been successful in reducing recurrent themes. It was noted by the Chair, for example, that Leeds was below the national average with regards to falls incidents and Fractured Neck of Femurs in residents aged over 65; such incidents have a significant Public Health impact.</p> <p>The Head of Medicines Management remarked that she was keen to utilise the findings of the review to examine the way Medicines Management incidents were investigated. The Committee was advised that the work would be transferrable to any type of incident investigation.</p> <p>The Interim Executive Director of Nursing advised the Committee that the revised investigation process would involve patients and service users in Serious Incident Investigations; this would have the added benefit of ensuring the Trust was held to account in delivering improvement plans.</p> <p>The Committee noted that the revised investigation process was due to be implemented on 1 April 2019. It was agreed that an update on the review would be tabled for the Committee in March 2019.</p> <p>Action: Interim Executive Director of Nursing to provide an update on the review of falls and pressure ulcer investigations at the March 2019 meeting.</p>	<p>Interim Executive Director of Nursing</p>
<p>2018-19 (69d)</p>	<p>NHS England Patient Safety Consultation</p> <p>The Interim Executive Director of Nursing and the Clinical Governance Manager advised the Committee that NHS Improvement and NHS England were developing a national patient safety strategy, on which the Trust had been consulted. The Clinical Governance Manager advised that she had requested feedback from services. The Executive and Non-Executive Directors would also be asked for feedback.</p> <p>The Clinical Governance Manager advised the Committee that the deadline for staff to return feedback was Monday 28 January 2019 to ensure responses could be collated and ratified prior to submission of an amalgamated set of comments to NHS Improvement and NHS England by their deadline of the 15 February 2019.</p>	

	Action: Clinical Governance Manager to request feedback from Corporate Teams and Board members on the National Patient Safety Strategy. The feedback provided to NHS England and NHS Improvement to be circulated to the Quality Committee members.	Clinical Governance Manager
2018-19 (69e)	Sub-group items to escalate to Committee Please refer to agenda item 2018-19 (72).	
Quality Governance and Safety		
2018-19 (70a)	<p>Performance Brief and domain reports</p> <p>The Committee agreed that the new format used in the report was beneficial, providing an overall sense of the Trust's current position.</p> <p>The Committee discussed the information in relation to the level of achievement following a period of 65 days devoid of pressure ulcer incidents and how much of an achievement this was. It was reported that this falls in line with other Trusts' reporting of harm free days. The information pertaining to the 100 ICAN referrals received within a one week period was discussed by the Committee. The Committee was advised that these had been stored up and sent through in a batch causing a backlog in the system. Assurance was given that this would not reoccur.</p> <p>The Interim Executive Director of Nursing provided assurance that there was a plan in place to address the number of overdue incident investigations.</p> <p>The need for holistic assessments in relation to pressure ulcers was discussed. The Committee was advised that a review was currently taking place to ensure they were tailored to individual patient needs.</p> <p>It was noted that there were some discrepancies in the figures reported. It was clarified that this was due to a time lag in reporting of incidents and decisions made. It was noted that the Quarterly Pressure Ulcer report would provide further information.</p> <p>The Trust Chair referred to the Quality Challenge+ self-assessments data and queried what had caused the significant decline. It was noted that too few Quality Visits had taken place to be able to meaningfully compare the visit and self-assessment ratings. The Committee agreed that numerical data was required to provide meaningful information.</p> <p>The Committee reviewed NICE guidance (NG) compliance. The Head of Medicines Management reported that lockable in-cell medicines storage was not within the Trust's remit, so the recommendations listed under NG57 could not be actioned.</p> <p><i>NG13: Workplace health – management practices</i></p> <p>The Head of Medicines Management advised the Committee that they had been unable to meet with the Assistant Director of Workforce. The next performance brief report would include more detail.</p> <p>The Committee discussed the Quality Challenge+ programme and some of the current challenges facing the programme, including recent staffing levels within the Clinical Governance Team capacity to undertake a visit. The Chair noted that he had observed a Quality Challenge+ visit and felt that the approach taken was appropriate and it was beneficial for staff to consciously think about quality and service improvements. It was reported that the Quality Challenge+</p>	

	<p>programme was being reviewed to ensure its fitness for purpose. The Interim Executive Director of Nursing noted that the programme would continue to have a self-assessment and a visit component, but the way this is managed would be subject to change.</p> <p>Action: The proposal for the updated Quality Challenge+ programme to be presented to the Committee in March 2019 to ensure that the changes are agreed.</p> <p><i>Responsive</i></p> <p>It was acknowledged that the waiting times for the Improved Access to Psychological Therapies services were due to commissioning issues, and were being addressed. The Executive Director of Operations confirmed that the Commissioner had provided funding for 12 new posts.</p> <p>It was summarised that the Performance Brief report highlighted the significant activity within Leeds Community Healthcare to develop and improve the quality of services delivered.</p>	<p>Interim Executive Director of Nursing</p>
<p>2018-19 (70b)</p>	<p>Clinical Governance Report</p> <p>The Interim Executive Director of Nursing provided a summary of the report, highlighting several key points:</p> <ul style="list-style-type: none"> • The relationship between the Clinical Governance Team and the Quality Improvement Team was being developed and this would be beneficial with regard to Serious Incident Investigations, Mortality, and Clinical Audits. • The report included a component focussing on the mortality review process for individual Business Units. • The Trust had begun to report reviewed deaths on behalf of the Commissioner in non -Trust Care Beds. • The Trust had begun conducting investigations jointly between Business Units, particularly Adult and Specialist. <p>The Committee discussed the time lag between the date that a death occurred and the date of the review, causing a discrepancy between the figures in the report. It was agreed that narrative is crucial to provide an explanation of the figures. The Committee requested context on where this placed the Trust nationally and asked for assurance that the Trust was complying with the recommendations of the National Quality Board in relation to mortality review following the Francis Report. The Committee was advised that the Trust was ahead of other Community Trusts in recording this data, making it difficult to benchmark until other Community Trusts were at the same level. It was also noted that the Mid Staffordshire enquiry focussed on avoidable deaths, whereas many of the deaths of patients under Leeds Community Healthcare services were noted to be expected deaths. The Committee noted that there were high levels of medical representation at mortality meetings, mortality reviews are conducted by someone who does not work in the team being reviewed, and a random selection of mortality reviews were inspected. These measures ensure the Trust's mortality reviews are thorough and rigorous.</p> <p>The Committee acknowledged that the report highlighted a risk regarding the Trust's capacity to review mortality. The Committee discussed various ways of managing the capacity issues. It was agreed that this needed to be discussed directly with the Interim Executive Medical Director and the Senior Management Team and a Deep Dive would be considered later in the year. The Chair remarked that the report provided some assurance about the Trust's current</p>	

position.

The Committee noted that a Patient Engagement, Experience and Participation Officer was now in post and that a Patient Experience and Engagement Lead would commence in post in February 2019. It was also noted that the Healthwatch analysis had commenced a piece of work to benchmark the Trust's position with regard to patient engagement.

The Committee was advised that the Complaints process was being reviewed; going forward, all complaints would be risk assessed. Additionally, Healthwatch had been asked to analyse six anonymised complaint responses and provide feedback in relation to these.

The Clinical Lead for Adult Services provided a summary of the Adult Business Unit Quality Report and highlighted the following:

- The winter pressures and subsequent capacity issues within the Neighbourhood Teams was stable.
- Work was being undertaken across Leeds with regard to population management and Leeds had been chosen for this work as a Vanguard site.

The Adult Business Unit remained cautious about not achieving the Quarter 4 CQUIN wound assessment, though it was noted that there was a robust plan in place which was being rigorously monitored.

The Clinical Lead for Specialist Services provided a summary of the Specialist Business Unit Quality Report and highlighted the following:

- The Virtual Respiratory Ward was rolled out on 7 January 2019 and will entail 2 weekly virtual rounds and daily contact on weekdays.
- The re-audit of the Newton Europe work would provide interesting data.
- At a multi-agency discharge event, there was a commitment from the partners in the city to move this work forwards and it was recognised that the criteria should be widened to hasten the roll out.

The Clinical Lead for Children's Services provided a summary of the Children's Business Unit Quality Report and highlighted the following:

- A Children's Business Unit celebration event was held in December 2018
- Services delivered in conjunction with Leeds City Council were rated as 'outstanding' by Ofsted. The Ofsted feedback commended the 0-19 services in particular for delivering all key performance indicators.
- Hannah House had a new team manager who had been recruited internally. Sickness amongst Hannah House staff had reduced, but was still high. All but one of the vacant posts at Hannah House were due to be filled within two weeks of the meeting. There were still environmental risks present at Hannah House.
- The Children's Business Unit had systematically reviewed the 56 recommendations in the NICE Guidance pertaining to transition to ascertain the Trust's position in relation to this guidance. There were 5 recommendations which were applicable to our services and the Trust was not fully compliant.
- Joint appointments between the Adult Business Unit and the Children's Business Unit have been held to assist with service users transitioning to Adult's services.
- All children in receipt of Leeds Community Healthcare services have a named practitioner
- The Children's Business Unit is in an optimistic position but it was

