

Board Meeting (held in public)  
Friday 27 March 2020, 9.00am  
Trust Headquarters, Stockdale House, Victoria Road, Leeds LS6 1PF

**AGENDA**

Time	Item no.	Item	Lead	Paper
<b>Preliminary business</b>				
9.00	2019-20 (115)	Welcome, introductions and apologies	Neil Franklin	N
	2019-20 (116)	Declarations of interest	Neil Franklin	N
	2019-20 (117)	Questions from members of the public	Neil Franklin	N
	2019-20 (118)	Minutes of previous meeting and matters arising: a. Minutes of the meeting held on 7 February 2020 b. Actions' log	Neil Franklin Neil Franklin	Y Y
<b>Urgent discussion</b>				
9.10	2019-20 (119)	Chief Executive's report • Includes Coronavirus (COVID-19) update	Thea Stein	Y
<b>Sign off /approval</b>				
9.40	2019-20 (120)	Annual plan 2020-21 a. Organisational plan (priorities and financial plan) 2020-21 b. Board Assurance Framework 2020/21 (Draft)	Bryan Machin	Y
9.55	2019-20 (121)	Performance a. Draft High Level Indicators for Performance Brief 2020/21	Bryan Machin	Y
10.05	2019-20 (122)	Corporate governance report including: • Going concern report – to approve • Declarations of interest and compliance with fit and proper person requirements made by directors for 2019/20	Thea Stein	Y
10.15	2019-20 (123)	Learning and development strategy	Steph Lawrence	Y
<b>Other information for noting</b>				
	2019-20 (124)	Performance brief and domain reports a. Performance brief -February 2020	Bryan Machin	Y
	2019-20 (125)	Risk a. Significant risks and Board Assurance Framework summary report	Thea Stein	Y
	2019-20 (126)	Strategy updates: a. Workforce strategy: proactive analytics  b. Engagement Strategy c. Quality Strategy	Jenny Allen/Laura Smith Steph Lawrence Steph Lawrence	Y Y Y
	2019-20 (127)	Committees' assurance reports: a. Audit Committee: 13 March 2020 b. Quality Committee: 24 February 2020 and 23 March 2020(verbal) c. Business Committee: 26 February 2020 and 25 March 2020 (verbal) d. Charitable Funds Committee: 28 February 2020 e. Nomination and Remuneration Committee: 28 February 2020	Jane Madeley Ian Lewis Brodie Clark Brodie Clark Brodie Clark Neil Franklin	Y Y Y Y Y
	2019-20 (128)	Approved minutes and meeting notes (for noting): a. Audit Committee: 10 January 2020 b. Quality Committee: 27 January 2020 c. Business Committee: 29 January 2020 d. West Yorkshire Mental Health Services Collaborative Committees in Common (WYMHSC C-In-C) 21 January 2020 –meeting notes	Neil Franklin	Y Y Y Y
	2019-20 (129)	Close of the public section of the Board	Neil Franklin	N

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

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

<p><b>Agenda item 2019-20 (118a)</b></p>
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**Friday 7 February 2020, 9.00am – 11.45am**

<b>Present:</b>	Neil Franklin Thea Stein Brodie Clark Jane Madeley Richard Gladman Professor Ian Lewis Helen Thomson Bryan Machin Sam Prince Steph Lawrence  Dr Ruth Burnett Laura Smith	Trust Chair Chief Executive Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Executive Director of Finance and Resources Executive Director of Operations Executive Director of Nursing and Allied Health Professionals Executive Medical Director Director of Workforce, Organisational Development and System Development (JA)
<b>Apologies:</b>	Jenny Allen  Diane Allison	Director of Workforce, Organisational Development and System Development (LS) Company Secretary
<b>In attendance:</b>	Sheila Sorby  Lisa Bolton Lynne Chambers	Assistant Director of Nursing and Clinical Governance (shadowing Executive Director of Nursing and Allied Health Professionals) Item 99 Item 99
<b>Minutes:</b>	Bridget Lockwood	Business Support Manager (CEO & Chair's Office)
<b>Observers:</b>	Three members of the Shadow Board were in attendance.	
<b>Members of the public:</b>	None	

Item	Discussion points	Action
2019-20 (96)	<p><b>Welcome and introductions</b> The Trust Chair welcomed Board members and members of staff attending the meeting.</p> <p><b>Apologies</b> Apologies were noted from Jenny Allen, Director of Workforce, Organisational Development and System Development and Diane Allison, Company</p>	

	Secretary.	
<b>2019-20 (97)</b>	<p><b>Declarations of interest</b></p> <p>Prior to the Trust Board meeting, the Trust Chair had considered the Trust Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Board members.</p> <p>A Non-Executive Director (JM) declared an interest in relation to Item 111 – Research and Development Strategy.</p>	
<b>2019-20 (98)</b>	<p><b>Questions from members of the public</b></p> <p>There were no members of the public in attendance and no questions had been notified in advance of the meeting.</p>	
<b>2019-20 (99)</b>	<p><b>A patient's story: Safeguarding</b></p> <p>Executive Director of Nursing and Allied Health Professionals introduced Lisa Bolton, a Specialist Nurse for Looked After Children who worked within the Trust. The Executive Director of Nursing and Allied Health Professionals had heard Lisa speak at a conference the previous year and felt that it was important for the Board to hear her story and understand the safeguarding issues for staff and patients in this context. Lynne Chambers, Head of Safeguarding, attended to support Lisa.</p> <p>Lisa shared her sister Fiona's story to raise awareness about coercive control as a form of domestic abuse. The Board heard how Fiona's husband's depression had increasingly escalated into a pattern of controlling and paranoid behaviour, which included rationing Fiona's money, hiding her passport, and a continuing accusation of infidelity. This resulted in her not seeing members of her family, death threats and an assault on Lisa's husband (Fiona's husband had tried to cut his throat), and ultimately, Fiona's murder.</p> <p>Shortcomings in the legal process were highlighted, including the lack of statements taken when Lisa's husband had been assaulted, for which Fiona's husband received a community service order following a conviction for GBH in a Magistrate's Court. Lisa described the escalation in behaviour which led to Fiona telling her husband she was going to leave him which resulted in her being brutally killed by him. The Board heard that, following his conviction for manslaughter on the grounds of diminished responsibility and a sentence of only 7-8 years, Lisa had campaigned for the case to be taken to the Court of Appeal. The sentence was consequently changed to a life license for which he served nine years and had restrictions placed on him upon his release.</p> <p>Lisa outlined the input of health professionals throughout this period, including her own interventions in contacting his psychiatrist to inform them about Fiona's family's concerns. The same psychiatrist had concluded a number of years prior to Fiona's murder that there were no concerns regarding the behaviour of Fiona's husband. Lisa's contact with them had been documented in the clinician's notes. It was discovered following Fiona's death that her husband had been diagnosed with pathological jealousy a number of years earlier, health care professionals had not followed up when he had missed appointments, and he had told a receptionist that he was going to do something which again was not followed up. Had Fiona and her family been aware, different decisions may have been made and the situation may not have escalated as it did.</p> <p>Lisa suggested how professionals might ask "sticky questions" if they suspected domestic abuse, for example, to ask if the service user felt they</p>	

	<p>were in an equal relationship, to look for clues and to challenge any derogatory behaviour.</p> <p>The Chair thanked Lisa for her bravery in sharing Fiona’s story, highlighting gaps both in the criminal justice system, and in her fighting the unduly lenient sentences, and highlighting the shortcomings in the actions of health professionals throughout. The Chair invited Board members to pose questions and make observations.</p> <p>The Executive Director of Operations asked what the organisation might do, particularly with its staff, to increase awareness of coercive behaviour in relationships, possibly an ‘always event’. Lisa responded that the Looked After Children team had changed their patient contact forms to include a question about whether a service user ever felt threatened or scared. The Head of Safeguarding felt that the Trust was very supportive of its staff but awareness needed to be raised as some patients would be hoping to be asked the right questions by professionals to allow them to open up about abuse they were experiencing.</p> <p>The Director of Workforce, Organisational Development and System Development asked if Lisa was involved in revising the Trust’s Domestic Abuse Policy. The Head of Safeguarding agreed to involve Lisa in this.</p> <p>The Chief Executive commented that Fiona’s story was a helpful reminder that anyone could be an abuser or be abused, and clinicians needed to recognise that abuse happens in many families, regardless of circumstances and profession, and did not always take the form of physical abuse.</p> <p>A Non-Executive Director (IL) felt that asking ‘sticky questions’ was a real learning point for professionals, and asked how staff could be trained to start to address this. The Head of Safeguarding outlined the training on domestic abuse and routine enquiry provided by Safer Leeds, and specifically, how to ask the right questions. The Head of Safeguarding added that Children’s Services and the Looked After Children team were better at this than adult services, and highlighted that abuse of the elderly was also a significant issue. It was noted that an online training package on domestic violence was also available to staff.</p> <p>The Executive Medical Director referred to the work being undertaken in the city in General Practice regarding the always event and reiterated that staff needed to feel confident that it was always appropriate to ask this question.</p> <p>The Executive Director of Nursing and Allied Health Professionals thanked Lisa for her presentation and committed to increase staff awareness as part of Fiona’s legacy.</p>	
<p><b>2019-20 (100a)</b></p> <p><b>2019-20 (100b)</b></p>	<p><b>Minutes of the previous meeting held on 6 December 2019</b> The minutes were reviewed for accuracy and agreed to be a correct record.</p> <p><b>Items from the actions’ log</b> The Board noted that there was one action which was due for completion in August 2020.</p> <p>There were no matters arising from the minutes.</p>	
<p><b>2019-20 (101)</b></p>	<p><b>Chief Executive’s report</b> The Chief Executive presented the report which provided the Board with an overview of the Trust’s activities in support of its strategic objectives. In</p>	

addition to the areas included in the report, the Chief Executive confirmed that the action plan created following the Health and Safety Executive's (HSE) inspection in September 2019 had been reviewed by the Health and Safety Group, the Senior Management Team and the Business Committee and subsequently submitted to the HSE.

The Chief Executive invited the Executive Director of Nursing and Allied Health Professionals to provide an update on the Coronavirus outbreak. The Board noted that the Trust was engaged in conference calls with NHS England/NHS Improvement, and Leeds City Council's Public Health team. The Executive Director of Nursing and Allied Health Professionals confirmed that the Infection Prevention and Control team were being vigilant, and had the correct equipment in stock, including face masks, should the Trust be asked to carry out community screening. Given the small number of cases reported in England to date, a pragmatic approach was being taken by the Trust at this time. Trust staff had been informed about relevant policies, procedures and escalation procedures, and health centres were displaying Public Health England posters which provided guidance to service users.

A Non-Executive Director (JM) asked if the calls taking place regarding Coronavirus involved those outside the healthcare sector, such as the universities, given the number of Chinese students in the city. The Executive Director of Nursing and Allied Health Professionals agreed to check this with the Director of Public Health.

The Chief Executive invited questions regarding the updates provided in the paper. A Non-Executive Director (IL) queried the implications of the proposed six month delay in agreeing a New Care Models Provider Collaborative contract, specifically, what the financial implications and impact on patient care might be. The Executive Director of Finance and Resources confirmed that the delay had been proposed by Leeds Community Healthcare NHS Trust to ensure that the monies were sufficient to commission Tier 4 services. The Board noted that savings the Trust had made, and subsequently invested in community services, had not been taken into account in the baseline. This funding would be needed for investment in the new unit. Similar discussions were taking place elsewhere nationally.

A Non-Executive Director (JM) asked if the New Care Models funding would be rolled over and the Executive Director of Finance and Resources agreed to clarify this. It was noted that recruitment was underway to replace the Clinical Lead and project management roles that were to become vacant in March 2020. Recruitment was also underway to replace the Care Navigators, therefore ensuring the continued provision of the service.

A Non-Executive Director (RG) asked if the position with regard to Leeds GP Confederation and the Primary Care Networks (PCNs) would become more stable following the signing of a new GP contract the previous day. The Chief Executive responded that the new GP contract had been a huge change but it was unclear whether it would be an enabler for the integration strategy. This was partly due to GP practices being able to pay what they wished for PCN roles rather than offering roles on Agenda for Change terms and conditions, in line with NHS Trusts.

A Non-Executive Director (JM) asked where responsibility for the Trust's sustainability plan would rest. The Chief Executive confirmed that the Executive Director of Operations was the lead director on climate emergency, and the plan would have a Committee and Board level profile. The Executive Director of Operations suggested that sustainability be added as a topic for a

	<p>Board workshop. A Non-Executive Director (JM) offered to put the Executive Director of Operations in touch with sustainability experts at the University of Leeds to assist with the workstream.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Director of Public Health in Leeds to be asked if the universities in the city were included in updates regarding Coronavirus</b></li> <li>• <b>Clarification to be sought regarding the rollover of New Care Models funding given the six month delay re the Provider Collaborative contract</b></li> <li>• <b>Contact details for sustainability experts to be shared with the Executive Director of Operations</b></li> </ul> <p><b>Outcome:</b> The Board noted the Chief Executive’s report and the matters highlighted.</p>	<p>SL BM JM</p>
<p>2019-20 (102)</p>	<p><b>Assurance reports from sub-committees</b>  <b>Item 102(a) Charitable Funds Committee 12 December 2019</b>  The report was presented by the Committee Chair and Non-Executive Director (BC) who highlighted the key issues discussed, namely:</p> <ul style="list-style-type: none"> <li>• <b>Leeds Cares</b> – work continued on due diligence and a meeting with the charity’s new Chief Executive would be arranged to agree the degrees of authority on spending any funds, and what role the Trust would have within the Leeds Cares organisation.</li> <li>• <b>Charitable funds</b> – the Executive Director of Nursing and Allied Health Professionals had been working hard to source staff who might be interested in taking the charitable agenda forward within the Trust. A group of keen and positive staff had met the previous week. A paper outlining the aims of an internal arrangement, including governance and legal form, would be drafted.</li> </ul> <p>There were no questions raised about the report.</p> <p><b>Item 102(b) Nominations and Remuneration Committee 12 December 2019</b>  The report was presented by the Committee and Trust Chair who reported on the last meeting, in December 2019. It was noted that the second paragraph of the report contained a typographical error – the date quoted should have been “November 2019”.</p> <p>There were no questions raised about the report.</p> <p><b>Item 82(c) Audit Committee 10 January 2020</b>  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"> <li>• <b>Internal audit programme</b> – the Committee had noted good progress had been made and there was a degree of confidence that co-operation between management and TIAA would ensure that the programme was completed.</li> <li>• <b>External Audit</b> – KPMG had presented the audit plan for 2019/20</li> <li>• <b>Information Governance</b> – the Committee were pleased to note that the Trust was on track to achieve compliance with the Data Security and Protection Toolkit 2019/20 by the end of the financial year.</li> <li>• <b>Risk Management update and BAF review</b> – a discussion had taken place regarding the current themes from the Risk Register. The Committee felt that the Risk Register and the Board Assurance Framework (BAF) processes were very robust and led to the correct</li> </ul>	

conversations. It was noted that a review of the BAF would be taking place in March 2020 when Trust objectives and priorities for 2020/21 had been agreed.

There were no questions raised about the report.

**Item 102(d) - Quality Committee 27 January 2020**

The report was presented by the Committee Chair and Non-Executive Director (IL) who highlighted the key issues discussed, namely:

- **Spotlight on the CAMHS transformation programme** – members of the CAMHS team outlined work underway on the CQC improvement plan and a broader discussion took place on the transformation plan and the CAMHS Transformation Board which was sponsored by the Executive Director of Operations and the Executive Director of Nursing and Allied Health Professionals. The team had acknowledged that changing the culture in the community CAMHS service, which was key to its successful transformation, would not be easy to address but were positive about progress made so far. Further governance arrangements were being put in place at Little Woodhouse Hall. The team would provide a further update in six months.
- **Research and Development Strategy** – the Committee had discussed the Strategy at length and were broadly supportive. The need for appropriate organisational oversight of the Strategy, potentially through the formation of a Research Group reporting to the Quality Committee, had been recommended.
- **Performance Brief** – discussions had taken place on pressure ulcers and waiting times and would be discussed in more detail later in the Board meeting.
- **Risk Register** – further information was to be provided to the Committee on dental waiting times which was felt to be a significant risk
- **Non-Executive Director service visits** – information from Non-Executive Director service visits was to be fed into the Quality Challenge + process. Further work was required to establish what form the visits would take and how feedback would be captured.

There were no questions raised about the report.

**Item 102(e) - Business Committee 29 January 2020**

The report was presented by the Committee Chair and Non-Executive Director (BC) who highlighted the key issues discussed, namely:

- **CAMHS update** – the CAMHS team also presented to the Business Committee, outlining their approach to reduce waiting times and the overall transformation programme within the service. The Committee Chair had recommended the team concentrate on a few key areas given the number of issues to be addressed.
- **E-rostering** – the Committee had reviewed the key project plans and noted good progress had been made across all projects. The project team had been asked to outline how the package could be utilised to a greater degree with regard to rotas in the next update to the Committee.
- **Health and Safety action plan** – The Committee had some concerns regarding the proposed timelines in some areas of the plan, particularly staff safety issues which needed to be delivered with greater urgency than initially proposed. The Executive Director of Finance and Resources had committed to review the timescales for delivery and confirmed to the Board that some completion dates had been subsequently shortened and had been included in the version submitted

to the Health and Safety Executive.

- **Productivity team meetings** – the Committee had a constructive discussion on the programme, including the portfolio of improvement initiatives.
- **Performance** – a conversation took place regarding dental waiting times under the Responsive section of the Performance Report.

Integrated Neighbourhood teams – a detailed discussion had taken place regarding waiting times, vacant posts, high sickness levels and cancelled appointments.

The Chair asked how the Board might be assured that these issues were being properly addressed to ensure that Neighbourhood Teams were providing safe care. The Executive Director of Nursing and Allied Health Professionals responded that work was underway in Neighbourhood Teams, carried out by staff not based within the teams under review, to determine whether there was a correlation between the impact of staff turnover and sickness absence on the number of missed visits, and if re-scheduled visits led to an increase in falls or in a deterioration in wound care. The Quality Committee would receive a report on the results of the cancelled visit audit at its next meeting. Workshops were also being held on holistic assessments to clarify for staff which patients needed full assessments in order to free up time to visit those most in need.

The Chief Executive reflected that the Performance Brief and Risk Register reports needed to further reflect the thematic conversations in these areas. A Non-Executive Director (BC) felt that the number of cancelled visits appeared to be an issue and the Chief Executive confirmed that teams were focussing on this area. The Chief Executive added that clinical risks were being managed in the dental service.

The Director of Workforce, Organisational Development and System Development informed the Board that whilst the rate of sickness had increased in November and December 2019, particularly in specific services, the rate had decreased in January 2020.

The Executive Director of Operations informed the Board that the CAMHS Transformation Board had agreed to focus on two areas - culture within the service and a review of meeting commitments in order that staff, and the leadership team in particular, were able to focus on work to reduce waiting times. A Non-Executive Director (JM) asked if further resources could be made available to the CAMHS team. The Executive Director of Operations responded that a group of staff from corporate teams were supporting the service on a non-recurrent basis, including an external expert on governance, but discussions with commissioners regarding additional recurrent resources had not been resolved.

The Chair surmised that the Senior Management Team were sighted on the areas that needed to be addressed, had committed resources to support the workstreams, and would escalate any further concerns to the Board.

**Outcome:** The Board noted the update reports from the committee chairs and the matters highlighted.



2019-20  
(103)

### **Performance brief and domain reports October 2019**

The Executive Director of Finance and Resources presented the report which sought to provide assurance to the Trust Board on quality, performance, compliance and financial matters. It also highlighted any current concerns relating to contracts that the Trust holds with its commissioners and provided focus on key performance areas that were of current concern to the Trust. The report was structured in line with the Care Quality Commission (CQC) domains with the addition of finance.

The Board reviewed the December 2019 performance data. The Executive Director of Finance and Resources apologised for the error in the earlier version of the report. All Board members had been provided with the correct version of the report prior to the meeting.

#### **Safe**

The Executive Director of Nursing and Allied Health Professionals explained that the number of avoidable category 3 pressure ulcers included in the original version of the report had been incorrect. The Board noted that the correct year to date number of avoidable category 3 pressure ulcers was seven, equal to the target for the year, and it was expected that the Trust would exceed the target for the year. The Board further noted that an error had occurred in setting the target for the current year, the target should have been 11, equal to the number recorded the previous year.

A Non-Executive Director (IL) noted that a graph had been included in the report to illustrate incidents of harm but incidents of no harm had not been illustrated. The Executive Director of Nursing and Allied Health Professionals agreed to include both graphs in future reports. The Executive Director of Finance and Resources confirmed that the Quality Committee and Business Committee would have the opportunity to consider the Key Performance Indicators (KPIs) to be included in the report for 2020/21. The Shadow Board, which had met the previous day, had proposed that KPIs be reported by exception in the main body of the report, with an appendix showing data for all KPIs.

A Non-Executive Director (JM) asked if Chart 1, which illustrated lapses in care, showed a significant number of lapses in care in relation to falls. The Executive Director of Nursing and Allied Health Professionals clarified that there had been no lapses in care and full investigations had taken place. A Non-Executive Director (JM) asked if trend information was available. It was noted that lapses in care were on a downward trajectory, with a significantly fewer falls and less lapses in care than reported in previous years.

A Non-Executive Director (HT) felt that further information about trends would be more helpful than a RAG rating for individual KPIs in the Performance Brief. The Chair asked that a full debate on this take place at the Committee meetings.

A Non-Executive Director (RG) expressed concern regarding the accuracy of the underlying data in the report and asked if the talent available in the Trust was being sufficiently utilised to ensure data quality. The Executive Director of Finance and Resources invited a Non-Executive Director (RG) to meet with the Head of Business Intelligence and himself to see the data available to managers and how this was utilised.

#### **Caring**

The Chief Executive highlighted the excellent work being undertaken within the Trust on patient engagement, involvement and experience which would assist

in the reporting of these areas in future reports.

**Effective**

There were no issues to note and no questions raised on this domain.

**Responsive**

The Executive Director of Operations provided an update on the dental service, and the factors that had led to the current challenges around waiting times. The Board noted that under the previous service contract the commissioners had assessed the service on the number of patients waiting for treatment under general anaesthetic, rather than all patients waiting for treatment. Following a review of waiting times under the new dental contract, it had been determined that a number of patients waiting between referral to treatment (first appointment) exceeded the 18 week wait target.

Actions were being taken to address the waiting times, including a daily triage of referrals to ensure these were appropriately assessed and prioritised. This had led to a reduction in paediatric waiting times by three weeks. Additionally, a review of criteria to avoid unnecessary waits and to ensure that referrals received were appropriate for a secondary care service had been undertaken, and dedicated administrative resource had been committed to contact patients prior to appointments in order to reduce DNA rates. The team were also contacting those on the waiting list to inform them how to access emergency treatment and under what circumstances they could come back to the service if their referral could be increased in priority.

A Non-Executive Director (BC) asked when the waiting times would be within the required threshold. The Executive Director of Operations responded that it would take approximately three to four months before the backlog in waits had been addressed and there was more work to do to ensure the pathway was correct going forward. The Chief Executive informed the Board that dental commissioners had recognised that waiting times for secondary dental services was an issue across the region, and we are not an outlier.

A Non-Executive Director (IL) asked what more the Trust could do to ensure the service improved in its responsiveness and became more coherent. The Executive Director of Operations responded that following two failed procurement exercises in recent years, a proper specification had now been created along with commissioners. The team were working with the Leeds Dental Institute on a citywide approach. Any deterioration in condition was being reviewed and managed and would be reported through the incident reporting route. The Executive Director of Nursing and Allied Health Professionals added that a letter would be sent to patients, families and carers to inform them where to go should their condition deteriorate. The Executive Medical Director informed the Board that a new Dental Lead would be starting in post in May 2020 and would be included in all key conversations.

**Well-led**

There were no questions raised on this domain.

**Financial position**

The Executive Director of Finance and Resources informed the Board that the year to date financial position remained consistent with previous months and they were confident the Trust would achieve its control total at the end of the financial year. The overall position had improved following the agreement by NHS England that the New Care Models monies underspend could be invested in the Tier 4 development scheme.

	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• <b>A Non-Executive Director (RG) to meet with the Executive Director of Finance and Resources and the Head of Business Intelligence to see what data was provided to managers and how this was utilised</b></li> </ul> <p><b>Outcome:</b> The Board noted the Trust's performance for December 2019.</p>	<b>BM</b>
<p><b>2019-20 (104)</b></p>	<p><b>Significant risks and Board Assurance Framework Summary Report</b> The summary report provided the Board with a description of any movement of risks scoring 12 (high risks) since the last report was received in December 2019. The Board noted that there were no extreme risks, scoring 15, and eight risks scoring 12, including a new risk relating to patients waiting too long for the Community Dental Service.</p> <p>The Chief Executive confirmed that further thematic analysis would be included in future reports. Current themes for the Board to be aware of related to areas of clinical concern (dental services and the Neighbourhood Teams), the complexity of the transformation programme in the CAMHS Service, and the complexity of the external environment (e.g. the requirements of the two hour, two day urgent response workstream, the Directed Enhanced Service (DES), population health management) and resultant impact on capacity in the Executive Team and the leadership of adult services. The latter was also linked to Risk 4.4 on the Board Assurance Framework. The Board agreed that a paper written from this perspective would be helpful going forward.</p> <p>The Board Assurance Framework (BAF) summary advised the Board of the current assurance level determined for each of the Trust's strategic risks. There were no questions regarding this section of the report.</p> <p><b>Outcome:</b> The Board;</p> <ul style="list-style-type: none"> <li>• noted the revisions to the risk register</li> <li>• noted the current assurance levels provided in the revised BAF summary.</li> </ul>	
<p><b>2019-20 (105)</b></p>	<p><b>Care Quality Commission implementation plan update</b> The Executive Director of Nursing and Allied Health Professionals introduced a report which highlighted progress on the Trust's Care Quality Commission (CQC) improvement plan. Specifically, the Board were asked to note positive actions agreed with NHS England regarding two 'must do' actions stipulated by the CQC relating to Little Woodhouse Hall which had been highlighted to the Board previously.</p> <p>NHS England had proposed that line of sight be improved on the bedroom corridor at Little Woodhouse Hall by closing a section, therefore making the unit an all-female environment. The Board noted that as this was an NHS England decision, and the Trust had been told by the Trust and NHS England to consult on this change. In addition, mirrors would be installed, access to certain parts of the building further restricted, and two patient call systems were to be tested within the next two weeks. On completion of these works the Executive Director of Nursing and Allied Health Professionals believed that the two 'must do' actions would be achieved. The CQC had been informed and were content with the proposed timeline for the completion of works by the end of March 2020. It was also noted that the CAMHS team had engaged positively with the external independent reviewer's recommendations regarding improved governance arrangements at the unit. The external reviewer would be returning to the unit in approximately one month to review progress made.</p> <p>A Non-Executive Director (RG) asked how many males were admitted to the</p>	

	<p>unit on average per year and where they would be placed if they would not be admitted at Little Woodhouse Hall. The Executive Director of Nursing and Allied Health Professionals responded that a very small number of males were referred to the unit and they would now go to the new unit in Hull or to the unit in Sheffield.</p> <p>The Executive Director of Finance and Resources reported that the Shadow Board had observed that the paper did not articulate the process of oversight for the CQC improvement plan. The Executive Director of Nursing and Allied Health Professionals acknowledged this and clarified that oversight of the improvement plan was provided by the Quality Committee, with regular updates to the Senior Management Team and updates to the Trust Board. The Executive Director of Finance and Resources felt that the report should be offering assurance to the Board, rather than the Board receiving the report for information. The Executive Director of Nursing and Allied Health Professionals agreed to take this feedback on board when drafting future reports to the Board.</p> <p>A Non-Executive Director (JM) asked if the Trust expected the Care Quality Commission to carry out any unannounced visits to services. The Executive Director of Operations responded that the Trust did not expect any unannounced visits. The Board noted the positive relationship built with the local CQC team, with monthly telephone calls scheduled and a face to face meeting planned in March 2020. The CQC team had also agreed to do a keynote speech at the Trust's Clinical Conference in May 2020.</p> <p><b>Outcome:</b> The Board:</p> <ul style="list-style-type: none"> <li>received the information in the report</li> <li>acknowledged the work undertaken to date on the improvement plan and the ongoing areas of focus.</li> </ul>	
<p><b>2019-20 (106)</b></p>	<p><b>Serious incidents summary report</b></p> <p>The Executive Director of Nursing and Allied Health Professionals presented the report which provided the Board with assurance that serious incidents (SIs) were being managed, investigated and acted upon appropriately, and that actions were being developed from the Root Cause Analysis investigations. The Board noted that the self-harm incidents referred to in the report related to the ingestion of lithium batteries by two patients at Little Woodhouse Hall.</p> <p>The Executive Director of Finance and Resources reported that the Shadow Board had observed that it was not clear what assurance the report was providing to the Board and it was queried why the trend information included was for the last three months only. The Executive Director of Nursing and Allied Health Professionals responded that whilst this was a statutory quarterly report to the Board, the format could be changed and further context would be added to future reports. The Chair requested that any further context include benchmarking data against other organisations.</p> <p>The Executive Medical Director informed that Board that, following a review of the work of the sub committees of Quality Committee, the Board would receive a report at its next meeting to propose what was to be included in reports to the Board relating to matters on quality and safety.</p> <p><b>Outcome:</b> The Board:</p> <ul style="list-style-type: none"> <li>Received and noted the content of the report</li> </ul>	

<p><b>2019-20 (107)</b></p>	<p><b>Safe staffing report</b></p> <p>The Executive Director of Nursing and Allied Health Professionals introduced the statutory six month report to the Board on safe staffing within the Trust. The last time the report had been considered by the Board a Non-Executive Director (HT) had requested information on bank and agency staff be included and this had now been incorporated in the report. The Executive Director of Nursing and Allied Health Professionals also highlighted that the data included in the appendix would be shown in a consistent format in future reports, to be illustrated in either hours or days, not both.</p> <p>The Executive Director of Finance and Resources reported that the Shadow Board had taken reasonable assurance from the report but queried the report's purpose and suggested that more information on staffing issues and concerns across the Trust also be included. The Executive Director of Nursing and Allied Health Professionals agreed to consider the inclusion of further information in future reports.</p> <p><b>Outcome:</b> The Board:</p> <ul style="list-style-type: none"> <li>• Noted that the Trust continued to meet the national monthly collection and publication of staffing data, as recommended in "Hard Truths"</li> <li>• Would keep staffing levels under constant review</li> <li>• Noted the contents of the report and the progress being made</li> <li>• Supported six monthly reviews in a public Board meeting</li> </ul>	
<p><b>2019-20 (108)</b></p>	<p><b>Guardian for Safe Working Hours Report</b></p> <p>The Executive Medical Director presented the report on behalf of the Guardian for Safe Working Hours (GfSWH) which included information on the issues affecting trainee doctors and dentists in the Trust, including morale, training and working hours. Board members reviewed the quarterly data summary.</p> <p>The Executive Director of Finance and Resources fed back that the Shadow Board had queried the assurance levels offered in the report. The Executive Medical Director acknowledged that there was further work to do on the information included in the paper, however, it was noted that staffing numbers were low, exception reporting had been introduced, and the paper referred to discussions being taken forward to improve the experience of trainees within the Trust.</p> <p><b>Outcome:</b> The Board:</p> <ul style="list-style-type: none"> <li>• Supported the Guardian for Safe Working Hours and the Deputy Medical Director in discussion with LTHT to improve the training experience for paediatric trainees</li> <li>• Noted the work underway to centralise administrative, support and recording functions for trainee doctors and dentists within the Trust</li> </ul>	
<p><b>2019-20 (109)</b></p>	<p><b>West Yorkshire and Harrogate Health and Care Partnership: first annual review of Partnership Memorandum of Understanding</b></p> <p>The Chief Executive introduced the summary report and invited questions on the report and the Memorandum of Understanding which had been circulated to Board members prior to the meeting.</p> <p>A Non-Executive Director (IL) asked if there was Non-Executive Director oversight on the West Yorkshire and Harrogate Health and Care Partnership's Finance Forum and Quality Surveillance Group. The Chief Executive agreed to query this with the Partnership team, however, it was confirmed that any decisions made at a Partnership level were considered by the quarterly</p>	

	<p>Partnership Board meetings which the Chief Executive and the Trust Chair attended.</p> <p>A Non-Executive Director (RG) requested clarification regarding the allocation to the Health and Care Partnership of £3m for workplace systems programmes. The Director of Workforce, Organisational Development and System Development confirmed that the Trust would be allocated a share of this funding to be used on the e-rostering and e-job planning projects. The Board noted that the Executive Director of Finance and Resources was the finance representative on the West Yorkshire and Harrogate Health and Care Partnership's People Board which had oversight of this funding.</p> <p><b>Action: Non-Executive Director involvement in the West Yorkshire and Harrogate Health and Care Partnership's Finance Forum and Quality Surveillance Group to be clarified</b></p> <p><b>Outcome:</b> The Board:</p> <ul style="list-style-type: none"> <li>approved the revised MoU and authorised the Chief Executive to sign the final version (version 3)</li> </ul>	<p>TS</p>
<p>2019-20 (110)</p>	<p><b>Workforce strategy 2019-2021: Integration and partnership</b></p> <p>The Director of Workforce, Organisational Development and System Development (LS) presented the report which sought to provide the Trust Board with an update on the progress on the Integration and Partnership workstream within the Workforce Strategy.</p> <p>The Board noted that the paper had been considered by the Business Committee and described a range of progress across the priority which demonstrated that, pending any change in priorities given the changing context with regard to partnership and integration, the Trust was on target to achieve its aims in this area. A review of the outcomes the Trust expected to see by the end of 2021 would be taking place.</p> <p>The Executive Director of Finance and Resources reported that the Shadow Board had suggested that appendix 2 should include timescales for achievement and any resource requirements. It had also been reflected that the senior leadership within the Trust were not sufficiently aware of the Leeds One Workforce agenda. The Director of Workforce, Organisational Development and System Development suggested that a session be delivered at the Leaders' Network later in the spring on Leeds One Workforce would be helpful.</p> <p>The Executive Director of Operations proposed that the Trust's work with Third Sector organisations be included in the Strategy. The Director of Workforce, Organisational Development and System Development agreed this should be included.</p> <p>A Non-Executive Director (JM) asked if the objectives could also describe the benefits to the organisation. The Director of Workforce, Organisational Development and System Development responded that future updates would include more on the benefits the Trust expected to see and the reasoning behind partnership working and integration. The Chief Executive proposed that this be included in the form of further narrative rather than as a RAG rating.</p> <p>A Non-Executive Director (IL) asked how the objective relating to Leeds GP Confederation directly employing staff, outlined in appendix 2, fitted with the Trust's aims. The Director of Workforce, Organisational Development and System Development responded that this formed part of the offer the Trust</p>	

	<p>provided to Leeds GP Confederation.</p> <p>A Non-Executive Director (BC) felt that the aims set out in the paper were difficult to lay out as a strategy and therefore suggested that these be viewed as a series of priorities rather than as a strategy.</p> <p><b>Outcome:</b> The Board:</p> <ul style="list-style-type: none"> <li>noted progress made in the Integration and Partnership workstream of the Workforce Strategy</li> </ul>	
<p><b>2019-20 (111)</b></p>	<p><b>Research and Development Strategy 2020-2025</b></p> <p>A Non-Executive Director (JM) had declared an interest in this item given their substantive role at the University of Leeds.</p> <p>The Executive Medical Director introduced a revised strategy that updated and replaced the previous strategy which covered the period 2015-2019. The previous strategy had delivered a number of its aims, however, objectives relating to increasing the amount of funding and the dissemination of research had been challenging to achieve. The revised strategy had been developed over the past year and incorporated changes proposed by the Quality Committee and following consultation with the universities in the city.</p> <p>The Executive Medical Director was leading a piece of work with the Clinical Research Network (CRN) and the Leeds Academic Health Partnership Board that was expected to transform out of hospital research. The Executive Medical Director therefore requested that the Board approved the strategy with a view to revisions being made to the document as a result of this workstream.</p> <p>A Non-Executive Director (IL) reflected that the strategy had improved over time and now reflected the ambitions of the Trust, however, he felt that the strategy was too internally focussed and research needed to be positioned more strongly than it had been previously. A Non-Executive Director (JM) agreed. It was noted that the Quality Committee had concluded that an internal governance structure for research was required, led by the Executive Medical Director, and the strategy should be funded appropriately.</p> <p>A Non-Executive Director (BC) was pleased to see the improvement made to the strategy but suggested that the aspirations relating to improved clinical care and outcomes be strengthened, and queried the funding regarding the proposed three new posts. The Executive Medical Director agreed to review the aims around improved clinical care and outcomes and clarified that a recurrent funding request had been submitted for 2020/21 to recurrently fund some existing non-recurrently funded roles. The Board noted that a significant funding offer from the Clinical Research Network may be made if the Executive Medical Director successfully concluded this work.</p> <p>The Trust Chair asked if there was a citywide group that the Trust could engage with on research. A Non-Executive Director (IL) and the Executive Medical Director agreed to consider this and report back to the Quality Committee.</p> <p>A Non-Executive Director (JM) was supportive of the updated strategy and acknowledged how challenging it was to carry out research in the correct partnerships. A Non-Executive Director (JM) suggested that the CRN be asked to be involved in the governance group responsible for overseeing the strategy and offered to suggest a contact name.</p> <p>A Non-Executive Director (RG) felt that the Trust's research agenda needed to be communicated in a more effective way to better inform the Trust's staff and</p>	

	<p>external partners and stakeholders. It was suggested that publicising the Trust's teaching trust status more publicly might also assist.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Consideration to be given to linking with a citywide group on research and development</b></li> <li>• <b>Clinical Research Network contact to be suggested to the Executive Medical Director as a potential member of a newly formed Research Group</b></li> </ul> <p><b>Outcome:</b> The Board:</p> <ul style="list-style-type: none"> <li>• approved the Research and Development Strategy 2020-2025.</li> </ul>	<p>RB</p> <p>JM</p>
2019-20 (112)	<p><b>Board work plan</b></p> <p>The Chief Executive presented the Board work plan (public business) for information.</p> <p><b>Outcome:</b> The Board noted the work plan.</p>	
2019-20 (113)	<p><b>Approved minutes for noting:</b></p> <p>The Board noted the following final approved committee meeting minutes:</p> <ol style="list-style-type: none"> <li>Audit Committee: 18 October 2019</li> <li>Quality Committee: 25 November 2019</li> <li>Business Committee: 27 November 2019</li> </ol> <p><b>Programme Director update for noting:</b></p> <ol style="list-style-type: none"> <li>Committees in Common Mental Health, Learning Disability and Autism Collaborative</li> </ol>	
2019-20 (114)	<p><b>Close of the public section of the Board</b></p> <p>The Chair acknowledged that the feedback from the Shadow Board had enriched discussions at Board meetings, and this meeting in particular, and asked that the Board's positive feedback be shared with Shadow Board members at the conclusion of the formal programme. The Executive Director of Finance and Resources, who had chaired the Shadow Board meetings, reflected that it had been a fantastic and helpful experience, and acknowledged the carefully thought out comments made by Shadow Board members in their consideration of Board papers. The Board noted that the Executive Team had already put into practice some of the learning from Shadow Board meetings.</p> <p>The Board noted that the Shadow Board members were going to continue to meet, up to the end of calendar of year, to continue their learning and development, beyond the conclusion of the formal programme. Consideration was being given to convening another Shadow Board with a different cohort of staff and, potentially, shadow committees and a shadow Senior Management Team.</p> <p>Two members of the Shadow Board who had observed the Board meeting confirmed they had enjoyed the experience, felt that it had enriched both their learning and their perspective regarding their own roles, and thanked the Trust for the opportunity to take part.</p> <p>The Chair thanked everyone for attending and concluded the public section of the Board meeting.</p> <p>Closed at 11.45am.</p>	



**Date and time of next meeting**  
**Friday 27 March 2020, 9.00am – 12 noon.**  
**Boardroom, Trust Headquarters, Stockdale House, Victoria Road, Leeds LS6 1PF**

V2. 21 02 2020

Signed by the Trust Chair:  
Date:

DRAFT

Leeds Community Healthcare NHS Trust  
Trust Board meeting (held in public) actions' log: 27 March 2020

Agenda Number	Action Agreed	Lead	Timescale	Status
<b>Meeting 6 December 2019</b>				
<b>2019-20 (87)</b>	<b>Freedom to Speak Up Guardian Report:</b> <ul style="list-style-type: none"> <li>The Chief Executive and the FTSUG to include conclusions on the impact of the introduction of the FTSUG role in future reports where possible.</li> </ul>	CE/FTSUG	7 August 2020	
<b>Meeting 7 February 2020</b>				
<b>2019-20 (101)</b>	<b>Chief Executives report:</b> <ul style="list-style-type: none"> <li>Director of Public Health in Leeds to be asked if the universities in Leeds were included in the updates regarding Coronavirus</li> <li>New Care Models funding – clarification re roll over</li> <li>Contact details for sustainability experts to be shared with EDO</li> </ul>	EDN & AHPs  EDFR  NED(JM)	Post meeting  27 March 2020  Post meeting	
<b>2019-20 (109)</b>	<b>West Yorkshire and Harrogate Health and Care Partnership: first annual review of Partnership MoU</b> <ul style="list-style-type: none"> <li>Non-Executive Director involvement in the Finance Forum and Quality Surveillance Group to be clarified</li> </ul>	CE	27 March 2020	
<b>2019-20 (111)</b>	<b>Research and Development Strategy 2020-2025</b> <ul style="list-style-type: none"> <li>Consideration to be given to linking the citywide group on research and development</li> <li>Clinical Research Network contact to be suggested to the EMD as a potential member of a newly formed Research Group</li> </ul>	EMD  NED (JM)	27 March 2020  Post Meeting	

Actions on log completed since last Board meeting	
Actions not due for completion before 27 March 2020; progressing to timescale	
Actions not due for completion before 27 March 2020; agreed timescales and/or requirements are at risk or have been delayed	
Actions outstanding as at 27 March 2020; not having met agreed timescales and/or requirements	

<b>AGENDA ITEM</b> <b>2019-20</b>  <b>(119)</b>
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<b>Meeting:</b> Trust Board 27 March 2020	<b>Category of paper</b>	
<b>Report title:</b> Chief Executive's report	<b>For approval</b>	
<b>Responsible director:</b> Chief Executive <b>Report author:</b> Chief Executive	<b>For assurance</b>	✓
<b>Previously considered by</b> Not applicable	<b>For information</b>	

**Purpose of the report**

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

**Main issues for consideration**

This month's report focusses on:

- An update on our continuity plans for the Coronavirus (COVID-19) pandemic

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

**Recommendation**

The Board is recommended to:

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

## **Chief Executive's report**

### **1. Coronavirus (COVID-19)**

The Trust is responding to the rapidly evolving COVID-19 situation. We have established an incident team which is co-chaired by the Executive Director of Operations and the Executive Director of Nursing and Allied Health Professionals. The team meets at 8.30 and 4.30 daily. A dedicated webpage has been established for messaging to staff and a daily communications email goes out at midday every day to ensure that staff are kept up to date with the rapidly evolving situation. We are part of the Leeds system and regional resilience forums and are working as part of both co-ordinated responses.

A verbal update will be provided to Board about actions we are taking in this fast changing environment

The Chair of Leeds City Council Scrutiny Board has informed its members that the planned Board meetings have been cancelled for the foreseeable future, having consulted with the Head of Democratic Services. The Chair said that in reaching the decision they had been very conscious of the available resource and the potential negative impact on frontline services and overall capacity within health and care services.

### **2. Primary Care Networks (PCNs)**

Work has been continuing positively with PCNs. We have been expanding our process for employing and deploying staff across the PCNs and have been becoming associate members of PCNs where possible to allow us to easily share data with the practices involved. Work, of course, is currently halted as everyone attends to the emerging COVID challenges.

### **3. New CAMHS building**

We were delighted to receive notification earlier this month that the Department of Health and Social Care had approved the Full Business case for the new CAMHS building and made £13m Public Dividend Capital available. The intention is to now formally agree a Guaranteed Maximum Price with Interserve and for Leeds and York Partnership NHS Foundation Trust to sign what is known as the Stage 4 construction contract. Leeds Community Healthcare and Leeds and York Partnership NHS Foundation Trust will now focus their project work on planning the delivery of the new service, focussing on agreeing the operating model, recruiting a high quality workforce and overseeing the build and the interior fit out. The project will report into the Business Committee and the Quality Committee to oversee this work.

#### **4. Learning Disabilities Improvement Standards**

The Learning Disability Improvement Standards for NHS Trusts were published in June 2018. These standards are intended to help trusts measure quality of service and ensure consistency across the NHS in how we approach and treat people with learning disabilities, autism or both. They are prominent in the learning disability ambitions in the NHS Long Term Plan and included in the NHS Standard Contract 2019/20. The expectation is that all NHS trusts will deliver the learning disability improvement standards by 2023/24. The Executive Director of Nursing and AHPs is the executive lead for Learning Disabilities and we are in the process of recruiting to a post for a learning disability lead for the organisation and monitoring compliance with these standards will be part of their role.

#### **5. Rainbow Ambassadors meeting update**

Members of Yorkshire MESMAC, our partners at Leeds Sexual Health Service, attended LCH's Rainbow Ambassadors meeting on 5 February 2020 to talk about their work and LGBT+ history month. They talked about the West Yorkshire Queer Stories project, a collection of stories about LGBTIQ+ life in West Yorkshire funded by the National Lottery Heritage Fund:

#### **6. Thanks a Bunch awards**

This month's 'Thanks a Bunch' was awarded to Liz Roscoe, Jayne McGuinness and Anna Scott from the Community Cardiac Team who saved a patient's life. Liz, Jayne and Anna were holding a cardiac rehabilitation class in Kirkstall Leisure Centre when a patient collapsed during the cool down. Their quick actions to manage the other patients and start CPR as quickly as possible all contributed to a text book procedure.

Liz, Jayne and Anna were acknowledged for the Trust behaviours of: Caring for our patients, Working together and Making the best decisions. They were presented with flowers and certificates by Steph Lawrence, Executive Director of Nursing and Allied Health Professionals.

#### **7. HSJ Awards**

The Community Neurological Discharge Team has been shortlisted for a HSJ Value award in the 'Specialist Service Redesign Initiative' category. The winners will be announced in May 2020.

The Community Neurological Discharge Team has been in place for over a year now and has a significant impact on length of stay saving almost 600 bed days in the last year by providing immediate OT input on discharge from hospital to traumatic brain injury patients. The team work in partnership with Leeds Teaching Hospitals NHS Trust colleagues to plan and support complex

discharges for this cohort of patients and as a result had a positive impact on patient experience with examples where patients have returned to work and college with the support from the team as well as integrating back into their home environment.

## **8. LCH colleagues star in national NHS TV advertisement**

Colleagues from the Trust along with staff from across other Leeds NHS organisations are starring in the new Department of Health and Social Care national TV and social media campaign – ‘We are the NHS’. The campaign aims to help recruit more physiotherapists, therapeutic and diagnostic radiographers, occupational therapists, paramedics and podiatrists with a new £5,000 training grant. The Department of Health and Social Care chose to feature Leeds staff because of their enthusiasm to demonstrate the excellent healthcare they deliver to their patients.

<b>Meeting Trust Board</b> 27 March 2020	<b>Category of paper</b> <i>(please tick)</i>	
<b>Report title</b> 2020/21 Operational Plan	<b>For approval</b>	✓
<b>Responsible director</b> Executive Director of Finance and Resources <b>Report author</b> Business Planning Manager	<b>For assurance</b>	
<b>Previously considered by</b> Quality Committee 23 March 2020, Business Committee 25 March 2020	<b>For information</b>	

### Purpose of the report

The purpose of this report is to present to the Board the draft 2020-21 Operational Plan, to ensure that the document reflects the Trust's plans and priorities for the year ahead.

### Main issues for consideration

Board and Business Committee have been involved in iterating the Trust's priorities for 2020/21. The plan presents the spread of COVID impacting on workforce and service delivery as our highest quality risk and the commitment to ensuring that all necessary action is taken to support an effective co-ordinated response and enact national guidance with appropriate Exec and Board oversight. Given that this is an unprecedented, emerging and rapidly evolving situation, the plan does not attempt to anticipate and describe that impact.

Further details of the impact of the financial rules that the NHS will operate under for the first 4 months of the new financial year will be presented in advance of or at the Board meeting.

### Recommendations

The Board is recommended to approve the attached draft 2020-21 Operational Plan, noting the significant impact that Coronavirus may have on achievement of the Trust's priorities.

**Leeds Community Healthcare NHS Trust**  
**Operational Plan**  
**2020 - 2021**



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# Leeds Community Healthcare NHS Trust

## Operational Plan 2020/21

Leeds Community Healthcare NHS Trust is proud to have provided high quality community services for nine years. 2020/21 presents unprecedented challenges for all sectors of society and the public in the face of Coronavirus. Our commitment to providing high quality care, our staff and the strength of partnership working at the city level and the West Yorkshire and Harrogate ICS level will underpin our response to this, our approach to achieving the ambitions of the NHS Long Term Plan and our organisational ambition to 'be outstanding'.

This Operational Plan for 2020/21 outlines the strategic context and presents our plans for the year

### A. Strategic Context

#### 1. National

1.1. The NHS Long Term Plan, published in January 2019, set the agenda for the NHS for the next decade:

- Moving 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. 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 (PCNs) with a focus on population health. Key elements driving this are:
  - the phased introduction of 7 community service specifications within the PCN / GP contract, to drive development of new models care to better meet local need, to be delivered by integrated community teams comprising primary and community services, social care and the third sector. The first service specification, Ageing Well, was launched in 2019/20. Enhanced health in care homes, structured medication reviews and supporting early cancer diagnosis service specifications are to start by April 2020, and anticipatory care, cardiovascular disease diagnosis and prevention, tackling inequalities and personalised care service specifications to start by 2021/22.
  - the Additional Roles Reimbursement Scheme which will fully fund 26,000 additional staff across a range of specified roles to create expanded PCN primary care teams. In 2019/20 the scheme funded clinical pharmacists and social prescribers. MSK First Contact Practitioners will be funded from 2020/21.
- New, funded action the NHS will take to strengthen its contribution to prevention and health inequalities, including through environmentally sustainable policies and practices

- Priorities for care quality and outcomes improvement, including for children and young people, cancer, mental health, learning disabilities and autism and long term conditions – mental health funding to outstrip total NHS spending growth in each year between 2019/20 and 2023/24 with ring-fenced investment funding
  - 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. In the past year PCNs have been established nationally, each led by a Clinical Director
  - 1.3. Correspondingly, CCG core allocations are projected to increase on average by 4.2% per year through to 2023/24. CCGs are expected to increase investment for primary medical and community services by more than this to meet the Long Term Plan commitment to grow investment in these areas faster than overall growth.
  - 1.4. During 2019/20 NHS England-Improvement published guidance<sup>1</sup> which provided some further clarity about NHS Long Term Plan service & outcome improvement requirements.
  - 1.5. Other significant policy developments are publication of the National Patient Safety Strategy and a Learning Disability and Autism Strategy – see section B3.6
  - 1.6. The 20/21 national planning guidance introduced new parameters for acute providers which will require whole system support: 92% bed occupancy maximum threshold and re-instating focus on A&E performance targets.
  - 1.7. The National Patient Safety Strategy was published in July 2019. It aims to enable continuous improvements in patient safety by building a culture of patient safety and a patient safety system with a step-change in involvement of patients, families, carers and lay people.
  - 1.8. The People Plan and revised clinical access standards are now expected to be published in the coming months. Disappointingly there is no indication that there will be a concerted focus in the near future on creating a sustainable model for social care which is vital to realising the ambitions of the Long Term Plan.

## **2. West Yorkshire and Harrogate Integrated Care System (ICS)**

- 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 2020/21 Operational Plan is fully aligned to both – see section 10.
- 2.2. The West Yorkshire and Harrogate ICS recently published its 5 year plan covering the period 2019/20–2023/24. The plan sets out how the ICS and its

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<sup>1</sup> NHS Long Term Plan Implementation Framework, NHS Mental Health Implementation Plan 2019/20-2023/24 and Interim People Plan

6 constituent 'places' will achieve the ambitions of the NHS Long Term Plan, but also addresses wider health and care priorities of NHS partners, local authorities and the third sector guided by the principle 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. The plan was financially compliant.

- 2.3. The ICS plan now has 13 priority programmes – new programmes reflect increased focus on reducing health inequalities; addressing wider determinants for healthy lives e.g. reducing carbon footprint and combatting air pollution; personalised care; Children; Learning Disabilities and Autism. The ICS has also identified 10 Big Ambitions – see Appendix 1
- 2.4. LCH is fully engaged in ICS governance and priority programme development and implementation. 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.
- 2.5. Governance of this programme falls under the West Yorkshire Mental Health Collaborative – a committees in common between the four mental health and community trusts in West Yorkshire. Partners in the collaborative have agreed with NHS England to aim to assume full provider collaborative responsibilities in April 2021, which includes full responsibility for the budget and patient pathway.

### **3. Leeds**

- 3.1. The CQC's system review of care for the over 65s (published December 2018) judged that:  
**system leaders in Leeds had a shared vision that was supported and understood across health and social care organisations, with a shared understanding of the challenges ahead.**
- 3.2. The overarching framework guiding improvement and delivery of health care in Leeds is the city's Health and Wellbeing Strategy. The Leeds Health and Care Plan is the implementation plan for the transformational health and care elements of the Strategy that can only be delivered in partnership along with the Children and Young People's Plan and Leeds Future In Mind Mental Health transformation plan.
- 3.3. Over the past year the Leeds Health and Care Plan has been refreshed. It builds on work and successes to date and responds to the changing local, regional and national (NHS Long Term Plan) context.
- 3.4. The city's Health and Wellbeing ambition now reflects inclusive growth and tackling climate change as they are critically intertwined with the city's ambitions for improving health and wellbeing - for Leeds to be:

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

Despite Leeds consistently having the highest increase in employment rate among comparable cities, health inequalities persist: 1 in 5 of our children in Leeds lives in poverty and there is a 10 year difference in life expectancy between those living in the least and most deprived areas.

- 3.5. The Plan sets out 3 goals – link to [Leeds Health and Care Plan on a page](#)
- Promoting good health – priorities being to
    - build prevention into everything we do
    - to get people more physically active
  - Connected care closer to people in their communities – priorities:
    - embed person centred care through delivering NHS England’s personalised care model and working with a strengths based approach
    - develop and embed Local Care Partnerships (LCPs) as our integrated community health and care model around GP practices using a Population Health Management (PHM) approach
  - Mentally healthy city for all – priorities:
    - reduce mental health inequalities
    - improve children and young people’s health
    - improve flexibility, integration and compassionate response of services
- 3.6. Key principles underpinning the Plan are:
- working together as ‘Team Leeds’
  - 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, more personalised care when they need it and reducing demand for healthcare
- 3.7. The pace of developing LCPs and implementing PHM has been impacted by the NHS Long Term Plan requirement to establish and support the development of PCNs.
- 3.8. Other key focuses include:
- Work to improve patient flow and system resilience, including urgent care – led by System Resilience Assurance Board (SRAB).
  - Development of integrated pathways that increase access to proactive care, optimise treatment, promote self-management and strengthen support around acute episodes
  - ‘Building the Leeds Way’, an ambitious programme to develop world class facilities at Leeds Children’s Hospital and Leeds General Infirmary. This will deliver key quality and outcome improvements, support the transformation of outpatient appointments – will

necessitate a 30% reduction in face to face attendances - and support left shift.

- Improving maternity provision

- 3.9. This is echoed in the NHS Leeds Clinical Commissioning Group's Strategic Plan, which focuses on achieving value and addressing health inequalities through commissioning integrated services across providers and supporting the development and implementation of a Population Health Management approach to tailor provision to meet local need and reduce health inequalities through a partnership approach comprising commissioners, NHS providers, the Local Authority, the third sector, patients and the public.
- 3.10. The CCG is leading complementary work to determine further transformation and investment required over the next 5 years to make the 'left shift', and corresponding shift in resources from the acute sector to prevention, primary and community services, a reality.
- 3.11. The CCG intends to move towards strategic commissioning for population outcomes and delegate operational commissioning decisions, functions and associated staff to providers. To do so requires Population Health Management (PHM) to be further embedded and development of financial and contracting systems and information, including risk / gain share.

#### **4. Commissioning Environment**

- 4.1. Over one third of LCH services continue to operate in a competitive environment with multiple commissioners: primary care services are commissioned by NHS England and Leeds CCG, Public Health services are commissioned by Leeds City Council and criminal justice services are commissioned by NHS England and police forces.
- 4.2. However, the NHS Long Term Plan signalled a welcome move away from competitive processes and none of LCH's services will be tendered in 2020/21. The Sexual Health service commissioned by Leeds City Council is due to operate under an extension of the current contract from July 2020.

#### **5. Regulatory Context**

- 5.1. LCH is committed to delivering high quality care at all times and responds positively to quality improvements recommended by external regulators. CQC 'good' and 'outstanding' ratings remain the required quality benchmark for providers. There has been no change in the CQC regulatory regime – the CQC aims to undertake well-led inspections annually but this approach is now paused as a result of Coronavirus.
- 5.2. The CQC rated LCH 'good' overall and for each of the 5 CQC domains in its most recent 'well-led' inspection (reports published October 2019). We were delighted that the Sexual Health Service was rated 'outstanding'.
- 5.3. Apart from the requirement for CAMHS in-patients to be provided from different premises – which will be achieved when the service relocates to the premises to be built on the St Mary's site - all actions are complete or on

track to complete by the end of March. This time-frame may, however, be impacted by COVID-19.

- 5.4. The CQC completed a Mental Health Act monitoring visit to the Inpatient Child and Adolescent Mental Health Service in November 2019 and highlighted a number of areas for improvement. These areas were already being addressed as part of the our CQC improvement plan. We await the findings of a recent CQC / Ofsted Safeguarding children's inspection.
- 5.5. LCH will continue to work closely with NHSE-I to meet all regulatory requirements and engage in NHSE-I led by continuous quality improvement and development initiatives.
- 5.6. As part of the progressive move towards 'system by default' planning, oversight and governance, from April 2020, bilateral NHSE (Foundation Trusts) and NHS-Improvement (NHS Trusts) oversight meetings with providers will be replaced by joint NHSE-I partnership boards with all 'place' level providers and the CCG . The Local Authority will also attend.

## **B. Leeds Community Healthcare**

### **1. LCH Strategy**

- 1.1. The Board set a strategic direction several years ago - to have 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 ensuring we recruit and retain a healthy, motivated workforce.
- 1.2. The Board remains committed to realising this ambition, working ever more closely with primary care, mental health providers, social care, hospital services and the third sector. 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, Children and Young People's Plan and Future in Mind Transformation Plan (Children and Young People Mental Health) which incorporate NHS Long Term Plan ambitions. This is supported by 2 committees in common which aim to improve alignment and integration of services:
    - West Yorkshire Mental Health Collaborative – 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)
    - Leeds Providers' Integrated Care Collaborative –Leeds GP Confederation, Leeds Teaching Hospitals NHS Trust, Leeds and York Partnership NHS Foundation Trust and Leeds Community Healthcare NHS Trust

- 1.2.2. Our programme of work with the GP Confederation, Primary Care Networks and Local Care Partnerships to develop 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. Weight Management) and developing joint bids in response to tenders (e.g. LWMS) where LCH provides under-arching support to primary care clinical leadership
  - The development of integrated services from MSK services to bold work looking at integrated nursing across our services, including integrated clinics and testing a home visiting service
  - Providing clinical and corporate support functions including preceptorship support, clinical training for RNs, AHPs and other non medical staff and recruitment functions through an employ / deploy offer which 7 PCN's have taken up so far
  - The establishment of Leeds Primary Healthcare Collaborative – a committees in common between Leeds GP Confederation and Leeds Community Healthcare supports co-ordination and decision making across the two organisations
- 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
- integrate provision and pathways across secondary and primary care driving provision of the right care in the optimal setting
  - strengthen collaboration with our partners across General Practice, Adult Social Care, LTHT, LYPFT and third sector partners
  - support the development of expanded community multi-disciplinary teams
  - support left shift through providing pro-active care, early intervention and self-management
  - ensure people get more control over their own health and more personalised care
- 1.4. 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.
- 1.5. These partnership arrangements are a significant change for everyone and a challenge for all providers to work and think differently, made more difficult



by different governance, systems, employment arrangements, attitudes to risk and understanding of partners' services and practice. 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. The other key strand of our strategy is our ambition to become outstanding. LCH has retained its 'good' CQC rating (published October 2019); some domains and the Sexual Health service were rated 'outstanding'. Our ambition is to: provide outstanding care for service users and also create an outstanding working environment for staff.
- 1.7. Key to achieving this will be ensuring understanding about what is meant by 'outstanding', bottom up buy-in, staff and service user involvement and engagement, empowering clinical leadership and continued focus on leadership development.
- 1.8. **Next steps:** over the next year we will:
  - Continue to develop our relationship with the GP Confederation and PCNs 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.
  - Optimise city-wide expertise and support to partners, particularly how we offer managerial and other expertise to primary care. We will continue to build on the joint arrangements already in place with the GP Confederation and PCNs 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.
  - Strengthen and expand our working in localities and clusters around populations - neighbourhood teams, long term conditions, LWMS, MSK and other adult specialist services, and our childrens services
  - With our primary care and social care colleagues to become the "centre" for the Local Care Partnerships and expanded community teams, and key partners in developing new models of care provided by integrated community care teams.
  - Continue to work with partners to develop integrated long term condition services that support more people at home and in a community setting and to better manage their condition.
  - Continue to work with partners to develop governance that 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.
  - Work 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

- 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

- 1.9. In contrast to recent years, we expect the principle source of income growth for LCH over the next four years to be from investment in LCH services, and the necessary associated service / Business Unit management and corporate capacity to achieve the NHS Long Term Plan ambitions for developing expanded community teams, new models of care and integrated service / pathway development to deliver left shift and improvements in outcomes and access. It is vital that it is recognised that this extensive development agenda cannot be delivered without adequate investment in operational and senior level management and corporate capacity
- 1.10. This is within a context of continuing difficulty, national and local, recruiting to many nursing, therapy and medic positions. Key priorities for 2020/21 will be our focus on developing our resourcing and workforce analysis, plans and approach, including progressing the 'One Workforce' work with partners to streamline resourcing, training and development across partners and retain staff within the Leeds system – see Section B4.3.
- 5.1. We expect little if any income growth from competitive tendering over the next couple of years. Leeds City Council (Public Health) is not renewing the Watch It contract and LTHT will become the lead provider for the Community Eye service
- 1.11. In quarter 1 we will complete a review of service strategies. As part of this we will
- define and map our core services, and identify core services where we excel for which we will horizon scan for expansion opportunities within the ICS area
  - define services where we excel / are leaders for which we would consider on a case by case basis expansion opportunities in Yorkshire and Humber and nationally
- 1.12. We will scope opportunities to win back services where there is a strong case for LCH as the local community provider as services are tendered.
- 1.13. We will build on progress this year in developing traded offers for our specialist expertise in community services and corporate functions that we could trade with PCNs as long as it does not impede on delivering quality care day to day or our priorities

## 2. 2020/21 Trust Priorities

2.1. LCH's priorities for 2020/21 are guided by ICS and city ambitions and plans, our achievements and challenges in delivering LCH's 2019/20 priorities and wider operational and performance challenges and opportunities.

- We are confident that we will maintain our track record in consistently achieving the 18 week referral to treatment target in 2020/21, the 6 week diagnostic target and Eating Disorder scheme access targets. Several additional national IAPT targets have been introduced. We have agreed with commissioners that further analysis is required to determine trajectories for some targets. We have agreed with the CCG a local access trajectory, 22%, which is below the national target, 25%.
- We will deliver on the Long Term Plan expectation that all providers reduce their waiting lists during 2020/21. We will continue to monitor closely CAMHS and ICAN waiting times and the impact of recovery plans.

2.2. 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 4

<b>Strategic goal 1: Ensure our workforce community is able to deliver the best possible care in all of the communities that we work with</b>
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Priority 1: Improve overall engagement levels within our workforce community through initiatives on creating the working lives that we want:
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- |   |
|---|
| <ul style="list-style-type: none"> <li>• Keeping our staff well and at work;</li> <li>• Embracing difference and diversity;</li> <li>• Creation of a compassionate, kind and supportive culture where people come first;</li> <li>• Our workforce is well led, supported and empowered by skilled leaders;</li> <li>• Enabling staff to make an outstanding contribution to the care of patients</li> </ul> |
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Priority 2: We will recruit the right people with the right skills and deploy them to deliver the best possible care in all of our communities for now and for the future
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Priority 3 Our workforce is well led, supported and empowered by skilled leaders
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<b>Strategic goal 2: Deliver outstanding care</b>
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<b>Priority 4: Be outstanding</b>
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<b>Priority 5: Develop and embed continuous quality improvement which engages staff and service users</b>
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<b>Priority 6: Strengthen organisational approach to service user engagement and experience at all stages of care delivery</b>
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**Strategic goal 3: Work in partnership to deliver integrated care and care closer to home**

**Priority 7:** Pro-actively develop and deliver left shift with partners & improve the health of the poorest the fastest

**Priority 8:** Continue to work with and support the development of PCNs

**Strategic goal 4: Use our resources wisely and efficiently**

**Priority 9:** Implement the new CAMHS Tier 4 service to the agreed time-frame

**Priority 10:** Understand and reduce unwarranted variation

**Priority 11:** Implement digital and estates strategies and the sustainability plan

### 3. Quality

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

- i. As a result of the national situation of COVID-19 spread there is a risk of a local increase in cases in Leeds impacting on workforce and service delivery. The Trust will continue to ensure that all necessary Incident Management action is taken to support an effective co-ordinated city response and enact national guidance with Exec and Board oversight.
- ii. difficulty recruiting key staff in specific areas - this is once again a Trust priority for 2020/21 and reflects continuing national workforce supply shortages across nursing, therapy and medical roles. In 20/21 we will develop an organisational and Business Unit workforce plans that set out resourcing requirements and plans to meet these by profession over the short to medium term.
- iii. Demands of supporting development and implementation of new models of care and increasingly integrated working impact on quality of care

3.2. **Quality Priorities:** all the Trust priorities directly or indirectly support delivery of the Trust's vision – to provide the best possible care to every community we serve.

3.3. The quality priorities to be reported in the Trusts 2020/21 Quality Account are the 3 Trust priorities for 2020/21 supporting delivery of strategic goal 3: Deliver outstanding care - they have been developed in consultation with Business Units, corporate teams and the Board and align with the Quality Strategy, the Trust's priorities and Business Unit plans.

**Priority 1:** Be outstanding - following the last CQC inspection, where LCH was rated 'good' with some services and domains 'outstanding', LCH now has an ambition to become outstanding in a more coordinated and sustainable way that is about being genuinely outstanding in every aspect, not just in relation to receiving a CQC outstanding rating. The work has two

main aims of ensuring outstanding care for service users and creating an outstanding working environment for staff. Work will include:

- Understanding what is meant by 'outstanding'
- Ensuring our internal systems and processes are robust to support the journey to outstanding
- Implementing a tactical approach
- Developing outcomes that help us measure our progress and success
- Building and maintaining effective relationships with stakeholders
- Ensuring bottom up buy-in, involvement and engagement with staff and service users
- Empowering clinicians to take a lead on clinical processes
- Leaders embedding the approach and empowering staff to live and breathe it

**Priority 2:** Develop and embed continuous quality improvement which engages staff and service users

This builds on good progress over the past year in implementing the implementing the Making Stuff Better (Continuous Quality Improvement) strategy.

**Priority 3:** Strengthen organisational approach to service user engagement and experience at all stages of care delivery

In 2020/21 we will continue to operationalise the Patient Engagement Strategy building on great work in the past year, including reinvigorating Staff Champions across all 3 Business Units and Childrens Business Unit further developing and involving the Youth Board.

- 3.3 Appendix 3 sets out what we aim to achieve, the key things we plan to do and success measures. The priorities reflects continuity and our commitment to continuous improvement in all that we do, including in our ambition to progress from CQC 'good' to 'outstanding' rating. We are adopting an organisation-wide programme approach towards achieving this ambition, sponsored by the Director of Operations.
- 3.4 We continue to be fully engaged in city forums driving development and implementation of plans to realise the ambitions of the Long Term Plan and deliver sustainable system transformation and quality improvements through improving patient flow, integrating provision and achieving left shift including
- System Resilience Assurance Board – responsible for ensuring system flow including winter pressures planning
  - Urgent Care Programme Board – responsible for developing and implementing the NHS Long Term Plan Ageing Well 2 hour urgent community response and 2 day reablement response requirements
  - Long Term Conditions Programme Board – driving development of integrated services that support left shift
  - Personalised Care Programme Board – responsible for ensuring implementation of the NHS England's Personalised Care model

### 3.5 Key quality improvement initiatives signalled in the Trust priorities include:

- implementing the National Patient Safety Strategy which aims to enable continuous improvements in patient safety by building a culture of patient safety and a patient safety system. We will build on our culture of openness and continue developing a 'Just Culture' to support improvement planning and learning from incidents, ensure staff feel empowered and supported when incidents occur and support patients, carers and families to take an active part in the end to end investigation process.
- reviewing and streamlining meeting and reporting processes that sit under Quality Committee, including strengthening triangulation of data
- continued development of clinical and patient impact outcomes reporting at service, pathway and population health segment levels and aligned to commissioner and system requirements.
- improving access in line with national and local service specifications:
  - CAMHS: Next Steps, Neurodevelopmental Assessment and Eating Disorder waiting time targets – to be achieved as part of the CAMHS Transformation Programme which encompasses all service / pathway development and improvement.
  - ICAN Paediatric Neurodisability and Community Paediatric Clinicsand acting on findings from a cross business unit review of waiting times
- ensuring QIA process is fully embedded to provide assurance about the impact of proposed and agreed changes and continue to work with commissioners on a joint process
- Work with LTHT to develop and implement integrated mortality reviews of deaths 30 days post discharge
- 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

#### Other key quality initiatives include

- a continued focus on pressure ulcer reduction, ensuring a fair and just culture but truly understanding causes, optimising staff engagement and embedding learning to improve, working with partners city-wide to look at system-wide approaches to pressure ulcer reduction
- the citywide falls pathway will be reviewed: there needs to be a focus on citywide falls reduction and how the system works together to improve outcomes for the population and reduce falls
- rolling out a standardised process for completion of the new national ReSPECT form which replaces and extends the DNACPR process beyond palliative care

- a refreshed approach to caseload management in Neighbourhood Teams informed by understanding and analysis of caseload dependency
- working with partners city-wide to develop a city-wide Medicines Optimisation Strategy
- Implementing actions identified through the organisational self-assessment against the Learning Disability Improvement Standards
- LCH will continue to lead city-wide work to reduce the number of cases of E-coli, including city-wide Gram negative work

3.6 We will increase and enhance the contribution of research to quality improvement through implementing the refreshed LCH Research Strategy. The overall aspirations of the 2019 - 2023 Research Strategy will be for LCH to become a centre of research excellence where:

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

## 4 Workforce

4.1 2020/21 coincides with the second year of the LCH Workforce Strategy 2019-21. The Workforce Strategy’s 6 priority areas are **Leadership & Skills; Diversity & Inclusion; Resourcing; Integration & Partnerships; Wellbeing;** and **Proactive Analytics**. Our objectives and initiatives in each of these areas will contribute to the delivery of the LCH’s 2020/21 priorities.

4.2 **Priority 1: Improve overall engagement levels within our workforce community through initiatives on creating the working lives that we want**

4.2.1 Our 2019 staff survey results show that our services have continued to make 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 2020/21 for all 3 Business Units and the Corporate Directorates:

- having successfully improved sickness absence rates between 2018/19 and 2019/20 we will continue our sickness absence analysis, work, leading to better measurement and reporting of sickness absence, and to focus in an evidence-based way on supporting people back to work.
- ensuring that our health & wellbeing offer to staff is clear and accessible, leveraging the benefits of our newly-launched Employee Assistance Programme and focusing in particular on mental health and wellbeing.
- anticipating and responding to health and wellbeing risks and issues including those associated with COVID-19, aiming always to support and protect the health and wellbeing of our workforce through appropriate support and prevention measures.

4.2.2 **Diversity & Inclusion** remains a key focus. 2020/21 will see all staff undertaking Equality & Diversity training with increased frequency; and the launch of Cohort 3 of our successful Reverse Mentoring programme. We are also proud to have been selected as one of a handful of Trusts nationally to work with the NHS national Diversity & Inclusion team on a Cultural Change project.

4.2.3 **Just and Fair Culture:** We will continue to 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.

4.2.4 **Learning & Development:** We are strengthening our learning and development processes, infrastructure and strategy to ensure learning & development opportunities are aligned with organisational need; and there is clarity over access to development. Reconfiguration of our Statutory & Mandatory training offer will be concluded. 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.

4.3. **Priority 2: We will recruit the right people with the right skills and deploy them to deliver the best possible care in all of our communities for now and for the future**

4.3.1. We aim to attract and retain the best possible workforce at LCH. During 2019/20 we saw improvements in the retention of our existing workforce, consistently benchmarking favourably against comparator organisations. We will strive to maintain our retention success during 2020/21, while we also focus on securing the



supply of workforce into the organisation through improvements in our resourcing approach:

- bringing our substantive and temporary resourcing systems more closely and flexibly together in response to organisational resourcing needs.
- enhancing our organisational resourcing plan using our new workforce planning methodology, seeking to identify, anticipate and respond to resourcing challenges, themes and “hotspots” in an increasingly sophisticated and evidence-driven way.
- anticipating and responding to business continuity resourcing needs, for example associated with COVID-19, leveraging measures to maximise and enhance the supply of workforce, including use of agile working as well as innovative and flexible approaches to deployment and the introduction of policy refinements as needed.
- E-rostering will be a key part of enabling data-driven decision making with respect to resourcing and workforce planning.
- 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.
- supporting 20 District Nurse apprenticeships and further registered nurse apprenticeships. These ambitions are balanced with the imperative to ensure apprentices and students can be supported in the workplace alongside maintenance of delivery of the best possible care to our communities.
- delivering targeted campaigns to support services in fulfilling hard to recruit and / or high volume resourcing needs. Examples of this include our newly-qualified nurse recruitment campaign; Personal Wellbeing Practitioners (PWPs) and the prospective campaign associated with the proposed West Yorkshire CAMHS Tier IV unit.
- engaging services in the development of an improved talent management approach, linked with embedding an improved monitoring of quality appraisal processes.
- developing opportunities to work in partnership with Leeds system partners, in line with the One Leeds Workforce 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”*.

4.4. **Priority 3: Our workforce is well led, supported and empowered by skilled leaders**

4.4.1 Our aim in 2020/21 is to continue strengthening the skills of our leaders and aspiring leaders across LCH:

- enabling a further 180 delegates from across the organisation to access Leadership & Management development.
- working closely with the Leeds Health and Care Academy and across the city to scale up the highly successful System Leadership module.
- embedding a Leadership Competency Framework (LCF), based on the LCH values and behaviours as well as engagement with stakeholders. By the end of 2020/21 it is envisaged this will be a normal element supporting constructive discussions about leadership potential and development needs, linked with appraisal processes and the emerging LCH Talent Management approach.

4.5. **Priority 9: Continue to work with and support the development of PCNs**

4.5.1 We will continue supporting primary care partners and the fundamental relationship between primary and community care, working in partnership across organisational boundaries:

- providing strategic workforce direction on behalf of the GP Confederation,
- expanding the newly-developed LCH Employ / Deploy model to support Primary Care Networks (PCNs) in their employment of roles under the GP Contract's Additional Roles Reimbursement Scheme.
- exploring options to offer a broader suite of Workforce services in response to PCN and GP Confederation needs.
- supporting 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.

## **5. Alignment of the 2020/21 Operational Plan with Local Plans**

5.1. **Alignment with the West Yorkshire and Harrogate ICS Health and Care Partnership Plan**

5.1.1. The West Yorkshire CAMHS New Model of Care programme is in its 2nd year of operation. Savings have been invested in improving crisis, outreach and intensive home treatment provision West Yorkshire wide - Leeds crisis provision has been significantly enhanced through establishing a weekday 9-5 service. In 2020/21 this will be extended to a 7 day and out of hours service.

- 5.1.2. We are delighted that in March 2020 NHS England approved £13m funding for the building of a state of the art new Tier 4 facility to open in June 2021. We will continue to work with partners to progress planning, develop a service model and commence recruitment to the expanded service working towards the service going live in June 2021.
- 5.1.3. Delivery of the ICS plan is described in each of the 6 constituent 'place' based plans – for Leeds, principally the Leeds Health and Care Plan, Leeds Future in Mind Local Transformation Plan for Children and Young People's Mental Health and Wellbeing and the Children and Young People's Plan.

## 5.2. Alignment with Leeds' Plans<sup>2</sup>

- 5.2.1. **Embedding person centred care - delivering the universal personalised care model and a strengths and asset based approach to working with people and their communities**
- 5.2.2. 'Working with', not 'doing to' is central to the way we work with patients and the public. We are reviewing uptake of the range of strengths based approaches adopted in services and training (health coaching, better conversations, motivational interviewing, shared decision-making, restorative practice). This will inform our organisational approach going forward and will align with the city Personalised Care work programme.
- 5.2.3. We will extend the use of Patient Activation Measures (PAMS) which evidences development of patient confidence and ability to self-manage – used in our Neighbourhood Team self-management model.
- 5.2.4. In April 2020 we will submit our first Third Sector Strategy to Board for approval which aims to develop our partnership working with the third sector recognising the vital contribution of the third sector in connecting with and giving voice to patients, their families and carers and communities, and working in a strengths based way.
- 5.2.5. **Supporting the development of PCNs and Extended Community Teams**
- 5.2.6. In 2020/21 we will continue to build on the joint arrangements already in place with the GP Confederation and PCNs and further develop our relationship to deliver the ambition of fully integrating primary and community services.
- 5.2.7. We will continue to develop our 'under-arching' infrastructure offer and develop integrated services. Key focuses will include:
  - work supporting LCH as 'under-arching' employer for PCN roles, an early focus being exciting, innovative work to develop a model for the social prescriber role incorporating elements of the HCA role.