	<p>recognised there is still a substantial amount of work to do in terms of providing a multi-agency approach. A report will be published in a few months to provide an update on the Trust's progress with regard to this.</p>	
<p>2018-19 (70c)</p>	<p>Risk Register The Company Secretary provided a summary of the Risk Register report and highlighted the following:</p> <ul style="list-style-type: none"> • Two new risks had been identified; one which pertained to foot protection (about which the Specialist Business Unit would provide further information to the Committee at the workshop in February 2019) and one which pertained to increased demand for the Adult Speech and Language Therapy service. • There had been a number of risks which had been closed/de-escalated. • There had been a decreasing number of risks (particularly clinical risks) being added to the Risk Register, suggesting that the Risk Register was not being utilised sufficiently. <p>The Interim Medical Director advised the Committee that Executive Directors had recently reviewed the content of the Risk Register and a number of risks were to be added.</p> <p>Risk 957 was discussed. A Non-Executive Director (TD) remarked that there were controls and actions in place which did not appear to have had the desired impact. It was agreed that the Company Secretary would liaise with the Risk Manager and the Service Manager to identify why the controls and actions had not impacted the level of risk.</p> <p>Action: Risk 957 - Company Secretary to liaise with Risk Manager and Service Manager to identify why the controls and actions had not impacted the level of risk</p> <p>It was noted that there appeared to be numerous risks with actions and controls in place where the level of risk had not reduced.</p> <p>The Committee discussed that several risks were framed as operational risks, but incorporated clinical elements. It was concluded that some risks had many components and should be separated where possible.</p> <p>In relation to Risk 957, it was discussed that the Adult Speech and Language Therapy service was not meeting its 18-week waiting time target. The Committee queried why this was perceived to be such a high risk and was advised that the service had been closed to routine referrals, as agreed with the Commissioner. It was noted that there was a pathway re-design taking place, which would take 3 to 6 months to implement; following this, it was anticipated that the risk score would reduce.</p> <p>It was clarified that the Senior Management Team agreed the Trust's annual risk appetite, and this is reviewed by the Audit Committee.</p>	<p>Company Secretary</p>
<p>2018-19 (70d)</p>	<p>Quality Strategy / Implementation Plan It was noted that the report provided a quarterly update on the implementation of the Quality Strategy. The Committee was advised that the implementation plan was on schedule.</p>	

<p>2018-19 (70e)</p>	<p>Quality Account – QI Priorities 2019/20 It was reported that the Clinical Governance Manager had developed 7 suggested quality improvement priorities for the 2019/20 Quality Account to align with the Trust’s improvement objectives. The Committee agreed that the suggested priorities were broad and should be refined to enable better measurement. It was agreed that the Interim Executive Director of Nursing would return a revised paper to the Committee in February 2019 to ensure focussed and clear 2019/20 quality improvement priorities.</p> <p>Action: Interim Executive Director of Nursing to return a revised paper to the Committee in February 2019 to ensure focussed and clear 2019/20 quality improvement priorities.</p>	<p>Interim Executive Director of Nursing</p>
<p>2018-19 (70f)</p>	<p>Quality Account – Improvement Priorities Quarterly Position The Committee was advised that there were some priorities highlighted in the report which may not be achieved. Aside from this, it was reported that most other improvement priorities were on track.</p> <p>With regard to the ‘red’ indicators, it was agreed that further detail was required for the Quality Challenge+ programme and Outcome Measures. It was noted that the CAMHS indicator would be discussed at Business Committee; however, there were quality implications to access issues.</p> <p>The extent to which the Committee was assured by the report was discussed. The Chief Executive and Interim Executive Director of Nursing reported that actions had been put in place to achieve all improvement priorities, and that the ‘amber’ indicators were reflective of the Trust being overcautious. The Committee ultimately agreed that they were provided with ‘reasonable assurance’ with regard to this report, but that a ‘cautious watching eye’ was required.</p>	
<p>2018-19 (70g)</p>	<p>Guardian for Safe Working Hours Quarterly Report The Committee was provided with a summary of the report and it was noted that the CAMHS Speciality Trainee rota was not fully recruited to. It was also noted that the Guardian for Safer Working Hours was struggling to obtain input and representation from all representative areas. A working group has been established to address the issue.</p> <p>Level of assurance: Reasonable</p>	
<p>Clinical Effectiveness</p>		
<p>2018-19 (71a)</p>	<p>Patient Group Directions (PGDs) The Committee was advised that there were five Patient Group Directions which had followed due process. The Committee raised no objections and these were approved.</p>	
<p>2018-19 (71b)</p>	<p>Research and Development Strategy update The Committee agreed to defer discussion until March 2019 due to concerns regarding the quality of the paper. It was requested that the paper should be reframed to reflect the Trust’s full research potential. Additionally, it was agreed that section 5 of the report should be re-framed as actions. It was reported that the 2019/20 Research and Development Strategy was being prepared ahead of the next Quality Committee meeting.</p>	

	Action: Revised version of Research and Development Strategy update to be presented to the Committee in March 2019.	Interim Executive Medical Director
2018-19 (71c)	<p>Clinical Audit update The Committee was provided with an update on the Trust's Quarter 1 and 2 clinical audit activity. It was noted that the Clinical Effectiveness Group would be reviewing a Flash Report pertaining to the Trust's clinical audit activity in Quarter 3. The Committee agreed that the clinical audit activity was on schedule.</p> <p>A Non-Executive Director (TD) remarked that the report required further narrative detailing quality improvements. The Interim Executive Director of Nursing advised that further links were being made with the Quality Improvement team to support with monitoring the implementation of improvement plans.</p>	
2018-19 (71d)	<p>Committee Suggestions for Internal Audit Annual Plan (2019/20) The Committee received a copy of the draft internal audit annual plan 2019/20.</p> <p>It was agreed that Committee members, particularly members of the Senior Management Team, would submit their suggestions for the 2019/20 Annual Internal Audit Plan to the Company Secretary and the Chair.</p> <p>Action: The Company Secretary to feedback received suggestions for the 2019/20 Annual Internal Audit Plan to the Committee in February 2019.</p>	Company Secretary
Sub-Group Minutes		
2018-19 (72a)	<p>Clinical Effectiveness Group minutes: 20 December 2018 It was discussed that the Group's Terms of Reference had been reviewed and that the main amendment was the number of members required to attend meetings for the Group to be quorate. The Committee agreed the minutes and revised terms of reference but noted that, in future, changes to Terms of Reference should be clearly highlighted.</p>	
2018-19 (72b)	<p>Safeguarding Children's and Adults Group minutes: 10 December 2018: The Committee reviewed the items which had been escalated to the Quality Committee in the minutes. It was clarified that the escalated points reflected actions that the group needed to undertake, rather than work which had already been actioned.</p>	
2018-19 (72c)	<p>Mental Health Act Group minutes: 14 December 2018 The errors regarding community treatment order paperwork was discussed by the Committee and it was queried which systems the Trust had in place to scrutinise and be assured of the accuracy of section papers.</p> <p>Action: Interim Executive Director of Nursing to liaise with the Clinical Lead for Children's Services regarding the systems in place to scrutinise Mental Health Act documentation and feed these discussions back to a Non-Executive Director (TD).</p>	Interim Executive Director of Nursing
2018-19 (72d)	<p>Mortality Surveillance Group: 23 October 2018 and 4 December 2018 The Committee received both sets of minutes. It was noted that the meeting date recorded on the second set was inaccurate and would be amended.</p>	

Policies and Reports for Approval or Noting		
2018-19 (73a)	CCG Quality and Performance Meeting minutes: 27 September 2018 The Committee received the minutes for information and was advised that the frequency of the meetings in 2019/20 would be reduced to quarterly.	
2018-19 (73b)	Clinical Effectiveness Group: Revised Terms of Reference Discussed under agenda item 2018-19 (72a).	
Quality Committee Work Plan		
2018-19 (74a)	Items from Work Plan not on Agenda: The draft internal audit plan was deferred to March 2019.	
2018-19 (74b)	Work Plan and Service Spotlight Programme The Committee noted the work plan.	
Matters for the Board and other Committees, including Assurance Levels		
2018-19 (75)	Clarity was provided about the Quality Committee meeting in February 2019 and it was confirmed that the meeting would focus on the Specialist Business Unit, Safety Huddles, and the Quality Account 2019/20 Improvement Priorities. It was agreed that the following messages would be escalated to the Board: <ul style="list-style-type: none"> • Service spotlight – Police Custody Suites • Clinical Outcomes Programme Update • Winter Pressures • Risk Register • Quality Strategy Improvement Plan • Quality Account • Guardian for Safer Working Hours • Clinical Audit • Performance 	
Any other business		
2018-19 (76)	Any other business See private meeting minutes.	
	Dates and times of next meetings (09:30 – 12:30) Monday 18 February 2019 Monday 18 March 2019	

Quality Committee
Monday 18 February 2019
Boardroom, Stockdale House, Leeds
09:30 – 12:30

**AGENDA
ITEM
2018-19
(124b)**

Present	Professor Ian Lewis	Committee Chair
	Dr Tony Dearden	Non-Executive Director
	Thea Stein	Chief Executive
	Ruth Burnett	Interim Executive Medical Director
In Attendance	Stephanie Lawrence	Interim Executive Director of Nursing
	Sam Prince	Executive Director of Operations
	Carolyn Nelson	Head of Medicines Management
	Diane Allison	Company Secretary
	Caroline McNamara	Clinical Lead for Adult Services
	Helen Rowland	Clinical Lead for Children's Services
	Angela Gregson	Interim Clinical Head of Service for Specialist Services
	Andrea North	General Manager for Specialist Services
	Helen Knight	Clinical Lead for Adult Speech and Language Therapy
	Item (78a-c)	Susan Lawrenson
Mark Simpson		Project Officer for Dietetics
Kathryn Lunn		Podiatrist, Foot Protection Service
Ram Krishnamurthy		Pathway Lead for Neurology
Mandy Young		Pathway Lead MSK & Spinefit
Christine Richardson		Safety Huddle Coach
Sean Hornby		Neighbourhood Quality Lead
Observing	Cara McQuire	Risk Manager
	Charlotte Madders	Student District Nurse
	Rachael Lee	Quality Lead for Adult Services
Minutes	Lisa Rollitt	PA to Executive Medical Director
Apologies	Neil Franklin	Trust Chair
	Debbie Myers	Deputy Director of Nursing
	Elaine Goodwin	Clinical Lead for Specialist Services

Item no	Discussion item	Actions
Welcome and introductions		
2018-19 (77a)	<p>Welcome and Apologies</p> <p>The Committee Chair opened the meeting and welcomed the members. The group introduced themselves.</p> <p>Apologies were received from Neil Franklin, Debbie Myers and Elaine Goodwin.</p>	
2018-19 (77b)	<p>Declarations of Interest</p> <p>Prior to the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed</p>	