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<sup>2</sup> Leeds Health and Care Plan, Future in Mind Transformation Plan for Children and Young People's Mental Health and Wellbeing and the Children and Young People's Plan

- Progressing the First Contact Physiotherapist Practitioner model
- Increasing the number of integrated clinics including wound care and leg clinics
- Scoping and testing a joint home visiting service for older people
- Scoping a joint training hub to support the development and training of roles in both settings
- Scoping opportunities for joint clinical and other roles
- Develop governance work programme that facilitates integration and ensures quality
- Mobilising the Mental Health Liaison element of the LWMS service

5.2.8. Major focuses in 20/21 will be work with partners to co-produce and deliver integrated NHS Long Term new models to improve patient health and well-being and outcomes and support left shift:

- Ageing Well – delivery of 2 hour urgent community response and 2 day reablement offer working with primary care, Social Care and the third sector.
  - Requirement to make available from 1 November 2020 an agreed number of guaranteed 2-hour home response appointments to ambulance and other local services
- Enhanced Health in Care Homes – providing more person centred, responsive and joined up care across primary care, community care and care home staff
- Anticipatory Care - a single team of GPs, pharmacists, nurses, community geriatricians, dementia workers and AHPs such as physiotherapists and podiatrists/chiropractors, joined by social care and the voluntary sector providing anticipatory care for severely frail elderly patients and people of all ages living with multiple comorbidities

5.2.9. This work, coupled with the work on population health, home visiting and other initiatives such as the Virtual Respiratory and Frailty Wards is all connected and all impacts on the work of our Neighbourhood Teams, other ABU services, Specialist LTC and other services such as MSK and CIVAS. We will continue to work closely with the CCG, GP Confed colleagues, PCNs, social care and the third sector to ensure developments all work synergistically and as part of a 'whole'.

5.2.10. As this work is progressively requiring input from a wider range of services we will also ensure that we are connect and work effectively across Business Units.

5.2.11. **Develop and embed Local Care Partnerships (LCPs).**

5.2.12. LCPs continue to be central to the city's ambition for developing and tailoring integrated primary care organised around peoples' needs at the neighbourhood level (c30,000-50,000) and reducing

health inequalities, which is a central focus of the ICS Plan and the NHS Long Term Plan. Leeds has gained national recognition for the approach which was led by Thea Stein, LCH Chief Executive.

- 5.2.13. All 18 LCP partnerships have now formed partnership arrangements and become functional. Our Neighbourhood Teams are aligned to, and core members of all 18 LCPs.
- 5.2.14. **Population Health Management (PHM)** is a priority focus of the Long Term Plan and central to the ICS plan and Leeds Health and Care Plan. The 3<sup>rd</sup> and final cohort of LCPs started the PHM programme in January 2020. All LCPs have focussed on 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, measuring impact against the agreed Frailty Outcomes Framework - the pace of progress has reflected the maturity of each LCP. In 2020/21 the PHM approach will be extended to Long Term Conditions (LTC): the initial focus being to agree a LTC Outcomes Framework.
- 5.2.15. Our Children's Business Unit is now working with GP and LTHT colleagues in 3 Child and Family Hubs testing initiatives to address key health issues for children and young people specific to local communities. The city ambition is to continue testing, developing and extending this model across the city in partnership with Primary Care Networks, LCPs, Leeds City Council Childrens Services, LTHT, the third sector and patient / family / carer representation.
- 5.2.16. In 2020/21 we expect to see increase in input required to support PHM initiatives across all 3 Business Units – front line, clinical and operational management - and corporate teams. It is vital that the additional capacity required is funded.
- 5.2.17. We expect there to be significant work in 2020/21 for our Finance, Contracting and Business Intelligence teams in developing financial, business intelligence and contracting information and systems to support the CCG's shift to commissioning for population health outcomes.
- 5.2.18. **Urgent Care and Rapid Response:** in addition to the significant and challenging work programmes indicated in para 5.2.8 and 5.2.9, other focuses supporting urgent care and rapid response in 202/21 will be:
- Extending the CAMHS crisis service to 7 days a week, out of hours and till midnight – 4 hour response target
  - continuing work to develop closer working between SPUR and PCAL, refine pathways and monitor impact
  - Investment in the Neighbourhood Nights Service to increase access for patients leaving hospital the same day
  - Expanding and extending the CIVAS service to provide IV care at home for additional pathways
  - Engaging with roll-out of 3 further Urgent Treatment Centres

- 5.2.19. A key plank of work supporting left shift is **development of integrated pathways** that extend and increase provision in the community / extended general practice locality working, **increase access to pro-active care, promote self-management, optimise treatment and support around acute episodes**. We are proud of the work with commissioners and partners to develop and implement integrated Stroke, Diabetes, MSK, Respiratory, Cardiac, Neuro, Parkinsons and Gynaecology pathways and will progress this in 2020/21.
- The Stroke service aims to further improve length of stay - now well below national average.
  - The Diabetes service will continue to develop as an integrated service across LCH, LTHT and PCNs implementing integrated specialist care pathways for Type 1 and 2 Diabetes and an enhanced primary care model
  - The Community Gynaecology service will undertake internal work to support preparedness to respond positively to gynae and menopause pathway reviews
  - The Cardiac Service will contribute to integrated pathway development work with LTHT and aims to secure funding to expand its exercise programme
- 5.2.20. We will engage in the following city-wide pathway reviews: Falls, Dementia, Care Homes, Urology, Colorectal, Neuro, Adult Learning Disability and city-wide work to review and improve the offer for children and young people with an autism diagnosis.
- 5.2.21. We will further develop and embed innovative CAMHS service models that support early intervention and self-management and provide pro-active care
- Mental Health Support teams - our successful Trailblazer bid - working with and embedded in Further Education colleges providing a range of support to pupils and families
  - Extending our award winning Infant Mental Health offer to parents and carers of 2-4 year olds and early years workforce
  - Further developing our MindMate service - offering brief consultation / intervention whilst waiting to access the service and implementing the outcome of the CCGs service review
- 5.2.22. A key focus for the city is enhancing the Cancer offer and delivery and improving outcomes. In 20/21 we will implement the Community Cancer Support Service.
- 5.2.23. **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. 2020/21 CQINs build on the 2017-20 CQINs which focussed on smoking and alcohol use screening and

provision of advice in the Community Neuro Rehab Centre. CQIN also include a challenging national 90% staff flu target

5.2.24. **Sustainability** – we have responded to staff's requests that the Trust takes firmer action on its carbon footprint and what we can do collectively to make the Trust more sustainable. This aligns with the city's call on partners to champion environmental sustainability. We are developing a Sustainability Development Management Plan which: it will incorporate requirements set out in the 2020/21 national planning guidance which include:

- purchasing 100% renewable electricity by April 2021.
- replacing lighting with LED alternatives during routine maintenance activities.
- all new builds and refurbishment projects are delivered to net zero carbon standards.
- implementing the Estates and Facilities Management Stretch programme, to be published in 2020, which will set out key activity's to reduce the environmental impact of their estates
- signing up to the NHS Plastics Pledge which commits organisations to phase out avoidable single-use plastic items.

## 6. Service Plans

- 6.1. Key focuses additional to work outlined in section 3, 4 and 5 are:
- 6.2. The Children's Business Unit in 2020/21 will continue work to define additional 'service offers' and identify and address gaps and work to extend the cohort of services to be integrated into the ICAN service model.
- 6.3. In 2020/21 all 3 Business Units will collaborate on work to support children and young people to transition successfully into adult services.
- 6.4. We will continue to mobilise and embed the Secure Stairs model at Wetherby Young Offenders Institute and embed it at Adel Beck.

## 7. Key Enablers

- 7.1. The ICAN Transformation Programme will complete in 20/21. Improvements focus on streamlining the referral and triage process, creating a single front door into Childrens' services, simplifying support around the EHCP process, improving the child's, young persons and families journey and experience through new and reviewed clinical pathways, embedding co-ordination of care and appropriate support at key transition points, supported by shared EPR and improved clinical system architecture.
- 7.2. The Admin Review project will draw to a close during 20/21, establishing an efficient management of the patient journey from referral to discharge with all administrative staff under a single structure.

- 7.3. The potential replacement of standalone systems, Lillie (Sexual Health Service) and Carenotes (CAMHS), is being assessed. A replacement for Lillie would be completed in year.
- 7.4. A suite of projects supporting the Estates Strategy will commence.
- 7.5. Key digital focuses for 20/21 are indicated in priority 11 – see appendix 4. NHSX is due to set out its approach to mandating technology, security & data standards early in 20/21 which all organisations will be expected to comply with.

## **8. Financial Plan**

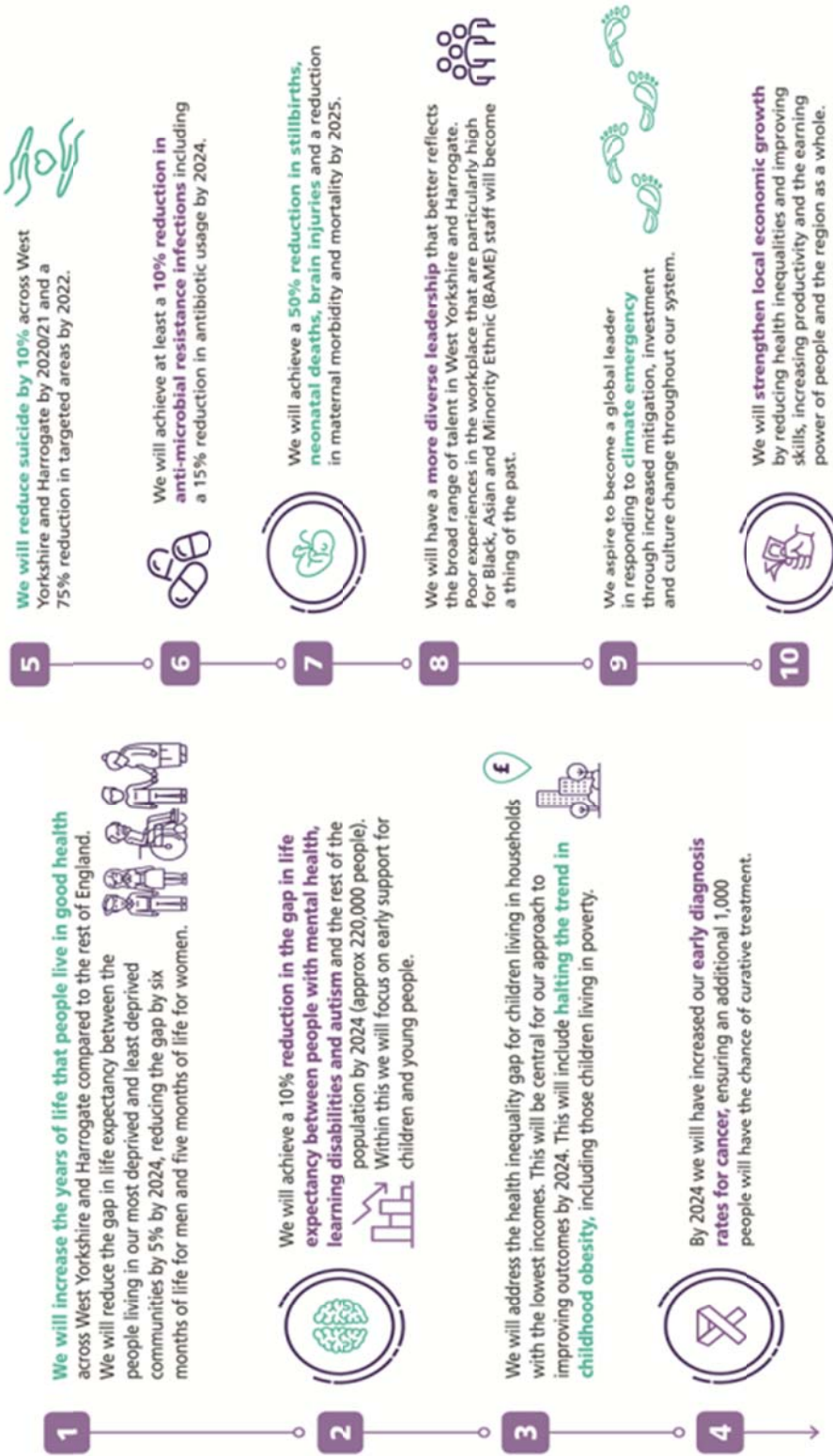
- 8.1. As a result of the issuing new business rules on 16 March to cover the first 4 months of the year to enable the NHS to focus on Coronavirus a budget proposal is not yet ready for inclusion in this document

## **9. Risks & Mitigation**

- 9.1. The plan reflects work required to mitigate the key operational and strategic risks to delivering the plan. The key strategic risks are reflected in the refreshed Board Assurance Framework which is being submitted to March 2020 Board for approval. Robustness of controls and mitigation is monitored through the Trust's risk review and reporting process.



# Appendix 1: West Yorkshire and Harrogate ICS 10 Big Ambitions



## Appendix 2: LCH Strategic Framework

### Organisational Vision

To provide the best possible care to every community we serve

### Strategic goals

- 1: Ensure our workforce community 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 deliver community care 24/7 to every community in Leeds and health services in the justice system across Yorkshire and the Humber. We have the ability to mobilise services at scale and pace across the city and in the wider region, 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
- **We are innovative** - We have a strong track record of innovation and are pioneers in developing and delivering integrated care closer to home, working in partnership with others, including a wide range of 3<sup>rd</sup> sector providers as well as statutory agencies and independent partners.
- **Facilitating left shift** - We are a key connector in the Leeds system, improving system flow and supporting people to keep well and live independently at home / in the community through new models of care and new ways of working, underpinned by a collaborative approach
- **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.
- **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.
- **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.

## Appendix 3: 2020/21 Trust priorities

**Strategic goal: 1: Ensure our workforce community is able to deliver the best possible care in all of the communities that we work with**

**Priority 1: Improve overall engagement levels within our workforce community through initiatives on creating the working lives that we want:**

- Keeping our staff well and at work;
- Embracing difference and diversity;
- Creation of a compassionate, kind and supportive culture where people come first;
- Our workforce is well led, supported and empowered by skilled leaders;
- Enabling staff to make an outstanding contribution to the care of patients

**What we aim to achieve in FY 20/21:**

- We will support the development of our leaders to ensure that every individual at LCH experiences good or excellent leadership and has access to appropriate training and development, regardless of where in the organisation they work
- Our staff at LCH are more likely to be well and at work as well as more engaged with work irrespective of service or geographical location than in 2019/20.
- Each member of the workforce is treated as an individual, with particular regard to advancing equality for those with a protected characteristic.

**Key focuses and things we plan to do:**

**All staff have access to learning and development which enables them to maintain and enhance their skills in pursuit of the delivery of outstanding care and personal development**

- Ensure all (appropriate) Stat Mand training is CSTF compliant, and appropriately configured on ESR
- Deliver key improvements in Stat Mand access, quality and delivery– addressing the Stat Mand Audit recommendations and feedback from Business Units
- Ensure all staff have access to a well-structured appraisal which is focussed on their well-being and development as well as performance:
- Implement revised appraisal offer ensuring support and focus from leaders across the organisation
- Effective links between talent management and development culture within Leading by Example
- Maximise the opportunity offered through the Nursing and AHP CPD monies to engage and develop clinical staff, and align to organisational objectives
- Introduction of a Learning Needs Analysis approach at organisational, business unit and service level to enable alignment of personal development plans with organisational priorities
- Redevelop LCHs Learning & Development offer and infrastructure to align with organisational need and ensure clarity about access to development

**Enable the creation of organisational, service and team cultures which reflect the ambition to deliver outstanding care, and be an outstanding place to work**

- Providing culture, engagement and improvement support to priority services: CAMHS (Inpatient, Community and new Tier 4 services) Dental, LMWS, ICAN

- Support Business Units, Services and teams in their work to engage staff, providing regular cultural intelligence data via Annual Staff Survey and quarterly Staff Survey Pulse (FFT) results (working with HRBPs)
- Promoting and supporting cultures of Speaking Up, Diversity & Inclusion, Health & Well-being
- embed #peoplebeforeprocess and #justandfairculture concepts into our culture and ensure policy alignment.

#### **Equality and Diversity:**

- Further develop Equality & Diversity initiatives with particular focus on BAME and Disability
- Increase BAME representation on recruitment & selection panels
- Review the reverse mentoring of senior leadership by BAME employee
- Some specific equality objectives and plans as set out in the paper to December Board

#### **Health and Well Being:**

- Focus on keeping people well and at work including through support on Mental Health
- Sickness absence levels remain within tolerance, achieving an improved position by the end of 20/21 compared with 19/20
- Roll out and evaluation of EAP service
- Further targeting analysis of sickness absence and use of information to target interventions and work.

#### **System and Place:**

- Alignment with the Leeds health & care system and relevant Leeds-wide plans (including Leeds Plan) and ICS system workforce initiatives

#### **Key success measure(s) and target(s)- how we will know if we succeed**

- Accumulative sickness absence rate for 2020/21 to be finalised when the accumulative sickness rate for 2019/20 becomes available - expected to be less than 5.8%
- The relative likelihood of BME staff being appointed following shortlisting compared to that of white staff: to be determined following the release of the WRES data in March 2020.
- 100% of appropriate statutory and mandatory training is ratified and declared in line with Core Skills Training Framework requirements.
- Staff survey engagement measures continue to show an improvement trajectory, building on 2017,'18 & '19 surveys

**Priority 2: We will recruit the right people with the right skills and deploy them to deliver the best possible care in all of our communities for now and for the future.**

**What we aim to achieve in FY 20/21**

- Targeted resourcing approach linked to a strategic, operational and tactical workforce planning methodology
- Workforce plans for each Business Unit based on a thorough understanding of workforce supply and demand
- Innovative and effectively targeted resourcing campaigns for priority roles
- Standardised and consistent on-boarding approach from recruitment to engagement

**Key focuses and things we plan to do:**

**Organisational Resourcing Plan and Implementation of the Plan:**

- Development & implementation of an organisation wide workforce plan
- Organisation and Business Unit workforce plans address critical skills shortages including through apprenticeships.
- Develop and embed the apprenticeship agenda which are aligned to workforce plans and establish clear processes/terms and conditions to ensure equity
- Scope and deliver resourcing requirements for CAMHS tier 4 build.
- Focused action plans for “hard to recruit” roles.
- Review and refresh of on-boarding approach
- Source permanently the digital marketing skills needed, to develop and implement digital resourcing campaigns aligned with workforce needs - skills sourced temporarily in 19/20

**System and Place:**

- Resourcing approach alignment with Leeds Plan and place and ICS system work as well as integrating elements and intent of Leeds Health and Well-being plan e.g. recruitment from priority neighbourhoods.
- Work with Leeds Health & Care system to attract our Future Workforce e.g. engaging with schools/colleges/careers advice
- Engage fully with the national Streamlining programme and implement changes which will speed up recruitment and enable integration and cross boundary working.

**E Rostering:**

- Continue E-rostering implementation: year 2 of 2 year roll-out plan – across all services in LCH Specialist and Children’s Business Units following full implantation in Adult Business Unit
- E Rostering phase 2 scoped in alignment with system wide bids for implementation funds and agreed plan developed; deliver what agreed for 20/21.
- E job planning for Medical & Dental staff and ABU AHPs scoped in alignment with system wide bids for implementation funds and agreed plan developed; deliver what agreed for 20/21.

**Key success measure(s) and target(s)- how we will know if we succeed**

- **90%** of clinical staff on the e-rostering system by April 2021
- **50%** of all e-rosters approved six weeks before the e-roster start date
- **50%** of all system-generated e-roster (auto-rostering) –the percentage of shifts filled by the system-generated functionality.
- A revised resourcing system will be in place including evidenced-based understanding of supply and demand by the end of 2020/21
- Overall outturn turnover in 2020/21 will be below 14%

**Priority 3 Our workforce is well led, supported and empowered by skilled leaders**

**What we aim to achieve in FY 20/21**

- Increasing numbers of leaders and aspiring leaders have the skills to lead across LCH and wider system.
- Clear alignment of leadership and OD development opportunities with organisational need
- Organisational succession planning is supported by a clear Talent Management approach

**Key focuses and things we plan to do:**

**All staff experience great Leadership – aligned to organisational culture, values and behaviours:**

- Continue delivery of Leading by Example – 180 leaders
- Engaging more senior leaders in Leading LCH – bands 7&8
- Prioritising Leadership development for services with significant improvement agendas – bespoke offers for particular services
- Focussed master classes on equipping managers and leaders with the skills to deliver and facilitate OD and change within their own areas / associated toolkit developed
- Evaluation of impact
- Working with partners across the system on learning together around leadership

**System and Place:**

Alignment of leadership work to the Leeds Plan and the ICS as a system with a particular focus on development of the skills for system leadership and cultural change.

**Talent Management:**

Embed Talent Management into the organisation including regular review of talent outcomes and implications for LCH.

**Key success measure(s) and target(s)- how we will know if we succeed**

- By the end of 2020/21 180 leaders have attended the Leading by Example programme
- 2020 Staff survey measures around support from immediate managers continue to improve
- Leaders receiving targeted leadership development support report improved knowledge, capability and peer support
- Talent Management tools are actively embedded within the Appraisal process
- Clear career pathways to enable succession planning are in place for specified priority roles
- 2020 Staff Survey measures for learning and development opportunities demonstrate improvement

<b>Strategic goal 2: Deliver outstanding care</b>
<b>Priority 4: Be outstanding</b>
<p><b>What we aim to achieve in FY 20/21</b></p> <ul style="list-style-type: none"> <li>• Understanding and alignment organisation-wide of the vision for ‘outstanding’</li> <li>• Embed robust Quality Challenge process that supports achieving CQC outstanding</li> <li>• Embed applicable sections of the National Patient Safety Strategy</li> <li>• Outcomes development: agreed BU specific targets <ul style="list-style-type: none"> <li>○ ABU: clinical outcome measure (COM) established for all clinical pathways</li> <li>○ CBU: all services receiving meaningful reporting on use of COMs</li> <li>○ SBU: 75% of services using COMs with all patients</li> </ul> </li> <li>• QIA becomes BAU</li> <li>• Improved effectiveness scores for QC and sub committees reflecting new meeting structures in place evidenced</li> <li>• Integrated mortality review of deaths 30 days post discharge established – currently all done by LCH</li> </ul>
<p><b>Key focuses and things we plan to do:</b></p> <ul style="list-style-type: none"> <li>• Implement CQC improvement plan and embed robust clinical governance process</li> <li>• Ensure all services are aligned to the organisation vision of outstanding care through implementing and embedding the ‘Outstanding’ plan</li> <li>• Development of a CAMHS Transformation Board across community and inpatients</li> <li>• Deliver the Quality Challenge + process, following review of the process, as agreed at Quality Committee including all services to have one quality walk</li> <li>• Implement applicable sections of the National Patient Safety Strategy</li> <li>• Continue to embed QIA across service and pathway development, improvement and transformation – timely completion, post completion review</li> <li>• Outcomes program - ensure that clinical systems and Business Intelligence mechanisms are in place to enable clinicians to capture information and receive accurate feedback around their COMs data</li> <li>• Review and streamline the meeting and reporting processes that sit under Quality Committee to improve triangulation of data and potential for assurance and quality improvement</li> <li>• Work with LTHT to develop and implement integrated mortality review of deaths 30 days post discharge</li> </ul>
<p><b>Key success measure(s) and target(s)- how we will know if we succeed</b></p> <ul style="list-style-type: none"> <li>• Organisational ‘outstanding’ plan implementation progressing in line with the agreed plan</li> <li>• CQC improvement plan implementation progressing in line with the agreed plan</li> <li>• 5% - 10% improvement in Quality Committee and sub committees effectiveness scores</li> <li>• Quality Challenge Plus: 100% of services rated as good or outstanding following review</li> <li>• Outcomes development: agreed BU specific targets achieved: <ul style="list-style-type: none"> <li>○ ABU: a clinical outcome measure (COM) established for all clinical pathways</li> <li>○ CBU: all services receiving meaningful reporting on use of COMs</li> <li>○ SBU: 75% of services using COMs with all patients</li> </ul> </li> </ul>



**Priority 5: Develop and embed continuous quality improvement which engages staff and service users**

**What we aim to achieve in FY 20/21**

- Progress the implementation of the Making Stuff Better (Continuous Quality Improvement) Strategy priorities: For Everyone; Enable & Support; Sharing Good Stuff
  1. Engage and enable staff and service users to undertake small or large scale improvements through continued focus and promotion of the Making Stuff Better philosophy
  2. Provide tools, training and resources to frontline staff and leaders that help them identify and deliver improvements across their areas of work
  3. Enable staff and service users to access QI tools, QI team members and shared learning and improvement stories
- Support priority service / pathway areas to adopt and embed a sustainable QI approach
- Ensure our CQI approach is a key enabler for achieving outstanding service delivery and being an outstanding place to work
- Continue the alignment of Quality Challenge, Clinical Audit, Research & Innovation and Service Developments, under the overall umbrella of Making Stuff Better, thereby enabling a trust-wide culture of improvement.

**Key focuses and things we plan to do:**

- Continue clear communications plan to engage, learn, share and celebrate success around Making Stuff Better
- Deliver tailored packages of ODI support, focussed around building and sustaining improvement cultures and practice for CAMHS, Dental Service, ICAN and Leeds Mental Well-being Service
- Develop key programme of Making Stuff Better Sharing & Learning events through 2020-21
- Continue all QI training, evaluating and iterating accordingly; following up with attendees to support application of learning
- Develop and support the role of Making Stuff Better Champions across the Trust
- Champions to develop and shape the Making Stuff Better Huddles with specified theme/purpose
- Build ODI capability in services through Masterclasses and a consultative approach
- Launch revised governance structure (April '20) for quality and effectiveness (merged CEG, Mortality Group, PSEGG) and in doing so align and underpin with an assurance and improvement focus
- Review and improve management of waiting lists across LCH underpinned by improvement methodology
- Review the process for aligning improvement support to services through the development of integrated triage process, reflecting connections with the Major Change and Business Teams.

**Key success measure(s) and target(s)- how we will know if we succeed**

- Define the Making Stuff Better champion role with a network of staff and managers, and establish 8 roles across the organisation by the end of 2020. Once in role
- Deliver 4 Masterclasses/upskilling sessions/consultations to services this year. Case study example to demonstrate impact.
- Journey template/case studies for all four ODI priority projects (CAMHS, LMWS, Dental and ICAN) to demonstrate impact and distance travelled.
- Integrated triage process trialled and in place for Change function teams by the end of the year.
- Number of Making Stuff Better sharing & learning events (including existing forums)
- Evidence impact of improved waiting list management - reduction in waiting lists organisation-wide

**Priority 6: Strengthen organisational approach to service user engagement and experience at all stages of care delivery**

**What we aim to achieve in FY 20/21**

- We will develop an infrastructure that enables the people's voice to have a much bigger influence and measure the impact of this
- We will sign the Leeds Commitment to Carers initiative; and provide support to staff members who are working carers, and carer awareness training to staff
- We will Implement and embed new Friends and Family Test guidance and question in line with national guidance
- We have representation of the people's voice within our quality and assurance frameworks; at the Patient Safety and Engagement Group Meeting (PSEGG), Quality Committee and Trust Board Meetings
- We will define the aims and objectives of an LCH people's network and work closely with existing networks in the city

**Key focuses and things we plan to do:**

- Operationalise the Patient Engagement Strategy: -Embed this across the Organisation and within Business Units
- Always Event: -Develop an awareness and understanding of AE across the Trust through an AE Oversight Group and develop an AE work plan
  - Always Events are identified within all Business Units; this involves patients, carers and staff
  - Always Event for SBU is submitted for accreditation
- Demonstrate a Commitment to Carers; - LCH is part of the city-wide commitment to carers
  - We provide support to staff members who are working carers- 6 x Training for Managers per year, 6 Working Carer Clinics held for LCH staff per year and 6 x Carer awareness training is delivered to staff (in partnership with Carers Leeds)
- Friends and Family Test; - Implement and embed new Friends and Family Test guidance and question in line with national guidance
  - Implement an audit of all FFT questionnaires being used across the Organisation
  - Develop a plan to Identify service specific measures for FFT
- Patient Story at Board:- The Trust Board regularly listen to, and interact with, the people who access our services through a range of ways
- People's network: - Review our aims and purpose of an LCH people's network to define our approach
  - We will work closely with existing networks in the city

**Key success measure(s) and target(s)- how we will know if we succeed**

- Objectives in the Engagement Strategy achieved within agreed timeframes
- Attendance at monthly AE Oversight group meeting represents all Business Units and Corporate Services
- The Youth Board, PSEGG, Engagement Staff Champion Group have regular contact with Quality Committee and the Trust Board
- There is a patient story at each formal Trust Board Meeting
- Audit of FFT completed and action plan developed and is agreed by the Patient Safety, Experience and Governance Group Meeting
- The revised complaint policy is signed off by the Policy Group and uploaded to the website and intranet

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

#### **Priority 7: Pro-actively develop and deliver left shift with partners & improve the health of the poorest the fastest**

##### **What we aim to achieve in FY 20/21**

- Development and launch of a new Development strategy 2020-2022 that builds on the success of the previous strategy and takes into consideration the changing context –outstanding ambition, left shift and integration with primary care
- Develop and operationalise service models in response to the Ageing Well, Anticipatory Care and Enhanced Care in Health Homes requirements
- Consistent, rigorous use of partnership standards which incorporate the clinical governance framework which is assessed by Internal audit in Q4
- Agree organisational aim and approach for embedding Personalised Care and Better Conversations following the quarter 4 2019/20 review of progress to date
- Address priority quality governance issues to ensure safe and effective partnership working with other partners
- Implement new partnership initiatives with the 3rd sector that support left shift and reduction of health inequalities
- work with the GP Confederation and CCG to strengthen the mechanisms for conducting out of hospital research in order to redress the current balance of research portfolios and investment in conjunction with left shift

##### **Key focuses and things we plan to do:**

- Agree and initiate an implementation plan for our refreshed Development strategy
- Continue to deliver the frailty programme and priorities for the city: deliver Ageing Well, Anticipatory Care and Enhanced Care in Health Homes work programmes, including delivering the 2-hour Urgent Response target by 1 April 2021
- Engage fully in and support the development of LCPs, PCNs, Family Health Hubs enabled by a Population Health Management approach
- Engage fully in the development of New Models of Care and integrated care pathways that support left shift
- Implement CAMHS service and pathway transformation and development
- All services to pro-actively consider opportunities to increase our focus on prevention, early intervention and self-management and improving the health of the poorest the fastest, including through collaboration with the 3rd sector
- Work with the 3rd sector to co-produce and initiate implementation of our Third Sector Strategy year 1 implementation plan
- The quarter 4 review of progress to date in embedding Personalised Care and Better Conversations will inform our organisational ambition and approach for embedding Personalised Care and Better Conversations in the way we work with patients, partners and colleague
- Governance: embed use of partnership standards which incorporates the clinical governance framework.
- Implement business development process to ensure sustainability and viability of partnership and business development decisions that support integrated care

- Establish an Integration forum to enable collective understanding of barriers and agree solutions
- Review resourcing to ensure robust sub contract management
- Financial management – make significant progress in developing Patient Level Information & Costing System - plan to be developed

**Key success measure(s) and target(s)- how we will know if we succeed**

- 2-hour Urgent Response model agreed and operational by 1 April 2021
- Other targets relating to implementing the Anticipatory Care and Enhanced Care in Health Homes agendas will emerge during FY 2020/21
- New Development strategy implementation plan progressing as planned
- Personalised Care - Better Conversations success measure TBA in Q1 following Q4 2019/20 review
- Third Sector Strategy year 1 implementation plan signed off by Business Committee in Q2

**Priority 8: Continue to work with and support the development of PCNs**

**What we aim to achieve in FY 20/21**

- BY the end of 20/21 to have agreed a model for an integrated community and primary care workforce with LCH at the heart of a network of LCPs across the city
  - Agree the under-arching infrastructure to enable PCNs to flourish

**Workforce:**

- Further roll out of LCH offer to employ PCN staff on an 'employ and deploy' basis;
- LCH workforce and HR offer to PCNs in Leeds;
- Supporting the workforce integration agenda;
- Supporting the under-arching infrastructure work between the GPC and LCH.
- Successfully mobilise LWMS

**Key focuses and things we plan to do:**

- Continue to explore closer working and integration with the GP Confed
- Further extend and expand the employ and deploy model of employment for use with PCNs
- Scope Workforce and HR offer to PCNs and test appetite for support
- Increase number of PCNs of which we are Associate Members
- Reconstitute the Little CICC to provide effective governance on the development of integrated PCN and LCH services and the under-arching infrastructure

**Key success measure(s) and target(s)- how we will know if we succeed**

- Organisational model agreed
- Employ / deploy model is taken up by more than 10 PCNs for at least one role
- Number of staff employed via employ / deploy increases to >25

<b>Strategic goal 4: Use our resources wisely and efficiently</b>
<b>Priority 9: Implement the new CAMHS Tier 4 service to the agreed time-frame</b>
<p><b>What we aim to achieve in FY 20/21</b></p> <ul style="list-style-type: none"> <li>• Agree and commence a resourcing and OD plan</li> <li>• We will have agreed a standard operating model</li> <li>• We will have agreed service level agreements / contracts for facilities management services</li> <li>• We will engage with clinical partners across West Yorkshire to agree integrated end to end pathways with the new unit at the heart of pathways</li> </ul>
<p><b>Key focuses and things we plan to do:</b></p> <ul style="list-style-type: none"> <li>• Effective and appropriately resourced programme and project arrangements: identify project and transition resources</li> <li>• Develop and begin the implementation of a resourcing plan</li> </ul>
<p><b>Key success measure(s) and target(s)- how we will know if we succeed</b></p> <ul style="list-style-type: none"> <li>• Standard operating model agreed</li> <li>• Service level agreements / contracts for facilities management services agreed</li> </ul>

<b>Priority 10: Understand and reduce unwarranted variation</b>
<p><b>What we aim to achieve in FY 20/21</b></p> <ul style="list-style-type: none"> <li>• Implementation of a programme approach that <ul style="list-style-type: none"> <li>○ provides oversight, direction and co-ordination of work supporting reduction of unwarranted variation across the Trust that improves patient care and makes staff's working lives better</li> <li>○ provides a coherent plan, identifies clear outcomes and deliverables, making use of benchmarking</li> </ul> </li> </ul>
<p><b>Key focuses and things we plan to do:</b></p> <ul style="list-style-type: none"> <li>• Implement the national Get It Right First Time (GIRFT) programme and Community Model Hospital</li> <li>• Implement the West Yorkshire &amp; Harrogate ICS programme to reduce variation: the initial focus will be Podiatry</li> <li>• Develop understanding of and reduce waiting times – waiting times project</li> <li>• Other priorities will be determined once project management resource is in place and a project plan developed: Q1 2020/21</li> </ul>
<p><b>Key success measure(s) and target(s)- how we will know if we succeed</b></p> <ul style="list-style-type: none"> <li>• To agree project plan in quarter 1 2020/21</li> </ul>

## Priority 11: Implement digital and estates strategies and the sustainability plan

### What we aim to achieve in FY 20/21

- Work with partners to ensure that our strategies, systems and processes support and facilitate effective partnership and integrated working
- **Digital Strategy** Year 1 deliverables – to be finalised in quarter 1
  - Deploy digital technology that supports remote consultations and digital communication with patients, their families / carers
  - Deploy digital technology that supports remote, agile and more efficient working and communication
  - Identify and incorporate into local plans National Digital Blueprint exemplars that support the introduction of digital products relevant for LCH
  - Digital and Cyber improvement plan year 1 implementation on track - subject to resources being made available
  - Assess the digital skills gap and agree plan to address it
  - Complete Software and Community Cloud Migration
- **Estates Strategy:**
  - Approval of Estates Strategy Implementation Plan
  - Completion of Health Needs Analysis to determine where clinical services should be located now and in the future
  - Pilot extended opening within 3 buildings
  - Further roll-out of New Ways of Working in the office estate, drawing on the pilots at Level 2 and 4 of Stockdale House - open plan working, space sharing etc
- **Sustainability plan:** agree and start to implement a Sustainability Development Management Plan that sets out at a phased approach for reducing LCH's carbon footprint over the next 5 years in accordance with regional and national targets.

### Key focuses and things we plan to do:

- **Digital Strategy** - \*Dependent on recurrent resourcing being made available
  - Deploy digital technology that supports remote consultations and digital communication with patients, their families / carers
    - Pilot and subsequent wider rollout of video consultation with patients
    - Provide further web form development capacity subject to review of service requirements
    - Electronic patient letters – giving patients the option to receive letters electronically, initially via email although also exploring web-portals.
  - Deploy digital technology supporting remote, agile, more efficient working and communication
    - Wider rollout of Skype / Microsoft Office Teams video conferencing to support virtual meetings.
    - Pilot a digital dictation and voice recognition solution that supports the move to digital dictation and voice recognition for keeping clinic and patient records post analysis of service requirements
    - Pilot functionality to allow clinical staff to request pathology and radiology tests electronically
    - Pilot route planning software to support automatic and efficient scheduling of patient visits.



- Deploy Imprivata Single Sign On trust-wide
  - By the end of Q1 review NHS Global Digital Exemplars (GDE) Pathways to Digital Transformation, identify examples supporting the introduction of future digital products relevant to LCH and incorporate in plans
  - Digital and Cyber Security improvement implementation on track:
    - Migration to Health and Social Care Network (HSCN) and termination of “N3” connections by end of Q1
    - Implementation of Microsoft Office 365 across the entire IT estate to replace the Office 2010 suite of products by end of Oct 20 - subject to NHS guidance and resourcing \*
    - Migration to Windows 10 operating software across the entire estate by end of Q3
    - Review current IT Infrastructure against NHS Cyber Security Standards with improvement plan and or Business Case for investment by end of Q4
  - Community Cloud migration to commence Q3, including development of training and support materials
- **Estates Strategy**
  - Completion of Health Needs Analysis to determine where clinical services should be located now and in the future
  - Pilot extended opening within 3 buildings
  - Further implant New Ways of Working in the office estate
- Key **sustainability** focuses will be identified from the Sustainability Development Management Plan which is being developed and will be submitted to SMT by June 2020

**Key success measure(s) and target(s)- how we will know if we succeed**

- **Digital Strategy** Year 1 deliverables
  - GDE Blueprints reviewed and appropriate good practice incorporated into local plans
  - Digital and Cyber Improvement plan implementation on track subject to resources being made available for year 1 activities
- **Estates Strategy:**
  - Completion of Health Needs Analysis
  - Completion of evaluation of Pilot Sites for extended opening
  - Completion of Options Appraisal for Office Project (New Ways of Working)
- **Sustainability plan:** develop and submit LCH’s first Sustainability Development Management Plan (SDMP) by the end of quarter 1.

<b>Meeting:</b> Trust Board 27 March 2020	<b>Category of paper</b> <i>(please tick)</i>	
<b>Report title:</b> DRAFT Board Assurance Framework (BAF) 2020-21	<b>For approval</b>	✓
<b>Responsible director:</b> Chief Executive <b>Report author:</b> Company Secretary	<b>For assurance</b>	
<b>Previously considered by:</b> N/A	<b>For information</b>	

### **Purpose of the report**

The content of the BAF requires a review as the operational plan for 2020/21 has now set out the Trust's priorities and objectives for the coming year. The strategic risks have been revised accordingly and SMT is asked to review and approve this initial BAF risk summary, which describes the strategic risks and aligns them to the corporate objectives and priorities in the 2020-21 operational plan (**see appendix one**).

Each strategic risk has been assigned to an executive director and to a committee for oversight. With SMT's agreement, this revised BAF summary will be presented to the Trust Board on 27 March 2020.

### **Main issues for consideration**

Following the review of the 2020/21 operational plan, the following changes to the BAF are recommended:

**BAF 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' – the recommendation is that this is removed as the commissioning landscape has changed, and the focus on tenders is not as strong as it was at the time of this BAF risk's inception. This risk does not align with the 2020/21 priorities.

**BAF RISK 1.2** 'If the Trust does not implement and embed lessons from internal and external reviews and reports, then patient safety may be compromised, leading to harm. The Trust may also experience intervention or damage to reputation and relationships' – the recommendation is that this is incorporated in the 'Delivering Outstanding Care' strategic goal. as lessons learned from internal and external reviews is part of how we improve service quality.