	<p>to Committee members.</p> <p>The Committee Chair asked if there were any additional interests. There were no additional declarations of interest received.</p>	
<p>2018-19 (77c)</p>	<p>Minutes of meeting held on 21 January 2019</p> <p>The minutes were reviewed for accuracy and agreed as a true record of the meeting, with the following amendments:</p> <p><i>2018-19 (68) Specialist Business Unit: Police Custody Suites</i> Amendment to wording: Prompt: Once the results from the staff survey have been published, the Committee to receive an update on priorities on staff engagement for the upcoming year. The service would also focus on quality indicators as well as the performance indicators prescribed by the contract established for the Police Custody Suite, and how the Police Custody Suites are working to improve the quality of services provided.</p> <p><i>2018-19 (70c) Risk Register</i> Amendment to wording: In relation to Risk 957, it was discussed that the Adult Speech and Language Therapy (SLT) service was largely not meeting its 18 week waiting time target.</p>	
<p>2018-19 (77d)</p>	<p>Matters arising and review of action log</p> <p>It was agreed that all completed actions would be removed from the action log.</p> <p><u>2018-19 (69d) NHS England Patient Safety Consultation</u> The action was agreed as completed.</p> <p><u>2018-19 (70c) Risk Register: Risk 957</u> There has been an increase in demand for the service. The Commissioners have advised the Trust that it must now accept routine referrals. The service is not actively managing routine referrals, it does however operate an evidence based triage system and urgent waits are being managed. It was noted that the Commissioners would complete a system review. It was also noted that the clinical risk relating to waiting times sits with the Trust.</p> <p>The Committee Chair expressed a need to know how the Trust was assessing the patient impact of the delay in being seen. It was agreed that the data would be included in the Performance Report at the meeting in March 2019.</p> <p>Action: Adult SLT capacity and demand performance to be included in the Performance Brief Report under Responsive</p> <p>Action: Information to be provided to Committee in March 2019 on waiting time impact on Adult SLT patients</p> <p><u>2018-19 (70e) Quality Account – Quality Improvement Priorities 2019/20</u> The item would be discussed under agenda item 2018-19 (81b). The action was agreed as closed.</p> <p><u>2018-19 (71d) Committee suggestions for internal audit action plan (2019/20)</u> The item would be discussed under agenda item 2018-19 (77d) (i). The action was agreed as closed.</p>	<p>Executive Director of Operations</p>

	<u>2018-19 (72c) Mental Health Act Group minutes: 14 December 2018</u> The action was agreed as completed.	
(77d) (i)	Committee suggestions for internal audit annual plan (2019/20) The Company Secretary informed that Committee that no feedback had been received. The Interim Executive Medical Director and the Interim Executive Director of Nursing confirmed that they had discussed the internal audit annual plan with Tim Norris, Senior Audit Manager (TIAA).	
Business unit focus: Specialist Services		
2018-19 (78a)	Overview of Specialist Business Unit services Andrea North introduced the item and gave a brief overview of the services within the Specialist Business Unit.	
2018-19 (78b)	<p>Quality outcomes our journey Quality outcome measures journeys were discussed in two groups for the following services:</p> <ul style="list-style-type: none"> • Podiatry • MSK – pain management • Physiotherapy • Dietetics • SLT <p>In summary, it was recognised that the Therapy Outcomes Measure (TOMs) tool best suits the wide range of services but isn't perfect, and one size does not fit all. It was noted that the Dietetics Service has introduced specific measures which are now part of the national handbook.</p> <p>It is possible to use the information for benchmarking by clinician, team and service to be used as a national comparator if the data can be pulled from the system.</p> <p>Learning:</p> <ul style="list-style-type: none"> • Staff engagement is vital • The process for analysing data is labour intensive and continuously trying to improve. It is not a linear process, but a continuous journey of improvement. <p>Opportunities:</p> <ul style="list-style-type: none"> • Better outcomes for patients • An understanding of better outcomes of treating patients at home • Better conversations with commissioners in terms of the way services are measured, leading to service development, planning and change • Understanding the system change and the impact to patients • The potential for a research bid. <p>The following challenges were recognised:</p> <ul style="list-style-type: none"> • The process is labour intensive • There is a requirement for more corporate support via the Business Intelligence teams for data analysis • The need to be able to inform referrers about patient outcomes • Patient reporting of improvement as a next step • Understanding the challenges in difference environments e.g. care homes. <p>The Committee Chair thanked all involved and recognised the commitment of the</p>	

	<p>services to outcome measures. The Committee recognised that the development of outcome measures would have an impact on patients and systems and the gaps in the organisations e.g. requirement for systems support through the Business Intelligence team.</p>	
<p>2018-19 (78c)</p>	<p>Foot Protection Service update The Service presented outcome data from October to December 2018. It was recognised that a baseline needed to be established and that the way data was being presented was doing them a disservice. The Commissioner was supportive of the need for additional staff to improve access.</p>	
<p>Safety Huddles</p>		
<p>2018-19 (79a)</p>	<p>Safety Huddles The Clinical Lead for Adult Services introduced Christine Richardson, Adult Business Unit (ABU) Safety Huddle Coach and Sean Hornby, Neighbourhood Quality Lead.</p> <p>The ABU Safety Huddle Coach explained the purpose of Safety Huddles, noting that they are risk focused and enable the team to manage clinical risk proactively by discussion, ensuring a plan is in place which is effective.</p> <p>Safety Huddles were implemented with support from the Y&H Improvement Academy 4 years ago in Community Care Bed inpatient units.</p> <p>The Committee noted that the introduction of Safety Huddles has:</p> <ul style="list-style-type: none"> • Shown a reduction in patient harm across the inpatient unit • Shown an increase in all staff members' awareness regarding prevention of harm • Shown an increase in incident reporting <p>It was noted that the Y&H Improvement Academy advise the use of two outcome measures:</p> <ul style="list-style-type: none"> • Days without an avoidable harm • Team culture survey <p>It was noted that the Pudsey and Wetherby Neighbourhood Teams have achieved accreditation from the Y&H Improvement Academy and Armley Neighbourhood Team hope to receive accreditation in February 2019.</p> <p>The following challenges were identified:</p> <ul style="list-style-type: none"> • Changing culture takes time • Changes in leadership at Neighbourhood Team level • Capacity issues • Delay in reporting data and learning due to the investigation process • Lack of time for the team to discuss their culture survey data and celebrate good practice and agree their priorities for improvement. <p>Next steps:</p> <ul style="list-style-type: none"> • Work is ongoing with the Y&H Improvement Academy to continue with the programme of embedding Safety Huddles to achieve accreditation for each team • As Safety Huddles are established, the teams will extend the scope to discuss other harms e.g. pressure damage 	

	<ul style="list-style-type: none"> • The methodology will be extended to include input from all ABU teams as part of the extended Neighbourhood Team model • The Trust will create a safety culture which reduces the risk of harm to patients, while supporting staff. <p>In response to a query from the Committee Chair, the ABU Safety Huddle Coach explained the difference between avoidable and unavoidable falls and how they are evidenced. It was noted that only a small proportion of falls were avoidable. In response to a question from the Committee Chair, the Committee was advised that the two other business units were working on implementing safety huddles, however it was important to have dedicated resource to support this.</p> <p>The Committee Chair thanked the ABU Safety Huddle Coach and the Neighbourhood Quality Lead for their presentation.</p>	
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Quality governance and safety

<p>2018-19 (80)</p>	<p>Performance brief and domain reports</p> <p>The Interim Executive Director of Nursing provided a summary of the report and highlighted an avoidable Category 4 pressure ulcer incident.</p> <p>The Committee Chair noted that issues highlighted in the Performance Brief were mostly connected with Children’s services and asked for more information on the issues within the Child and Adolescent Mental Health Service (CAMHS). The Executive Director of Operations updated the Committee on the issues and plans to address the issues in CAMHS. The Committee was advised that the Children’s Business Unit now utilises the same performance panel process as the other business units, whereby each service is invited to talk about its performance. It was agreed that the increase in demand and subsequent issues could affect any service in the Trust and that there are positive plans in place to address the issues and support the staff.</p> <p>The Committee Chair asked if the information from the Staff Survey was available. It was advised that this is currently embargoed.</p>	
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<p>2018-19 (81a)</p>	<p>Clinical Governance Report</p> <p>The Interim Executive Director of Nursing provided a summary of the report and highlighted the main issues for consideration.</p> <p>In response to a query from a Non-Executive Director (TD), it was confirmed that the feedback from Healthwatch regarding patient engagement would be reported at the Committee in March 2019.</p> <p>The Clinical Lead for Adult Services provided a summary of the Adult Business Unit Quality Report. It was noted that the services continued to manage the patient flow whilst in the winter period.</p> <p>A Non-Executive Director (TD) asked about Self-Management and inappropriate referrals. The Clinical Lead for Adult Services advised the Committee that initially, it was decided that criteria/guidelines for self-management input would not be required, but due to a number of inappropriate referrals, a workshop would be held with Self-Management Facilitators to develop guidelines for staff.</p> <p>The Clinical Lead for Adult Services updated the Group on the Falls Steering Group workshop which took place on 31 January 2019.</p>	
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	<p>It was noted that the business unit was on track to achieve the chronic wound assessment Commissioning for Quality and Innovation (CQUIN) target. The new wound care dressing formulary has been launched. The Head of Medicines Management advised the group that the dressings had been launched citywide.</p> <p>A Non-Executive Director (TD) asked about Statutory and Mandatory training figures in terms of Adult Safeguarding. The Clinical Lead for Adult Services commented that the focus on Children’s Safeguarding had impacted on the figures for Adults, however this had been addressed.</p> <p>The Interim Clinical Head of Service for Specialist Services provided a summary of the Specialist Business Unit (SBU) Quality Report and highlighted the SBU leadership restructure. It was noted that the new leadership structure had been confirmed and would be implemented from 1 April 2019.</p> <p>It was reported that the Virtual Respiratory Ward had expanded its geographical area to Armley on 4 February 2019.</p> <p>The Committee heard that the SBU had significantly improved their performance in the management of incidents over recent months.</p> <p>It was noted that the Sexual Health pre CQC inspection had taken place with an overall good rating and recommendations were being actioned.</p> <p>The Clinical Lead for Children’s Services provided a summary of the Children’s Business Unit and wished to congratulate Chris Lake, Business Unit Involvement Lead for his nomination for the Leeds Child Friendly Awards, coming in the top 5 in the category “Adults Making a Difference for Young People”.</p> <p>The Public Health Integrated Nursing Service (PHINS) mobilisation is on track to begin on 1 April 2019. A Non-Executive Director (TD) asked if the new service would allow school nurses to do more public health work. It was confirmed that this was the case, and that there would be a one team approach.</p> <p>The key challenges highlighted were the waiting lists within CAMHS and ICAN. The Committee was assured that each service has recovery plans in place which are being regularly monitored by service managers and staff.</p> <p>Another challenge noted was staff engagement and low morale in some areas of the service. The organisation and services are aware of this, and plans are in place for improvement.</p>	
<p>2018-19 (81b)</p>	<p>Quality Account – QI Priorities 2019/20</p> <p>The Interim Executive Director of Nursing presented the report and highlighted the areas of focus:</p> <ul style="list-style-type: none"> • Patient engagement and experience • Improvement plan for internal auditing and review of services • Further development of learning from excellence and incidents • Development of new models of care across health and social care economies within Leeds. <p>In response to an observation by a Non-Executive Director (TD), the Interim Executive Director of Nursing explained that clinical outcomes would form part of the strategic objectives and would be included as a measure under patient engagement and experience.</p> <p>The Committee agreed that the proposed priorities were more focussed than</p>	