The Board should also consider an **additional BAF risk** on business continuity: BAF Risk 'If the Trust is unable to maintain business continuity in the face of significant disruption, there is a risk that essential services will not be able to operate, leading to patient harm, reputational damage, and financial loss'. Currently this is possible in the face of coronavirus COVID-19 however mitigations are in place from working nationally collectively, regionally collectively and across Leeds as well as strong established processes to manage the situation in place across the organisation. Ongoing assurance will be required and this risk may be best to be scrutinised by Quality Committee given that the main risk is patient harm although Business Committee does review the generic major incident plan.

Changes made to the BAF are indicated on the summary diagram (**see appendix two**) and the 2019/20 BAF is attached at **appendix three** for comparison.

Once the strategic risks have been approved, each director will consider the controls and the sources of assurance associated with the strategic risks assigned to them. This activity will be supported by the Company Secretary.

At its meeting on 13 March 2020 the Audit Committee began to consider its role in reviewing the BAF in order to provide a unique function in the assurance process. Further discussions will ensue and the Board will be involved in agreeing a revised process.

**Recommendations:**

- Agree the amendments to the BAF risks for 2020/21
- Agree which committee should be assigned the proposed new BAF risk

## Appendix One – BAF Risks aligned with 2020/21 operational plan priorities

**Strategic goal 1: Ensure our workforce community is able to deliver the best possible care in all of the communities that we work with**

**Priority 1: Improve overall engagement levels within our workforce community through initiatives on creating the working lives that we want:**

**(BAF 3.2 staff sickness, BAF 3.3 engage staff, BAF 3.5 health and safety)**

- Keeping our staff well and at work;
- Embracing difference and diversity;
- Creation of a compassionate, kind and supportive culture where people come first;
- Our workforce is well led, supported and empowered by skilled leaders;
- Enabling staff to make an outstanding contribution to the care of patients

**Priority 2: We will recruit the right people with the right skills and deploy them to deliver the best possible care in all of our communities for now and for the future.**

**(BAF 3.1 staff capacity and capability)**

**Priority 3 Our workforce is well led, supported and empowered by skilled leaders.**

**(BAF 3.4 develop leadership capability)**

**Strategic goal 2: Deliver outstanding care**

**Priority 4: Be outstanding**

**(BAF 1.1 assessment of quality, BAF 1.2 implement lessons from reviews, BAF 1.3 improve service quality)**

**Priority 5: Develop and embed continuous quality improvement which engages staff and service users**

**(BAF 1.3 improve service quality)**

**Priority 6: Strengthen organisational approach to service user engagement and experience at all stages of care delivery**

**(BAF 1.4 engage patients/public)**

**Strategic goal 3: Work in partnership**

**Priority 7: Pro-actively develop and deliver left shift with partners & improve the health of the poorest the fastest**

**(BAF 1.5 clinical governance arrangements NCMs, BAF 4.2 relationships with stakeholders for NCMs, BAF 4.3 partnership governance, BAF 4.4 staff capacity for system change)**

**Priority 8: Continue to work with and support the development of PCNs**

**(BAF 4.1 changes in commissioning landscape)**

**Strategic goal 4: Use our resources wisely and efficiently**

**Priority 9: Implement the new CAMHS Tier 4 service to the agreed time-frame**

**BAF 2.1 – principal internal projects**

**BAF 2.5 finances**

**Priority 10: Understand and reduce unwarranted variation**

**(BAF 2.3 productivity efficiency VFM)**

**(BAF 2.2 meeting contractual requirements)**

**Priority 11: Implement digital and estates strategies and the sustainability plan**

**(BAF 2.1 principal internal projects, BAF 2.6 IT security)**

## Appendix two. BAF (2020-21) strategic risks (in draft) – amendments are indicated

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	<p><b>RISK 1.1</b> 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 <b>(Exec Director of Nursing / Quality Committee)</b></p>	<p><b>RISK 2.1</b> If the Trust does not (remove achieve) (change to) deliver principal internal projects then it will fail to effectively transform services and the positive impact on quality and financial benefits may not be realised <b>(Exec Director of Operations / Business Committee)</b></p>	<p><b>RISK 3.1</b> 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 <b>(Director of Workforce / Business Committee)</b></p>	<p><b>RISK 4.1</b> If the Trust does not respond to the changes in commissioning, contracting and planning landscape (Health and Care Partnership (ICS) implementation) and scale and pace of change then it may fail to benefit from new opportunities eg new models of care integration, pathway redesign etc. <b>(CEO / Business Committee)</b></p>
	<p><b>RISK 1.2</b> If the Trust does not implement and embed lessons from internal and external reviews and reports, then performance may be compromised, leading to damage to reputation and relationships <b>(Exec Director of Nursing / Quality Committee)</b></p>	<p><b>RISK 2.2</b> If the Trust does not deliver contractual requirement, then commissioners may reduce the value of service contracts, with adverse consequences for financial sustainability <b>(Exec Director of Operations / Business Committee)</b></p>	<p><b>RISK 3.2</b> 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. <b>(Director of Workforce / Business Committee)</b></p>	<p><b>RISK 4.2</b> If the Trust does not maintain relationships with stakeholders, including commissioners, health organisations, City Council and third sector organisations, then it may not be successful in developing and implementing new models or care as outlined in the NHS Long Term Plan. The impact is on the Trust's reputation and on investment in the Trust. <b>(CEO / Board)</b></p>
	<p><b>RISK 1.3</b> If the Trust does not maintain and continue to improve service quality, the impact will be diminished safety and effectiveness of patient care leading to an increased risk of patient harm <b>(Exec Director of Nursing / Quality Committee)</b></p>	<p><b>RISK 2.3</b> 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 <b>(Exec Director of Finance and Resources / Business Committee)</b></p>	<p><b>RISK 3.3</b> 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 <b>(CEO / Business Committee)</b></p>	<p><b>Risk 4.3</b> 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. <b>(Exec Director of Finance and Resources / Business Committee)</b></p>
	<p><b>RISK 1.4</b> If the Trust does not engage patients and the public effectively, the impact will be that services may not reflect the needs of the population they serve. <b>(Exec Director of Nursing / Quality Committee)</b></p>	<p><b>RISK 2.4</b> 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 <b>(Exec Director of Finance and Resources / Business Committee)</b></p>	<p><b>RISK 3.4</b> 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 <b>(Director of Workforce / Business Committee)</b></p>	<p><b>RISK 4.4</b> If there is insufficient capacity across the Trust to deliver the key workstreams of system change programmes, then organisational priorities may not be delivered. <b>(CEO/ Business Committee)</b></p>
	<p><b>Risk 1.5</b> If there are insufficient clinical governance arrangements put in place as new care models develop and evolve, the impact will be on patient safety and quality of care provided. <b>(Exec Medical Director / Quality Committee)</b></p>	<p><b>RISK 2.5</b> 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 <b>(Exec Director of Finance and Resources / Business Committee)</b></p>	<p><b>Risk 3.5</b> If the Trust does not further develop and embed a suitable health and safety management system then staff, patients and public safety maybe compromised, leading to work related death, injuries and/or ill health. The Trust may not be compliant with legislation and could experience regulatory interventions, litigation and adverse media attention. <b>(Exec Director of Finance and Resources / Business Committee)</b></p>	
	<p><b>NEW DRAFT BAF Risk</b> If the Trust is unable to maintain business continuity in the face of significant disruption, there is a risk that essential services will not be able to operate, leading to patient harm, reputational damage, and financial loss <b>(Executive Director of Operations / which committee?)</b></p>	<p><b>RISK 2.6</b> 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. <b>(Exec Director of Finance and Resources / Audit Committee)</b></p>		

NEW

 = Proposed to remove

### Appendix three. Existing 2019-20 BAF 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	<p><b>RISK 1.1</b> 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 <b>(Exec Director of Nursing / Quality Committee)</b></p>	<p><b>Risk 2.1</b> If the Trust does not (remove achieve) (change to) deliver principal internal projects then it will fail to effectively transform services and the positive impact on quality and financial benefits may not be realised <b>(Exec Director of Operations / Business Committee)</b></p>	<p><b>RISK 3.1</b> 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 <b>(Director of Workforce / Business Committee)</b></p>	<p><b>RISK 4.1</b> If the Trust does not respond to the changes in commissioning, contracting and planning landscape (Health and Care Partnership (ICS) implementation) and scale and pace of change then it may fail to benefit from new opportunities eg new models of care integration, pathway redesign etc. <b>(CEO / Business Committee)</b></p>
	<p><b>RISK 1.2</b> If the Trust does not implement and embed lessons from internal and external reviews and reports, then patient safety may be compromised, leading to harm. The Trust may also experience intervention or damage to reputation and relationships <b>(Exec Director of Nursing / Quality Committee)</b></p>	<p><b>RISK 2.2</b> If the Trust does not deliver contractual requirement, then commissioners may reduce the value of service contracts, with adverse consequences for financial sustainability <b>(Exec Director of Operations / Business Committee)</b></p>	<p><b>RISK 3.2</b> 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. <b>(Director of Workforce / Business Committee)</b></p>	<p><b>RISK 4.2</b> If the Trust does not maintain relationships with stakeholders, including commissioners, health organisations, City Council and third sector organisations, then it may not be successful in developing and implementing new models or care as outlined in the NHS Long Term Plan. The impact is on the Trust's reputation and on investment in the Trust. <b>(CEO / Board)</b></p>
	<p><b>RISK 1.3</b> If the Trust does not maintain and continue to improve service quality, the impact will be diminished safety and effectiveness of patient care leading to an increased risk of patient harm <b>(Exec Director of Nursing / Quality Committee)</b></p>	<p><b>RISK 2.3</b> 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 <b>(Exec Director of Finance and Resources / Business Committee)</b></p>	<p><b>RISK 3.3</b> 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 <b>(CEO / Business Committee)</b></p>	<p><b>Risk 4.3</b> 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. <b>(Exec Director of Finance and Resources / Business Committee)</b></p>
	<p><b>RISK 1.4</b> If the Trust does not engage patients and the public effectively, the impact will be that services may not reflect the needs of the population they serve. <b>(Exec Director of Nursing / Quality Committee)</b></p>	<p><b>RISK 2.4</b> 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 <b>(Exec Director of Finance and Resources / Business Committee)</b></p>	<p><b>RISK 3.4</b> 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 <b>( Director of Workforce / Business Committee)</b></p>	<p><b>RISK 4.4</b> If there is insufficient capacity across the Trust to deliver the key workstreams of system change programmes, then organisational priorities may not be delivered. <b>(CEO/ Business Committee)</b></p>
	<p><b>Risk 1.5</b> If there are insufficient clinical governance arrangements put in place as new care models develop and evolve, the impact will be on patient safety and quality of care provided. <b>(Exec Medical Director / Quality Committee)</b></p>	<p><b>RISK 2.5</b> 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 <b>(Exec Director of Finance and Resources / Business Committee)</b></p>	<p><b>Risk 3.5</b> If the Trust does not further develop and embed a suitable health and safety management system then staff, patients and public safety maybe compromised, leading to work related death, injuries and/or ill health. The Trust may not be compliant with legislation and could experience regulatory interventions, litigation and adverse media attention. <b>(Exec Director of Finance and Resources / Business Committee)</b></p>	
		<p><b>RISK 2.6</b> 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. <b>(Exec Director of Finance and Resources / Audit Committee)</b></p>		

<b>Meeting:</b> Trust Board, 27 March 2020	<b>Category of paper</b> <i>(please tick)</i>	
<b>Report title</b> Draft High Level Indicators for Performance Brief 2020/21	<b>For approval</b>	✓
<b>Responsible director:</b> Executive Director of Finance and Resources <b>Report author:</b> Head of Business Intelligence	<b>For assurance</b>	
<b>Previously considered by:</b> Senior Management Team, 12 <sup>th</sup> February 2020 Quality Committee, 24 <sup>th</sup> February 2020 Business Committee, 26 <sup>th</sup> February 2020	<b>For information</b>	

**Purpose of the report**

To detail the measures that are proposed for inclusion in the Performance Brief in 2020/21 with the aim of providing assurance to the Senior Management Team, Business Committee, Quality Committee and Board on quality, performance, compliance and financial matters.

**Main issues for Consideration**

Will the proposed measures fulfil the aim of providing assurance to the Senior Management Team, Business Committee, Quality Committee and Board on quality, performance, compliance and financial matters.

**Recommendations**

**The Board is recommended to:**

- Review the proposed list of measures to ensure they provide assurance.
- To propose changes to the measures as appropriate
- Approve the KPIs

## High Level Indicators Proposed for Inclusion in the Performance Brief 2020/21

The following measures are proposed for inclusion in the Performance Brief in 2020/21 with the aim of providing assurance to the Senior Management Team, Business Committee, Quality Committee and Board on quality, performance, compliance and financial matters.

Key:

	Remains the same
	Amended
	Removed
	New Measure

RbE = Reported by Exception

Safe - people are protected from abuse and avoidable harm	Resp. Dir.	Target - Annual	Frequency	Notes	Action
Overall Safe Staffing Fill Rate - Inpatients	SL	>=97%	M		
Patient Safety Incidents Reported in Month Reported as Harmful	SL	Value between UCL and LCL & showing no variation	M		
Serious Incident Rate	SL	Value between UCL and LCL & showing no variation	M		
Percentage VTE Risk Assessment Completed	SL	>=95%	M	No requirement to report nationally – acute only	
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	TBC	M		
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	SL	0	M		
Validated number of Patients with Avoidable Unstageable Pressure Ulcers	SL	TBC	M		
<i>Percentage of Incidents Applicable for DoC Dealt with Appropriately</i>	SL	100%	RbE		
<i>Attributed MRSA Bacteraemia - infection rate</i>	SL	0	RbE		
<i>Clostridium Difficile - infection rate</i>	SL	3	RbE		
<i>Never Event Incidence</i>	SL	0	RbE		



CAS Alerts Outstanding	SL	0	RbE		
Completion of a Valid NHS Number (MHMDS)	BM	>=99%	RbE	No longer in national contract	
Completion of Ethnicity Coding (MHMDS)	BM	>=95%	RbE	No longer in national contract	
Data Quality Maturity Index (DQMI) - CSDS dataset score	BM	TBC	RbE		
Data Quality Maturity Index (DQMI) - IAPT dataset score	BM	>=95%	RbE		
Data Quality Maturity Index (DQMI) - MHMDS dataset score	BM	>=95%	RbE		
Completion of Outcome Data (IAPT MDS)	BM	>=90%	RbE	No longer in national contract	

Caring - staff involve and treat people with compassion, kindness, dignity and respect	Resp. Dir.	Target - Annual	Frequency	Notes	Action
Percentage of Respondents Recommending Care - Inpatient and Community (FFT)	SL	>=95%	M		
Percentage of Respondents Recommending Inpatient Care (FFT)	SL	>=95%	M		
Percentage of Respondents Recommending Community Care (FFT)	SL	>=95%	M		
Total Number of Formal Complaints Received	SL	No Target	M		
Number of Formal Complaints Upheld	SL	No Target	M		
Number of Formal Complaints Responded to within timeframe	SL	No Target	M		
Number of Compliments Received	SL	No Target	M		
Mixed Sex Accommodation Breaches	SL	0	RbE		

Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence	Resp. Dir.	Target - YTD	Frequency	Notes	Action
CAMHS T4 - Percentage of inpatients admitted who have had a Care and Treatment Review undertaken within 18 weeks of admission.	SP	100%	RbE	Newly added to the national contract (with associated financial sanction).	

CAMHS T4 - Percentage of inpatients who have had a Care and Treatment Review undertaken every 3 months.	SP	>=95%	RbE	Newly added to the national contract (with associated financial sanction).	
CAMHS T4 - Percentage of inpatients who have been screened for alcohol and tobacco usage and offered advice/interventions as appropriate	SP	100%	RbE	Newly added to the national contract.	
Audit: number of mandatory must do (priority 1) and should do (priority 2) audits started (n = 88)				To be reviewed by CEG	
due to start in Q	RB	0	Q		
started in Q	RB	100%	Q		
Clinical outcome measures: service self-reporting as achieving (n = 47)					
step 2 (outcome measures for service identified)	RB	0%	Q		
step 3 (outcome measures available in clinical system)	RB	100%	Q		
Medicines Management: Medicines Control Assurance Check (n=144)					
completed at team level within last 24 months	RB	0%	Q		
meeting all required standards	RB	> 90%	Q		
NICE guidance: compliance with guidance published during 2017/18 (n = 42)					
full compliance	RB	-	Q		
action plan in place	RB	0%	Q		
not due yet	RB	100%	Q		
Clinical and Corporate Policies (n = 100)					
fit for purpose	RB	< 5%	Q		
overdue for review	RB	0%	Q		
Quality Challenge+ (QC+) Programme: services (n = 54)					
rated as 'good' or 'outstanding' on self assessment	RB	100%	Q		
who have received a QC+ Walk during 2019/20	RB	< 10%	Q		
who have had a change in rating following QC+ Walk	RB	0%	Q		
Research and Development (n = 720)					
patients recruited into studies	RB	No Target	Q		
Number of Unexpected Deaths in Bed Bases	RB	No Target	RbE		
Number of Sudden Unexpected Deaths in Infants and Children on the LCH Caseload	RB	No Target	RbE		

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	Resp. Dir.	Target - YTD	Frequency	Notes	Action	
Patient Contacts - Variance from Profile	SP	0 to ± 5%	M	No longer a requirement		
Patient Contacts	SP	No Target	M	No longer a requirement		
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	>=92%	M			
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	M			
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	SP	>=99%	M			
% Patients waiting under 18 weeks (non reportable)	SP	>=95%	M			
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	>=75%	M			
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	SP	>=95%	M			
IAPT - Proportion of people accessing IAPT services aged 65+	SP	>=13.6%	M	Are local contract requirements therefore not included here (will be monitored via performance panels).		
IAPT - Percentage of people who complete treatment and recover	SP	>=50%	M			
IAPT - Recovery rate of people accessing IAPT services identified as BAME	SP	>=49.8%	M			
CAMHS - Percentage of children and young people with an eating disorder seen within 24 hours of a request for rapid assessment	SP	100%	M			
CAMHS - Percentage of children and young people with an eating disorder seen within 1 week of an urgent referral	SP	>=95%	M			
CAMHS - Percentage of children and young people with an eating disorder seen within 4 weeks of a routine referral	SP	100%	M			
CAMHS - Percentage of appropriately referred next steps patients seen in <12 weeks	SP	>=80%	M			
ICAN - Initial contacts to take place within 12 weeks for OT and PT	SP	>=80%	M		No longer a requirement	
Health Needs Assessment for Looked After Children Completed within 20 days	SP	95%	RbE		Local contract requirement therefore not included here (will be monitored via performance panels).	

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	Resp. Dir.	Target - YTD	Frequency	Notes	Action
Staff Turnover	LS/JA	<=14.5%	M		
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%	M		
Executive Team Turnover	LS/JA	N/A	M	Not reported since Aug-19, is reporting on this still required.	
Stability Index	LS/JA	>=85%	M		
Short term sickness absence rate (%)	LS/JA	<=2.2%	M		
Long term sickness absence rate (%)	LS/JA	<=3.6%	M		
Total sickness absence rate (Monthly) (%)	LS/JA	<=5.8%	M		
AfC Staff Appraisal Rate	LS/JA	>=95%	M		
6 universal Statutory and Mandatory training requirements	LS/JA	>=95%	M	Indicators to be confirmed. Will align to new statutory and mandatory training requirements	
Clinical Statutory and Mandatory training requirements	LS/JA	>=95%	M		
Medical staff appraisal rate (%)	RB	100.0%	M		
Percentage of Staff that would recommend LCH as a place of work (Staff FFT)	LS/JA	>=52.0%	M		
Percentage of staff who are satisfied with the support they received from their immediate line manager	LS/JA	>=52.0%	M		
Response Rate for Staff FFT	LS/JA	>=22.0%	M		
'RIDDOR' incidents reported to Health and Safety Executive	BM	No Target	M	New	
WRES indicator 1 - Percentage of BME staff in the overall workforce	LS/JA	No Target	M		
WRES indicator 1 - Percentage of BME staff in Bands 8-9, VSM	LS/JA	No Target	M		

Total agency cap (£k)	BM	TBC	M		
Percentage Spend on Temporary Staff	BM	No Target	M		

Finance	Resp. Dir.	Target - YTD	Frequency	Notes	Action
Net surplus (-)/Deficit (+) (£m) - YTD	BM	TBC	M		
Capital expenditure in comparison to plan (£k)	BM	TBC	M		
CIP delivery (£k)	BM	TBC	M		

Measures with Financial Sanctions	Resp. Dir.	Threshold - YTD	Frequency	Notes	Action
LMWS – Access Target; National Measure (excluding PCMH)	SP	22%	M	New	
LMWS – Access Target; Local Measure (including PCMH)	SP	22%	M	New	
T3WM - Percentage of patients currently waiting under 18 weeks	SP	>=92%	M	New	
LCPS - Number of Serious Incidents and Never Events not reported by email within 2 working days	SP	0	M	New	
LCPS - Number of Serious Incidents and Never Events where final investigation wasn't completed within 60 working days	SP	0	M	New	
LCPS - Annual audit report of referrer satisfaction with the service to be received by the CCG within 1 month of the date it is due	SP	0	M	New	
LCPS - Any patient listed for a category 2 procedure listed in the NHSE EBI guidance should have within the record agreed documentation that the patient meets the required inclusion criteria	SP	0	M	New	
0-19 - % of infants who had a face to face newborn visit within 14 days of birth.	SP	0	Q		
0-19 - % of 6-8 week reviews completed within 12 weeks of birth.	SP	0	Q		
0-19 - % of 12 month reviews completed within 12 months.	SP	>=87%	Q		
0-19 - Number of PBB Programmes commenced	SP	>=83%	Q		
0-19 - Number of HENRY	SP	>=80%	Q		

Programmes commenced					
0-19 - Percentage of actual staff in post against funded establishment	SP	95%	M		
0-19 - % of 0-19 staff (excluding SPA) co-located in Children's Centres	SP	42.5	Q		
0-19 - Roll Out of Chat Health to secondary schools	SP	>=95%	Q		
LSH - HIV testing uptake on first appointment in MSM with unknown status	SP	>=25%	M		
LSH - Number of people accessing EHC and leaving with a form of contraception.	SP	>=70%	M		
LSH - Service should diagnose 85% towards the chlamydia diagnosis rate in 15-24 year olds	SP	>=85%	M		
LSH - Percentage of clients requesting an appointment to be seen within 48 hours of contacting the service unless they choose to opt out.	SP	>=58.4%	M		
PolCust - % of calls attended within 60 minutes	SP	2225.25	M		
PolCust - Provision of a full rota	SP	>=90%	M		

<b>Meeting:</b> Trust Board 27 March 2020	<b>Category of paper</b>	
<b>Report title:</b> Corporate Governance Report	<b>For approval</b>	✓
<b>Responsible director:</b> Chief Executive <b>Report author:</b> Company Secretary	<b>For assurance</b>	
<b>Previously considered by</b> Audit Committee (Going Concern Statement 13 March 2020)	<b>For information</b>	

### 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. These items will form part of the Annual Report, which will be presented to Board in May 2020.

### Main issues for consideration

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' consideration
- Declarations of interest and compliance with fit and proper person requirements made by directors for 2019/20
- Board membership: appointment of non-executive directors

The Audit Committee reviewed the Going Concern Consideration and recommends that the Board approves the preparation of the 2019/20 annual accounts on a going concern basis.

### Recommendations

The Board is recommended to:

- Note the contents of the going concern consideration and approve the conclusion that the Trust is a going concern
- Note the declarations made by directors for 2019/20 (in draft)

## **Corporate Governance Report: March 2020**

### **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 Governance is a system for running complex organisations to ensure an ethical culture, legitimacy of decisions, effective operations and better control. 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 2019/20, 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 The Audit Committee reviewed the revised version on 13 March 2020 and requested minor amendments. 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 2020).

### **4 Trust's annual report and accounts: going concern consideration**

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



- 4.2 The Trust's financial monitoring throughout 2019/20 provides evidence that financial duties and targets will be met or exceeded. The Trust will achieve the control total set by NHS Improvement. Historically, the Trust has achieved all its financial duties.
- 4.3 The Trust's financial performance is monitored externally by NHS Improvement through monthly reporting and regular meetings. Internally, the Trust's financial performance has been monitored monthly by the Senior Management Team and the Business Committee and by the Board at each meeting.
- 4.4 The Trust has reported a use of resources risk rating of 1 since it was introduced in October 2016. A rating of 1 represents the lowest risk rating for provider organisations; the Trust has reported 1 all year; the forecast for the year end is an overall score of 1.
- 4.5 The Trust has prepared a draft financial plan for 2020/21.
- 4.6 For 2019/20 the Trust will meet the NHS Improvement control total target.
- 4.7 The Trust has low levels of outstanding debt; the majority of the contract income is paid in month.
- 4.8 The Trust's liquidity remains very strong with circa £30m forecast to be in the bank at year-end; £32.7m at the end of January. The Trust has sufficient cash resources to meet all its liabilities in 2020/21.
- 4.9 The Board of Directors is an experienced team with no turnover during the financial year. There will be a new Chair appointed early 2020/21 as recruitment is underway to replace the current Chair who is coming to the end of his term of office.
- 4.10 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 December 2019 section 4.11-4.16.
- 4.11 The management team has no intention of applying to the Secretary of State for dissolution of the Trust.
- 4.12 The Trust has commenced contract negotiations with NHS Leeds, the main commissioner, and these are expected to conclude before the end of March. The contract agreed so far provides income to cover most of the costs of existing CCG commissioned services and further investments are being negotiated. This is a timing matter rather than a business risk.
- 4.13 The most recent CQC assessment of the Trust's service delivery rated services to be Good overall.
- 4.14 The management team is not aware of any operating or other issues that would prevent the annual accounts being prepared on a going concern basis.

- 4.15 Considering the matters in this paper and an awareness of all relevant information it is concluded that there are no material uncertainties related to events or conditions that may cast significant doubt about the ability of the Trust to continue as a going concern.
- 4.16 If any material matters come to light between now and the approval of the accounts they will be drawn to the Board's attention.

## **5 Board members: declarations of interest**

- 5.1 As part of the actions to prepare the Trust's annual report and accounts, the Trust is also required to collate the data on any declarations of interest disclosed by directors during the course of the year. The full schedule of disclosures is then included as part of the annual report.
- 5.2 The Trust's policy on declarations of interest requires directors to declare any significant financial or personal interests that each member, or a close relative or associate (such as partner, child, or sibling) has in any business or other activity or pursuit which may compete (or intends to compete) for any contract or agreement to supply goods or services to the Trust. In addition, directors are asked to declare: any other substantial connection or position of trust with related organisations; any other commercial interest; any area of potential conflict and details of hospitality in excess of £35.
- 5.3 In February 2020, all directors were asked to review and update their declarations of interest and a schedule of disclosures for 2019/20 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 2020, 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 2019/20, 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 Non-Executive Dr Tony Dearden stepped down as non-executive director on 30 April 2019 and was replaced by non-executive director, Helen Thomson who was appointed from 1 May 2019.
- 7.3 In July 2019, Non-Executive Director Professor Ian Lewis's term of office was extended to 30 June 2022.

## **8 Recommendations**

8.1 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 2019/20 (in draft)

**Leeds Community Healthcare NHS Trust**  
**Director's declarations of interests for disclosure 2019/20 (draft)**

<b>Board Member</b>	<b>Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)</b>	<b>Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS</b>	<b>Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS</b>	<b>A position of trust in a public, charity or voluntary organisation in the field of health and social care</b>	<b>Any connection with a voluntary or other organisation contracting for NHS services</b>	<b>Any other commercial interest impacting on decision making in meetings</b>	<b>Any other area of potential conflict</b>	<b>Details of any hospitality or gift in received within the past 12 months: in excess of £35 in connection with the Trust</b>
<b>Neil Franklin</b>	None	None	None	Donisthorpe Hall Care Home – advisor to the Board	None	None	None	None
<b>Thea Stein</b>	None	None	None	Trustee of Nuffield Trust – October 2019  CQC reviewer	None	None	None	None
<b>Brodie Clark</b>	Director Clark Advisory Ltd – consultancy services on security and Government Affairs.	None	None	Non-executive Director Compass (Charity)	None	None	None	None
<b>Jane Madeley</b>	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	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 £35 in connection with the Trust
							Academic Health Partnership, NIHR Clinical Research Network Co-ordinating Centre and Leeds Community Healthcare NHS Trust	
Richard Gladman	Director of Verbena Digital Ltd	Part ownership of Verbena Digital Ltd			Associate business relationship with: <ul style="list-style-type: none"> <li>• Ideal Health Ltd</li> <li>• Black Pear Ltd</li> </ul>			
Prof Ian Lewis	None	None	None	Trustee: Rossett School Harrogate	None	None	None	None
Helen Thomson (from 1 May 2019)	None	Helen Thomson Ltd	None	Trustee: Sue Ryder	Council Member University of Huddersfield	None	None	None

<b>Board Member</b>	<b>Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)</b>	<b>Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS</b>	<b>Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS</b>	<b>A position of trust in a public, charity or voluntary organisation in the field of health and social care</b>	<b>Any connection with a voluntary or other organisation contracting for NHS services</b>	<b>Any other commercial interest Impacting on decision making in meetings</b>	<b>Any other area of potential conflict</b>	<b>Details of any hospitality or gift in received within the past 12 months: in excess of £35 in connection with the Trust</b>
<b>Tony Dearden (until 30 April 2019)</b>	None	None	None	Fee paid medical member First Tier Tribunal Mental Health Fellow of the Royal College of Psychiatrists	None	None	None	None
<b>Bryan Machin</b>	None	None	None	Trustee at St Anne's Community Services wef from 4 February 2020. St Anne's is a charity and housing association.	None	None	None	None
<b>Dr Ruth Burnett</b>	None	None	None	Medical Director Leeds GP Confederation	None	None	None	None
<b>Sam Prince</b>	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 £35 in connection with the Trust
Steph Lawrence	None	None	None	Director of Nursing Leeds GP Confederation	None	None	None	None
Laura Smith*				Director of Workforce Leeds GP Confederation Leeds				
Jenny Allen*				Director of Workforce Leeds GP Confederation Leeds  Indirect interest – husband is a partner at KPMG who I understand to be involved in financially auditing the Trust. KPMG also bid and contract for contracts with NHS Providers				

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 £35 in connection with the Trust
				<p>Husband is a Trustee for Age UK Leeds.</p> <p>Appointed as a Trustee for Hollybank Trust – wef 6 June 2019.</p>				

\* Non-voting Board member



<b>Meeting</b> Trust Board 27 March 2020	<b>Category of paper</b>	
<b>Report title</b> Learning and Development Strategy 2020-23	<b>For approval</b>	√
<b>Responsible director</b> Executive Director of Nursing and AHP's <b>Report author</b> Lucy Shuttleworth	<b>For assurance</b>	
<b>Previously considered by</b> SMT- 12/02/2020 and Quality Committee 24/02/2020	<b>For information</b>	

<p><b>Purpose of the paper</b> The document outlines the strategy for Leeds Community Healthcare 2020-23 to support the ongoing development needs of our staff and our commitment to providing effective experiences for our learners.</p> <p>The strategy has been considered alongside local and national drivers including the left shift of care, additional CPD monies for clinicians, the apprenticeship levy and HEE's strategy to increase the numbers of pre-registration nursing and AHP students.</p> <p>It is divided into 5 priorities for delivery:</p> <ul style="list-style-type: none"> <li>• Student and learner support</li> <li>• Statutory and mandatory training</li> <li>• Learning needs analysis</li> <li>• Professional development</li> <li>• Apprenticeships and the development of new roles</li> </ul> <p>Following approval an operational plan will be devised to deliver the strategy</p> <p>Progression of the strategy will be reported into Quality Committee and quarterly to SMT</p>
<p><b>Main issues for consideration</b> Content revised to include consideration to Medical and Dental staff</p> <p>To provide recommendations for the operational plan for delivery of the strategy</p>
<p><b>Recommendation</b> Board to approve the strategy.</p>



## Learning and Development Strategy 2020-23

## Contents:

1. Foreword
2. Vision, values & behaviours
3. Context
4. Our organisational culture
5. Learning and development priorities
6. Priorities for delivery
  - Student and learner support
  - Statutory and mandatory training
  - Learning needs analysis
  - Continuing professional development
  - Apprenticeships and development of new roles
7. Delivering the strategy
8. Risks to delivery
9. Conclusion
10. References and associated documents

## 1. Foreword:

Welcome to the Leeds Community Healthcare (LCH) Learning and Development Strategy. As an organisation LCH has previously had an Education, Training and Development policy. Recent consultation with staff and leaders in the organisation has indicated that a strategy would be more beneficial.

This strategy has been developed following consultation with various staff groups across the organisation including front line staff, managers and executives. It sets a clear direction of travel for the organisation for the coming years and is ambitious in its purpose and objectives; it also considers the partnership working across the system that will be required to deliver this which will include enhance links with Primary Care via the Primary Care Networks (PCN's).

For the first time the strategy aims to ensure a systematic approach to how we deliver training and development activities and how we ensure equity in regards to who does what training and development. This will be based on the organisation's Learning Needs Analysis, resourcing needs and a consideration of staff personal development needs and appraisal conversations. This will enable the Trust to ensure it delivers on its priorities over the coming years and that it works in line with its vision, values and behaviours.

#hello my name is...



**Steph**

**Steph Lawrence**

Executive Director of Nursing and Allied Health Professionals  
Leeds Community Healthcare and Leeds GP Confederation  
slawrence6@nhs.net

## 2. Vision, Values and Behaviours:

The LCH Vision, Values and Behaviours, “**Our Eleven**”, permeate this Strategy. Our objectives within each of the five priority areas identified have each been tested against them; making sure that each contributes to our one **vision** and operates in line with our three **values** and our **magnificent seven behaviours**.

We have used the **magnificent seven behaviours** icons in **Section 5** to indicate which behaviours support each priority’s achievement.

# 11 Our Eleven

**1 vision:** We provide the best possible care to every community we serve

**3 values:** We are open and honest and do what we say we will      We treat everyone as an individual      We are continuously listening, learning and improving

**7 magnificent behaviours (how we work):**

 <p><b>Caring for our patients</b></p> <ul style="list-style-type: none"> <li>Seeing things from their point of view</li> <li>Acting on individual needs in the best way we can</li> <li>Treating people with respect, dignity, kindness</li> <li>Ensuring we keep high quality and complete patient records</li> </ul> 	 <p><b>Making the best decisions</b></p> <ul style="list-style-type: none"> <li>Being willing to take a decision</li> <li>Gathering sufficient information from the right sources</li> <li>Making decisions which are logical and evidence-based</li> <li>Taking a long-term view about what is best for the future of our patients and the Trust</li> </ul> 	 <p><b>Leading by example</b></p> <ul style="list-style-type: none"> <li>Being clear about what needs to be done</li> <li>Helping others to develop their abilities</li> <li>Acting as a role model by taking responsibility</li> <li>Keeping our promises and being prepared to say what we think</li> <li>Setting high standards for ourselves and others</li> </ul> 	 <p><b>Caring for one another</b></p> <ul style="list-style-type: none"> <li>Being thoughtful in the way we treat one another</li> <li>Keeping our emotions under control</li> <li>Listening to one another</li> <li>Being sensitive to other people's situations</li> <li>Treating them with kindness</li> <li>Being flexible in the way we work with others</li> </ul> 	 <p><b>Adapting to change and delivering improvements</b></p> <ul style="list-style-type: none"> <li>Looking at the way things are done now and suggesting new ways of working</li> <li>Looking at best practice elsewhere and bringing in relevant ideas from outside the Trust</li> <li>Being able to adapt to new ways of working and to changes in the ways in which we deliver care</li> </ul> 	 <p><b>Working together</b></p> <ul style="list-style-type: none"> <li>Being supportive of colleagues</li> <li>Building relationships both inside and outside the Trust</li> <li>Communicating clearly and persuasively</li> <li>Being open to others' ideas</li> <li>Finding out what is important to others in order to get things done</li> </ul> 	 <p><b>Finding solutions</b></p> <ul style="list-style-type: none"> <li>Adopting a positive approach to problems</li> <li>Looking for ways to solve them</li> <li>Showing a sense of enjoyment and commitment to what we do</li> </ul> 
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## 3.Strategic Vision of the Learning and Development Strategy:

### 3.1 Local Context

Leeds Community Healthcare is committed to the learning and development of staff within the organisation. This approach is fundamental to the delivery of high quality patient care. LCH has an agreed Workforce Strategy 2019-2021 already in place and this strategy has been developed to align to this and others in the organisation, including the Digital Strategy.

One of LCH's values is that 'we are continually listening, learning and improving.' As an employer of over 3000 people it is important to us to maintain our excellent reputation for supporting the development of our staff and the experiences of our learners. This strategy will set out our vision to identify, develop and retain the talented people we need to deliver high quality care to our patient population. Successful delivery of this strategy will be depicted in the National Staff Survey results and the Friends and Family Test where we will see a favourable increase in the results in terms of staff satisfaction for opportunities for learning and development.

The intention of our local acute and community providers is to treat more patients outside of acute care settings to continue to support the 'left shift' of care delivery closer to home. We will work with partners in higher education (HEIs) to ensure we have access to the education required for our staff to support this shift. This will include the continued development of system leadership skills as well as the necessary clinical skills required to work effectively with colleagues across the local healthcare system.

Over the last two years, in collaboration with the HEIs, we have supported our non-registered workforce with new training including Healthcare for Assistant Practitioner courses and Nurse Degree Apprenticeships to expand the current skillset of our workforce. We will build on this and continue to seek opportunities for new roles in response to clearly identified needs and emergent pressures.

Collaborative working with partner organisations within West Yorkshire & Harrogate ICS and the wider Region, focused on the learning and development and talent management agenda is strengthening. We are participating in the Streamlining Project concerning Statutory & Mandatory Training, whereby all local providers are collectively defining and implementing core training to

facilitate efficient movement of staff across the system. We are also partners in the Regional Talent Management programme. In addition to this the Leeds Health and Care Academy has been formed to support the delivery of the Leeds Health and Wellbeing Strategy (2016-21). The aim of the academy is to make the best use of our collective resources across Leeds building a 'one Leeds workforce' which will be valued, supported and well trained by a single, joint up approach for innovative learning and development.

In addition to our current staff development work we also support our students and learners in a variety of services -including childrens, adults and mental health services – and this is coordinated by the Clinical Education team.

### 3.2 National Strategic Context

The NHS Long Term Plan (2019) places emphasis on the difference employers can make by supporting and developing staff to retain and grow their expertise and skills. It highlights that a key factor in staff leaving their roles is that they do not receive the development and career progression that they want. In recent years this has been a struggle due to cuts in funding for Continued Professional Development (CPD), however, this year will see the introduction of a payment of £1,000 for every Registered Nurse and Allied Health Professional (AHP) in health funded services, which will help ensure we continue to develop our staff in line with their personal development needs and the needs of the service they work in.

The Apprenticeship Levy has been the driver for investing in the development of employees since 2017. As an organisation with salary costs in excess of £3 million we contribute to this and have supported staff to undertake a number of clinical and non-clinical apprenticeships. Nationally, the intention is to increase the number of apprenticeships offered across healthcare Nurse Associates, Healthcare for Assistant Practitioners and Nurse Degree Apprenticeships whilst the launch of the District Nursing Apprenticeship course is planned for 2020. There are a number of emerging apprenticeships in business administration, leadership and specialisms such as Finance and Human Resources. All offer a financially viable option for employees to undergo training whilst promoting social diversity within the NHS.

It is widely acknowledged that nationally we are not training enough healthcare professionals to meet the public demands on the NHS. There is a national drive to increase the number of undergraduate nursing degrees, Allied Health Professionals (AHPs) and

Medics. Health Education England (HEE) have reported that they have been unable to secure enough clinical placements to support training and as a result talented applicants have been unable to secure places on undergraduate courses. This needs to change. The aim is to increase the places by 50% by 2021 which coincides with a new model of student supervision and assessment (NMC 2018).