	previously and that there should be measurable outcomes for each area of focus. Outcome: The Committee agreed the 2019/20 Quality Priorities.	
Quality Committee work plan		
2018-19 (82a)	Future work plan It was noted that the next Committee would be a formal meeting.	
2018-19 (83)	Matters for the Board and other Committees including assurance levels <ul style="list-style-type: none"> • Presentations from the Specialist Business Unit and the ABU Safety Huddles Coach • Risk 957 mitigation details • Performance report and clinical governance report – main issues. 	
2018-19 (84)	Any other business The Committee acknowledged that the Trust had been officially contacted by the CQC and is now in the process of completing the Provider Information Request (PIR) by the end of February 2019. It was noted that the minutes of the Committee would form part of the PIR pack. It was expected that the CQC would meet with the Trust in the first week of April 2019 to discuss the PIR and decide which services they will conduct unannounced visits to. It is also expected that the date of the announced Well Led visit will be confirmed at some point, but presently, this is unknown. The Committee Chair noted that an effectiveness review of the Committee had taken place and this would be discussed at the meeting in March 2019.	
	Dates and times of future meetings (09:30 – 12:30) Monday 18 March 2019	

HEALTH AND WELLBEING BOARD

WEDNESDAY, 12TH DECEMBER, 2018

PRESENT: Councillor R Charlwood in the Chair

Councillors C Anderson, S Golton, L Mulherin and E Taylor

Representatives of Clinical Commissioning Group

Dr Gordon Sinclair – Chair of NHS Leeds Clinical Commissioning Group
Dr Alistair Walling – Chief Clinical Information Officer, Leeds City and Leeds CCG

Directors of Leeds City Council

Dr Ian Cameron – Director of Public Health
Cath Roff – Director of Adults and Health
Sue Rumbold – Chief Officer, Children and Families

Third Sector Representative

Heather Nelson – Forum Central
Karen Pearse – Director, Forum Central

Representative of Local Health Watch Organisation

Dr John Beal – Chair, Healthwatch Leeds
Hannah Davies – Chief Executive, Healthwatch Leeds

Representatives of NHS providers

Dr Sara Munro - Leeds and York Partnership NHS Foundation Trust
Dr Phil Wood - Leeds Teaching Hospitals NHS Trust
Thea Stein - Leeds Community Healthcare NHS Trust

Representative of Leeds GP Confederation

Jim Barwick – Chief Executive of Leeds GP Confederation

36 Welcome and introductions

The Chair welcomed all present and brief introductions were made.

The Chair took the opportunity to thank the third sector representative, Heather Nelson, for her contribution to the work of the Board during her time as a Board Member. The new appointment would be confirmed at a future meeting. Heather Nelson reflected on her time as a Board member, and provided Members with an update on her recent role at the joint HWB and Kings Fund event on Managing Digital Change in Health and Care (22nd November 2018).

The Chair also informed the Board that Superintendent Sam Millar would no longer be acting as the Safer Leeds representative on the Board, and that the new appointment would be confirmed at a future meeting.

The Chair also noted the success of the Big Leeds Chat, which took place on 11th October 2018, and provided an update on the preparations and preventative work that have taken place for system resilience over the winter period.

37 Appeals against refusal of inspection of documents

There were no appeals against the refusal of inspection of documents.

38 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

39 Late Items

There were no late items.

40 Declarations of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

41 Apologies for Absence

Apologies for absence were received from Phil Corrigan, Steve Walker, Julian Hartley, and Councillor Pat Latty. The Chair welcomed substitutes Sue Rumbold, Phil Wood and Councillor Caroline Anderson to the meeting.

42 Open Forum

No matters were raised under the Open Forum.

43 Minutes

RESOLVED – That the minutes of the previous meeting held 5th September 2018 were agreed as a correct record.

44 Joint Strategic Assessment Update

The Chief Officer, Health Partnerships, and the Head of Intelligence and Policy, Leeds City Council, submitted a report that provided an update on the development of the draft Joint Strategic Assessment (JSA) and emerging headlines around health inequalities.

The following information was appended to the report:

- The Draft JSA Executive Summary

The following were in attendance:

- Tony Cooke, Chief Officer for Health Partnerships
- Simon Foy, Head of Intelligence and Policy, Leeds City Council

The Head of Intelligence and Policy introduced the report and highlighted some of the key messages, which included:

- Links to the Inclusive Growth Strategy and the Health and Wellbeing Strategy;
- The development of the Leeds Observatory to become a more user-friendly system;
- The significant growth of the younger population in Leeds, particularly in the more deprived areas, and consequently the ongoing challenge of child poverty;
- The growth of the private housing sector in deprived areas, with poor quality housing, in comparison to other Core Cities;
- The high employment rate in Leeds, however some concern for the number and quality of intermediate and semi-skilled jobs, and the low productivity of the city compared to other Core Cities.

During discussions, the Board considered the following:

- Councillor Mulherin provided some context to the growing population of young people in Leeds and the impact on school places of growth in deprived areas. The Board also heard that the Child Poverty Impact Board (CPIB) had been introduced to focus on six specific work streams, to mitigate the impact of child poverty.
- Members were asked to consider the impact of different working arrangements within their organisations as major employers in the city, and despite the benefits, how part-time/flexible working may contribute to in-work poverty and potentially discourage employment.
- Concern around the smoking prevalence in deprived areas, and the association with cultural and social norms. Members provided update on new projects in Leeds, and examples from other local authorities, to reduce smoking in public areas.
- The potential for Local Care Partnerships (LCPs) to reduce 'postcode lotteries' and enable an individualised approach to different areas, particularly deprived areas.

RESOLVED –

- a) To note the initial findings and structure of the draft report, including linkages to the wider Observatory and existing/planned Health Needs Assessments.
- b) To note the Board's comments and suggestions in relation to the Draft JNA.

Councillor Golton left the meeting at 1:30pm during discussion of this item.

45 Priority 8 - A Stronger Focus on Prevention

The Director of Public Health submitted a report that presented an overview of the range of preventative work occurring in Leeds to achieve our ambition, vision and explore how they are working together to address the emerging headlines from the Joint Strategic Assessment.

The following were in attendance:

- Deb Lowe, Advanced Health Improvement Specialist, Leeds City Council
- Anna Frearson, Chief Officer / Consultant in Public Health, Leeds City Council
- Gill Keddie, Active Leeds Development Manager, Leeds City Council
- Victoria Eaton, Chief Officer / Consultant in Public Health, Leeds City Council
- Catherine Ward, Health Improvement Principal, Leeds City Council

The above attendees introduced the report and highlighted key messages from the three sections of the report, which included:

- *Local Government Healthy Weight Declaration.* The Board were provided with an overview of the framework of the declaration, along with the 14 commitments and 6 local priorities. Members heard that LCC was one of sixteen organisations who had adopted the Healthy Weight Declaration, and it was now the intention to encourage other organisations to sign up and expand the partnership.
- *Physical Activity Approach.* The Board heard that consultation had begun to inform a new strategy, which has led to the development of 'physical activity conversations' to take place in the community and a social movement campaign.
- *Mental Health Protection Concordat.* Members were informed that the work has been informed by a national framework agreed in 2017, and provides an opportunity to challenge and analyse current systems.

During discussions, the Board considered the following:

- The interrelation between issues, and support for engaging organisations across the city to provide direction. There was also a suggestion that all three projects be integrated to form a package that organisations can sign up to.
- The importance of preventive measures for children and young people. A request for a child-friendly version of the wheel of health benefits of physical activity, to provide more relatable examples of ill-health.
- Better articulating the substantial long term saving for the 'Leeds Pound' associated with improving mental health, particularly in relation to numbers of children looked after and the impact of parents with mental health problems. Children and Families representatives offered to contribute further evidence around this.

- The stigma and discrimination associated with mental health services, and thus the benefits of programmes that positively impact mental health without being named as ‘mental health programmes’ – such as healthy eating and exercise programmes.
- Members emphasised the importance of a whole family approach and were asked to provide feedback on the consultation of the new draft Leeds Young Carers Strategy by 09 January 2019.
- The Board heard that a key message from the Big Leeds Chat was people’s desire and need to take responsibility for their own health, but the challenge in doing so due to the variety of other responsibilities e.g. work, childcare etc.
- Engaging children and young people at an early age to embed the importance of being physically active and mentally healthy through schools and earlier.
- Recognising the importance of support networks and how children and young people who have faced challenges growing up can continue to access support into adulthood.
- Recognising the role of Community Safety to promote physical activity (e.g. ensuring that people have access to green spaces where they feel safe).

RESOLVED – To note the Board’s feedback and comments regarding the Healthy Weight Declaration, Physical Activity conversations and evolving Social Movement, and the Mental Health Prevention Concordat.

Thea Stein left the meeting at 2:50pm, and Councillor Taylor at 3pm, during discussion of this item.