The Interim NHS People Plan published in June 2019 states that we need to develop our placement capacity in community settings to provide a high quality learning experience. As the NHS moves toward a model of Integrated Care Systems (ICSs), there will be further opportunities to provide collaborative educational experiences across Primary and Community care settings. It also emphasises a vision to make the NHS the best place to work with a focus on investing in staff, valuing them higher and supporting them to develop further.



## 4. Our Organisational Culture:

LCH is striving to create an organisational culture in which its people can contribute; and develop into their best selves. This underpins and connects the organisation's vision, values and behaviours. The NHS Interim People Plan (2019) recognises the need for organisations to create a culture where people want to work. LCH has made great progress over recent years in moving towards this vision by focussing on key enablers: compassionate and inclusive leadership, opportunities for real engagement of staff in improvement and decision making, promoting a healthy & safe working environment and providing learning and development opportunities for people in all roles.

Enabling learning and development opportunities is a key focus within this strategy and will be closely connected to meeting identified needs, through the implementation of a robust Learning Needs Analysis. The organisation aspires to cultivate future talent through a strong development culture which is inclusive in nature, reflects the characteristics of our workforce and promotes equality of opportunity. The role of meaningful and effective appraisal discussions is vital in matching aspiration with need, and talent with opportunity. Leaders at all levels will be skilled and supported in undertaking appraisal discussions as the gateway to the learning and development culture we are working to create. Training budgets, including the new money coming into the system for CPD will be centralised to maximise impact and promote equitable access whilst maintaining access at service level.

Our staff will help us to evaluate how well we are doing against our ambitions through feedback via the annual National Staff Survey and quarterly Staff Friends & Family Test.

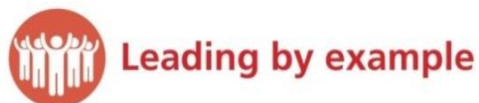
The learning and development ambitions extend beyond the current workforce to include a commitment to providing a comprehensive learning experience for students. The Interim People Plan (2019) references the need for organisations to recognise their role in providing quality educational experiences to support the workforce. There will be an increase in student numbers and widened access routes via apprenticeships and it is imperative there is a commitment to support learning in line with organisational values and behaviours, just as with the current workforce.

## 5. Learning and Development Priorities for Delivery:

The Learning and Development Strategy has 6 priorities to support LCH's vision and strategic goals. The following pages will outline each one will be delivered:

1. **Student and Learner Support**- The provision of excellent, quality assured educational experiences for the our students and learners within the organisation
2. **Statutory and Mandatory Training**- Staff will have access to training that is essential for their role being delivered in an efficient and effective way
3. **Learning Needs Analysis**- A clear and continuing understanding of the evolving learning needs of the organisation to deliver safe and effective services
4. **Continuing Professional Development**- Support for staff to continually develop in their role through formal courses or experiential learning opportunities, underpinned by a talent management approach
5. **Apprenticeships and Development of New Roles**- The right staff with the right skills to deliver safe and effective training for new and existing roles. These will include clinical and non-clinical apprenticeships

The following icons are used to show how each priority aligns with the LCH 7 magnificent behaviours.



## 6.1 Student and Learner Support

<b>Priority's Aim</b>	<b>The provision of excellent, quality assured educational experiences for the students and learners within the organisation</b>	
<b>What do we plan to achieve?</b>	<b>How will we achieve it?</b>	<b>How will we know we've achieved it?</b>
<b>Objectives</b>	<b>Initiatives</b>	<b>Outcomes</b>
Increased numbers of student mentors, practice supervisors and practice assessors in the organisation to provide high quality placements for students and learners	<p>Revision of the mentorship and supervision courses offered by the HEIs inclusive of online courses</p> <p>Local analysis within placement areas to determine the number of mentors, practice supervisors and practice assessors required</p> <p>Analysis of services who could support students and learners not currently providing placements</p>	<p>Increased availability of mentors, practice assessors and practice supervisors to support nursing and AHP student placements by 2021</p> <p>HEIs report data demonstrates an increase in mentors, practice supervisors and practice assessors evidenced on the Practice Assessment Record and Evaluation (PARE)</p> <p>Improved understanding of capacity to facilitate student placements</p>
Enhanced engagement with final year nursing students to attract them into community roles	<p>Expansion of placement circuit for the final year community pathway integrated with Primary Care by 2021</p> <p>Working in partnership with the HEIs to market the pathway with the students and design a collaborative selection process</p> <p>Work with partner organisations including Primary Care via the PCNs to increase the number of final year community nursing pathway placements by expanding the circuit</p>	<p>HEI data reports higher numbers of students on the final year community pathway by 2023</p> <p>Recruitment data demonstrates an increase in final year nursing students applying to newly qualified roles</p>
Students and learners within the organisation have high quality learning experiences in the organisation	<p>The Clinical Education team will work more closely with the clinical placement providers in LCH</p> <p>Review and interpret evaluation of student experience generating clear actions based on feedback for which the placement providers are</p>	<p>Universal positive student experience across all placement settings</p> <p>HEIs evidence of quality assured placements across the organisation</p>

	<p>accountable</p> <p>Comprehensive placement audits to be led by the HEIs to provide assurance on the quality of placement settings</p> <p>Alignment of processes for allocation and support of medical and dental students and learners</p>	<p>Increasing number of community medical placements with exposure to multi-disciplinary working including new placements for Physician Associates and undergraduate placements for medical students in MSK</p>
<p>Successful implementation of new model of mentorship in line with NMC Standards for Student Supervision and Assessment (2018)</p>	<p>Implement model of practice supervisor and practice assessor roles (in collaboration with the HEI's academic assessor roles) inclusive of training required for current and future practice assessors (previously mentors) and practice supervisors</p> <p>Plan and deliver a successful communications campaign within the organisation to engage clinical placement providers with the new model</p>	<p>Successful transition to the new model of supervision and assessment of students and learners</p>
<p>Expansion of the preceptorship programme to provide a multi-disciplinary programme available to all clinicians joining the organisation</p>	<p>Revision of content of preceptorship programme with Clinical Leads to provide generic content for all clinicians new to the organisation</p> <p>Exploration of preceptorship delivery models from other community providers</p> <p>Work in partnership with primary care to ensure a joint approach to preceptorship</p>	<p>LCH provides a comprehensible and accessible multi-disciplinary preceptorship programme for all staff in clinically facing roles new to the organisation and Primary Care by the 2<sup>nd</sup> year of the strategy</p>
<p>Continual evaluation of the preceptorship programme in line with national HEE guidance</p>	<p>Review and interpret experience from staff attending the preceptorship programme</p> <p>Evaluate across business units with an evolving programme based on evaluation from staff and managers</p>	<p>Preceptorship programme positively evaluates with attendees</p> <p>An evolving preceptorship programme based on feedback and in response to service need and national developments</p>

**This priority aligns with the following organisational behaviours:**



## 6.2 Statutory and Mandatory Training

Priority's Aim	Staff will have access to training that is essential for their role being delivered in an efficient and effective way		
What do we plan to achieve?	How will we achieve it?	How will we know we've achieved it?	
Objectives	Initiatives	Outcomes	
<p>The organisation will effectively and efficiently deliver the following statutory and mandatory training:</p> <p>Information Governance            Equality and Diversity            Health and Safety            Infection Prevention and Control            Moving and Handling            Fire Safety            CPR (Basic / immediate Life Support)            Safeguarding Adults            Safeguarding Children            Basic Dementia Awareness            Mental Capacity Act            Preventing Radicalisation</p>	<p>Implement Statutory &amp; Mandatory Compliance project to ensure:</p> <ul style="list-style-type: none"> <li>all training is declared as meeting the national standards of the Core Skills Training Framework</li> <li>competency requirements are correctly configured and training accurately recorded on ESR</li> </ul> <p>Review of current face to face training to understand whether e-learning is a viable alternative to improve accessibility</p> <p>Review accessibility of face to face training to reduce impact of travel on clinical and professional time</p> <p>Reconfiguration of mandatory training to deliver multiple courses in full days. New starters (2 days) and existing staff 1 day per annum            Engagement with clinical leads to ensure training is accessible for all including medical staff</p> <p>Develop feedback loop for poor attendance at planned training</p> <p>Evaluation of face to face training sessions is captured, reported and used to drive continuous</p>	<p>Implementation of Statutory &amp; Mandatory Compliance project by Q1 2020</p> <p>Review and redesign of the Statutory &amp; Mandatory training delivery programme by end of Q4 2020/21</p> <p>Workforce indicators evidence an improvement in compliance with statutory and mandatory training</p> <p>Improvement in attendance rates and reduction of DNAs and cancellations for training sessions by Q4 2020/21</p> <p>Improved levels of satisfaction with quality of face to face training by Q4 2020/21</p> <p>Systems to enable the smooth transfer of training across Leeds providers are operational and effective by 2021/22</p>	

	<p>improvement and effectiveness of training sessions</p> <p>Training is transferable across the Leeds system (and beyond ) as part of the Leeds One Workforce approach</p> <p>Establishment of integrated governance structure with Workforce Strategy to ensure effective alignment and delivery of objectives</p>	
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**This priority aligns with the following organisational behaviours**



## 6.3 Learning Needs Analysis (LNA)

<b>Priority's Aim</b>	<b>A clear and continuing understanding of the evolving learning needs of the organisation to deliver safe and effective services</b>		
<b>What do we plan to achieve?</b>	<b>How will we achieve it?</b>	<b>How will we know we've achieved it?</b>	
<b>Objectives</b>	<b>Initiatives</b>	<b>Outcomes</b>	
<p>We will have a clear understanding of the learning needs of staff within the Organisation including</p> <ul style="list-style-type: none"> <li>• Registered Clinical staff</li> <li>• Medical and Dental staff</li> <li>• Non-registered clinical staff</li> <li>• Corporate services</li> </ul>	<p>Develop and launch a clear approach / model for undertaking an Organisational learning needs analysis (e.g. SWYFT LNA Model)</p> <p>Integration of business and workforce plans for business units and corporate functions to ensure our learning needs and training plans are congruent with business and service objectives</p> <p>Engagement from teams and services – to be secured through integrated workforce planning and LNA engagement events across Business Units and Corporate teams</p>	<p>Learning needs analysis is embedded in workforce plans by 2021 enabling responsive training plans</p> <p>Training courses are proactively commissioned from the HEIs, Leeds Health and Care Academy and other training providers to meet our identified needs</p> <p>Our skills matrixes confirm we have the right staff with the right skills to deliver safe and effective services</p>	
<p>Business Units and corporate teams will regularly analyse their operational plans to inform our learning needs of our clinical staff and corporate support staff</p> <p>High quality Appraisal discussions with inform the LNA process linked closely with our resourcing needs. Priority will be given to training in our hard to fill roles</p>	<p>Provide support for teams to effectively complete this exercise</p> <p>Design and develop analysis into annual business and workforce plans</p> <p>Support and educate appraisers in the Organisation to adopt a talent management approach</p> <p>LNA and career pathways established in line with the professional strategy to inform learning and development support needed for business units and corporate services</p>	<p>Current skills analysis maintained to have the right staff with the right skills to deliver effective services</p> <p>Training is prioritised in line with resourcing needs</p> <p>The Friends and Family Test and National Staff Survey results demonstrate an increase in satisfaction for opportunities to develop in the organisation</p>	



**This priority aligns with the following organisational behaviours**

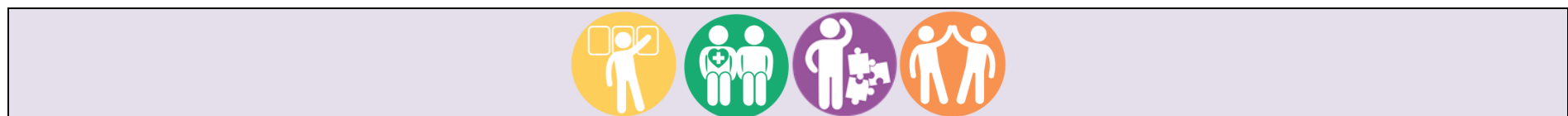


## 6.4 Professional Development

<b>Priority's Aim</b>		<b>Support for staff to continually develop in their role through formal courses or experiential learning opportunities, underpinned by appraisal discussions and a talent management approach</b>	
<b>What do we plan to achieve?</b>		<b>How will we achieve it?</b>	
<b>Objectives</b>	<b>Initiatives</b>	<b>How will we know we've achieved it?</b>	
<b>Objectives</b>	<b>Initiatives</b>	<b>Outcomes</b>	
Budgets for learning and development will be centralised so organisational and business priorities are supported. This will include the new CPD monies	<p>Budgets will be centralised; long course budget and individual service budget lines to support equitable access to courses across the organisation</p> <p>Identification of the training needed to maintain business and new initiatives incorporated into business plans driven by business units and corporate services alongside individual development plans, through the LNA approach</p> <p>Revision of the long course approval process to demonstrate a clear and transparent process with oversight by Clinical Leads in business units and service leads in business services</p>	<p>Budget allocated based on organisational and business priorities by 2022</p> <p>National staff survey results demonstrate an improvement on fair and equitable access to courses</p> <p>Long course panel data indicates equitable access to training budget representative of the workforce by protected characteristics</p>	
We will have access to courses required to develop our staff to support the local and national strategic aims and objectives	<p>Engagement with Leeds Health and Care Academy and HEIs to ensure we have access to the courses required to develop our staff e.g. health visitor, sexual health qualifications, accounting and human resources.</p> <p>Embed with workforce and business plans to understand the requirements about courses required to maintain service delivery</p> <p>Development of our clinicians in advanced clinical practice across all business units for nursing and allied health professionals</p> <p>Quality improvement training will be delivered to all</p>	<p>Pre and post-registration qualifications accessible for safe and effective service delivery for clinical and corporate roles</p> <p>Advanced clinical practice will be evident across multiple disciplines in all business units</p> <p>Quality improvement submissions will demonstrate evidence of personal benchmarking of care provision</p> <p>Clear guidance for managers and staff for approval of medical and dental study leave</p>	

	<p>medical and dental staff</p> <p>Study and professional leave policy to be finalised by 2020 to support the protected time for CPD for medical and dental staff</p>	
<p>Leaders will be skilled in having talent management conversations underpinning appraisal discussions</p>	<p>Link with talent management and workforce strategy to understand and deliver training needs for leaders within the organisation to lead effective appraisals</p> <p>Engagement with appraisers to improve understanding of accessibility to courses for staff with protected characteristics</p> <p>Link with workforce plan for intelligence around succession planning to plan delivery of education and learning</p> <p>Learning opportunities will be established to support the education of staff within identified talent pools</p> <p>New staff in medical and dental roles will access the LCH leadership programmes</p> <p>Consideration of online systems for supporting and monitoring of appraisals with quality indicators from the staff being appraised</p>	<p>Workforce indicators demonstrate improved retention of staff by 2023</p> <p>FFT and National Staff Survey results indicate a positive trend for staff having improved working lives</p> <p>FFT and National Staff Survey results demonstrate equitable personal development opportunities from staff with protected characteristics working in the organisation</p> <p>Staff feedback demonstrates experiences of a high quality appraisal</p>

**This priority aligns with the following organisational behaviours**



## 6.5 Apprenticeships and Development of New Roles

<b>Priority's Aim</b>	<b>The right staff with the right skills to deliver safe and effective training for new and existing roles. These will include clinical and non-clinical apprenticeships</b>	
<b>Objectives</b>	<b>Initiatives</b>	<b>Outcomes</b>
Clinical apprenticeships are informed by our workforce plans and linked with appraisal discussions	<p>Access to clinical apprenticeships for AHPs, Nursing Associates, Assistant Practitioners, Registered Nurses, Dental Nurses and ACPs</p> <p>Development and implementation of a clear process to manage requests for apprenticeships via the learning and development group</p> <p>Understanding of critical role succession planning to inform on apprenticeship priorities</p> <p>Strengthen communication with HEIs to provide educational places for apprenticeships required</p> <p>Progression towards a system wide approach to Apprenticeship development and delivery</p>	<p>Apprenticeship levy funds fully utilised by 2023</p> <p>The FFT results for clinicians demonstrate an increase in satisfaction for opportunities to develop in the organisation</p>
Non-clinical apprenticeships are accessible for staff in the organisation	<p>Establish access to apprenticeships to support business function including business administration foundation degrees for senior administration roles</p> <p>Establish access to apprenticeships for specialist business functions including finance and human resources</p> <p>Work with local HEI's to deliver leadership courses supported by an existing apprenticeship standard</p> <p>Strategic steer of apprenticeships for entry level jobs as detailed in the NHS Long Term Plan (2019)</p>	<p>Workforce indicators evidence staff progression within the organisation and parity for access to courses for administration staff</p> <p>The FFT results for staff in business and administrative roles demonstrate an increase in satisfaction for opportunities to develop</p> <p>Workforce data indicates leaders are attaining leadership qualifications via an apprenticeship route</p> <p>Workforce data evidences apprenticeships offered for entry level business administration</p>

roles

**This priority aligns with the following organisational behaviours**



## 7. Delivering the Strategy

To successfully deliver the priorities outlined in Section 6 of this strategy the following will need to be in place:-

**Operational Plan-** An operational plan for the strategy will be developed to provide guidance, timescales and clear accountability for the 5 priorities. Accountability for delivery of the plan will be to the Learning and Development Group chaired by our Assistant Director of AHP's, Patient Experience and Engagement which reports to the Clinical Effectiveness Group (CEG). The plan will be developed upon approval of the strategy.

**Learning and Development Group-** the Learning and Development Group will provide regular updates regarding the implementation of the strategy to Quality Committee. The group will provide leadership and direction where required for those responsible for progressing the 5 priorities included in the operational plan. The group will be responsible for confirming clear responsibilities and accountabilities to those contributing to the delivery of this strategy. It will be responsible for considering any additional developments organisationally, locally or nationally which may influence the operational plan and revise as appropriate. Any risks to delivery should be monitored, recorded and escalated to the Director of Nursing and AHPs where appropriate. The group will be accountable to Quality Committee and in the initial year of delivery (2020/21) will provide quarterly updates to SMT.

**Cross directorate and System wide working-** Successful progression and delivery of this strategy will be reliant upon an effective and collaborative approach across each directorate within the organisation. In addition we will need to work closely with our partners in the Leeds Health and Care Academy, HEI's and Primary Care who will heavily influence our ability to achieve our objectives for continued professional development and apprenticeships.

## 8. Risks to Delivery

There are a number of risks to delivery of the priorities and initiatives set out in this Strategy, set out in the table below; together with mitigating actions.

Risk	Likelihood	Severity	Mitigation
Lack of dedicated capacity to deliver the strategy			The strategy has a number of different work streams which will be delivered across a number of directorates. The learning and development group will monitor progress and proactively mitigate risks to delivery
Lack of cross directorate working and an inability to join thinking and progress work across directorates			Representatives from the directorates will meet with the learning and development group to ensure the work streams are aligned and understood
LCH fails to fulfil the number of student placements it requires			Short term investment made for additional Practice Learning Facilitator resource to support teams to increase student capacity within the placement areas and source additional placement opportunities

## 9. Conclusion

The Learning and Development Strategy demonstrates LCH's commitment to investing in the continued development of our staff and learners. With continued emphasis on the left shift into the community it is imperative that we analyse the learning needs of our staff and organisation in correlation with business plans and evolving service delivery requirements.

LCH will ensure that we have fair and equitable access to continued learning development opportunities for staff underpinned by meaningful appraisals which embrace a talent management culture. A joint approach across directorates will be essential to the success of this strategy and stronger links with primary care will emerge.

The strategy sets out how LCH will expand our student and learner placement opportunities; thus exposure to working in the community setting. The Primary Care Networks will be a key partner in expanding these opportunities in Primary Care. We will continue to explore other opportunities for development with the HEI's to widen access to courses including Apprenticeships and will be creative with use of the levy to support learning and development.



## 10. References and Associated Documents

Leeds Community Healthcare NHS Trust (2019) *Workforce Strategy 2019-21*.

Leeds Community Healthcare NHS Trust (2020) *Digital Strategy 2020-23 (draft)*

Leeds Community Healthcare NHS Trust (2019) Leadership Development Competency Framework

NHS (2019) *The NHS Long Term Plan*. Available at: <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan>

NHS (2019) *Interim People Plan*. Available at: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan-June2019.pdf>.

NMC (2018) <https://www.nmc.org.uk/supporting-information-on-standards-for-student-supervision-and-assessment/>

**AGENDA  
ITEM**  
2019-20  
124a

<b>Meeting:</b> Trust Board 27 March 2020	<b>Category of paper</b> (please tick)	
<b>Report title</b> Performance Brief and Domain Reports	<b>For approval</b>	
<b>Responsible director:</b> Executive Director of Finance and Resources <b>Report author:</b> Head of Business Intelligence	<b>For assurance</b>	✓
<b>Previously considered by:</b> Senior Management Team, 18 <sup>th</sup> March 2020 Quality Committee, 23 <sup>rd</sup> March 2020 Business Committee, 25 <sup>th</sup> March 2020	<b>For information</b>	

### **Purpose of the report**

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

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

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

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

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

### **Main issues for Consideration**

This month's Performance Brief contains the most up to date information available for the month of February 2020.

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

In February in the **Safe** domain we have reported two Category 4 Pressure ulcers on StEIS as potential lapses in care were identified at initial 72 hour review. Both are currently under investigation. An additional two Category 3 Pressure Ulcers were identified as potential lapses in care and have been reported on StEIS. Both are currently under investigation.

A review of all reported incidents in February identified 6 information governance (IG) incidents across different services. The incident Manager (IM) has raised concerns with the information governance lead due to the recurrence of these incidents. Work is ongoing within services and with the SystemOne team to identify areas of improvement.

Safer staffing is 82.6% this month. This is due to lower staffing levels at Little Woodhouse Hall and Hannah House. Patient safety and care is being maintained through the use of agency and bank staff and the reallocation of existing staff.

In the **Caring** domain, 95.33% of Community patients would recommend the service to family and friends. Of inpatient services, 100% would recommend.

The revised national Friends and Family Test will commence in April 2020. The survey postcards used across services have been updated to reflect the national changes

A review of the complaint trends across a 3 year period has identified a normal variation of complaints received, but acknowledges that 2018/19 reporting period did see a lower number of complaints. Early review of 2019/20 reporting period has not shown any particular trend or theme in any service or business unit

**Responsive:** There has been a recent change in the reporting of consultant-led waits following an investigation into the pathway for children requiring an assessment in CDC. As all children attend for a Paediatric Neuro Disability appointment prior to referral for an assessment in CDC, the CDC appointment does not represent an initial wait for assessment and treatment and therefore should not be counted as a separate pathway in our national Referral to Treatment (RTT) return. With the removal of the CDC waits the Trust is achieving the 92% target required nationally for consultant-led services.

**In the Well Led** domain; sickness absence remains within normal tolerance levels at 5.9%. This is expected to increase in the coming months due to Covid-19. Close monitoring of COVID-19-related staff absence and self-isolation is being implemented. Turnover and stability remain positive and well within tolerance at 12.4%

Appraisal rates have continued to improve and have achieved 90%.

Statutory & mandatory training compliance has seen a temporary reduction to 85.6% due to changes to Equality & Diversity training which now requires staff to renew every 3 years. Reductions are expected in both appraisal and statutory & mandatory training compliance in the coming months as part of the LCH business continuity escalation process due to Covid-19. This situation will be kept under close review.

Current priorities in terms of the LCH workforce in relation to COVID-19 are to maximise workforce supply; to support health & wellbeing; and to communicate & engage effectively.

In the **Finance** domain, The Trust is reporting a year to date and forecast outturn surplus which is £0.3m more than planned. This is in response to a request from the West Yorkshire and Harrogate Integrated Care System to increase the surplus for 2019/20.

Pay costs are £1.1m underspent and there are 99 WTE vacancies reported for the month this is 3 less than last month. Non-pay costs are £0.5m overspent £0.1m less than last month.

Capital expenditure is £1.5m for the year to date which is as planned.

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

#### **Recommendations**

##### **The Committee is recommended to:**

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

# Performance Brief – February 2020

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## **Committee Dates**

Senior Management Team – 18<sup>th</sup> March 2020

Quality Committee – 23<sup>rd</sup> March 2020

Business Committee – 25<sup>th</sup> March 2020

Board – 27<sup>th</sup> March 2020

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# Safe – February 2020

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

Safe - people are protected from abuse and avoidable harm	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Q1	Q2	Q3	Jan	Feb	Time Series
Overall Safe Staffing Fill Rate - Inpatients	SL	>=97%	-	●	2019/20	94.7%	97.1%	97.0%	92.1%	82.6%	
					2018/19	101.0%	101.1%	97.8%	97.1%	100.7%	
Patient Safety Incidents Reported in Month Reported as Harmful	SL	0.64 to 1.26	1.40	●	2019/20	1.18	1.40	1.40	1.72	1.74	
					2018/19	0.86	0.85	0.88	0.84	0.86	
Serious Incident Rate	SL	0 to 0.1	0.05	●	2019/20	0.04	0.04	0.06	0.06	0.06	
					2018/19	0.04	0.05	0.04	0.05	0.00	
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	7	10	●	2019/20	2	0	5	1	2	
					2018/19	1	2	0	0	3	
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	SL	0	2	●	2019/20	0	0	0	0	2	
					2018/19	0	0	0	0	2	

## Safer Staffing

Our safer staffing percentage for February is 82.6%. The lower staffing levels are present at Little Woodhouse Hall (75.9%) and Hannah House (83.17%). At Little Woodhouse Hall the lower levels are due to annual leave and vacancies. To ensure appropriate levels of support for the young people on the ward staff have been pulled back from secondment, team leaders have been doing clinical shifts and bank and agency staff have been utilised. Recruitment to the vacant posts is ongoing and they will start to be filled in March.

At Hannah House a high level of sickness in conjunction with annual leave has caused lower staffing levels. The service is being supported by the CCNS Leadership Team and patient safety and care is being maintained through the use of agency and bank staff and reallocation of existing staff.

## Update from January's Serious Incidents

The Trust declared 9 serious incidents (SI's) in January 2020 depicted in the table, all were identified to have lapses in care following a comprehensive RCA investigation.

Incident Type	Incident Category	Total
Other Skin Damage	Category 3	2
Pressure Ulcers	Unstageable	5
Suspected fall	Slip, Trip & Fall	1
Information Governance	Communication	1
<b>Total</b>		<b>9</b>

Of the 9 closed SI's 2 Neighbourhood Teams, Seacroft & Morley were noted to each have had 2 Pressure Ulcers with lapses in care. Pressure ulcer themes are discussed at the Trusts Pressure Ulcer Steering Group to support improvement activity towards the reduction of pressure ulcers.

### All Incidents Reported

This month 676 incidents were reported on Datix, of these 523 (79%) were recorded as patient safety incidents. This number is consistent with previous months showing a good reporting culture.

132 (25%) of all patient safety incidents reported originated from other providers. Meetings are being planned to discuss these with LTHT.

The breakdown of patient safety incidents by harm is depicted in the table below. There continues to be a positive reporting culture with 925 (86.5%) incidents reported over the last 3 months being low or no harm incidents. Further comparison of data will be provided in the annual report.

Incidents by date and Severity	Low and No Harm	Moderate Harm	Major Harm	Total
Dec 2019	272	37	7	316
Jan 2020	307	44	11	362
Feb 2020	346	41	4	391
<b>Total</b>	<b>925</b>	<b>122</b>	<b>22</b>	<b>1069</b>

*\*excluding death*

The 4 major harm LCH incidents (3 pressure ulcers and 1 fall), were reviewed at 72 hour review meeting and identified to have potential lapses in care. All were reported on StEIS and are currently undergoing a comprehensive RCA investigation.

There were 6 no harm Information Governance incidents reported in February. There were 2 reported in the ABU, SBU and CBU respectively but within different teams. Three incidents related to attachments to the wrong patient record within SystmOne, two related to errors in addressee of letters and one incorrect appointment details in a patient letter. These are all currently under investigation by the IG Manager with the teams involved.

### 72 Hour Review Update – February 2020



There were 41 moderate and above incidents discussed at a 72 Hour Review Meeting. Four incidents reported at the end of February have been reviewed in March 72 hour review meetings and will be included in the April report.

The breakdown of outcome following the review meeting is depicted in the table below:

Total no.	No lapses in care & no further investigation required	Progressed to concise RCA (internal)	Progressed to comprehensive RCA as potential lapses in care (SI)
41	32 (78%)	0	*9 (22%)

(\*4 major harm, 4 moderate harm incidents and one unexpected death)

All cases that were identified as potential lapses in care have been StEIS reported and are currently under investigation. These include 7 Pressure ulcers (2 x Category 4, 2 x Category 3 and 3 x Unstageable), 1 unexpected death within the Leeds Mental Wellbeing Service and 1 fall with harm.

#### **Duty of Candour Compliance**

Of the nine incidents where harm has occurred with potential lapses in care, six received initial apology letters sent within the 10 working day timeframe. One was sent within 11 days due to further information being required from the service and family. Two did not receive a letter – one next of kin is not known and one we were unable to establish contact with the patient despite several attempts.

# Caring – February 2020

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	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Q1	Q2	Q3	Jan	Feb	Time Series
Percentage of Respondents Recommending Care - Inpatient and Community (FFT)	SL	>=95%	95.5%	●	2019/20	96.7%	96.6%	94.5%	90.8%	95.4%	
					2018/19	-	-	-	-	-	
Percentage of Respondents Recommending Inpatient Care (FFT)	SL	>=95%	92.7%	●	2019/20	85.7%	90.7%	95.7%	100.0%	100.0%	
					2018/19	91.7%	100.0%	98.3%	100.0%	100.0%	
Percentage of Respondents Recommending Community Care (FFT)	SL	>=95%	95.5%	●	2019/20	96.7%	96.6%	94.5%	90.7%	95.3%	
					2018/19	95.9%	96.9%	95.0%	96.2%	94.9%	
Total Number of Formal Complaints Received	SL	No Target	193		2019/20	62	59	48	7	17	
					2018/19	43	40	37	5	8	
Number of Formal Complaints Upheld	SL	No Target	88		2019/20	19	37	25	3	4	
					2018/19	-	-	-	-	-	
Number of Formal Complaints Responded to within timeframe	SL	No Target	149		2019/20	33	50	51	5	10	
					2018/19	-	-	-	-	-	
Number of Compliments Received	SL	No Target	1251		2019/20	374	342	372	79	84	
					2018/19	-	-	-	-	-	

## Friends and Family Test (FFT)

Overall, 95.33% of Community patients would recommend the service to family and friends. Of inpatient services, 100% would recommend.

A staff workshop was held in February to create Business unit specific action plans to implement the new FFT guidance. These will be shared with the Business Units at the beginning of March to support the smooth transition between the old and new guidance.

January CHI-ESQ data:

For CAMHS the Children's CHI-ESQ data for January is as follows:

78 % would recommend; 14 out of 18 children said Yes, 3/18 Maybe (17%), and 1 don't know (5%).

For CAMHS the Parent/Carer CHI-ESQ data for January is as follows:

96% Extremely likely to recommend (24/25 responses), 4% likely to recommend (1/25 responses).

### Complaints, Concerns and Claims

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

Feedback	February 2020 Received
Complaints	17
Concerns	60
Clinical Claims	0
Non-clinical Claims	0

As prescribed by the NHS Complaints Regulations 2009, it is a statutory requirement that the Trust must acknowledge all received complaints within 3 working days. The regulations also state that all complaints must be responded to, in writing, within 180 working days – unless otherwise agreed with the complainant.

- 100% (17/17) complaints received in February were acknowledged within 3 working days.
- There were 31 complaints on the caseload for February. There has been 1 complaint that has been reopened within February and 1 complaint ongoing with the PHSO.

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

# Effective

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.

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Information in the effective domain is reported quarterly therefore there is no update this month.

# Responsive – February 2020

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	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Q1	Q2	Q3	Jan	Feb	Time Series
Patient Contacts - Variance from Profile	SP	0 to ± 5%	2.0%	●	2019/20	-0.2%	0.2%	2.3%	6.0%	10.1%	
					2018/19	-3.0%	-6.4%	-3.1%	3.7%	-1.0%	
Patient Contacts	SP	No Target	1,315,815	●	2019/20	354,255	354,517	361,491	126,995	118,558	
					2018/19	392,694	373,902	379,919	138,325	118,483	
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	≥92%	98.5%	●	2019/20	99.3%	98.7%	97.6%	97.1%	95.3%	
					2018/19	97.0%	97.8%	96.7%	97.5%	97.4%	
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	0	●	2019/20	0	0	0	0	0	
					2018/19	0	0	0	0	0	
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	SP	≥99%	98.6%	●	2019/20	100.0%	94.1%	100.0%	100.0%	100.0%	
					2018/19	99.7%	97.0%	100.0%	100.0%	100.0%	
% Patients waiting under 18 weeks (non reportable)	SP	≥95%	97.9%	●	2019/20	97.9%	98.4%	97.7%	98.1%	97.8%	
					2018/19	98.9%	98.4%	98.2%	98.2%	97.9%	
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	SP	≥95%	99.2%	●	2019/20	99.9%	99.3%	98.7%	98.5%	99.3%	
					2018/19	98.9%	99.6%	99.3%	99.5%	99.8%	
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	≥75%	46.6%	●	2019/20	57.4%	48.0%	40.4%	38.7%	37.2%	
					2018/19	98.9%	99.6%	99.3%	99.5%	99.8%	
IAPT - Proportion of people accessing IAPT services aged 65+	SP	≥13.6%	3.5%	●	2019/20	4.2%	3.8%	2.9%	3.4%	2.3%	
					2018/19	-	-	-	-	-	
IAPT - Percentage of people who complete treatment and recover	SP	≥50%	47.7%	●	2019/20	50.0%	49.1%	48.8%	46.6%	49.7%	
					2018/19	49.9%	48.4%	52.0%	49.1%	55.7%	
IAPT - Recovery rate of people accessing IAPT services identified as BAME	SP	≥49.8%	39.5%	●	2019/20	43.6%	37.3%	39.1%	38.6%	48.8%	
					2018/19						

Responsive - services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Q1	Q2	Q3	Jan	Feb	Time Series
CAHMS - Percentage of children and young people with an eating disorder seen within 24 hours of a request for rapid assessment	SP	100%	-	●	2019/20	-	-	-	-	-	
					2018/19	-	-	-	-	-	
CAHMS - Percentage of children and young people with an eating disorder seen within 1 week of an urgent referral	SP	>=95%	100.0%	●	2019/20	-	100.0%	100.0%	100.0%	100.0%	
					2018/19	0.0%	0.0%	66.6%	100.0%	100.0%	
CAHMS - Percentage of children and young people with an eating disorder seen within 4 weeks of a routine referral	SP	>=95%	72.6%	●	2019/20	89.5%	77.8%	73.1%	25.0%	69.2%	
					2018/19	92.9%	75.0%	64.7%	100.0%	100.0%	
CAMHS - Percentage of appropriately referred next steps patients seen in <12 weeks	SP	100%	45.1%	●	2019/20	45.0%	61.2%	10.1%	72.7%	65.3%	
					2018/19	-	-	-	-	-	
ICAN - Initial contacts to take place within 12 weeks for OT and PT	SP	>=80%	78.9%	●	2019/20	73.4%	73.5%	90.1%	81.4%	83.6%	
					2018/19	69.4%	71.7%	69.2%	78.8%	75.7%	

## Statutory Breaches and Waiting Lists

There has been a recent change in the reporting of consultant-led waits following an investigation into the pathway for children requiring an assessment in CDC. As all children attend for a Paediatric Neuro Disability appointment prior to referral for an assessment in CDC, the CDC appointment does not represent an initial wait for assessment and treatment and therefore should not be counted as a separate pathway in our national Referral to Treatment (RTT) return. The table below had been updated to exclude CDC waits. Work however continues to improve waiting times in the CDC clinic.

Specialty	Dec-19						Jan-20						Feb-20					
	Pct Currently Waiting Under 18Weeks	Total	Waiting Over 18Wks	Average Wait (weeks)	Median Wait (weeks)	95th Percentile	Pct Currently Waiting Under 18Weeks	Total	Waiting Over 18Wks	Average Wait (weeks)	Median Wait (weeks)	95th Percentile	Pct Currently Waiting Under 18Weeks	Total	Waiting Over 18Wks	Average Wait (weeks)	Median Wait (weeks)	95th Percentile
CH - P AUD	100.0%	137	0	2.7	2.6	5	100.0%	196	0	2.1	1.6	4.6	100.0%	233	0	2.6	2.3	5.4
CPC (CHICS)	100.0%	126	0	7.3	6.7	15.9	100.0%	120	0	5	2.5	14	97.5%	120	3	5.1	3.5	14.6
GAN	100.0%	11	0	5	3.9	9.7	100.0%	5	0	6.1	3.1	14.1	100.0%	7	0	1.9	2.3	3.2
Gynaecology	100.0%	83	0	6.5	6.1	11.1	100.0%	146	0	4	3.1	8.1	100.0%	158	0	4.5	4.1	8.7
MSK	100.0%	123	0	2.8	2	6	100.0%	95	0	3	2.3	7.6	100.0%	42	0	1.8	0.6	6.4
PND	93.8%	305	19	9.2	8.9	18.7	91.7%	300	25	8.9	8.4	21.1	88.1%	328	39	8.7	6.9	21.7
<b>Total</b>	<b>97.6%</b>	<b>785</b>	<b>19</b>				<b>97.1%</b>	<b>862</b>	<b>25</b>				<b>95.3%</b>	<b>888</b>	<b>42</b>			

With the removal of the CDC waits the Trust is achieving the 92% target required nationally for consultant-led services overall, but there is a downward trend in waiting time performance in PND with an increasing number of children waiting more than 18 weeks.

A plan is in place. Increased capacity will be provided through the commencement of a new Paediatrician in mid- April and a revised job plan with another medic. The service is anticipating gains in reduced demand on medic capacity as a result of nurse led continence pathway and ending of referrals from Watch It from May, The service managers continue to scrutinise available appointment times on a regular basis to maximise capacity and reduce DNAs.

The service anticipates a recovered position by end of June.

There have not been any breaches of the 6 week wait for diagnostic tests in the Audiology service in the last four months.

### **Non-consultant-led Referrals**

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

### **CAMHS**

The percentage of children and young people with an eating disorder seen within 4 weeks of a routine referral has increased to 69.2% in February, up from 25.0% last month. A recovery plan was developed and actioned by the Team manager - this included a clear capacity plan and the introduction of 4th assessment/treatment clinic.

In order to improve the percentage of patients referred to next steps seen within 12 weeks, the service is reviewing the process for offering appointments. An offer with choice of appointment will now be made 4 weeks rather than 2 weeks before the appointment with the intention of reducing cancelled slots and increasing capacity.

A contract has been awarded to outsource 427 Neuro Developmental assessments and a process for transfer has been established with the Providers. The work with one provider will trial an online assessment for a small cohort of children and young people.