46 Leeds Health Protection Board - Annual Report

The Director of Public Health submitted a report that presented an overview of the Leeds Health Protection Board’s Annual Report and proposed priorities for 2018-19.

The following information was appended to the report:

- Headline Health Protection Indicators Annual Report (November 2018)

The following were in attendance:

- Dawn Bailey, Head of Public Health (Health Protection), Leeds City Council
- Helen McAuslane, Public Health England

The above attendees introduced the report and highlighted the key messages from the report, which included:

- The development of the Leeds Outbreak Plan, which includes an agreed detailed list of roles and responsibilities for organisations. The

plan was tested during the recent outbreak of measles, and reported to be largely successful with a few lessons learned.

- A 'one city' approach through coordination of various projects in partnership with schools and universities focused on reducing antibiotic resistance.

During discussions, the Board considered the following:

- Some concerns around groups of 'anti-science' parents who choose not to vaccinate their children, however Members were assured that this was a very small group in Leeds. Members heard that the largest population of people who have not been vaccinated live in the most deprived areas of the city, and are often new to the city.
- Strengthening links between the vaccination project in schools and the 'Best Start' strand of the CPIB and Child Poverty Strategy
- Strengthening links with the Leeds City Council's Priority Neighbourhoods.
- Members recognised the important role of the third sector for vaccination projects, and were informed that, along with other organisations, Leeds GATE (Gypsy and Traveller Exchange) were engaged in current projects as a group who have a typically low rate of childhood vaccinations.
- Some of the health challenges with the migrant population in Leeds, which will be included as part of a future update on the Migrant Health Board.

RESOLVED – To note the Board's comments and suggestions in relation to the new priorities identified by the Health Protection Board for 2018/20.

47 For information: Annual refresh of the Future in Mind - Leeds Local Transformation Plan

The Board received, for information, the joint report of the Director of Operational Delivery, NHS Leeds CCG, and the Director of Children and Families, Leeds City Council, introducing the Future in Mind - Leeds Local Transformation Plan annual refresh, which was previously submitted nationally following circulation to members for comments.

RESOLVED – To note the contents of the report.

48 For information: BCF Quarter 2 2018/19 Return Performance Monitoring

The Board received, for information, a copy of the joint report from the Chief Officer Resources & Strategy, LCC Adults & Health and the Deputy Director of Commissioning, NHS Leeds CCG, detailing the BCF Performance Monitoring return for 2018/19 Quarter 2, which were previously submitted nationally following circulation to members for comment.

RESOLVED – To note the contents of the report.

49 For information: Leeds Health and Care Quarterly Financial Reporting

The Board received, for information, a copy of the report of 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 contents of the report.

50 For information - Connecting the work of the Leeds Health and Care Partnership

The Board received, for information, the report of the Chief Officer, Health Partnerships, presenting overview of the work from the Health and Wellbeing Board workshop on communities (10th October 2018) and Health and Wellbeing Board to Board (22nd November 2018).

RESOLVED - To note the contents of the report.

51 Any Other Business

No matters were raised on this occasion.

52 Date and Time of Next Meeting

RESOLVED – To note the date and time of the next meeting as Thursday 28th February 2019 at 10am (with a pre-meeting for Board members at 9:30am)



**LSCP Meeting
9 October 2018**

In Attendance

Partnership Members

Gill Marchant (Chair)	NHS Leeds Clinical Commissioning Group, Head of Safeguarding Children & Adults
Cllr Lisa Mulherin	Executive Member for Children & Families
Helen Christodoulides	LTHT, Director of Nursing
Karen Sykes	LTHT, Head of Safeguarding
Lindsay Britton-Robertson	LYPFT, Head of Safeguarding
Sharon Yellin	Office of DPH, CDOP Chair
Farah Husain	CSWS, Head of Service (for Steve Walker)
Lucy Nicholson	National Probation Service, Senior Probation Officer
Kerrie Murray	LCC Housing, Service Manager
Becky Vickerman	Wetherby YOI (for Andrew Dickenson)
Andrea Cowans	Leeds City College, Director of Student Life
Rachael Bumby	NHS England, Nursing Y&H (for Wendy Barker)
Danni Clayton	Leeds City Council, Communications & Marketing Business Partner

Amandip Johal	CAFFCASS, Service Manager
Deborah Reilly	LCH, Head of Service (for Marcia Perry)
Mariya Naylor	Yorkshire Place 2 Be, Third Sector Reference Group Chair
Peter Harris	Primary Headteacher's Forum

Partnership Advisors/Support

Rebecca Roberts	LCC, Legal Advisor to the LSCP
Jonathan Darling	CCG, Designated Doctor
Karen Shinn	LSCP Business Unit, LSCP Manager
Lucy Chadwick	LSCP Business Unit, Communications & Engagement Project Officer
Lydia Anchen	LSCP Business Unit, Quality Assurance Project Officer
Judy Kent	LSCP Business Unit, Quality Assurance Officer
Liz Patterson	LSCP Business Unit, Senior Administrator (minutes)

Observers

Cath Lennon	LCC, Secondary Schools Representative
Paddy Kidwell	Public Protection Manager, British Transport Police

Presenters

Michelle De Souza	LCC, Domestic Violence Service Manager (re item 2.1)
Paul Sharkey	LSCP Business Unit, Assistant Manager (re item 3)
Paul Turnbull	Detective Chief Superintendent, British Transport Police (re item 5)
David Gammage	Integrated Safeguarding Unit, Service Delivery Manager (re item 6)
Anne Baxter	Service Delivery Manager, Children & Families

Apologies for Absence

Mark Peel	LSCP Independent Chair
Steve Walker	LCC, Director of Children & Families
Sal Tariq	LCC, Children & Families, Deputy Director (Safeguarding, Targeted and Specialist Services)
Wendy Barker	NHS England, Deputy Director of Nursing

Julie Longworth	Chief Officer Social Work
Marcia Perry	LCH, Executive Director of Nursing
Emma Howson	LCC, Lead Officer in Safeguarding, Public Health
Andrew Dickenson	Wetherby YOI, Governor
Ruth Burnett	LCH, Interim Executive Medical Director
Andrea Richardson	Learning for Life, Head of Service
Rebecca Gilmour	Leeds YOS, Deputy Service Manager
Phil Coneron	LSCP Business Unit, LSCP Manager

Item	Description	Action
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1 Introductions/apologies/new members

- 1.1 1.1.1 Gill Marchant welcomed everyone to the Partnership meeting and apologies were noted.
 1.1.2 Gill noted the following changes to Partnership representation:
- Superintendent Sam Millar, has been deployed to Wakefield and will be replaced by Jackie Marsh (currently on annual leave)
 - Andy Ottey, Leeds City College, is taking a year's sabbatical
 - Dave Basker has retired; recruitment for his post is ongoing.

2

3 Secure Setting Restraint Report

- 3.1 3.1.1 Paul Sharkey presented the Secure Setting Restraint Report which analyses the use of restraint by staff post-custody at three institutions:
- The Wetherby Young Offenders Institute
 - West Yorkshire Police custody suite at Elland Road Police Station
 - Adel Beck Secure Children's Home
- 3.1.2 Paul highlighted some of the reasons for the change in figures from the previous year:
- A quick increase in population size
 - Many incidences of restraint required for the same person, resulting in skewed results
 - The understanding or definition of restraint varies across institutions.
- 3.1.3 Paul compared the data from 2016/17 to 2017/18.
 3.1.4 Gill Marchant asked that any questions about the report are emailed to Paul.

4 IRO Report

- 4.1 4.1.1 Anne Baxter explained the role of the Independent Reviewing Officer (IRO). One of the requirements of the IRO, is to present an annual report to the LSCP and the Corporate Parenting Board.
 4.1.2 The social work service and the quality of care for children looked after in Leeds is strong. Improvements are needed in the following areas:
- Involvement of children in their own planning and reviewing
 - Shortage of good quality local placements
 - Lack of school provision in the form of reduced timetables or exclusion
 - Lack of school places in Leeds due to emotional or behavioural needs
 - 11% of children looked after go missing.

4.1.3 Anne summarised the key points of the report:

- Currently 97% of children looked after reviews are managed on time. This has had an effect on child consultation rates, which are down from 84% to 81%
- Parental engagement has improved
- 83% of children looked after care plans are on track with no identifiable drift or delay. If there are delays, these are usually due to a lack of placements
- 95% of children looked after have a good or outstanding relationship with their social worker
- Children with complex or multiple needs can struggle to engage with school, and school places are not always available that meet the child's needs. This leads to difficulty achieving PEP targets
- Work continues to bring children in distant placements back into Leeds, this is hindered by a lack of school placements
- There has been a reduction in the number of children looked after absent from school
- There has been an increase in the number of children looked after that are excluded from school
- Children looked after that go missing has risen from 4% to 11% due to improved and more consistent recording. Return home interviews are conducted to investigate underlying causes or issues
- Offending rates for children looked after have declined in line with the national average.

4.1.4 Anne explained that the key responsibility of the IRO is to hold the Local Authority to account and determine whether the corporate parenting of children looked after works well for the child. In 5% of cases this was deemed to be outstanding, in 85.6% of cases this was good, 8.3% of cases required improvement and 1% were deemed inadequate.

4.1.5 Anne asked that the LSCP:

- Note the context of the report
- Agree to publish the report on the LSCP website
- Be aware and supportive of the work going on to improve placement choices and work towards reunification where possible
- Be supportive of children looked after in the education world where policies are being considered, recognising them as a separate group with additional needs
- To ensure the needs of children looked after are addressed when considering processes and strategy as part of the Risk & Vulnerabilities Sub Group.

4.1.6 The partnership discussed the report and it was noted that:

- the source of the data on exclusion rates and the schools in question are made clear, so that some of the educational issues raised can be addressed
- Children's Services are committed to changing the process for drafting PEPs to improve quality and ensure that schools have access to and control of these
- Pupil Premium Plus funding has been increased which could help with provisions for those at risk of exclusion; Anne agreed that it would be useful to make social workers aware of this funding
- Along with safeguarding policies it would be good to also specify that behavioural policies consider the needs of children looked after.

Agreed/Actions

Action:

- Anne Baxter will liaise with Peter Harris to deliver the IRO report and exclusion rate data to **AB/PH** the Education Reference Group.

5.1 **5.1.1** Paul Turnbull spoke to the British Transport Police (BTP) Public Protection presentation and highlighted the following points:

- There is a significant requirement to change the culture of BTP staff in recognising vulnerability
- 48% of missing children are children looked after
- Professional curiosity is encouraged amongst BTP staff
- Increasing numbers of children are at risk of CSE
- BTP share domestic abuse incidents with MARAC
- 39% of all near misses involve children
- 76% of trespass incidents involve more than one child
- 26% of all trespass involves children, amounting to over 2500 children affected, as young as 10 years old.
- There were 12 trespass incidents, year to date, where children have died on train lines

5.1.2 Paul advised that Leeds is one of the top 10 locations in the country where children are trespassing and are at risk of serious injury or death on railways. Reasons for trespassing include taking a shortcut, “train surfing” and stone throwing.

5.1.3 Paul advised that there is now a contractual obligation for every rail operator in the country to comply with the ‘Safeguarding On Rail Scheme’. Rail operators must appoint a dedicated safeguarding manager and every member of staff will have training in safeguarding, encouraging professional curiosity.

5.1.4 Paul asked that the LSCP:

- Work in partnership with the BTP to enable a multi-agency response to safeguarding issues
- Ask about transport methods when conducting return to home interviews
- Provide a point of entry email address for information sharing
- Be aware of the BTP hub based in Leeds
- Include the BTP in information gathering for Serious Case Reviews as they may have relevant information

5.1.5 The responsibility of rail operators to secure areas where children are likely to trespass was questioned. Paul noted that this is a requirement and has been made a priority after safeguarding related incidents, however it is not always possible to secure the area in a way which will prevent future breaches. The partnership noted that reports from the BTP would be welcomed at future CDOP meetings, where relevant.

5.1.6 Paul stressed the importance of a multi-agency response and volunteered BTP staff members to deliver education in schools around the dangers of railway trespass. Representation from the BTP would be welcomed at the Education Reference Group.

Agreed/Actions

Agreed:

- Representation from the British Transport Police is welcomed by the Partnership

Action:

- Karen Shinn will circulate the presentation and contact details for the British Transport Police.

KS

6 LADO Report

6.1 **6.1.1** David Gammage presented the Local Authority Designated Officer report.

6.1.2 David advised that there has been an increase focus on ensuring the right cases are coming to the service and partner agencies being confident in using the allegations management service.

6.1.3 David reported that there had been a 21% decrease in LADO notifications in the last 12 months. This could be a result of the Managing Allegations Development Group, which ensures key

services are clear on the criteria for a LADO referral and encourages internal conversations and analysis of the LADO criteria, before a referral is made.

6.1.4 Priorities for the next 12 months were outlined, which include:

- Undertake a review of the process for managing allegations against foster carers and for this to involve the police and fostering section
- Support the development of local supportive arrangements for religious organisations with limited safeguarding knowledge with the support of the Leeds Safeguarding Children Partnership
- Provide children with clear and appropriate information, quality responses and support and guidance regarding the LADO role and to ensure that the child's voice is central to decision making
- To ensure that the child's views are recorded on the notification form and in the allegations management meeting minutes
- Develop a supportive audit process for the work of the LADO based upon the 'live audit model' used by children's social work service

6.1.5 David asked that the LSCP:

- Continues the good work of the Managing Allegations Development Group
- Address allegations around small faith organisations, piloting a buddying model in East Leeds

6.1.6 It was noted that the Third Sector already offer training packages to small faith organisations, but find it difficult to engage. Third Sector Reference Group should be included in any work to try and engage with these organisations.

7 PMSG Quarter 1 Data Report

7.1 **7.1.1** Lindsay Britton-Robertson introduced the report and made the following points:

- In the future, there will be more focus on missing and CSE data
- An Early Help Board is being developed within the Children's Trust Board with four sub areas. The data sub area will submit updates to the PMSG
- There has been a decrease in referrals to Duty and Advice from education
- Domestic abuse has created an increase in referrals as expected
- Child in Need, children on plans and children looked after numbers have stayed static
- A&E admittances for self-harm have reduced due to early support
- Road traffic accident figures increased in quarter 2; this is reflective of the summer holiday period
- There has been a decrease in the conviction rate of rape of males under 13. This may be due to a higher number of historical allegations where the perpetrator is deceased, not having enough evidence or case outcomes have not been in that quarter period
- There has been a large increase in domestic abuse numbers. Domestic abuse with a child present figures remain mostly static
- Police are able to identify drug and alcohol abuse accordingly, at the scene of a domestic abuse incident, but it remains difficult to assess mental health at that stage
- The PMSG completed a number of audits over the last 18 months seeking to improve how referrals are categorised for individual health trusts.

7.1.2 It was noted that significant injuries and incidents at Wetherby YOI are reported to the LSCP. This information is not included in the report, but this can be looked at if it is appropriate to do so.

7.1.3 It was noted that LTHT hold different figures around self-harm and a meeting has been planned to discuss categorisation of such incidents.

7.1.4 It was noted that all agencies are encouraged to use their own safeguarding teams before duty and advice, not just LCH as noted on page 55 of the report. Lindsay agreed that this was an oversight.

7.1.5 Lindsay confirmed Front Door sub groups are in the process of tracking the referrals noted in the recommendations and progress will be shared in due course.

Agreed/Actions

Action:

- Lydia Anchen and Karen Shinn to consider including serious incident notifications from Wetherby YO1 in reporting. **KS/LA**

8 Was Not Brought Holistic Approach

8.1 8.1.1 Karen Shinn presented a proposal from the Three Boards around developing a city wide holistic approach to the concept of “was not brought”. The proposal is a result of children being taken off roll for non-attendance, as seen in local and national SCRs and other reviews.

8.1.2 Karen highlighted a campaign from Nottingham safeguarding authorities in which a video was developed to try and help the re-thinking of “did not attend” appointments.

8.1.3 Karen explained that the proposal is to develop a similar campaign to that of Nottingham, but broader, so as to capture the concept of missing all appointments (not just health). This is applicable to anyone reliant on someone else to either make an appointment or take them to it. The proposal would include developing a video with additional resources and social media, at a cost of £10k, spread across the Three Boards.

8.1.4 Karen asked that partner agencies commit to adopting the concept of “was not brought” and consider a change of language.

8.1.5 It was highlighted that:

- The approach could be difficult to implement across a large organisation such as the Teaching Hospitals
- This could mean a need to change recording systems
- The language of was not brought could be seen as accusatory.

8.1.6 It was noted that primary care have developed a “was not brought” template which is attached to SystemOne and EMIS, which prompts GPs to have that professional curiosity to look into any underlying reasons for missed appointments. This could be helpful for health professionals to consider at this point, rather than a change of coding.

Agreed/Actions

Action:

- Karen Shinn will look into the outcomes of the Nottingham campaign. **KS**

9 CQC Report

9.1 9.1.1 The report was deferred to the next meeting to allow oversight of the summary report which was not circulated.

9.1.2 Gill Marchant gave a brief summary of the process and findings.

Agreed/Actions

Agreed: The report and findings will be considered by LSCP Sub Groups.

10 SUDIC Report

10.1 10.1.1 Debbie Reilly spoke to the SUDIC Rapid Response Team report and made the following points:

- Access to psychological support has been put into place for the SUDIC professional post
- SUDIC Peer reviews are encouraged to ensure the Coroner is guided appropriately
- Light Bite sessions are well attended and well received

- The SUDIC doctor consists of two staff for one part-time role, this has placed limitations on time available
 - Access to paediatric forensic post mortem services is limited without a bespoke response; ideas on how to address this are welcomed
 - The SUDIC professional's course in Warwick is no longer available – this has been raised with NHS England
 - The delivery of unsafe sleeping messages is continuing. Health visitors record the information given to parents, including the risk of criminal investigations for parents found to be under the influence of drugs or alcohol if their baby dies as a result of co-sleeping.
- 10.1.2** The Partnership requested that the following be fed back to the SUDIC Team:
- That the number of home visits conducted by the SUDIC team is reviewed, including when visits do and don't take place; this has been useful to the CDOP process in the past
 - That the SUDIC Team ensure appropriate bereavement service signposting.

Agreed/Actions

Action:

- Debbie Reilly will relay the feedback of the Partnership to the SUDIC team

DR

11 Play Safe Campaign

11.1 The campaign was noted.

11.2 Lucy Chadwick added that engagement with the campaign was good and there are plans to repeat it each year. There is opportunity to liaise with the British Transport Police on their future campaigns.

12 Minutes of the Previous Meeting

12.1 The minutes of the meeting held on 10 July 2018 were agreed.

12.2 Andrea Cowan's job title is to be amended to 'Director of Student Life'.

13 Action Tracker & Forward

13.1 The action tracker was noted.

14 AOB

14.1 Safeguarding Awards

14.1.1 Mark Peel has collated the nominations for outstanding professional contribution to safeguarding and proposed a £100 gift voucher for one professional, who received 12 nominations. A further £25 gift voucher will be given to each additional nominee, totalling rewards of £225.

Agreed/Actions

Agreed

- The proposal was agreed; the awards will be presented at the next Partnership meeting.