# Well-Led – February 2020

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	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Q1	Q2	Q3	Jan	Feb	Time Series
Staff Turnover	LS/JA	<=14.5%	-	●	2019/20	13.1%	13.0%	13.1%	12.9%	12.4%	
					2018/19	14.6%	14.5%	14.0%	13.4%	13.6%	
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%	-	●	2019/20	20.1%	17.3%	17.8%	18.4%	19.0%	
					2018/19	13.2%	14.4%	14.9%	17.5%	17.3%	
Stability Index	LS/JA	>=85%	-	●	2019/20	87.6%	85.7%	87.6%	87.9%	88.2%	
					2018/19	85.6%	86.0%	86.3%	86.8%	86.7%	
Short term sickness absence rate (%)	LS/JA	<=2.2%	-	●	2019/20	1.5%	1.5%	2.1%	1.3%	1.7%	
					2018/19	2.2%	1.6%	2.1%	2.4%	2.1%	
Long term sickness absence rate (%)	LS/JA	<=3.6%	-	●	2019/20	3.9%	3.4%	3.8%	3.9%	4.2%	
					2018/19	3.3%	3.8%	3.8%	3.7%	3.6%	
Total sickness absence rate (Monthly) (%)	LS/JA	<=5.8%	-	●	2019/20	5.4%	4.9%	5.9%	5.3%	5.9%	
					2018/19	5.5%	5.4%	5.8%	6.2%	5.7%	
AfC Staff Appraisal Rate	LS/JA	>=95%	-	●	2019/20	84.6%	85.6%	85.2%	89.2%	90.0%	
					2018/19	79.9%	82.3%	87.3%	85.4%	84.2%	
6 universal Statutory and Mandatory training requirements	LS/JA	>=95%	-	●	2019/20	93.8%	90.9%	92.0%	92.5%	85.6%	
					2018/19	89.6%	88.9%	90.3%	92.7%	93.5%	
Medical staff appraisal rate (%)	RB	100%	-	●	2019/20	100.0%	100.0%	100.0%			
					2018/19	100.0%	100.0%	100.0%	100.0%		



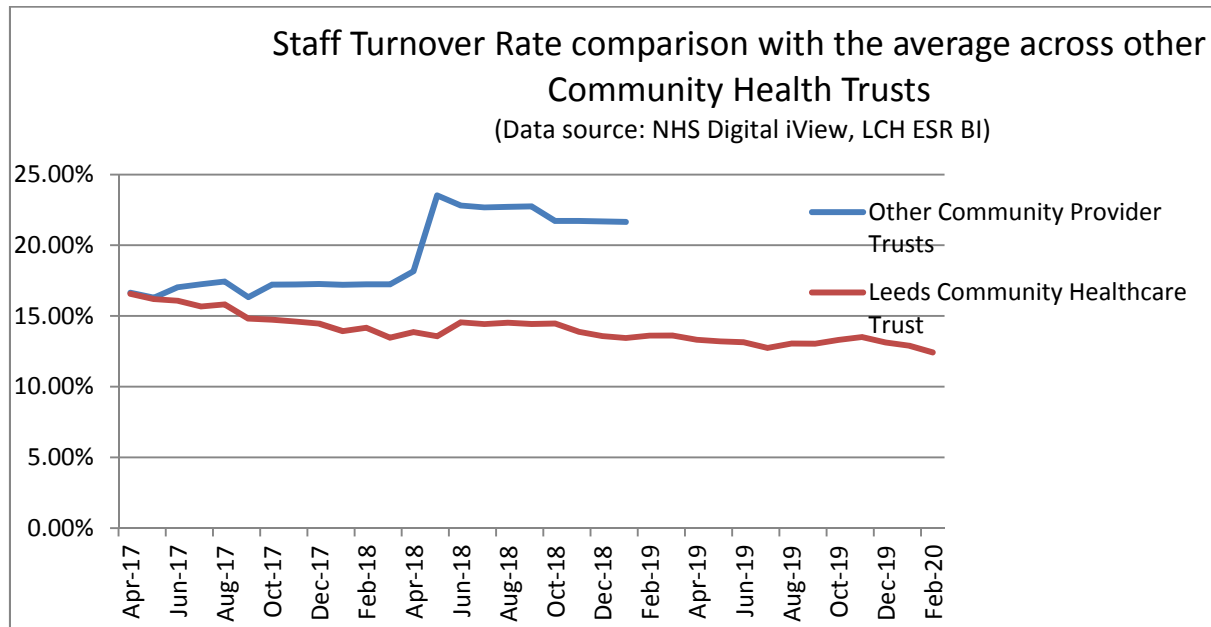
Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Q1	Q2	Q3	Jan	Feb	Time Series
Percentage of Staff that would recommend LCH as a place of work (Staff FFT)	LS/JA	>=52.0%	-	●	2019/20	71.1%	81.6%	-			
					2018/19	63.0%	60.3%	-	68.0%		
Percentage of staff who are satisfied with the support they received from their immediate line manager	LS/JA	>=52.0%	-	●	2019/20	73.3%	61.2%	-			
					2018/19	64.0%	65.1%	-	69.0%		
Response Rate for Staff FFT	LS/JA	>=22.0%	-	●	2019/20	19.8%					
					2018/19	24.0%	23.5%				
WRES indicator 1 - Percentage of BME staff in the overall workforce	LS/JA	No Target	-		2019/20	9.8%	10.0%	10.0%	10.2%	10.3%	
					2018/19			9.7%	9.6%	9.4%	
WRES indicator 1 - Percentage of BME staff in Bands 8-9, VSM	LS/JA	No Target	-		2019/20	3.3%	3.7%	3.6%	3.6%	3.6%	
					2018/19			3.2%	2.7%	2.6%	
Total agency cap (£k)	BM	5996	3988	●	2019/20	1158	1220	1025	275	310	
					2018/19	-	-	-	-	-	
Percentage Spend on Temporary Staff	BM	No Target	6.2%	●	2019/20	6.2%	6.2%	5.9%	5.2%	5.6%	
					2018/19	7.8%	7.1%	6.9%	6.2%	6.5%	

## Retention

The overall trend continues to be positive with turnover reducing further to 12.4% which is below the 2019/20 outturn target of 14.5%. The stability rate is 88.2% which is positive and above the target of 85%.

Staff leaving within the first 12 months of employment continues to report at a higher rate of 19% but is below the target of 20%. Further analysis shows higher turnover in band 2 clerical and band 5 nursing roles. More detailed work is underway to understand the reasons for band 5 nurse leavers. This work is being carried out by representatives of the business units who were involved in development and implementation of the internal transfer initiative which was introduced in May 2019. Work will continue to monitor this closely and develop retention initiatives based on the findings of the evaluation.

Available data and trust turnover is presented in the graph below:



Work to improve our recruitment, health and wellbeing offer, approach to talent management, workforce planning, leadership and management development and staff engagement should further support an increase in stability levels and turnover rates during 2019/20. Background detail associated with retention is at **Appendix 2**.

### Health and Wellbeing

The overall sickness absence for the month of February is 5.9%, consisting of 1.7% short term and 4.2% long term. On reviewing the sickness SPC charts at Appendix 3, this is within the normal tolerance levels. During February, work has focused on the HWB recommendations from the HSE Inspection around provision of the OH service. Discussions have taken place with current OH provider to look at ways their service can be enhanced to support with sickness absence and the new SLA from April will include refinement to current provision.

Preparations are underway for a Disability in the Workplace event which is aimed at improving the understanding of inequalities experienced by staff with Disabilities and supports our WDES Action Plan. Other work includes lunchtime sessions from a Nutritionist around Food, Mood and Sleep, and introduction of blood pressure checks in the coming months. The work continues to be driven by members of the Health and Wellbeing Engagement Group.

Sickness SPC charts are at **Appendix 3**

## Appraisal Rates

The overall Appraisal Rate has continued to rise this month, reporting at **90%**. Most Business Units are reporting increases, with Children's Business Unit, and Operations directorate both achieving over 90%. This level of continued improvement during the last few months is particularly impressive given service delivery pressures at this time of year.

### AfC Staff Appraisal Rate (12 Month Rolling - %)

		June-19	July - 19	Aug - 19	Sept - 19	Oct - 19	Nov - 19	Dec - 19	Jan 2020	Feb 2020
833 Overall	Imp Traj to 95%	84.6%	85.4%	87.2%	85.6%	86.2%	87.0%	85.2%	89.2%	<b>90.0%</b>
833 Adult Business unit		87.7%	88.7%	88.9%	83.5%	83.1%	83.9%	81.4%	86.3%	<b>88.7%</b>
833 Children's Business Unit		80.5%	85.3%	89.5%	91.3%	90.9%	88.2%	87.3%	92.0%	<b>92.4%</b>
833 Corporate Directorate		88.9%	86.1%	85.1%	80.4%	85.1%	84.6%	80.5%	86.5%	<b>89.9%</b>
833 Operations		88.7%	89.1%	93.5%	93.6%	95.1%	91.7%	91.2%	94.4%	<b>93.4%</b>
833 Specialist Business Unit		83.0%	79.6%	80.3%	80.6%	82.6%	88.6%	87.4%	88.7%	<b>88.4%</b>

The following measures around appraisals are in place and continuing:

- Focussed work to investigate and improve appraisal compliance is underway in ABU. Results of the analysis have found delays in ESR reporting to be one of the main causes of appraisals reporting as overdue. Actions are underway in order to overcome issues identified in ABU.
- Monitoring of compliance figures is ongoing in order to identify the teams requiring support and offer intervention where required. Pro-active notification to managers of appraisals due in the next three months is to be trialled and tested.
- Engagement continues around the appraisal redesign project
- Appraisal skills development is available as part of the Leading LCH and Essential Management programme, and a bespoke training session is also offered to teams by the ODI Team.

## Statutory & Mandatory Training

Statutory & Mandatory training compliance is showing a temporary (expected) reduction this month to **85.6%**, and this is due to changes made to Equality & Diversity training during February, as part of the Statutory & Mandatory Compliance project.

This has involved an introduction of a requirement for renewal of Equality & Diversity training every three years to bring the organisation in line with the Core Skills Training Framework. The change in requirement affects around 60% of staff, and was introduced with a three month period to enable people to complete the training. Compliance for E&D has increased within the last 2 weeks to 54%, and will be monitored closely over forthcoming weeks to achieve 95% compliance by end of May 2020.

Analysis of the data indicates that overall Statutory & Mandatory training compliance would have been 93.3% if the pre-change compliance data is applied, thereby giving assurance that the reduction is attributable to this cause.

		June-19	July - 19	Aug - 19	Sept - 19	Oct - 19	Nov - 19	Dec - 19	Jan 2020	Feb 2020
833 Overall	Imp Traj to 95%	93.8%	85.3%	87.4%	90.9%	91.5%	91.4%	92.0%	92.5%	85.6%
833 Adult Business unit		93.5%	84.1%	85.9%	90.9%	91.0%	90.8%	91.1%	91.4%	84.1%
833 Children's Business Unit		94.0%	88.8%	90.1%	91.1%	92.6%	91.9%	92.8%	93.4%	85.9%
833 Corporate Directorate		95.0%	84.9%	87.1%	90.6%	90.8%	90.6%	91.2%	91.5%	85.3%
833 Operations		93.0%	86.8%	90.5%	91.0%	93.3%	93.1%	94.6%	93.8%	87.0%
833 Specialist Business Unit		93.7%	82.6%	85.7%	91.0%	91.3%	91.5%	91.9%	92.9%	86.9%

## Staff Engagement

Staff Survey 2019 results continue to be analysed and shared across the organisation including at Leaders Network, SMT, JNC and JNCF. A Staff Survey event has been held within Adult Business Unit, where organisation-wide, business unit and team level reports were shared and discussed. Similar events are now scheduled for Specialist and Children's Business Units. Team level results are being shared with corporate teams.

The final NHS Staff Survey Pulse (Staff FFT) for 2019/20 went live on 9<sup>th</sup> March and is open until the end of the month.

# Finance – February 2020

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

Finance	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Q1	Q2	Q3	Jan	Feb
Net surplus (-)/Deficit (+) (£m) - YTD	BM	-1.8	-2.1	●	2019/20	0.0	-0.7	-1.0	-1.7	-2.1
Capital expenditure in comparison to plan (£k)	BM	1508	1465	●	2019/20	223	230	400	407	205
CIP delivery (£k)	BM	2121	1939	●	2019/20	529	529	528	176	177

## Income & Expenditure Summary

The Trust is reporting a year to date and forecast outturn surplus which is £0.3m more than planned. This is in response to a request from the West Yorkshire and Harrogate Integrated Care System to increase the surplus for 2019/20. The overall position assumes the Provider Sustainability Funding allocation as the Trust continues to forecast a surplus which meets or exceeds the control total and will therefore be able to claim this funding from NHS Improvement.

The Trust has revalued the estates ahead of the annual accounts being finalised at the end of March. This revaluation has resulted in an additional charge of £343k for impairments. This was unplanned and reduces the retained surplus for the year. However the impairment is added back to the retained surplus when considering the control total performance.

## Income

Income continues to be £0.1m less than planned and is forecast to be underachieved by £0.1m overall at the end of March.

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

The risk previously reported in respect of the 0-19 service where income is dependent on achieving a staff in post target has been mitigated by additional recruitment, however the position is very tight and any additional leavers or should recruits give back word this would cause a breach. Tight monitoring is in place to recognise potential reductions in staffing numbers and to initiate appropriate actions in advance. There is a potential risk of penalties in respect of other KPIs for the 0-19 service of £54k. Non-contract income is marginally less than plan this month; this is circa £100k.

The forecast income position assumes all CQUIN income is achieved. The Trust is unlikely to deliver the CQUIN associated with 6 monthly reviews of stroke patients however as this is an integrated pathway the Trust cannot deliver this CQUIN in isolation. Commissioners are aware of the system issues and have indicated the Trust will not be penalised as a result; however the revised approach has still to meet performance targets and the CQUIN remains red at the end of Q3; the income associated with this CQUIN is £316k for the year and communication continues with the CCG to try to ascertain the CCG position on this.

There is a further financial risk of £47k in respect of CAMHS inpatient services where occupancy rates have been below the contractual expectations. Commissioners are considering their approach to this breach of contract terms.

### **Pay and Non-pay Expenditure & Vacancies**

Overall pay expenditure is £1.1m underspent at the end of February and there are 99 WTE vacancies, 102 last month. Pay is forecast to be £1.3m underspent by the end of March.

Pay expenditure to the end of February continues to run less than planned for all directorates apart from the Children's Business Unit (BU) (£0.1m over) and Estates (£0.2m over). For a second month the Children's BU pay costs have not overspent in month continuing to reflect the work that has been undertaken by the management team. The pay overspending is being offset by underspending on non-pay.

The pay overspending in Estates is in respect of the previous year's Administration Review CIP which is not being delivered this year after taking in to consideration the impact of the vacancy factor requirement. There are currently a number of vacancies for administrative services and the budgets overall are underspent by over £500k year to date which delivers the require CIP saving of £500k in year. However there is an expectation that the administrative services, through routine turnover, deliver a proportion of the vacancy factor. When this is apportioned pro rata circa 5% the budgets would report as being overspent.

There has been a small increase in agency costs in month and the Trust is now more than 33% under the cap set by NHS Improvement. Of the net 99 WTE vacancies this month 36 of these are in the Adult BU and 32 in the Corporate and Estates Directorates; 13 for the Children's BU, 15 for the Specialist BU and 3 for Management and Equipment.

There has been a small reduction in the non-pay overspending at the end of February and now stands at £0.5m and reserves are £0.3m overcommitted, this is a timing issue. Non-pay and reserves are expected to be £1.1m overspent at the end of the year. The over-commitment on reserves relates to non-recurrent expenditure on waiting lists etc.

The Corporate Directorate is £1.3m overspent on non pay at the end of February in respect of historic cost savings plans relating to the roadmap contribution of £0.5m and corporate CIPs of £0.3m, along with new savings requirements of £0.2m for procurement and £0.2m unidentified savings

from the 2019/20 planning round that are reported here. The procurement savings target has been delivered however budget re-alignment is required to reflect where the savings have been made, mostly for continence products. The remaining risks have been mitigated by the non recurrent additional income for the pay award costs and contribution from new services. The overall Corporate Directorate position is £0.5m overspend at February as the non-pay overspending is being mitigated by underspending on pay.

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

### **Delivery of Cost Improvement Plans**

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

### **Capital Expenditure**

The Trust has an initial planned capital resource limit (CRL) of £2.0m for the year. In February the Trust received notification of a further £46k capital resource for adaptations to Little Woodhouse Hall. Capital expenditure at the end of February totals £1.5m which is £43k less than plan. The Trust continues to spend more on estate than planned however this is offset by underspending on equipment and EPRs. The forecast expenditure reflects the revised plan for the year.

### **Cash**

The Trust's cash position remains very strong with £34.6m in the bank at the end of February; this is £7.3m more than was planned. £1.6m is in respect of the 2018/19 bonus PSF payment and the remainder reflects the working capital balances at the end of the month.

### **Better Payment Practice Code**

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

### **Use of Resources Risk Rating**

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

# Appendix 1 – February 2020

## Service Specific Measures with Contractual Financial Sanctions

Measures with Financial Sanctions	Responsible Director	Threshold - YTD	YTD	Forecast	Financial Year	Q1	Q2	Q3	Jan	Feb	Potential Financial Impact
0-19 - % of infants who had a face to face newborn visit within 14 days of birth.	SP	>=87%	92%	●	2019/20	91%	92%	92.0%			
0-19 - % of 6-8 week reviews completed within 12 weeks of birth.	SP	>=83%	96%	●	2019/20	95%	94%	96.0%			
0-19 - % of 12 month reviews completed within 12 months.	SP	>=80%	82%	●	2019/20	81%	80%	82.0%			
0-19 - Number of PBB Programmes commenced	SP	64	48	●	2019/20	17	19	12			0.25% of contract value (annual)
0-19 - Number of HENRY Programmes commenced	SP	64	48	●	2019/20	20	24	4			0.25% of contract value (annual)
0-19 - Percentage of actual staff in post against funded establishment	SP	95%	96.1%	●	2019/20	97.0%	99.0%	95.5%			
0-19 - % of 0-19 staff (excluding SPA) co-located in Children's Centres	SP	>=25%	0.0%	●	2019/20	0.0%	0.0%	0.0%			Agreement that sanction waived for 2019/20
0-19 - Roll Out of Chat Health to secondary schools	SP	>=70%	89.0%	●	2019/20	89.0%	96.0%	100.0%			
LSH - HIV testing uptake on first appointment in MSM with unknown status	SP	>=85%	86.0%	●	2019/20	91.5%	89.8%	90.6%	81.8%	42.4%	
LSH - Number of people accessing EHC and leaving with a form of contraception.	SP	>=58.4%	68.4%	●	2019/20	66.9%	67.4%	71.5%	73.1%	60.4%	
LSH - Service should diagnose 85% towards the chlamydia diagnosis rate in 15-24 year olds	SP	2720	3993	●	2019/20	1036	1964	3208	3580	3993	
LSH - Percentage of clients requesting an appointment to be seen within 48 hours of contacting the service unless they choose to opt out.	SP	>=90%	88.2%	●	2019/20	89.2%	86.6%	87.6%	90.3%	89.3%	20% of incentive budget; £9,752.19 per month. Commissioners aware that underperformance on this target is related to 8% increase in footfall and LCH will not
PolCust - % of calls attended within 60 minutes	SP	>=95%	92.4%	●	2019/20	91.6%	92.2%	92.6%	93.2%	94.4%	0.50% deduction from monthly invoice
PolCust - Provision of a full rota	SP	100%	99.8%	●	2019/20	99.7%	99.6%	100.0%	100.0%	99.9%	£350 deduction per missed shift



## Appendix 2 – February 2020

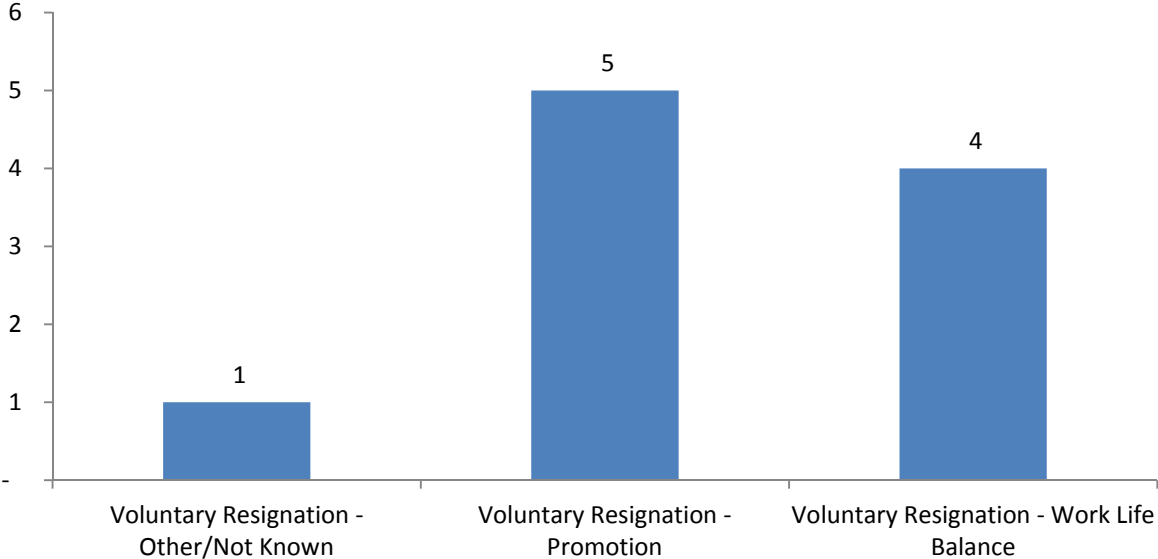
In February 2020 there were 10 leavers across the Trust.

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

Business Unit	February 20 Leavers
Adult Business unit	1
Children's Business Unit	3
Corporate	2
Specialist Business Unit	3
Executive Directors	0
Operations	1
<b>Grand Total</b>	<b>10</b>

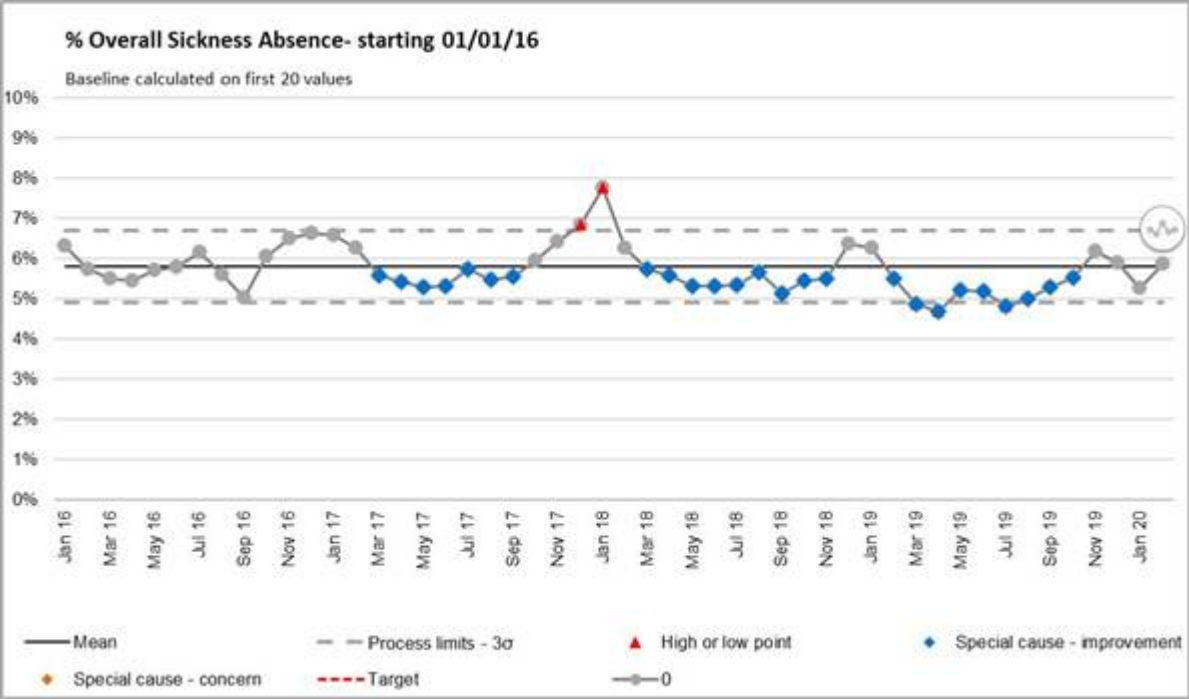
Staff Group	February 20 Leavers
Clinical Services & Healthcare Scientist	2
Additional Prof Scientific & Technical	0
Administrative and Clerical	3
Allied Health Professionals	2
Nursing and Midwifery Registered	3
Medical and Dental	0
Estates	0
<b>Grand Total</b>	<b>10</b>

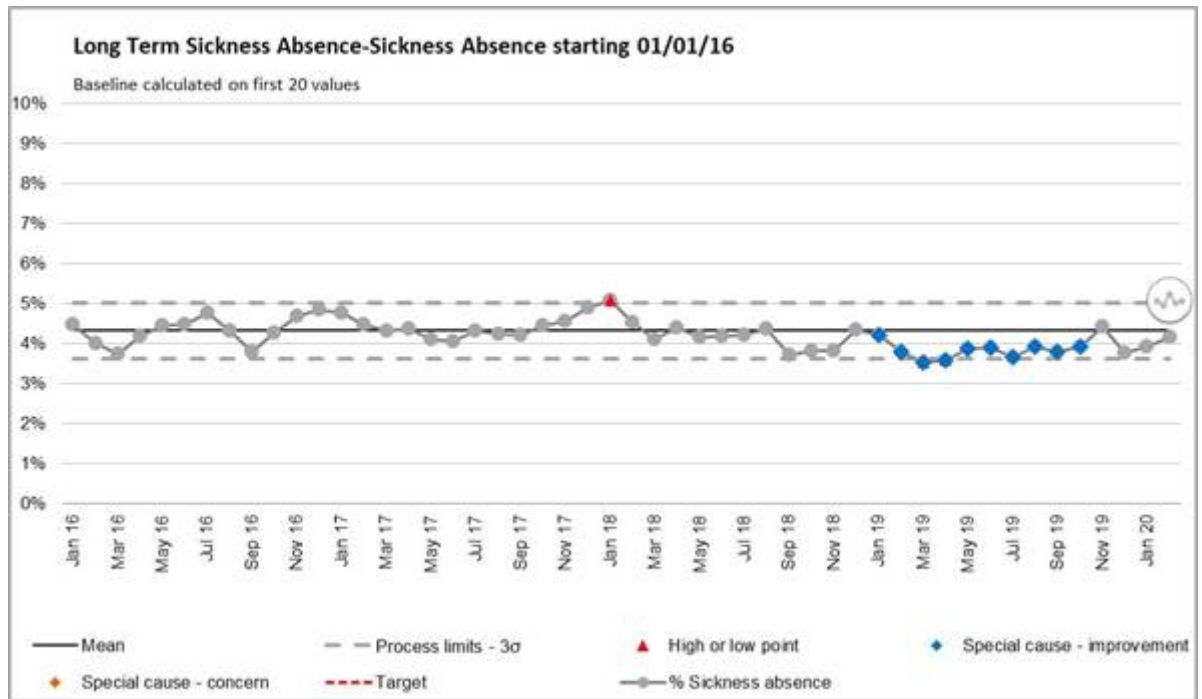
**February 2020 Leavers by Reason**

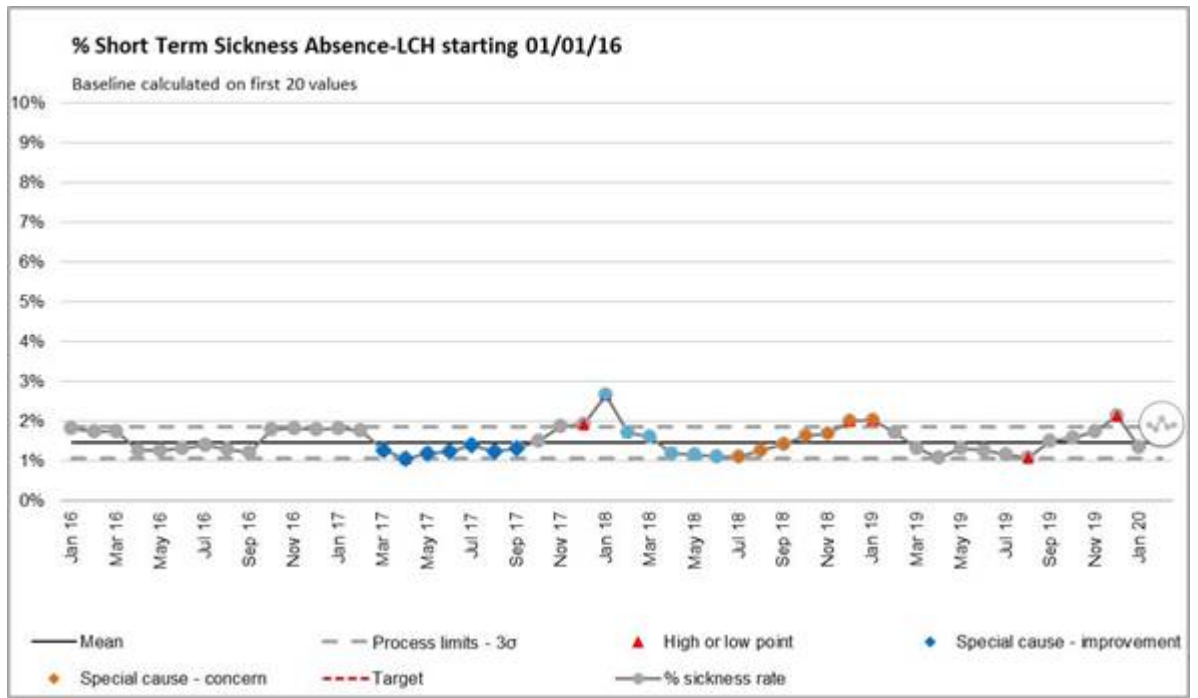


# Appendix 3 – February 2020

## Sickness SPC charts







## Appendix 4 – February 2020

### Detailed Financial Data Tables

Table 1	Year to Date	Variance from plan	Forecast Outturn	Performance
<b>Key Financial Data</b>				
<b>Statutory Duties</b>				
Income & Expenditure retained surplus £1.7m	£2.1m	£0.3m	£2.0m*	G
Remain with EFL of £0.53m			£0.5m	G
Remain within CRL of £2.0m	£1.5m	£0.0m	£2.0m	G
Capital Cost Absorption Duty 3.5%			3.5%	G
BPPC NHS Invoices Number 95%	99%	4%	95%	G
BPPC NHS Invoices Value 95%	99%	4%	95%	G
BPPC Non NHS Invoices Number 95%	97%	2%	95%	G
BPPC Non NHS Invoices Value 95%	98%	3%	95%	G
<b>Trust Specific Financial Objectives</b>				
Use of Resources Risk Rating	1	-	1	G
CIP Savings £1.68m recurrent in year	£1.5m	-	£1.7m	G
CIP Savings £0.64m planned non recurrent in year	£0.4m	-31%	£0.4m	R
+ve indicates performance is better than plan				
* after technical adjustment				

Table 2 Income & Expenditure Summary	Feburary Plan WTE	Feburary 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
<b>Income</b>									
Contract Income			(137.6)	(137.6)	0.0	(150.6)	(150.5)	0.0	0.0
Other Income			(13.1)	(13.1)	0.1	(14.5)	(14.4)	0.1	0.1
<b>Total Income</b>			<b>(150.8)</b>	<b>(150.7)</b>	<b>0.1</b>	<b>(165.0)</b>	<b>(164.9)</b>	<b>0.1</b>	<b>0.1</b>
<b>Expenditure</b>									
Pay	2,849.7	2,750.3	106.1	104.9	(1.1)	115.9	114.6	(1.3)	(1.1)
Non pay			39.8	40.3	0.5	44.0	44.7	0.7	0.7
Reserves & Non Recurrent			0.6	0.8	0.3	0.6	0.6	(0.0)	0.4
<b>Total Expenditure</b>	<b>2,849.7</b>	<b>2,750.3</b>	<b>146.4</b>	<b>146.1</b>	<b>(0.4)</b>	<b>160.5</b>	<b>159.9</b>	<b>(0.6)</b>	<b>0.0</b>
<b>EBITDA</b>	<b>2,849.7</b>	<b>2,750.3</b>	<b>(4.3)</b>	<b>(4.6)</b>	<b>(0.3)</b>	<b>(4.5)</b>	<b>(5.0)</b>	<b>(0.5)</b>	<b>0.2</b>
Depreciation			1.9	1.9	0.0	2.0	2.0	0.0	0.0
Public Dividend Capital			0.9	0.8	(0.1)	0.9	0.8	(0.2)	(0.2)
Profit/Loss on Asset Disp			0.0	0.0	0.0	0.0	0.0	0.0	0.0
Impairment			0.0	0.0	0.0	0.0	0.3	0.3	0.0
Interest Payable			0.0	0.0	0.0	0.0	0.0	0.0	0.0
Interest Received			(0.2)	(0.2)	(0.0)	(0.2)	(0.2)	(0.0)	(0.0)
<b>Retained Net Surplus</b>	<b>2,849.7</b>	<b>2,750.3</b>	<b>(1.8)</b>	<b>(2.1)</b>	<b>(0.3)</b>	<b>(1.7)</b>	<b>(2.0)</b>	<b>(0.3)</b>	<b>0.0</b>
	<b>Variance =</b>	<b>(99.3)</b>							

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	8,932	8,571	8,546	8,542	8,558	8,737	8,797	8,753	8,744	8,805	8,734	95,720
Seconded staff costs	229	252	226	267	241	376	213	247	264	290	324	2,929
Bank staff	232	156	211	200	198	165	200	258	222	220	225	2,287
Agency staff	392	306	460	384	424	413	358	316	351	275	311	3,989
<b>Total Pay Costs</b>	<b>9,785</b>	<b>9,285</b>	<b>9,443</b>	<b>9,393</b>	<b>9,421</b>	<b>9,691</b>	<b>9,568</b>	<b>9,574</b>	<b>9,582</b>	<b>9,590</b>	<b>9,593</b>	<b>104,924</b>

<b>Table 4</b>					
<b>Year to Date Non Pay Costs by Category</b>	<b>YTD Plan £k</b>	<b>YTD Actual £k</b>	<b>YTD Variance £k</b>	<b>Last Month YTD Variance £k</b>	<b>Forecast Outturn Variance £k</b>
Drugs	759	819	59	47	
Clinical Supplies & Services	12,252	11,811	(441)	(397)	
General Supplies & Services	4,667	4,613	(53)	(55)	
Establishment Expenses	5,964	6,009	45	54	
Premises	13,843	13,710	(133)	(21)	
Other non pay	2,314	3,334	1,020	959	
<b>Total Non Pay Costs</b>	<b>39,799</b>	<b>40,295</b>	<b>496</b>	<b>587</b>	<b>712</b>

<b>Table 5</b>							
<b>Savings Scheme</b>	<b>2019/20 YTD Plan £k</b>	<b>2019/20 YTD Actual £k</b>	<b>2019/20 YTD Variance £k</b>	<b>2019/20 Annual Plan £k</b>	<b>2019/20 Forecast Outturn £k</b>	<b>2019/20 Forecast Variance £k</b>	<b>2019/20 Forecast Variance %</b>
Estates	133	133	0	145	145	0	0%
Non Pay Inflation	316	316	0	345	345	0	0%
MSK Radiology	92	92	0	100	100	0	0%
IAPT - NR vacancies	55	55	0	60	60	0	0%
Dental - M&S Disposables	37	37	0	40	40	0	0%
ABU Non Pay	105	105	0	115	115	0	0%
Adults Community Geriatricians	78	78	0	85	85	0	0%
Infection control	14	14	0	15	15	0	0%
Interest received on cash at bank	55	55	0	60	60	0	0%
Contribution from new investments	825	825	0	900	900	0	0%
IT Kit	229	229	0	250	250	0	0%
Un-identified CIP agreed by SMT	183	0	(183)	200	0	(200)	-100%
<b>Total Efficiency Savings Delivery</b>	<b>2,122</b>	<b>1,939</b>	<b>(183)</b>	<b>2,315</b>	<b>2,115</b>	<b>(200)</b>	<b>-9%</b>



<b>Table 6</b>	<b>Budget</b>	<b>Actual Contract</b>	<b>Variance</b>	<b>YTD Budget</b>	<b>YTD Actual</b>	<b>YTD Variance</b>	<b>Annual Budget</b>	<b>FOT Actual</b>	<b>FOT Variance</b>
<b>Service Line</b>	<b>WTE</b>	<b>WTE</b>	<b>WTE</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
Specialist Services	751.7	736.6	(15.1)	41.8	41.5	(0.3)	46.1	45.8	(0.3)
Childrens Services	715.6	702.7	(12.9)	28.7	28.5	(0.2)	31.6	31.4	(0.2)
Adults Services	917.8	882.1	(35.7)	39.2	38.7	(0.5)	43.0	42.4	(0.5)
Ops Management & Equipment	59.2	55.9	(3.3)	1.7	1.8	0.0	1.9	2.0	0.0
<b>Service Line Totals</b>	<b>2,444.3</b>	<b>2,377.3</b>	<b>(67.0)</b>	<b>111.5</b>	<b>110.5</b>	<b>(1.0)</b>	<b>122.6</b>	<b>121.6</b>	<b>(1.0)</b>
Corporate Support & Estates	405.4	373.1	(32.4)	27.4	27.8	0.4	29.7	30.2	0.5
<b>Total All Services</b>	<b>2,849.7</b>	<b>2,750.3</b>	<b>(99.3)</b>	<b>138.9</b>	<b>138.3</b>	<b>(0.6)</b>	<b>152.3</b>	<b>151.8</b>	<b>(0.5)</b>

<b>Table 7</b>	<b>YTD Plan</b>	<b>YTD Actual</b>	<b>YTD Variance</b>	<b>Annual Plan</b>	<b>Forecast Outturn</b>	<b>Forecast Variance</b>
<b>Scheme</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
Estate maintenance	0.7	0.8	0.1	0.6	1.2	0.6
Equipment/IT	0.5	0.4	(0.0)	1.0	0.6	(0.3)
Electronic Patient Records	0.4	0.2	(0.2)	0.5	0.3	(0.2)
Disposals	0.0	(0.0)	(0.0)	0.0	(0.0)	(0.0)
<b>Totals</b>	<b>1.5</b>	<b>1.5</b>	<b>(0.0)</b>	<b>2.0</b>	<b>2.0</b>	<b>(0.0)</b>

Table 8	Plan 29/02/20 £m	Actual 29/02/20 £m	Variance 29/02/20 £m	Opening 01/04/19 £m	Planned Outturn 31/03/20 £m	Forecast Outturn 31/03/20 £m	Forecast Variance 31/03/20 £m
<b>Statement of Financial Position</b>							
Property, Plant and Equipment	28.7	28.7	0.1	29.3	29.2	30.9	1.6
Intangible Assets	0.0	0.2	0.2	0.0	0.0	0.2	0.2
<b>Total Non Current Assets</b>	<b>28.7</b>	<b>28.9</b>	<b>0.3</b>	<b>29.3</b>	<b>29.2</b>	<b>31.1</b>	<b>1.9</b>
<b>Current Assets</b>							
Trade and Other Receivables	9.1	8.2	(0.9)	9.4	9.2	9.2	0.0
Cash and Cash Equivalents	27.3	34.6	7.3	26.5	26.8	30.5	3.7
<b>Total Current Assets</b>	<b>36.5</b>	<b>42.9</b>	<b>6.4</b>	<b>35.9</b>	<b>36.0</b>	<b>39.7</b>	<b>3.7</b>
<b>TOTAL ASSETS</b>	<b>65.1</b>	<b>71.8</b>	<b>6.6</b>	<b>65.3</b>	<b>65.2</b>	<b>70.8</b>	<b>5.6</b>
<b>Current Liabilities</b>							
Trade and Other Payables	(11.0)	(15.6)	(4.7)	(10.9)	(10.9)	(12.7)	(1.8)
Provisions	(0.4)	(0.5)	(0.1)	(0.6)	(0.4)	(0.4)	0.0
<b>Total Current Liabilities</b>	<b>(11.4)</b>	<b>(16.1)</b>	<b>(4.7)</b>	<b>(11.5)</b>	<b>(11.3)</b>	<b>(13.1)</b>	<b>(1.8)</b>
<b>Net Current Assets/(Liabilities)</b>	<b>25.1</b>	<b>26.8</b>	<b>1.7</b>	<b>24.5</b>	<b>24.7</b>	<b>26.6</b>	<b>1.9</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>53.8</b>	<b>55.7</b>	<b>1.9</b>	<b>53.8</b>	<b>53.9</b>	<b>57.7</b>	<b>3.8</b>
Non Current Provisions	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Total Non Current Liabilities</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>TOTAL ASSETS LESS LIABILITIES</b>	<b>53.8</b>	<b>55.7</b>	<b>1.9</b>	<b>53.8</b>	<b>53.9</b>	<b>57.7</b>	<b>3.8</b>
<b>TAXPAYERS EQUITY</b>							
Public Dividend Capital	0.4	0.4	(0.0)	0.4	0.4	0.4	0.0
Retained Earnings Reserve	22.8	24.8	1.9	22.9	23.0	24.9	1.9
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	13.8	1.8
<b>TOTAL EQUITY</b>	<b>53.8</b>	<b>55.7</b>	<b>1.9</b>	<b>53.8</b>	<b>53.9</b>	<b>57.7</b>	<b>3.8</b>

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

Table 10 Criteria	Metric	Performance	Rating	Weighting	Score
Liquidity	Liquidity ratio (days without WCF)	60	1	20%	0.2
Balance Sheet sustainability	Capital servicing capacity (times)	5.8	1	20%	0.2
Underlying performance	I&E margin	1%	1	20%	0.2
Variance from plan	Distance from plan	0	1	20%	0.2
Agency spend above ceiling	Agency	-33%	1	20%	0.2
<b>Overall Use of Resources Risk Rating</b>					<b>1</b>

<b>Meeting:</b> Trust Board 27 March 2020	<b>Category of paper</b> <i>(please tick)</i>	
<b>Report title:</b> Significant Risks and Board Assurance Framework (BAF) report	<b>For approval</b>	<input type="checkbox"/>
<b>Responsible director:</b> Chief Executive <b>Report author:</b> Risk Manager / Company Secretary	<b>For assurance</b>	<input checked="" type="checkbox"/>
<b>Previously considered by:</b> N/A	<b>For information</b>	<input type="checkbox"/>

**Purpose of the report:**

This report is part of the governance processes supporting risk management in that it provides information about the effectiveness of the risk management processes and the controls that are in place to manage the Trust's most significant risks.