15 Date of Next Meetings

LSCP Executive – 18 October 2018

LSCP – January 2018

MINUTES

**Business Committee Meeting
Boardroom, Stockdale House
Wednesday 23 January 2019 (9.00am – 12.00 noon)**

- Present:** Tony Dearden (Chair) Non-Executive Director (TD)
 Richard Gladman Associate Non-Executive Director (RG)
 Thea Stein Chief Executive
 Bryan Machin Executive Director of Finance & Resources
 Sam Prince Executive Director of Operations
- Attendance:** Laura Smith Director of Workforce (LS)
 Diane Allison Company Secretary
 Richard Slough Assistant Director of Business Intelligence, (for item 63c)
 Peter Ainsworth Operational Support Manager (for items 64c)
 Anna Green Service Manager for Specialist Business Unit (for item 62)
 Adele Archer Service Manager for Sexual Health (for item 62)
 Liz Ward Clinical Pathway Lead for Sexual Health (for item 62)
- Apologies:** Brodie Clark Non-Executive Director (BC)
- Observer:** Roohi Collins Aspiring NED Programme
- Note Taker:** Ranjit Lall PA to Executive Director of Finance & Resources

Item	Discussion Points	Action
2018/19 (61)	<p>The Committee Chair welcomed everyone to the meeting.</p> <p>61(a) - Apologies: None recorded.</p> <p>61(b) - Declarations of Interest Prior to the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Committee members.</p> <p>The Committee Chair asked if there were any additional interests. There were no additional declarations of interest received.</p> <p>61(c) - Minutes of last meeting The public and private minutes of the meeting dated 28 November 2018 were noted for accuracy and approved by the Committee.</p> <p>61(d) – Matters arising from the minutes and review of actions</p> <p><u>Traded services income generated opportunities</u> Please see private minutes.</p>	

<p>2018/19 (62)</p>	<p>Service area focus: Leeds Sexual Health Service</p> <p>Representatives from Leeds Sexual Health Service attended for a shared problem-solving session. The service provided the Committee with a briefing paper in advance of the meeting, which provided background and contextual information about the service, including the integrated service model, and described the challenges around managing capacity and demand in a 'walk-in' service.</p> <p>The Executive Director of Operations said that she would like the Committee to look at areas of concern with fresh eyes. The challenge for the service is that it is commissioned to provide predominantly drop-in appointments and this was leading to excessive waits for patients; patients leaving before a service could be offered and an overwhelming feeling for staff that they were unable to cope with the workload. The service talked through the measures they had put in place to manage the queues and the Committee was impressed by the collaborative approach taken.</p> <p>The service provided the Committee with data to demonstrate how its approach to quality improvement had a positive impact on DNA rates and significantly on the number of people who walk out when waiting too long a time to be seen at a clinic. An action plan was developed in response to the Care Quality Commission inspection and whilst progress was made in a number of areas timely access to the service remained a challenge.</p> <p>It was noted that DNA rates were greater for internet booking. A text reminder was being sent, but because of access through phone lines, appointments could not always be cancelled in a timely way and as a result DNA rates increased. A text back enabling patients to 'cancel' had been introduced and was proving helpful in releasing unwanted appointment slots.</p> <p>The Committee congratulated the service on their approach to quality improvement, finding solutions, and combining excellent staff engagement with data collection and analysis. Data analysis provided hard evidence to support negotiations with Commissioners.</p> <p>The Executive Director of Operations said that one of the great successes of this service was the turnaround of relationship with Commissioners. As a result it had been recognised that the service often picked up demand which should be managed within primary care and commissioners were now looking at how they could engage with practices to ensure the right service was provided in the right place.</p> <p>The Chief Executive suggested that if the service required support with regard to working with primary care they should approach the Interim Executive Medical Director or Deputy Medical Director for support. The Chief Executive also offered to speak to the Leeds GP Confederation about the issue.</p> <p>The Chief Executive was pleased to note how the service managed to increase staff engagement all the way through during change.</p> <p>The Associate Non-Executive Director (RG) asked about internet booking and whether there was scope for people for treatment/self-help online. It was noted that there was a good and accessible website with information on other services as well as Leeds Sexual Health Service. There was also an advice line running in the morning for people to ring in to speak to a nurse.</p> <p>The Chief Executive asked whether the clinics had terminals in the waiting</p>	
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	<p>areas where people could come in to look for solutions, with support if necessary from a member of staff. The Clinical Pathway Lead said that this was something the service could consider.</p> <p>The Executive Director of Operations said that this improvement work would be showcased as an example at a celebratory event and for people to consider if the methodology could be used in their services.</p> <p>The Committee Chair thanked the representatives from the Leeds Sexual Health team for the hard work and progress made.</p> <p>Outcome: The Committee reflected on a number of issues presented.</p>	
<p>2018/19 (63)</p>	<p>Business and commercial</p> <p>63(a) - Operational plan 2018/19 update The report provided an overview of progress towards achieving the Trust's priorities set out in the 2018/19 operational plan at end of third quarter and provided a forecast for the year-end and drawing attention to the RAG ratings.</p> <p>The Committee was advised that ten priorities were currently on track, with the remainder having some risk of not being achieved. There were three priorities forecasting under performance at year-end. These were: to reduce sickness absence, develop Child and Adolescent Mental Health Services (CAMHS) Tier 4 new build and service offer, and work on productivity within agreed services.</p> <p>The Executive Director of Finance & Resources provided clarity to the red rating in priority 4. He said that the narrative that applied to red rating suggested that year to date there had been twelve peer review assessments of services and of that review five had been rated 'requires improvement', which was incorrect. He said that the five that had been rated 'required improvement' were in fact services own assessments.</p> <p>The paper required changes to statistics for those assessments that were peer reviewed; the reds changing to green. The Executive Director of Finance & Resources said that this was an error of process and it was important to note that the review of quality challenge was continuing to meet requirements. The operational plan was to be amended for the Trust Board meeting.</p> <p>The Chief Executive stressed that the correct paper is stored in the right folder to form part of three sets of papers that may be required for CQC and the Board.</p> <p>Outcome: The Committee noted good progress across most priorities at quarter three and the forecast for year-end.</p> <p>63(b) - Financial framework 2019/20 The Executive Director of Finance & Resources tabled a paper providing details of calculations for 2019/20 control total. He said this time last year the Trust was advised of the control total of £1,208k which was excluding provider sustainability funds (PSF). In the current year 2019/20 the calculations were based on previous year starting at £1,208k.</p> <p>The Executive Director of Finance & Resources continued to say that £1b of PSF had been transferred into tariff price for urgent and emergency care.</p>	

He reported that there was a £643k “allowance” in the control total for a range of factors including pay award funding that will not flow into the Trust through tariff because of significant income coming through Local Authority.

It was noted that the Trust was unable to spend PSF during the year of £1.2m and the control total of £1.7m of which is expected to be £544k.

The Executive Director of Finance & Resources said the Trust would need to formally decide whether we accept or reject the control total and his recommendation at present was to accept it.

The next steps were to work through a broad outline for next year’s budget with a 3% CIP. The Senior Management team (SMT) would be receiving a draft proposal during next month and then to the Business Committee after that.

Outcome:

The Committee noted the financial position.

63(c) - Health and social care network (HSCN) migration

The Assistant Director of Business Intelligence, Systems & IT introduced the paper. He said in summary the paper was about health and social care network migration from the legacy transition network and a requirement to move to the successor of the NHS private network known as ‘HSCN’. The regional procurement process concluded in the summer of 2018 to commission ‘Red Centric’ as the new provider.

The offer from Red Centric included benefits in security, ability to share connections, allowing for growth in network traffic and more resilient in terms of connections currently used.

Subject to Business Committee approval, a full report would be presented to the Trust Board for consideration and approval as the value of contract is in excess of £1m.

The Assistant Director of Business Intelligence, Systems & IT said that since writing this paper Red Centric had come up with an updated offer which included a 10% reduction in installation charges (if the installation charges were paid up front saving approximately £13k; and the inclusion of managed firewalls on the HSCN connections saving a further £22k). He said further, costs may still come down again if connections could be shared with Local Authority and the Police for the sites we jointly occupy. The Assistant Director of Business Intelligence, Systems & IT said that he was meeting with Red Centric on 24 January 2019 to go through the revised proposal to firm up the final costs for the Trust Board Report.

The Associate Non-Executive Director (RG) agreed to the proposal noting the action was a “must do” to maintain connectivity. The Executive Director of Finance & Resources raised a concern about the around Red Centric, given their recent cash flow warning and paying upfront for installation charges. The Assistant Director of Business Intelligence, Systems & IT noted to the Committee that as part of the European Procurement Process due diligence would have been undertaken and would seek further information about what had been assessed.

	<p>Outcome: The Committee noted the recommendations in the paper and gave its approval to the report being prepared for the Trust Board. The Chief Executive suggested including a paragraph in the paper about due diligence.</p>	
<p>2018/19 (64)</p>	<p>Strategy development and implementation</p> <p>64(a) - Business development update (Please see private minutes)</p> <p>64(b) – Workforce strategy The Committee was presented with the draft Workforce Strategy (2019-21) for final approval. The strategy described the direction of travel in the areas of focus and subsequently a framework for delivery of the strategy.</p> <p>The Director of Workforce (LS) said that the strategy aimed to align with the Trust’s overall priorities, and to ensure delivery of the best possible care in all the communities. She said this was the final draft of workforce strategy for submission to the Trust Board for approval on 1 February 2019.</p> <p>The Committee was asked to note the progress made, invited final comments on style and content and indicated level of assurance before submission to the Trust Board.</p> <p>The strategy was developed based on Trust’s values and behaviours. Subject to Board approval, the final workforce strategy is to be shared with the organisation with a much shorter “plan on a page” summary for dissemination. A business plan for 2019/20 was also being constructed aligned to the strategy.</p> <p>The Associated Non-Executive Director (RG) challenged how the five ‘pillars’ described in the strategy related to the functional areas of the workforce directorate. The Director of Workforce (LS) said that the five functional areas represented in the framework jointly contributed to the different priorities.</p> <p>The Chief Executive was pleased to note the clarity coming out all the way through in this final version of where organisational behaviours were prioritised and aligned with the icons, and preferred this style as a template for others to use.</p> <p>The Chief Executive asked about equality and diversity whether it needed its own line to focus on Workforce Race Equality Standard (WRES) characteristics which was being monitored particularly closely.</p> <p>The Committee Chair suggested that section 7; priorities for delivery, and section 8; delivery and strategy should be switched around.</p> <p>Outcome: The Committee noted the content of the workforce strategy and gave its approval for submission to the Trust Board subject to minor presentation changes.</p> <p>64(c) - Estates strategy and rationalisation plan update The Executive Director of Finance & Resources introduced the draft estate strategy transformation 2019-2024. He said that at the last Business Committee meeting in November 2018, the Committee felt that the document did not demonstrate sufficient vision.</p>	