The narrative on threats and opportunities provides the Board with an understanding of the internal and external environment within which the Trust operates.

The BAF summary gives an indication of the current assurance level for each strategic risk, based on sources of assurance received and evaluated by the committees. This informs the Board about the likelihood of delivery on its strategic objectives.

The report provides the Board with the current risk profile. It details the Trust's risks currently scoring 12 or above, after the application of controls and mitigation measures. It provides an analysis of all risk movement, presents the risk profile, identifies themes, and links these material risks to the strategic risks on the Board Assurance Framework (BAF).

Emerging Risk Register risks could be an indication that controls to mitigate BAF risks are not robust or sufficient. Strong themes identified within the risk register are a greater indication that more needs to be done to control BAF risks.

**Main issues for consideration:**

The Trust's primary concern is currently the threat of the coronavirus (COVID-19) pandemic as this has the potential to adversely and significantly affect patients and staff. The Coronavirus (COVID-19) risk has been recently added to the risk register (Risk 1002 see page 7). The risk score (currently 12 'high', Possible Major) is being reviewed weekly as there is potential for a rapidly changing situation. Details of the documented management of this risk are provided in this report. Our resilience plans are in place and our staff, who have responded well throughout winter, continue to respond positively to the pressures being faced. We are working well together with our partners across the City in response to risk of the coronavirus, and this reflects the positive nature of our relationship.

Senior Management team have reviewed the risk themes and changes to the risk register and have provided a narrative on threats and opportunities to provide the Board with an understanding of the internal and external environment within which the Trust operates and how these may affect the Trust's four strategic goals.

The strongest theme found across the whole risk register is staff capacity:

- due to an increase in service demand
- staff absence due to possible self-isolation, sickness and maternity leave
- vacancies including staff retention and difficulties recruiting staff to posts

The second strongest theme is CAMHS:

- environmental risks in existing LWH building and in community bases
- bed availability
- development of new build
- CAMHS community waiting lists (CAMHS and Infant Mental Health)
- Audit process in CAMHS inpatients

There are no risks with a current score of 15 (extreme). There are 10 risks scoring 12 (very high). A recently escalated risk is Risk 982 Provision of Educarers in Specialist Inclusion Learning Centres, which now scores 12.

## **Recommendations**

The Board is recommended to:

- Note the mitigation in place for the coronavirus risk (see page 7)
- For new and escalated risks, consider whether Board is assured that planned mitigating actions will reduce the risk
- seek additional assurance against BAF strategic risks that are linked to the strong themes identified in this report

## Significant Risks and Board Assurance Framework (BAF) report

### 1.0 Introduction

- 1.1 The risk register report provides the Board with an overview of the Trust's material risks currently scoring 15 or above after the application of controls and mitigation measures. It describes and analyses all risk movement, the risk profile, themes and risk activity.
- 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).
- 1.3 This paper provides a summary of the current BAF and an indication of the assurance level that has been determined for each BAF strategic risk. Themes identified from the risk register have been aligned with BAF strategic risks in order to advise the Board of potential weaknesses in the control of strategic risks, where further action may be warranted.
- 1.4 It provides a description of risk movement since the last register report was received by the Board (February 2020), 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.

### 2.0 Board Assurance Framework Summary

- 2.1 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 or highlights that certain controls are ineffective or there are gaps that need to be addressed.
- 2.2 Definitions:
- Strategic risks are those that might prevent the Trust from meeting its strategic objectives (goals)
  - 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 ie success is been realised (or not)
- 2.3 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.
- 2.4 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.
- 2.5 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).

2.6 Since the last BAF summary report to Trust Board in February 2020, the current level of assurance for the following BAF risks has been adjusted as follows:

2.6.1 **Positive movement (indicating an improved situation)**

- BAF risk 1.3 (effective systems for assessing quality) has moved further into reasonable assurance as the quality spotlight CAMHS transformation, quality priorities position update, and internal audit on safeguarding all provided reasonable assurance
- BAF risk 2.2 (delivering contractual requirements) has moved further into reasonable assurance as the service support session on CAMHS waitlists, and the information provided in the performance brief on management of wait lists both provided reasonable assurance

2.6.2 **Negative movement (indicating a worsening situation)**

No negative movement has occurred since the last BAF report to the Board in February 2020.

### 3.0 Risks by theme

3.1 For this report, the 61 risks currently on the risk register (the 'here and now' risks) have been themed where possible according to the nature of the hazard and the effect of the risk and then linked to the strategic risks on the Board Assurance Framework. This themed approach gives a more holistic view of the risks on the risk register and will assist the Board in understanding the risk profile and in providing assurance on the management of risk.

3.2 Themes within the current risk register are as follows:

3.2.1 The strongest theme found across the whole risk register is staff capacity:

- due to an increase in service demand
- staff absence due to sickness and maternity leave
- vacancies including staff retention and difficulties recruiting staff to posts

Specifically: nine risks are related to staff capacity due to an increase in service demand; eight risks are concerned with staff absence due to sickness and maternity leave; six risks concern vacancies, including staff retention and difficulties recruiting staff to posts.

3.2.2 The second strongest theme is CAMHS:

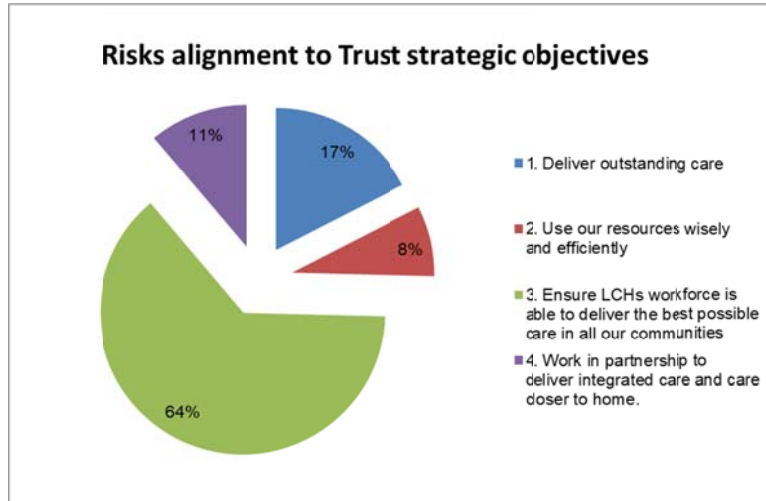
- environmental risks
- development of new build
- waiting lists

Of these: six risks relate to CAMHS Tier 4 (problems with existing building and capacity, development of new build including funding, audit processes); three risks are CAMHS Community (waiting times including infant mental health, ligature risk in community bases).

3.2.3 There is also a potentially emerging risk theme about working with others in an integrated way as there are three risks concerning integrated work processes and arrangements.

3.3 Risks on the risk register are aligned to the Trust's strategic objectives. Risks can affect the achievement of more than one objective and ultimately the non-delivery of strategic objectives will affect the Trust's vision to 'provide the best possible care to every community we serve'. For the purposes of analysis for this report, each risk has been aligned with the one strategic objective it most directly affects.

Risk alignment with strategic objectives



The majority of risk directly affects achievement of the workforce strategic objective: 'Ensure LCH's workforce is able to deliver the best possible care in all our communities'. This correlates with the themes from the risk register and with the risk scoring on the Board Assurance Framework i.e. staff capacity and capability is the highest scoring BAF risk.

3.4 The emergence of material risks, strong risk themes and their correlation with BAF strategic risks could mean that the controls in place to manage strategic risks are not sufficiently robust. It is recommended that the Board and appropriate committees seek additional assurance against these BAF strategic risks.

3.5 The BAF strategic risks linked to the strongest themes within the risk register, are as follows:

Theme / BAF Risk(s)
<p><b>Risk register theme: Staff capacity</b>            BAF Risk 2.2 delivering contractual requirements            BAF Risk 3.1 having suitable and sufficient staff capacity and capability            BAF Risk 3.2 the scale of sickness absence</p>
<p><b>Risk register theme: CAMHS</b>            BAF Risk 1.3 maintaining and continuing to improve service quality            BAF Risk 2.1 delivering principal internal projects            BAF Risk 2.5 delivering the income and expenditure position agreed with NHSI</p>
<p><b>Risk register emerging theme: Working with others in an integrated way</b>            BAF Risk 1.5 having sufficient clinical governance arrangements for new care models            Risk 4.5 ensuring there are robust agreements and clear governance arrangements for partnership arrangements</p>

#### 4.0 Risk register movement

4.1 There are no risks with a current score of 15 (extreme) or above on the Trust risk register as at 6 March 2020


#### 5.0 Closures, consolidation and de-escalation of risks scoring 15+

5.1 No risks have been closed, consolidated or deescalated below 15 since February 2020

#### 6.0 Summary of risks scoring 12 (high)

6.1 To ensure continuous oversight of risks across the spectrum of severity, consideration of risk factors by the Board is not contained to extreme risks. Senior managers are sighted on services where the quality of care or service sustainability is at risk; many of these aspects of the Trust's business being reflected in risks recorded as 'high' and particularly those scored at 12.

6.2 The table below details risks currently scoring 12 (high risk).

ID	Description	Rating (current)	Risk movement
224	Prevalence of staff sickness	12	
859	CAMHS inpatient unit risk – environmental concerns	12	
877	Risk of reduced quality of patient care in neighbourhood teams due to an imbalance of capacity and demand	12	
913	Increasing numbers of referrals for complex communication assessments in ICAN service	12	
957	Increase in demand for the adult speech and language therapy service	12	
982	Provision of Educarers in Specialist Inclusion Learning Centres	12	
985	Deprivation of liberty for 16 and 17 year olds	12	
989	Reduced capacity in the Infant Mental Health service	12	
994	Patients are waiting too long for Community Dental Services	12	
999	Absence of defined audit tool and process in Adolescent Inpatient services	12	
1002	Coronavirus (COVID-19)	12	New

Risk 982 risk score has been escalated due to an increased workload and lowered morale for staff because of insufficient provision of Educarers in Specialist Inclusion Learning Centres. The risk score is currently 12 (4=likely x 3=moderate), previously it was 9 (3=possible x 3=moderate).



**7 (New risk) Coronavirus (COVID-19) risk.**

7.1 This risk has been recently added to the risk register and the risk score is currently 12 (high). This risk is being reviewed weekly to reflect a potentially changing situation.

Risk 1002	Initial risk score <b>20 (extreme)</b>	Current risk score <b>12 (high)</b>	Target risk score <b>3 (low)</b>
<p><b>Title: Coronavirus (COVID-19)</b>  <b>Risk description:</b> As a result of the national situation of COVID-19 spread there is a risk of a local increase in cases in Leeds which could have an impact on workforce and service delivery.</p> <p><b>Controls in place (this is a rapidly changing situation, a verbal update will be provided at the Board meeting):</b></p> <ul style="list-style-type: none"> <li>• Involvement in national call regarding community service continuity</li> <li>• Incident Management Team (IMT) established in LCH, calls occurring 1-2 a day as required.</li> <li>• WhatsApp group set up for IMT for enhanced communication.</li> <li>• LCH representation on all local and regional daily / weekly calls to ensure fully up to speed with national requirements</li> <li>• Daily briefings emailed to all staff.</li> <li>• Dedicated intranet page set up with CEO vlog and all communications.</li> <li>• On call training activity undertaken 4 March 2020 for 50 managers</li> </ul> <p><b>Planned actions include:</b>            Business continuity plans being reviewed in all services..            Unblocking of challenges being addressed collaboratively with partners on COVID-19 calls.            Mutual aid arrangements being agreed across Leeds.            IMT to map out geographical location of FIT tested staff and identify any areas where additional training is required, inclusive of some estimates regarding amount of equipment required if core services required to visit positive patients to meet other care needs.            IMT to scope business continuity for leadership team and staff support and incentives required at each stage of escalation.</p> <p><b>Current risk score</b> 12 = possible (3) x major (4).  <b>Review frequency:</b> weekly  <b>Anticipated closure date:</b> September 2020</p>			

**8.0 Risk profile - all risks**

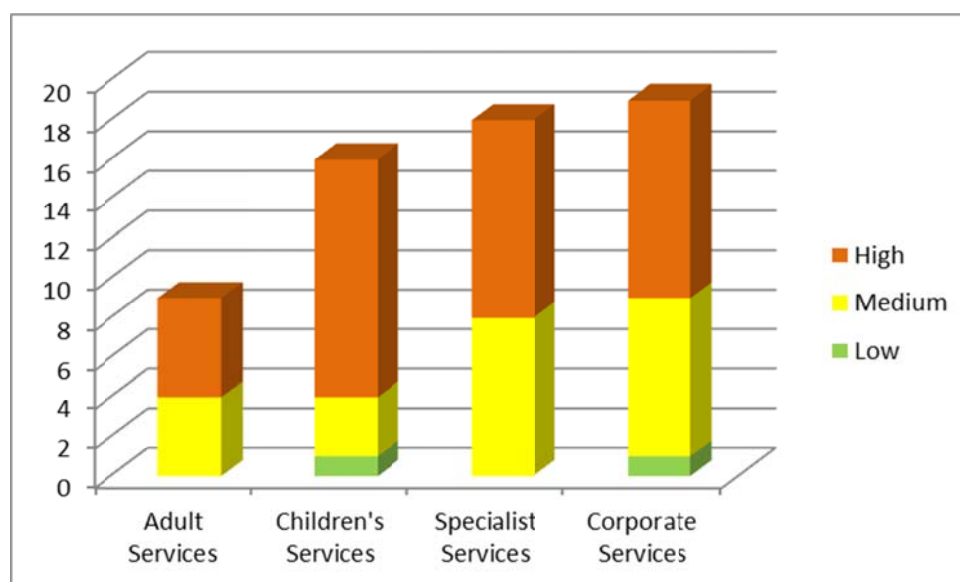
8.1 There are 17 open clinical risks on the Trust’s risk register and 44 open non-clinical risks. The total number of risks on the risk register is currently 61. This table shows how all these risks are currently graded in terms of consequence and likelihood and provides an overall picture of risk:

## Risk profile across the Trust.

	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Almost Certain	Total
5 - Catastrophic	0	0	0	0	0	0
4 - Major	0	1	3	0	0	4
3 - Moderate	2	13	20	7	0	42
2 - Minor	0	3	7	4	1	15
1 - Negligible	0	0	0	0	0	0
Total	2	17	30	11	1	61

## 9.0 Summary of all risks

9.1 The chart below shows the number of risks and level of risk by area of the business, logged on the Trust's risk management database (Datix) as at 6 March 2020. There are no extreme risks on the risk register.



9.2 Corporate services risks include: estates matters, ESR, CAMHS new build, data security, EU directives compliance.

## 10.0 Impact

### 10.1 Quality

10.1.1 There are no known quality issues regarding this report. Risks recorded on the Trust's risk register are regularly scrutinised to ensure they remain current. Risk owners are encouraged to devise action plans to mitigate the risk and to review the actions, risk scores and provide a succinct and timely update statement.

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

more than two weeks are escalated to the relevant director for intervention. Following requests for risk owners to update these risks, no risks are overdue.















## **10.2 Resources**

10.2.1 Any financial or other resource implications are identified and managed by the risk owner/lead director responsible for individual risks.

## **11 Recommendations**

11.1 The Board is recommended to:

- Note the mitigation in place for the coronavirus risk (see page 7)
- For new and escalated risks, consider whether Board is assured that planned mitigating actions will reduce the risk
- seek additional assurance against BAF strategic risks that are linked to the strong themes identified in this report

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	<b>RISK 1.1</b> 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					Audit of NT rescheduled/cancelled visits provided Reasonable assurance to Quality Committee		
	<b>RISK 1.2</b> If the Trust does not implement and embed lessons from internal and external reviews and reports, then patient safety may be compromised, leading to harm. The Trust may also experience intervention or damage to reputation and relationships	SL	QC	3	4	12					Internal Audit of Mortality Surveillance Group provided Reasonable assurance		
	<b>RISK 1.3</b> If the Trust does not maintain and continue to improve service quality, the impact will be diminished safety and effectiveness of patient care leading to an increased risk of patient harm	SL	QC	2	4	8					Quality Spotlight CAMHS transformation, Quality Priorities position update, and internal audit on Safeguarding provided Reasonable assurance		
	<b>RISK 1.4</b> If the Trust does not engage patients and the public effectively, the impact will be that services may not reflect the needs of the population they serve.	SL	QC	4	3	12							
	<b>Risk 1.5</b> If there are insufficient clinical governance arrangements put in place as new care models develop and evolve, the impact will be on patient safety and quality of care provided.	RB	QC	3	3	9							
Provide sustainable services	<b>RISK 2.1</b> If the Trust does not deliver principal internal projects then it will fail to effectively transform services and the positive impact on quality and financial benefits may not be realised.	SP	BC	3	3	9					Change Programme Board update provided Reasonable assurance		
	<b>RISK 2.2</b> If the Trust does not deliver contractual requirement, then commissioners may reduce the value of service contracts, with adverse consequences for financial sustainability.	SP	BC	2	3	6					Service Support session CAMHS waitlists, and the Performance Brief information on management of wait lists both provided Reasonable assurance		
	<b>RISK 2.3</b> 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							
	<b>RISK 2.4</b> If the Trust does not retain existing viable business and/or win new financially beneficial business tenders then it may not have sufficient income to remain sustainable.	BM	BC	2	3	6					Business and Commercial development report provided Reasonable assurance		
	<b>RISK 2.5</b> If the Trust does not deliver the income and expenditure position agreed with NHS Improvement then this will cause reputational damage and raise questions of organisational governance.	BM	BC	2	3	6					Finance report within Performance Brief provided Reasonable assurance		
	<b>Risk 2.6</b> If the Trust does not maintain the security of its IT infrastructure and increase staffs' knowledge and awareness of cyber-security, then there is a risk of being increasingly vulnerable to cyber attacks causing disruption to services, patient safety risks, information breaches, financial loss and reputational damage.	BM	AC	3	4	12					Data Protection and Security Toolkit review by internal audit provided reasonable assurance		

Recruit, develop and retain the staff we need now and for the future	<b>RISK 3.1</b> 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							
	<b>RISK 3.2</b> If the Trust fails to address the scale of sickness absence then the impact may be a reduction in quality of care and staff morale and a net cost to the Trust through increased agency expenditure.	JA/LS	BC	3	3	9							
	<b>RISK 3.3</b> If the Trust does not fully engage with and involve staff then the impact may be low morale and difficulties retaining staff and failure to transform services.	TS	BC	3	3	9							
	<b>RISK 3.4</b> 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							
	<b>Risk 3.5</b> If the Trust does not further develop and embed a suitable health and safety management system then staff, patients and public safety maybe compromised, leading to work related injuries and/or ill health. The Trust may not be compliant with legislation and could experience regulatory interventions, litigation and adverse media attention.	BM	BC	4	3	12							The Health and Safety action plan (response to HSE) provided Reasonable assurance.
Work in partnership to deliver integrated care and care closer to home	<b>RISK 4.1</b> If the Trust does not respond to the changes in commissioning, contracting and planning landscape (Health and Care Partnership (ICS) implementation) and scale and pace of change then it may fail to benefit from new opportunities eg new models of care integration, pathway redesign etc.	TS	TB	2	3	6							Workforce Strategy (Integration and Inclusion) provided reasonable assurance
	<b>RISK 4.2</b> If the Trust does not maintain relationships with stakeholders, including commissioners, health organisations, City Council and third sector organisations, then it may not be successful in developing and implementing new models or care as outlined in the NHS Long Term Plan. The impact is on the Trust's reputation and on investment in the Trust	TS	TB	2	4	8							
	<b>Risk 4.3</b> 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							
	<b>RISK 4.4</b> 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							

## 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.

<b>Meeting</b> Trust Board Meeting 27 March 2020	<b>Category of paper</b>	
<b>Report title</b> Workforce Report Proactive analytics	<b>For approval</b>	
<b>Responsible director</b> Director of Workforce <b>Report author</b> Head of Workforce Systems & Intelligence / Director of Workforce	<b>For assurance</b>	√
<b>Previously considered by</b> Business Committee	<b>For information</b>	

### Purpose of the report

This report provides the Business Committee and Trust Board with an update on the progress made on the delivery of the LCH Workforce Strategy's **Proactive analytics** priority during the period April 2019 – February 2020.

### Main issues for consideration

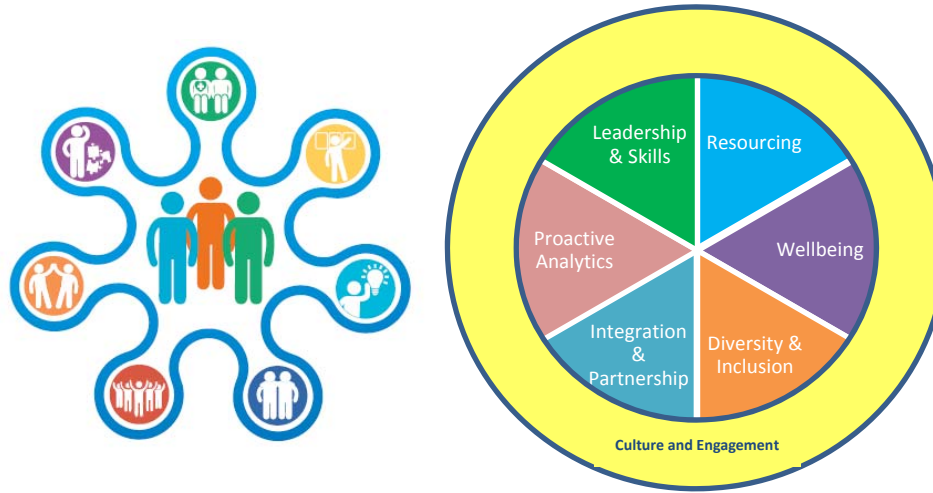
Progress has been made across the objectives of the **Proactive analytics** priority; with particularly strong progress made in eRostering and Workforce Planning.

Challenges linked to the Electronic Staff Record (ESR) Plan, particularly in relation to technical skillset availability and the complexity of the work required, have caused the overall rating of the **Proactive analytics** priority to be moved from green to amber in Quarter 4 of 2019/20.

There is a further risk of slippage of achievement against objectives linked to potential business continuity measures that may become necessary as a consequence of the Covid-19 pandemic.

### Recommendation

- The Board is recommended to note the progress which has been made in the area of **Proactive Analytics**; and to note the change in the priority's status during Q4 from green to amber, linked primarily to the complexity and skillset-related challenges that have slowed the delivery of the ESR Plan.
- During 2020/21, it is recommended that updates on the Workforce Strategy's Priorities are delivered via the Quarterly Workforce Report to Business Committee and via a twice-yearly update to Board.



# Workforce Strategy 2019-21: Progress and Delivery

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

[Leadership & skills](#)
[Resourcing](#)
[Wellbeing](#)
[Diversity & Inclusion](#)
[Integration & Partnership](#)
[Proactive analytics](#)

## 1. Introduction

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

This report provides the Business Committee and Trust Board with an update on the progress made on the delivery of the **Proactive analytics** priority during the period April 2019 – February 2020.

Details of the other 5 priorities are at [Appendix 1](#).



## 2. Proactive Analytics

<b>Proactive Analytics</b>	Workforce systems including the Electronic Staff Record are improved by a newly-created Systems & Intelligence function, delivering sophisticated workforce data and analytics that drive impactful business decisions.	<b>Behind schedule</b>
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As the first year of the Workforce Strategy draws to a close, the Proactive Analytics priority has made steady progress, but timescales to achieve its stated objectives and ambitions have expanded, for a number of reasons, beyond those predicted. This slippage underlies the newly-applied “amber” status for this priority.

Mitigation of a number of risks during 2020/21 may see the priority returning to its previous “on target” status, although the advent of business continuity measures linked to the Covid-19 pandemic may result in some further slippage in the interim

### 1. Progress on Objective 1: Standardised, consistent and managed service offering: on track for completion by 31 March 2021 (amber at present)

Significant work has taken place during 2019/20 to improve the foundations and processes which are the bedrock of the LCH Workforce Systems & Intelligence function. Progress to date includes:

- Streamlining of workforce information inbox email management processes; moving from a backlog of >600 emails and consistently poor response times to service users to a sustainably maintained system, achieving one-working-day responses
- Cross-training of people across the three Workforce Systems & Intelligence teams (Workforce Information, CLaSS, eRostering) to facilitate flexibility and resilience in responding to peaks in demand, induction of new starters; and workforce capacity challenges

- Introduction of standard operating procedures for key processes including operation of payroll-affecting change requests; issuing of Smartcards and Retire & Return, accelerating service delivery and response times
- Improvement of workforce information, reports and ESR guides available to managers via ESR itself and via the Intranet
- Maintenance of service in an environment of challenged resourcing due to unexpectedly high sickness and turnover rates; and tailored support to staff in this context.

## **2. Progress on Objective 2: Development of a specialist workforce function including development of strategic workforce planning methodology and tooling: on track for completion by 31 March 2021 (amber at present)**

An LCH workforce planning methodology was developed by the Workforce Directorate during 2019/20 in partnership with services, with associated training slides and toolkit. It was piloted with the Specialist Business Unit and has been used in all 3 Business Units to inform their planning for 2020/21.

The methodology is based on 3 “lenses” of workforce planning: tactical, operational and strategic. It will be further embedded during 2020/21 and adjusted where needed, as part of the overall approach to refining LCH’s planning, decision making and strategising in relation to its workforce resources.

The same LCH methodology has recently been introduced in Primary Care in Leeds, with a view to supporting PCNs in developing their own workforce plans as well as achieving increased workforce planning clarity for Primary Care citywide.

### 3. Progress on Objective 3: Transparency and access to information across the organisation which is used to inform decision making ultimately positively impacting on our communities and patients: **behind schedule**

This objective's deliverables are encapsulated in the Electronic Staff Record (ESR) Plan, which aims to fulfil the following 4 workstreams, within a current completion deadline of September 2020:

- **eRostering:** Understanding the eRostering dependencies on ESR, resolving any potential issues linked to eRostering roll out (see eRostering update in next section)..
- **Financial ESR Alignment:** Developing an agreed approach to align and maintain cost centre structures (including positions), hierarchy, subjective and occupational codes between Finance and ESR.

This element underpins the use of ESR as a critical tool for business decision making and reporting at LCH. It is critical to LCH's use of and trust in ESR. The alignment project is behind its original schedule as a consequence of the expansion of the scale and complexity of the work required to correct the existing system, and also to resourcing challenges linked to the scarce technical skillset required for its delivery and maintenance.

The Specialist Business Unit has been the first to undergo reconfiguration; with the Adults and Children's Business Units scheduled for reconfiguration during the first two quarters of 2020/21.

- **Training Compliance:** Developing governance and process to ensure that any updates made as part of the 'stat/mand' project are maintained within ESR. *(NB this workstream covered in Leadership & Management Workforce Strategy Priority updates)*
- **Reporting:** Ensure the Trust have consistent and standardised reporting which meets the needs of the Service.

Alongside the corrective work, work is also underway to improve our processes to ensure that ESR data remains continually aligned after the project closes, this is a significant piece of project work which cuts across multiple services.

An internal audit was undertaken in February 2020, focusing on the workstreams above and overall data quality in the ESR system; it is expected that its final report will echo the challenges described above.

SMT and Senior Operations meetings both receive regular updates on the progress of the ESR Plan.

## 4. Progress on eRostering: on track

The eRostering team has rolled eRostering out to 28 services so far, including all of the neighbourhood teams. They are currently rolling out the remainder of the Adult Business Unit, and moving into specialist and children services. The project remains on track.

The team have developed a plan with colleagues in CLaSS to better utilise Bank Staff functionality, this will be rolled out in Q4, part of this will be to test the direct booking functionality.

## 5. Risks and considerations:

### 5.1 *ESR Plan skills availability and timescales:*

- Key to the success of the ESR Plan is having the right skills and resources; and as has been reported previously the skillset required to implement technical ESR changes is scarce, with efforts to secure the skills via interim and temporary resource routes failing to date.
- Work has been reprioritised across the Workforce Directorate to upskill someone internally, to focus solely on this work throughout Q3 and Q4. Further conversations are taking place in relation to how the technical skillset can be secured at the necessary level on an ongoing basis, and taking into consideration the existing resourcing challenges and support needs described in Section 1.
- Technical support had also been secured by project from the ESR Central (national) Team in the form of an Implementation Advisor. Unfortunately the terms of this support has now been downgraded from active, “hands-on” support, to advisory. This is expected have a direct impact on the pace of change; and the LCH team is revising its plans.

### 5.2 *Business Continuity:*

- In the event of resource capacity issues linked to Covid-19, the top priorities of the Workforce Information team will be to ensure that existing staff are paid correctly, and that new or moving staff are quickly added to the ESR system and provided with relevant Smartcard functionality.
- As part of business continuity planning, work is underway to secure remote access equipment and licences in order that team members can work remotely should the need arise.

## 6. Recommendations

Business Committee and the Board are recommended to note the progress which has been made in the area of **Proactive Analytics**; and to note the change in the priority's status during Q4 from green to amber, linked primarily to the complexity and skillset-related challenges that have slowed the delivery of the ESR Plan.

During 2020/21, it is recommended that updates on the Workforce Strategy's Priorities are delivered via the Quarterly Workforce Report to Business Committee and via a twice-yearly update to Board.

## Appendix 1: LCH Workforce Strategy Priorities & Board dates

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

## Appendix 2: Proactive Analytics Objectives (from the LCH Workforce Strategy 2019-21)

<b>Priority's Aim:</b>	<b>Workforce systems including the Electronic Staff Record are improved by a newly-created Systems &amp; Intelligence function, delivering sophisticated workforce data and analytics that drive impactful business decisions.</b>
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What do we plan to achieve? Objectives	How will we achieve it? Initiatives	How will we know that we've achieved it? Outcomes
Transparency and access to information across the organisation which is used to inform decision making ultimately positively impacting on our communities and patients.	Provide customers with access to standard workforce information and performance metrics via a single user friendly interface.	A suite of standard reports produced and reviewed periodically Ad hoc information requests are reduced because services routinely receive information that meets their needs
Development of a specialist workforce function which applies analytical techniques to drive strategic workforce decisions and help the organisation to evolve.	Development of strategic workforce planning methodology and tooling. Working alongside the business to achieve mutual granular understanding of skills and functions rather than roles Routinely measure staff engagement, supplementing traditional engagement surveys	Resourcing decisions are based on sound workforce plans New ways of working are modelled, in partnership. Staff engagement is valued on a par with traditional business data.
Standardised, consistent and managed service offering which looks to protect our workforce systems and data, and ensure that systems are utilised and fit for purpose	Critical systems and processes reviewed and enhanced where controls allow Support and education for Systems & Intelligence team and customers	Data quality is measured and managed aligned to our organisational goals. Continual monitoring of system utilisation to ensure that they are being used correctly and provide maximum benefit.

**This priority aligns with the following organisational behaviours**



<b>Meeting</b> Trust Board 27 March 2020	<b>Category of paper</b> <i>(please tick)</i>	
<b>Report title</b> Engagement Strategy Update	<b>For approval</b>	
<b>Responsible director</b> Executive Director of Nursing and Allied Health Professionals <b>Report author</b> Patient Experience and Engagement Lead	<b>For assurance</b>	
<b>Previously considered by</b> N/A	<b>For information</b>	✓

<p><b>Purpose of the report</b> The purpose of this report is to provide an update to the Trust Board on the LCH Engagement Strategy.</p>
<p><b>Main issues for consideration</b> The LCH Engagement strategy was approved by the Trust Board in October 2019. An operational plan for Year One of the strategy was presented and agreed at Quality Committee in January 2020</p> <p>The Engagement strategy is made up 6 priorities:</p> <ul style="list-style-type: none"> <li>- Culture of Engagement</li> <li>- Working with others</li> <li>- Leadership</li> <li>- Listening to everyone's voice</li> <li>- We are ALL Experts</li> <li>- How we do what we do</li> </ul> <p>The focus for the first year of the strategy is on getting efficient and fit-for-purpose processes in place, and focussing on establishing the right relationships. How we get the systems and processes right will be based on principles of good patient engagement, and will involve patients, carers, families and communities.</p> <p>The Trust Board has requested bi-annual updates on the strategy progress; at March and September meetings. This paper provides an update on the work so far on 3 objective areas, there has been some progress and all objectives are on track for completion within the given timescales.</p>
<p><b>Recommendations</b> <b>The Board is recommended to:</b></p> <ul style="list-style-type: none"> <li>• Note the actions of the year one implementation plan against the objectives of the Engagement Strategy.</li> </ul>



## Engagement Strategy Update

### 1. Introduction

- 1.1 The Patient Engagement strategy provides a framework for Patient Experience and Engagement work within the Organisation for the next 3 years (2019-2022). An operational plan (Year one) was agreed at Quality Committee in January to support what we aim to achieve in year one of the Strategy.

### 2. Background

- 2.1 The Engagement Strategy 2019-22 was approved by the Trust Board in October 2019. The Strategy describes an overarching aim of ensuring that through genuine engagement Leeds Community Healthcare NHS Trust is **able to deliver the best possible care in all our communities**, adapting and responding to feedback, engaging the communities we serve and responding to requirements, challenges and opportunities. The strategy aims to strengthen our approach to Engagement with a focus on six priority areas. This paper will provide an update on the following 3 of those 6 areas:

- Culture of Engagement
- Working with others
- Leadership

Updates on the remaining 3 priority areas will be provided in September 20.

### 3. Current position

- 3.1 Detail of achievements against each of the 3 areas identified above is given in appendix 1. Below is a summary of progress in developing and implementing a quality improvement plan and an overview of progress against each area.
- 3.2 **Culture of Engagement:** An oversight group to support the implementation of Always Events across the organisation has been reintroduced with a review of core membership and development of a new Terms of Reference for the group. Awareness of Always Events across all Business Units is being built by the PET presenting information at key forums; including the ABU Quality development meeting. Monthly calls with NHSE/I are ongoing to access guidance and support with Always Events, and contact with the Always Event 'Buddy' has been re-established.
- 3.3 A work plan will start to be developed at the Oversight group in March to support the identification of an Always Event within each Business Unit by December 2020. The plan will continue to be developed to support the accreditation of one LCH Always Event per year, and with an accredited AE in place for each Business unit by 2022.
- 3.4 There has been good progress with the introduction of the new Friends and Family Test guidance, due to be implemented 1 April 2020. This has included an audit of the survey/postcards that are currently in use. A staff engagement workshop has been held to support the implementation of the guidance within Business units and review the FFT use. All FFT postcards will now include the 'Smiley face' rating scale to improve accessibility, and changes have been made to service specific cards to encourage people to share their views; an example of this is within the Neighbourhood team who will now use the shorter FFT postcards instead of the longer patient satisfaction surveys.

- 3.5 Once the new FFT question is in place a task and finish group will be developed to look at more service specific FFT measures. The people who use our services will be engaged and instrumental in the development of new ways we gather experience and information on our services focussing on what is important to the people that use them, carers, and families. This will help influence a shift in culture in how we approach, value and implement change in response to feedback.
- 3.6 **Working with others:** Relationships with our partners across Leeds continue to be developed and strengthened. A key relationship is with Carers Leeds which continues to support our aim to be an organisation that demonstrates a real commitment to carers. A bi-monthly working group meeting held with key partners (LCC, Carers Leeds, Willow Young Carers) is supporting the ongoing work within this area. As an organisation we are increasing staff awareness of Carers through regular training sessions for managers to support working carers within LCH, and also to develop this awareness within our staff teams. There has been a slight increase in Yellow Card referrals to Carers Leeds from LCH services which demonstrates a raise in staff awareness of identifying carers and their needs.
- 3.7 The plan going forward is to book carer awareness sessions for staff, and to continue to deliver the training for manager and working carer support sessions. We will identify opportunities to gather feedback from carers on their experience of the services we provide.
- 3.8 Alongside this specific objective, work with others continues to develop and is continuing to strengthen our relationships. Examples of this are the 'Inclusion for all' city-wide group to improve accessibility to all across sectors and organisations, and the Quality group for Leeds which continues to listen to the experiences of the people of Leeds to drive our improvement work with key partners and wider.
- 3.9 **Leadership:** The Trust Board regularly listen to stories at Board meetings. These are ranging in experience and continue to provide a direct route for patients, carers and families to feedback their experiences to key decision makers in the Trust. Work is ongoing and focussed on ensuring this voice can have impact and creates change. An example of this is a recent patient story that was recorded and played at a Trust Board meeting. This was followed up by the Executive Director of Nursing and AHPs with a visit to the patient and actions planned on the areas of improvement identified. The individual has fed back that she was happy that her story has been heard and this has been used to influence positive change.
- 3.10 The Engagement Staff Champion group membership now includes a CCG volunteer, and the PSEGG meeting agendas are shared with Healthwatch Leeds for input where appropriate.
- 3.11 The plan for the next 6 months will be to develop and implement more creative ways of implementing the people's voice into key governance structures, and reimagining these structures where necessary to support this; including in the ongoing review of the PSEGG and CEG meetings.