	<p>The Committee received a report describing proposals for an estates strategy refresh. This paper set out the vision and the key proposals and targets which would shape the revised strategy.</p> <p>The Committee was advised of the opportunities this strategy provided for rationalising and utilising space in a different way and for working more closely with partners across the City. The Committee reflected that the paper did not cover enough about the change in the ways that staff work and whether the strategy should drive or facilitate the change.</p> <p>The Operational Support Manager felt that there was a vision there but not being translated. This paper was designed to transform that vision tied into future development of services, integration with primary care and linking into a greatest digital transformation.</p> <p>The Associate Non-Executive Director (RG) said that the draft strategy had come up a level and talks about future aim. He said most of the raw material was in place to construct a strategy in the style and way of expressing in the way the final workforce strategy was received by the Committee today.</p> <p>The Operational Support Manager said that the context of the strategy would be in two parts. He was confident that from a clinical point of view he was heading in the right direction to deliver services for the future in a different way. He was less confident around the new ways of working for staff, potentially there could only be five offices for staff resulting in a reduced need for fixed desks and more flexible meeting rooms and break out spaces to touch base.</p> <p>The Chief Executive said that taking staff on the journey of different ways of working and using less space is something that is complicated and the Trust was only part way along the journey. She said to understand that complexity, ambition and radical change, it's needed to be clear coming through the estate strategy.</p> <p>In respond to a question from the Chair about one public estate the Operational Support Manager said that one public space principle will help to write the strategy. The potential to work with partners on using each other's building to reflect the future requirements for supporting the changing needs of Leeds Community Healthcare NHS Trust staff working with public sector partners.</p> <p>Outcome: The Committee considered the content of the report demonstrating the vision that was lacking in the previous document. The revised strategy is to be presented to the Committee later in the year.</p>	
2018/19 (65)	<p>Project management 65(a) - Projects report (Change Board)</p> <p>The Executive Director of Operations introduced a brief paper on Change Programme Board. A plan on a page was attached to give an overall summary.</p> <p>The Committee received an overview of the Trust's major change projects from December 2018 meeting. The Committee was advised that an options appraisal paper on the administration review project was to be considered by Senior Management team (SMT) regarding next steps, project support and</p>	

	<p>timescales for completion.</p> <p>The Committee was reasonably assured by the information about individual projects but requested that future reports should include information about cross-cutting dependencies for the six major change projects.</p> <p>The Chief Executive reflected on the change programme board and the reporting on projects. She said one of the reasons for setting up this Programme Board was to look at projects coming together to create the working lives we want. In terms of the actual reporting she expected to see a paragraph on how the projects came together to support this aim.</p> <p>The Committee Chair requested that the focus of this discussion was considered in the next report.</p> <p>Outcome: The Committee received an overview of the Trust's major change projects. The report provided the Committee with reasonable assurance. No other issues had been escalated from the projects.</p> <p>65(b) – Child and adolescent mental health services (CAMHS) Tier 4 (Please see private minutes)</p>	
<p>2018/19 (66)</p>	<p>Performance management 66(a) - Performance brief and domain reports</p> <p>Before this item on the agenda was discussed, the Associated Non-Executive Director (RG) sought clarification about the next three reports; performance report, neighbourhood team report and workforce report. He said that they were all being presented at the same time, with information overlapping and being duplicated.</p> <p>The Executive Director of Operations said that a reflection at SMT was to re-introduce the report from governance perspective in order to provide assurance to the Business Committee. The Committee agreed to receive a quarterly update.</p> <p>The Executive Director of Finance & Resources said that to reduce duplication is to have the neighbourhood team update in the service specific section within the performance brief. The Chief Executive agreed that the report should definitely be brought back and used as a focus point within the performance brief under service specific area called areas of potential concerns. The Workforce Directors were asked to agree representation of workforce update.</p> <p>The Executive Director of Finance & Resources introduced a new format of the performance brief with improved narrative which provided the Committee with a much clearer picture of performance. There was now a link between sickness, performance, operational details, finance, and improving approach to services citywide and the narrative highlighting and signposting performance where issues exist.</p> <p>Safe and caring domain The Quality Committee reviewed the safe and caring domains at its meeting on 21 January 2019. The key performance indicators were above target for December 2018.</p> <p>Responsive domain The Trust continued to perform well against nationally reported waiting list</p>	

indicators with all rated green for December 2018.

Effective domain

NICE guidance update in the effectiveness was being reviewed this quarter as discussed at the Quality Committee. The Executive Director of Finance & Resources said that the table in the report on effectiveness would be revised for quality challenge and the Board version.

The report also drew attention to the need for a review of quality challenge and peer review process 'requires improvement'.

Well-led domain

The Committee noted that statutory and mandatory training figures were down in December 2018; this was because of a national issue with e-learning, which had since been resolved.

The Committee discussed sickness absence figures and was advised that the Trust was not statistically an 'outlier' when compared to other trusts.

The Committee reviewed the Improving Access to Psychological Therapies (IAPT) waiting times information and were advised that a recovery plan was being discussed with the Commissioners, to improve access and flow. In the meantime, additional funding had been provided.

Deterioration in performance in the IAPT service was challenged by the Committee. The Executive Director of Operations provided the following update:

The Commissioners had asked the Trust to concentrate on improving the access rate. The national expectation is 19% and the Trust had been commissioned to provide 15% access. The Trusts performance had been around 13.5% and there was a dip in quarter two access rate. The focus of more people through the door caused problems in providing timely intervention service. The Executive Director of Operations said that in quarter three with increased flow of people, screening was completed appropriately but delayed their first treatment within six weeks. Work was continuing with the Commissioners to work on a recovery plan. The Commissioners had also provided additional funding to increase staffing at the front door.

The Executive Director of Operations said that within the number of referrals from CAMHS service to the ICAN service itself, the number of waiters had also increased. The overall increase in the number of CAMHS waiters was attributed to the neurodevelopmental pathway. The reason for this was that the service had been out sourcing a number of CAMHS referrals without prior discussion or exploring whether the child was already known to paediatrics, which actually appeared to be the case. The report was to be amended for the Trust Board meeting on 1 February 2019.

Finance

The Committee was advised that the Trust's overall financial position remained consistent with previous months and was likely to achieve its financial control total this financial year.

Outcome:

The Committee was satisfied with most areas of progress in the performance brief.

66(b) - Neighbourhood report

Please see discussion noted above in item 66(a)

66(c) - Workforce quarterly report (including WRES action plan)

The report summarised the work undertaken to progress current priorities for the workforce directorate during October 2018 to December 2018, outlining key impacts and risks. The Director of Workforce (LS) said that the themes described in the report will be reflected in the new workforce strategy (2019-21), which was currently in development, for completion in quarter four.

The Workforce Director (LS) said that there were three things worth noting as follows:

- The report included Workforce Race Equality Standard (WRES) action plan update.
- Further analysis had been undertaken to understand the turnover figure for those staff with less than 12 months service between January and December 2018.
- First year attrition rates in sickness.

The Director of Workforce (LS) said that work was continuing to recognise annual pattern of absence and to focus on unknown issues. She said that focus was not quite right when comparing with other Community Trusts.

There were discussions about staff groups with the highest first year attrition rates where the sickness had been consistent over last three years.

The Chair said that in principle there were consistent processes and controls in place but there were no specific focus on looking at these issues at the Trust Board or by the Executive team over the last 3 years. The Chief Executive said that the focus was on a steady increase in long term sickness before going over twenty-one days. The Director of Workforce (LS) said that there wasn't anything this could be applied to specifically or a problem that could be solved.

The Chair noted that the highest rate of turnover was reported for corporate services in quarter three. The Director of Workforce (LS) responded to say that this was a rolling 12 months data throughout the year, being a perennial issue.

Outcome:

The Committee noted content of the quarterly workforce report.

66(d) - Operational and non-clinical risks register

The Committee considered changes to non-clinical risks on the risk register as follows.

- Two new non-clinical risks scoring 8 or above
- One operational risk with a revised higher score
- Five non-clinical risks had a decreased score
- One risk had been closed since the previous report.

The Company Secretary said that the two new month end clinical risks were increase in demand within the foot protection service and an increase in demand within the speech and language therapy service. She said the revised high score risk was for the IAPT service discussed earlier in the meeting today.

Currently there was one extreme risk on the Trust's risk register (scoring 15 or

	<p>more). The Chief Executive said that this risk relates to the outcome from sickness which is what should be on the risk register rather than the sickness itself. The risk had been mitigated by use of agency and bank staff. This risk is to be deescalated.</p> <p>Outcome: The Committee noted the recent revisions made to the risk register.</p> <p>66(e) - Internal audit reports The report provided a summary of the outcomes from completed internal audit reports where the reports related directly to the role and functions of the Business Committee.</p> <p>The paper covered completed audits for collaborative partnership working and key financial systems. Both audits concluded with reasonable assurance.</p> <p>Outcome: The Committee noted the final internal audit assurance review.</p>	
2018/19 (67)	<p>Annual reports 67(a) - Business committee effectiveness annual review It was agreed to defer this agenda item to next meeting in February 2019.</p> <p>67(b) - Health and safety group annual report and amended terms of reference The annual report provided the Committee assurance of the work that the Health and Safety group completed during 2018 in accordance with the Health and Safety group's terms of reference. The Committee was asked to review its effectiveness and note continued improvements and discharged responsibilities to the Business Committee.</p> <p>Outcome: The Committee note the information provided within the report.</p>	
2018/19 (68)	<p>Minutes to note 68(a) - Draft health and safety group minutes (29.11.18) 68(b) - LCH contract management board minutes (27.11.18)</p> <p>The minutes of the above meetings were noted by the Committee.</p>	
2018/19 (69)	<p>Business Committee work plan Future work plan The work plan was reviewed by the Committee members and no changes were requested.</p> <p>Outcome: The Committee agreed the work plan.</p>	
2018/19 (70)	<p>Matters for the Board and other Committees</p> <ul style="list-style-type: none"> • Operational plan • Health and Social Care Network migration • Workforce reports • Change board projects • Estates • Performance brief 	
2018/19 (71)	<p>Any other business None recorded.</p>	