#### **4. Conclusion**

- 4.1 The Engagement Strategy operational plan is having a positive impact on improving how we capture experiences and learn from the people that use our services. The plan provides a structure to support culture change in how we put the views and experiences of the people who use our services at the forefront of service delivery and development. This will continue to be strengthened as the year one plan is embedded across all Business Units and will ensure we have efficient and patient-centred processes and systems in place. Whilst some objectives are ongoing the work that has already been achieved has been positive and has laid the crucial foundations for the remaining aims of the year one plan.

#### **5. Recommendations**

**The Board is recommended to:**

- Note the actions of the year one implementation plan against the objectives of the Engagement Strategy.



## Engagement Strategy 2019-22: Progress and Delivery

### 1. Introduction

The LCH Engagement Strategy 2019-22 was approved by the LCH Board on 4 October 2019. It was agreed that the Quality Committee and Board would receive an update on two of the Strategy's 6 priorities at meetings in March and September 2020-2022. Following this an Engagement strategy operational plan was approved by the Quality Committee on 27 January 2020.

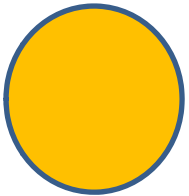
This report provides the Quality Committee with an update on the progress made on the delivery of the CULTURE OF ENGAGEMENT, WORKING WITH OTHERS and LEADERSHIP priorities during the period January 2020– March 2020.

Details of the other 3 priorities and the associated schedule of dates for their updates to be presented at Quality Committee and Board are at Appendix 1.

## 2. CULTURE OF ENGAGEMENT

**AIM:** Engagement will be embedded within our culture and underpins everything that we do.

**OBJECTIVE:** The people's voice drives our organisation



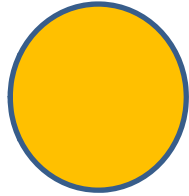
What we plan to achieve	How we will achieve it	Progress
<p><b>- We will implement processes to hear the people's voice within all areas of the organisation</b></p>	<p>Always Events</p> <ul style="list-style-type: none"> <li>- An awareness and understanding of Always Events (AE) is developed within the Trust via an Always Event Oversight Group</li> <li>- Terms of Reference are developed for the Always Event Oversight Group</li> <li>- An Always Event Workplan is developed in the AE Oversight Group Meeting</li> <li>- The Always Event process is followed to support the identification of Always Events within all Business Units; this involves patients, carers and staff</li> <li>- Relationships and support is maintained with NHS England and our allocated AE 'Buddy'</li> </ul>	<p>The AE Oversight group meeting has been reintroduced on a monthly basis.</p> <p>A ToR has been developed and approved within the group.</p> <p>The AE will be developed in future oversight group meetings to include business unit specific plans to identify an Always Event for each BU and how to involve people in this process. PET have attended the ABU quality development meeting, and will attend CBU and SBU clinical forums in March/April to identify staff to be involved and service areas of focus.</p> <p>Coaching calls with NHSE/I continue on a monthly basis. PET has reinstated links with LCH's 'Buddy' and will have regular phone and email contact for support. Feedback received on our progress so far has been positive.</p>
<p><b>We will measure the impact of the people's voice</b></p>	<ul style="list-style-type: none"> <li>- Implement new Friends and Family Test guidance and question in line with national guidance</li> <li>- Embed the new national FFT guidance</li> <li>- Implement an audit of all FFT questionnaires being used across the Organisation</li> <li>- Develop a plan to Identify service specific measures for FFT</li> </ul>	<p>New FT cards are being printed and due to be in services w/c 16.3.2020.</p> <p>FFT workshop was held with staff to create Business Unit plans for implementation. Key leads from each service are being identified.</p> <p>PET has completed an audit of all FFT survey being used across LCH.</p> <p>An FFT working group will be developed after April 2020 to look at service specific cards.</p>



### 3. WORKING WITH OTHERS

**AIM:** We work to improve the whole patient journey; working with people to maximise their strengths, reduce health inequalities and link with our partners across the city

**OBJECTIVE:** Demonstrate a commitment to carers



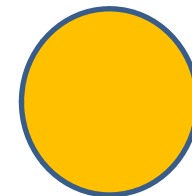
What we plan to achieve	How we will achieve it	Progress
<ul style="list-style-type: none"> <li>- We will sign the Leeds Commitment to Carers initiative</li> </ul>	<ul style="list-style-type: none"> <li>- Bi-monthly Carers Working Group meetings; attended by representatives of Carers Leeds PET, ABU, CBU, SBU, LCH Human Resources and Staffside, Leeds City Council and Young Carer support providers. Attendance at quarterly city-wide Carers partnership Meetings</li> <li>- LCH is part of the city-wide commitment to carers</li> <li>- Build staff and patient awareness of the Yellow Card scheme</li> <li>- Carers Leeds to attend Multi-Disciplinary/Team meetings</li> </ul>	<p>The bi-monthly meetings continue and are booked for the rest of the year (2020). Attendance is consistent and includes representation from all BUs and key partners. The Terms of reference of this group will be reviewed to identify the key aims and objectives of the group for this year (2020), these will be reviewed at the Working group meeting in April 2020.</p> <p>The PE Lead is an active member of the city-wide partnership meetings</p> <p>Carers Leeds have reported an increase in Yellow card referrals as a result of the work being delivered by the partnership working group</p> <p>Carers Leeds have attended 5 Neighbourhood MDT meetings and will continue to do so throughout the year</p>
<ul style="list-style-type: none"> <li>- Providing support to staff members who are working carers</li> </ul>	<ul style="list-style-type: none"> <li>- 6 Working Carer Clinics (Led by carers Leeds) held for LCH staff per year</li> </ul>	<p>8 Monthly working carer clinics (delivered by Carers Leeds) have been held with 18 staff members accessing the appointments. A further session is scheduled for March 2020.</p>
<ul style="list-style-type: none"> <li>- Providing carer awareness training to staff</li> </ul>	<ul style="list-style-type: none"> <li>- 6 sessions of Training for Managers delivered by Carers Leeds per year</li> <li>- 6 sessions of Carer Awareness Training delivered (by Carers Leeds) to staff per year</li> </ul>	<p>4 Monthly training for manager sessions (delivered by Carers Leeds) have been held with 65 managers attending. Sessions are scheduled until December 2020.</p> <p>An open session of carer awareness training was piloted in December 2019; attendance was good but could be improved. 6 sessions will be booked for throughout 2020 as both open sessions and more-targeted to specific teams.</p>



## 4. LEADERSHIP

Appendix 1 **AIM:** There will be leadership from every voice- We are accountable to our citizens as well as the Trust board.

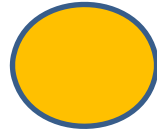
**Objective:** The people's voice has influence throughout the organisation



What we plan to achieve	How we will achieve it	Progress
<p>- We have representation of the people's voice within our quality and assurance frameworks; at the Patient Safety and Engagement Group Meeting (PSEGG) and at our Public Board Meetings</p>	<p>- The Trust Board listen to Patient stories at alternate bi-monthly Trust Board Meetings</p>	<p>Patient stories have been presented at Board meetings in December 19, February 20 and March 20. These stories have included experiences from the Neighbourhood team and a personal experience from a staff member of the LCH Safeguarding team. Work continues to develop a more creative approach to listening to people's stories' trialling audio recordings, video/film, Skype conversations, as well as people attending the Board meetings in person.</p>
	<p>- Healthwatch Leeds patient, family and carer videos are shared at alternate bi-monthly Trust Board meetings</p>	<p>The March Board meeting will include 'Kari's Story', this is one of the videos produced as part of the Quality group (led by Healthwatch Leeds) to gather experience of individual's journey through the health and care system.</p>
	<p>- Establish a process to ensure the People's voice forms part of each governance meeting</p>	<p>Due November 2020- This objective is ongoing</p>
	<p>- The people's voice will form part of the Quality Committee membership; through the Youth Board, PSEGG and the Engagement Staff Champion Group</p>	<p>Due September 2020- The PET are working more closely with the CBU Involvement Lead to strengthen relationships with the Youth Board. The representation of the people's voice will be considered as part of the ongoing PSEGG and CEG review Due July 2020</p>
	<p>- Healthwatch Leeds will become a regular membership of Quality Committee</p>	



5. Overall progress rating:



**6. Risks to Delivery:** A couple of key risks to progress within the of Culture of engagement, Working with others and Leadership work streams are set out below, together with mitigating actions

RISK	How likely is the risk?	How severe is the risk?	Risk level	How do we manage the risk?
<b>Organisation-wide belief in the Engagement strategy: Failure to achieve full buy-in of staff to the strategic priorities and aims will mean that the strategy’s aims are less likely to be achieved.</b>	2	3	6 (Moderate)	<p>As an organisation we have a commitment to fostering a fair and just culture and one in which our staff are engaged, seeking at all times to embody the Leeds Community Healthcare values and behaviours. This will support the embedding of an engagement culture across the organisation.</p> <p>We have visible and committed leadership of senior managers.</p> <p>Appropriate training is developed and delivered.</p>
<b>Capacity of workforce: If there is insufficient capacity across the Trust to deliver the strategy then the Trust’s other priorities could take precedence. The impact will be that services may not reflect the needs of the population we</b>	3	3	9 (High)	<p>Budget and resourcing conversations to take place; identify resource opportunities to support the organisation-wide implementation of this strategy and workstreams within it.</p> <p>Produce Business case for bespoke posts centrally or for <b>ABU</b> and <b>SBU</b>.</p>



## Appendix 1

<p><b>serve and the strategy will not be sustained and embedded.</b></p>				<p>Trustwide communication- all communication must make it clear that engagement within the plan has to take place and services will be held to account for delivery.</p> <p>Training will be geared to ensure that delivering the strategy will not impact on frontline duties/performance.</p> <p>This strategy is designed to provide tools and resources to support working towards the aims providing more high quality experience and engagement throughout the organisation; building the skills of our workforce will in turn increase our efficiency and aid capacity.</p>
<p><b>Capability of workforce: If the skills and abilities within our workforce are not developed the impact will be that the quality of engagement will be low and the patient voice will not be present in transacting change, and there is potential that we will not engage people in delivering the best possible care in all our communities.</b></p>	2	3	6 (moderate)	<p>This strategy is designed to provide tools and resources to support the development of skills within the existing workforce, and to support recruitment of staff that is experience in this field.</p> <p>Training will be geared to ensure that delivering the strategy will not impact on frontline duties/performance.</p> <p>To provide more high quality experience and engagement throughout the organisation; building the skills of our workforce will in turn increase our efficiency and aid capacity.</p>

## 6. Recommendations

The Quality Committee/Board is recommended to note the progress which has been made in the areas of Culture of engagement, Working with others and Leadership and endorse the continuing work programme as set out within the Engagement Strategy.

## Appendix 1: LCH Engagement Strategy Priorities & Board dates

Priority	Priority's Aim	RAG status	Planned update to LCH Board
Culture of Engagement	Engagement will be embedded within our culture and underpins everything that we do.		March 2020
Working with others	We work to improve the whole patient journey; working with people to maximise their strengths, reduce health inequalities and link with our partners across the city		March 2020
Leadership	There will be leadership from every voice- We are accountable to our citizens as well as the Trust Board		March 2020
Listening to everyone's voice	We will listen openly to a diversity of voices; and consider how we learn from each and every experience		September 2020
We are ALL experts	We recognise the skills and experience that each person can bring		September 2020
How we do what we do	We have efficient systems and processes in place to maximise the potential of our engagement and the influence of the people's voice		September 2020

## Appendix 1

# Appendix 2: Priority 1-3 Objectives (from the LCH Engagement Strategy 2019-22)

## 1. CULTURE OF ENGAGEMENT

**AIM:** Engagement will be embedded within our culture and underpins everything that we do

What we plan to achieve	How we will achieve it	How will we know we've achieved it?
<b>The people's voice drives our organisation</b>	<ul style="list-style-type: none"> <li>- We will implement processes to hear the people's voice within all areas of the organisation</li> <li>- We will develop an infrastructure that enables this voice to have a much bigger influence</li> <li>- We will measure the impact of the people's voice</li> </ul>	<ul style="list-style-type: none"> <li>- There is an increase in breadth of experience data we capture</li> <li>- The people's voice is considered as part of all organisation decision making and is embedded within processes</li> <li>- We are able to demonstrate how engagement has impacted on services and the organisation as a whole</li> </ul>
<b>We listen to people and learn from their experiences</b>	<ul style="list-style-type: none"> <li>- We will create opportunities to reflect on feedback and this will be embedded within our processes</li> <li>- We will proactively challenge and strive to continuously improve</li> <li>- We regularly audit to measure how learning is sustained</li> </ul>	<ul style="list-style-type: none"> <li>- We have fostered an open, honest and reflective culture for patients and staff – the staff survey and feedback reflects this</li> <li>- There is evidence to show that our learning from experience makes things better</li> </ul>
<b>Engagement is everyone's responsibility</b>	<ul style="list-style-type: none"> <li>- Engagement is a part of all roles</li> <li>- We will follow guidance from NHS England and NHS Improvement around engagement</li> </ul>	<ul style="list-style-type: none"> <li>- Engagement is embedded within recruitment processes</li> <li>- Engagement forms part of the staff appraisal process</li> <li>- We are working within an evidence-based framework</li> </ul>

## Appendix 1

### 2. WORKING WITH OTHERS

**AIM:** We work to improve the whole patient journey; working with people to maximise their strengths, reduce health inequalities and link with our partners across the city

What we plan to achieve	How we will achieve it	How will we know we've achieved it?
Establish our approach to a People's Network within the organisation	<ul style="list-style-type: none"> <li>- We will define the aims and objective of an <b>LCH</b> people's network</li> <li>- We will work closely with existing networks in the city</li> </ul>	<ul style="list-style-type: none"> <li>- We have developed a network of people to contribute towards organisation improvement</li> <li>- Our network is linked within wider City networks</li> </ul>
Develop and sustain links with our partners across the City	<ul style="list-style-type: none"> <li>- We will develop our offer for involvement</li> <li>- By building positive working relationships with key partners across the city</li> <li>- We will feed into city-wide developments as part of the Leeds Plan</li> </ul>	<ul style="list-style-type: none"> <li>- We have an organisation-wide approach to involvement</li> <li>- Partner relationships are effective and productive and support positive outcomes</li> <li>- We are linked to all city-wide developments</li> </ul>
Demonstrate a Commitment to Carers	<ul style="list-style-type: none"> <li>- We will work together to improve the patient journey in the city</li> <li>- We will sign the Leeds Commitment to Carers initiative</li> <li>- Providing support to staff members who are working carers</li> <li>- Providing carer awareness training to staff</li> </ul>	<ul style="list-style-type: none"> <li>- Our patient feedback captures the whole patient journey</li> <li>- <b>LCH</b> is part of the city-wide commitment to carers</li> <li>- Staff awareness and knowledge around carers is improved</li> </ul>

## Appendix 1

### 3. LEADERSHIP

**AIM:** There will be leadership from every voice- We are accountable to our citizens as well as the Trust board.

What we plan to achieve	How we will achieve it	How will we know we've achieved it?
<b>The people's voice has influence throughout the organisation</b>	<ul style="list-style-type: none"> <li>- We have representation of the people's voice within our quality and assurance frameworks; at the Patient safety and engagement group meeting (<b>PSEGG</b>) and at our public board meetings</li> <li>- We improve how we involve people as part of the serious incident review process</li> </ul>	<ul style="list-style-type: none"> <li>- We have patient/carer/family representatives at the monthly <b>PSEGG</b> meetings with clear structure to these roles</li> <li>- There is patient representation embedded within the serious incident process</li> <li>- The Trust Board regularly listen to, and interact with, the people who access our services through a range of ways</li> </ul>
<b>Engagement will be role-modelled and embedded across the organisation</b>	<ul style="list-style-type: none"> <li>- Patient Engagement Group staff champion roles</li> <li>- Dedicated staff roles; central <b>PE</b> Team and within Business units</li> </ul>	<ul style="list-style-type: none"> <li>- All services have a <b>PEG</b> staff champion</li> <li>- Champions are leading on experience and engagement within their service and feed into the central <b>PE</b> team</li> <li>- There is allocated and sustained resource within each business unit for a <b>PE</b> staff role</li> <li>- Measured through performance reviews and the appraisal process</li> </ul>
<b>We lead by example</b>	<ul style="list-style-type: none"> <li>- Senior Leaders, Board Directors and Senior Management Team live and breathe this approach in their daily activities</li> <li>- The people's voice will be present at Trust Board Meetings</li> </ul>	<ul style="list-style-type: none"> <li>- We can demonstrate the impact of the patient voice across organisation structure</li> <li>- All leaders are ambassadors for patient experience and engagement</li> <li>- The Trust board is sighted on whether the strategy aims are being delivered through the Quality Committee</li> </ul>

**Appendix 1**

<b>Meeting</b> Trust Board 27 <sup>th</sup> March 2020	<b>Category of paper</b> <i>(please tick)</i>
<b>Report title</b> Quality Strategy Implementation plan	<b>For approval</b>
<b>Responsible director</b> Executive Director of Nursing and AHP <b>Report author</b> Assistant Director of AHP	<b>For assurance</b> <span style="float: right;">√</span>
<b>Previously considered by</b> Quality Committee 23 <sup>rd</sup> March 2020	<b>For information</b>

**Purpose of the report**

This report provides an update and level of assurance to the Trust Board on the progress of implementing the quality strategy approved in Feb 2018.

**Main issues for consideration**

The Quality Strategy 2018-21 was approved by the Trust Board in February 2018. The Strategy describes an overarching objective to strengthen our approach to quality improvement with a focus on four priority areas:

1. Prevention, proactive care and self-management
2. Patient experience and engagement
3. New models of care
4. Workforce

The implementation plan is making good progress with all areas on track to meet the objectives. Notably:

- “making stuff better” is recognised as quality improvement within the organisation.
- With partners we are using a number of techniques to embed personalised care.
- We have recently agreed a patient and public engagement strategy that will drive a culture of engagement and a learning and development strategy that will develop the staff we need
- We have proactively engaged in the development of new services and methods of delivery

Risks to further progress in relation to the quality strategy relate to capacity and skill which are addressed through the organisational development and learning and development strategies.

**Recommendations**

**The Board is recommended to:**

Note that the implementation plan is meeting the objectives of the Quality Strategy.

## 1. Background

1.1 The Quality Strategy 2018-21 was approved by the Trust Board in February 2018. The Strategy describes an overarching objective to strengthen our approach to quality improvement with a focus on four priority areas:

- Prevention, proactive care and self-management
- Patient experience and engagement
- New models of care
- Workforce

1.2 Updates on this strategy have previously been provided to the committee in September 2019, September 2018 and April 2018.

## 2. Current situation

2.1 Progress with improving the quality of services and staff capacity to deliver this is continuing. Detail of achievements against each of the 4 areas identified above is given in appendix 1. Below is a summary of progress in developing and implementing a quality improvement plan and an overview of progress against each area.

2.2 **Continuous quality improvement plan:** A steering group to develop the organisational approach to quality improvement has developed a quality forum that has successfully launched the “making stuff better” campaign. Work has been ongoing with the Improvement Academy in Bradford to embed the work on safety huddles in the adult business unit. So far this has included training 64 people in improvement methodology. Within the children’s business unit, a number of rapid improvement events (RIE) have taken place with further ones planned. These are having a transformational impact within the ICAN service.

2.3 **Prevention, proactive care and self-management:** our approach to improving the health of the population and enabling proactive personalised care has focused on training staff in a number of techniques including health coaching, better conversations, restorative practice and solution focused approaches. Many of these approaches are delivered with partner organisations. For example better conversations training is delivered in groups that include statutory providers, voluntary and third sector and experts by experience; restorative practice is used widely in children’s services that are delivered jointly with the local authority.

2.4 The Patient Activation Measure (PAMs) has been used widely in services to measure the change in an individual’s perceived ability to manage their own condition. NHS England have set community services and primary care a target to embed this in personalised care over the next 5 years. We are well on the way with this having already embedded it in pulmonary and cardiac care as well as using it within the neighbourhood teams.



- 2.5 The next steps for this priority area will be to evaluate the work done to date and explore how it relates to the system wide objectives around personalised care. There are plans to roll out PAMs within the diabetic service and the newly commissioned cancer services.
- 2.6 **Patient experience and engagement:** the focus of this work has been on always events. This methodology is being successfully used in the CUCs team and has enhanced service reviews as well as day to day care. The board has recently approved a new patient engagement and experience strategy that the patient experience team are now developing into a comprehensive implementation plan. The development of this plan and its implementation will be reported regularly to the committee. So far, actions have been focused on ensuring that systems are in place to support the culture change required.
- 2.7 **New models of care:** A number of new initiatives have been undertaken since the instigation of the quality strategy including:
- Changes in the stroke pathway in conjunction with partners in LTHT resulting in a reduction in length of stay to below national average.
  - The establishment of virtual wards for respiratory and frailty
  - An integrated pathway for diabetes in Leeds
  - Establishment of first contract practitioner (FCP) posts in some PCNs
  - The establishment of a new LMWS with a number of partners across the city
  - A pilot therapy supported discharge programme.
  - A pilot of occupational therapy working in a GP practice.
- 2.8 The plan is to continue the progress made in this priority area to include increased access to the virtual frailty ward, increase access to FCP and reduce the waiting time for community stroke patients further from 5 weeks to 2.
- 2.9 **Workforce:** development of the workforce to meet the priority areas has been undertaken in line with the organisational development strategy. This will be supported by a new learning and development strategy that will be presented to the board before in March. Further demands on the workforce have been identified in the new GP contract and the opportunities that this presents will be considered in a future training needs analysis. NHS England have also recently announced additional CPD monies for nurses and AHPs which will further support the development of the workforce and the quality of services provided. Consultation with staff around how to make most effective use of this resource has already taken place and a plan will be developed to be agreed with HEE.

### 3. Conclusion

- 3.1 The quality strategy implementation plan is currently having a positive impact on the services delivered to the people of Leeds. Future work is focused on

continuing local work as well as responding to the latest directives from NHS England and the West Yorkshire and Harrogate five year plan.

Quality strategy action areas	Actions	Progress to date	Focus Q4	Time frame	Lead	RAG rating
<b>QUALITY OBJECTIVE</b>						
Continuous Quality Improvement	Quality improvement plan to be scoped and developed	<ul style="list-style-type: none"> <li>Quality Improvement Strategy approved by Board</li> <li>QI Steering Group well established with good engagement across the Trust</li> <li>CUCs QI Learning project concluded. Final report with learning was shared with Steering Group. Project released significant savings on continence products and improved access to specialist Continence Service care</li> <li>Ongoing learning from range of Improvement projects shared via QI Steering Group eg Rapid Improvement events</li> <li>QI Communications Plan finalised and a staff survey has been promoted across the Trust to assess baseline measures.</li> <li>Analysis of QI capacity available organisation-wide is progressing with a focus group arranged for the 30th September, with external support from the Improvement Academy.</li> <li>An increase of 5% has been shown in the Pulse Survey (FFT) during Q1, in staff feeling able to contribute to improvements.</li> <li>QI Rapid Improvement approach currently utilised in major ICAN Transformation Programme:</li> <li>QI Training: 64 staff attended in-house QI training since April 2019</li> <li>Good progress in ensuring QI underpins audit, R &amp; D &amp; quality monitoring and aligning QI resource: CEG workshop in Q2 focussing on better alignment of QI resource.</li> <li>QI resources are promoted through QI hub: on track with 157 hits so far in Q2, of which 49 were unique views demonstrating return hits.</li> <li>QI Communications: Making Stuff Better viral campaign will be launched on 12th September on Elsie, Social Media and in Community Talk, sharing improvement stories from across the Trust.</li> <li>QI Huddles – open forums for support, advice, sharing &amp; learning. These are running bi-monthly.</li> </ul>	<p>Continued focus on:</p> <p>Delivery: The 3rd 4th and 5th Rapid Improvement events in ICAN are planned for quarter 3. Ongoing implementation work from 1 &amp; 2. Patients and key stakeholders are attending the workshops in October.</p> <p>Communications: Launch of viral campaign re Improvement Stories in September</p> <p>Alignment: The first meeting of the newly formed Quality Forum has been arranged for Q3.</p> <p>Training: regular and bespoke training sessions planned - now part of Essential Management training offer</p>	<p>Autumn 2019</p> <p>Sept 19-March 20</p> <p>Ongoing</p> <p>Ongoing</p>	Anne McGee	
<b>Children with complex needs</b>						
<b>A. PREVENTION, PROACTIVE CARE AND SELF MANAGEMENT</b>						
1	Health and wellbeing	Roll out and embed health coaching and restorative practice approaches and quality assuring these	Health coaching and better conversations –The delivery of Health Coaching training by LCH continues and 60 staff have participated in health coaching training since April. Approximately 210 staff attended Better Conversations training in the same period. A meeting was held in December to discuss the strategy for Health Coaching from 2020 onwards and it was agreed that the organisational plan needs to align with system plans and the Personalised Care work programme, encompassing the range of strengths based coaching approaches, Better Conversations, Restorative Practice, Motivational Interviewing, as well as Health Coaching. There will be an evaluation of all the strengths based approaches delivered across LCH during quarter 4 of 2020 in order to inform delivery of training from April 2020 onwards.	Training offer to be evaluated by the end of Q4 and to be aligned with Clinical Education Team, being embedded within induction, preceptorship and ongoing development	March 2020	Clinical leads in each business unit
2	Patients as partners	<p>Focus on 'working with' patients, service users and their carers and not 'doing to'.</p> <p>Do more to support patients to manage and maintain their own health and provide more care for themselves where it is safe and sensible to do so.</p> <p>Do more to recognise and mobilise community resources where these are available</p>	<p>Access to citywide Better Conversations Training and internal roll out of health coaching/ restorative practice approaches continues within LCH primarily within adult services. The majority of CBU staff are now trained in working with better conversations, restorative practice and solution focused practice approaches. Working with LCC Children's Services to further embed restorative approaches and impact. Majority of CBU staff trained in working with better conversations, restorative practice and solution focused practice approaches. Services have plans to ensure that as part of induction/preceptorship new starters access better conversations training. Working with LCC Children's Services to further embed restorative approaches and impact through Rethink Groups Specialist LTCs caseloads. PAMs is now used in Pulmonary and Cardiac rehabilitation programmes at the pre and post assessment and will be embed within the Diabetes service from April. Tier 3 weight Management the PAM is being used with patients initial appt and will be repeated at 3/6/9/12 months as part of considering the outcome of the intervention.</p> <p>Patient Activation Measures (PAMs) continue to be embedded within the self-management work of the Neighbourhood Teams are progressing to be a standard outcome measure for the wider NT workforce, An increased number of Self-Management facilitators are coming into post in Q3 and will support the embedding of this measure.</p> <p>Discussions are also ongoing about including PAMs as an outcome measure in the newly commissioned Leeds Community Cancer Support Service.</p> <p>NHSe have set the city wide system an aspirational target for the use of PAMs within Primary and Community care for the coming 5 year period. The citywide trajectory for 2019-20 is 1156 (currently 1000). Increasing the usage of PAMs is a priority for Q3. To enable this a citywide PAMS implementation group has been formed consisting of strategic leaders from across the system to steer the wider patient centred implementation of PAMs. The work of the group will inform the progress of PAMs implementation across the health and social care system in Leeds.</p> <p>Personalised care and shared decision making</p> <p>Clinical and medical leads continue to be active members of the city wide Personalised Care strategy and Leeds Health &amp; Care Plan refresh. The successful testing of shared decision making (SDM) within the MSK pathway is</p>	<p>Self management - Work to make patient information available in a more consistent format and in easy to access locations is also a key aspiration in the coming 12 months.</p> <p>Clinical Leads from ABU and the LCH Medical Directorate are representatives on the City Wide PAMS Implementation Group. This group defines the strategy for Patient Activation and the use of the PAMS tool.</p> <p>PAMS will be used as one of the suite of measures to evaluate the impact of the newly commissioned Community cancer Support Service as the phase 1 (Harehills and Aire Valley ) and Phase 2 Beeston, Middleton and Wetherby)</p>	<p>Sept 2020</p>	
<b>B. PATIENT EXPERIENCE AND ENGAGEMENT</b>						
3	Always events	<p>Publicise and promote 'Always events' to staff across the Trust</p> <p>Agree implementation plan within each business unit</p> <p>Work with patients, service users and their carers to develop and implement 'Always Events'</p>	<ul style="list-style-type: none"> <li>Always Events promoted through presentation to approximately 30 staff at the LCH Conference for Clinical Staff 'The Culture of Capturing Excellence' held in March 2018. Since then this framework has been presented at the Clinical Council and the Organisational Development team to raise awareness.</li> <li>Working with the Organisational Development and Improvement team to link this work into quality improvement initiatives.</li> </ul> <p>The CUCs Team have engaged with their service users to identify their first Always Event and progressed the event identified to be incorporated into their patient information and outpatient clinic process to incorporate Always Event methodology in the CUCS service review process and day to day care.</p> <p>Presentations and support form PET to services is ongoing in line with the patient engagement strategy. the team are engaging with NHSE/L and have a buddy to support implementation</p>	Increase usage of PAMs from 1000 to 1156 by March 2020	Apr-20	Caroline McNamara Debbie Lowe
<b>C. NEW MODELS OF CARE</b>						

4	Accessible and responsive services supporting patient flow through the system	<p>Continue to work with partners and stakeholders to review patient pathways and develop new ways to deliver services to reduce duplication and respond to system pressures.</p> <p>Stroke Pathway. Work continues to develop the pathway. The average hospital stay for patients in December was 16.4 days which supports the downward trend and is still well below the national average.</p> <p>Virtual Respiratory Ward – the service continues to be accessible citywide with eligibility criteria expanded to people with COPD Bronchiectasis and COPD Asthma. By the end of Q3 the service was running at maximum capacity of up to 10 patients at any one time. Alignment of the future strategic direction with frailty virtual ward continues to be reviewed. Joint strategy for all Virtual Wards.</p> <p>The Virtual Ward (Frailty) went live in one Neighbourhood Team area in early December focussing in the first test stage on admission avoidance. Phase two will also include accepting referrals from SJUH ED and the Frailty Unit and from mid January referrals from the 3 key elderly assessment wards.</p> <ul style="list-style-type: none"> <li>Diabetes – Implementation of the Diabetes Leeds integrated pathway continues. Weekly joint triage meetings with LTHT colleagues are showing some really positive improvements in relationships. Recruitment for new peer support/ coproduction and citywide strategic Clinical Lead posts are ongoing, both of which will be key to further driving the integrated pathway forward. Work has been ongoing with LMWS to develop LTC and mental health offer for people. Other workstreams include medicines management/ compliance; developing trusted assessor roles and each PCN to have a named nurse and dietician.</li> <li>The First Contact Physiotherapy (FCP) model continues to be offered in a number of localities across Leeds. This approach puts physiotherapy expertise at the start of the pathway, where patients can most benefit from prompt specialist attention in the place where they are most likely to seek help first. In January 2020 LCH are offering to GPs a Band 8a led model supported by Band 7s for PCN teams across Leeds.</li> <li>LMWS – The Leeds Mental Wellbeing Service “soft launched” on 1st November 2019 with a new website <a href="http://www.leedsmentalwellbeingsservice.co.uk">www.leedsmentalwellbeingsservice.co.uk</a>. The site is still in development but it is intended to offer an improved experience for clients, with a better interface to Mindwell <a href="https://www.mindwell-leeds.org.uk/">https://www.mindwell-leeds.org.uk/</a>. LMWS now offer a range of new online psycho-educational classes; Stress and Anxiety; Panic Attacks; Managing Stress in Parenthood; Depression; Understanding Self-Esteem; Bereavement; Mindfulness and Postnatal Depression. The Leeds public can book on directly onto these courses through the service website without having to complete an assessment, improving accessibility and responsiveness. Primary care mental health mobilised to the most deprived PCNs of Armsley; Beeston; Middleton and Hunslet; Seacroft; Chapeltown; Burmantofts, Harehills and Richmond Hill; Bramley, Wortley and Middleton; and York Road. New Co-Production Network formed to inform the development of the service over the next few months and beyond.</li> <li>Discussions on development of Children’s Services across LTHT and LCH, focusing on pathways (initially contience and cows milk intolerance) and use of Hannah House step down provision</li> <li>Development of Child and Family Hubs in Pudsey/Bramley, Chapeltown/Harehills and Beeston. These bring primary care staff, acute [LTHT], LCH and LCC staff together to discuss specific children and families, a secondary outcome is improved pathways, information for users and staff.</li> </ul>	<p>To reduce maximum waiting time to be seen in the community after discharge for stroke patient with Priority 1 status from 5 to 2 days.</p> <p>The next phase of the VW(F) rollout Phase 3 will be to extend across the Neighbourhood Teams in the South of Leeds and to continue the strategic alignment of Respiratory and Frailty Virtual Wards.</p> <p>Understanding of demand and plan capacity to meet this for LCH FCP model.</p> <p>LMWS to continue PCMH roll out and development of the perinatal and LTC pathways. Offering online CBT to all patients requiring Step 3.</p> <p>To reduce screening and Step 3 waits. Development of Co-Production network.E12</p> <p>The IBCF funded Therapy Supported Discharge pilot is making good progress to support patient flow (a joint initiative with LTHT)</p>		General Managers / Clinical Leads	
5	Governance for new models	<p>Quality assurance processes and systems need to evolve as the boundaries of our organisation change with cross sector services and pathways.</p> <p>Clinical Governance process and structure mobilised within the new LMWS Contract.</p>	Continue to develop governance for each contract as they develop.	March 2020	General Managers / Clinical Leads	
<b>D. WORKFORCE</b>						
6	Fit for purpose	<p>Staff will need different skills and competencies to deliver services as new models of care emerge and to have strength and asset based conversations to support self-management.</p> <p>Explore the opportunities offered by technology to work differently and support the development of digital media including apps</p> <ul style="list-style-type: none"> <li>Better conversation and Patient Activation Measure training delivered as stated above.</li> <li>First Contact Practitioner training has been delivered to enable a number of physiotherapists to be trained to act as FCPs. There are risks across the ICS in delivering sufficient trained staff to meet the demand of the new GP contracts including having sufficient GP mentors. This is being raised with the ICS clinical forum in October.</li> <li>Since the introduction of the apprenticeship Levy in May 2017, the trust has supported 22 clinical apprentices (level 3-6) and 20 non clinical apprentices (level 3-6). Band 4 competencies have been mapped within nursing roles and AHP roles separately. These now need to be accumulated along with each business unit demand to identify further developmental needs. A paper to establish a strategic direction for the trust and which provides an update on progress will be presented to SMT mid September 19. A number of proposals have been recommended to increase the number of apprentices both clinical and non clinical.</li> <li>Leading LCH offer is now well established with excellent feedback and take-up. 105 leaders have participated since April 2019</li> <li>Shadow Board launched in September 2019</li> <li>A pan Leeds AHP group has been established to support partnership working.</li> </ul>	<p>Development of Band 4 competency development plan</p> <p>Engagement with HEE and ICS re development of FCP training.</p>	Mar-20	Debbie Myers	
7	Healthy workforce	<p>Staff will be involved in service changes and we will continue to listen and engage with staff through formal and informal processes so their voice is heard.</p> <p>Continue our work to develop leaders as these play a vital role in supporting staff.</p> <p>Explore different employment options and working practices to help staff achieve the work/life balance they need. Continue to look at what support services we offer to staff to keep them healthy – both physically and mentally</p> <p>The Trust’s retention plan was reviewed and prioritised to focus on a small number of high impact retention initiatives. An internal transfer scheme was introduced in May 19 for all band 5 nurses. This scheme enables staff to request a transfer to a different specialty/business unit. To further support the retention of our ageing workforce guidance has been introduced to help our staff retire and return or reduce hours/responsibility. Five nurse development posts (band 5/6) were introduced to the Adult Business Unit in June 19. The Refer a friend scheme was extended in February 19 to include School nurses to support recruitment and fulfilment of the 0-19 contract. Turnover has reduced by 1.5% since August 2018 and is now below the 2019/20 outturn target of 14.5%. As at August 2019 the trusts turnover is 13.05%.</p> <p>Engagement</p> <ul style="list-style-type: none"> <li>Good progress in engaging teams following 2018 Staff Survey</li> <li>Establishment of Business Unit Engagement Forums</li> <li>Successful engagement approaches for major service change / transformation: 0-19 service; ICAN</li> <li>Quarterly Pulse Survey indicates regular improvements in staff satisfaction on a range of indicators</li> </ul> <p>Leadership Development:</p>	<p>Engagement approach currently supporting mobilisation on LMWS service</p>	Sept-Feb 2020	Ann Hobson	

<b>Report to:</b> Trust Board 27 March 2020
<b>Report title:</b> Audit Committee 13 March 2020: Committee's Chair assurance report
<b>Responsible Director:</b> Chair of Audit Committee <b>Report author:</b> Company Secretary
<b>Previously considered by:</b> Not applicable

### Summary

This paper identifies the key issues for the Board from the Audit Committee on 13 March 2020.

#### Salary overpayment

The Committee reviewed the detail and circumstances behind a salary overpayment, which was due to an error made initially in 2015 and not discovered until 2019. The Committee was asked to recommend to the Board that the Trust did not pursue the overpayment. The staff member had not financially gained from this payment as any benefit was offset by a reduction in tax credits. The employee had also previously queried their salary and had been advised it was correct. The Committee therefore agreed that the recommendation to the Board was that the amount was not pursued.

#### Internal Audits completed and Head of Internal Audit (interim) opinion

The Committee noted good progress was being made against the 2019/20 internal audit programme. Four of the completed internal audits were presented to the Committee; two received reasonable assurance (Mortality Surveillance Group and Data Security and Protection Toolkit – part 2) and two received limited assurance (Statutory and Mandatory Training and Software Licencing. The Director of Workforce attended the Committee meeting to provide further information on progress with the recommendations made in the Statutory and Mandatory Training internal audit. The internal auditor updated the Committee with more detail on the current status of the remaining audits, which are being completed. The internal auditor anticipates that the overall audit opinion for the Trust will be 'reasonable'.

#### Safeguarding Internal audit – further assurance provided

The Committee had previously expressed some concern about the findings within the Safeguarding audit that had five important and one routine recommendation. The Committee received further information about the management response to the audit and was assured by this.

#### Internal Audit draft plan 2020/21

The draft 2020/21 internal audit plan was reviewed by the Committee. The internal auditor explained that there has already been consultation with the executive team, and that the Business and Quality Committees had reviewed the plan and whilst there was a reduced number of audits this year, the number of planned audit days would be the same and therefore the audits to be conducted would go into more depth.

#### Annual report and accounts 2019/20

The Committee were advised of the Trust's progress with the Trust's annual report, accounts and associated activities. All activities were proceeding to schedule.

**Information Governance**

The Committee reviewed the final assessment of the Data Security & Protection Toolkit and was assured that the Trust is on track to achieve necessary compliance with the standards. Internal Audit gave a 'reasonable assurance' opinion of the evidence base provided. The Committee approved its submission, which is scheduled for 31 March 2020, subject to the additional work required that had been agreed with the Executive Director of Finance and Resources.

**AGENDA  
 ITEM  
 2019-20  
 (127b)**

<b>Report to:</b> Trust Board
<b>Report title:</b> Quality Committee (workshop) 24 February 2020: Committee's Chair assurance report
<b>Responsible Director:</b> Chair of Quality Committee
<b>Report author:</b> Assistant Director of Nursing
<b>Previously considered by:</b> Not applicable

**Purpose of the report**  
 This paper identifies the key issues for the Board from the Quality Committee workshop held on 24 February 2020 and indicates the level of assurance based on the evidence received by the Committee where applicable. The February 2020 Quality Committee meeting was a workshop focussed on Quality Improvement in Children's Business Unit (CBU). The Adult Business Unit (ABU) also provided an update on the exploratory work around rescheduled and cancelled visits across the Neighbourhood Teams.

**Workshop session one: Children's Business Unit - Quality Improvement Journey**  
 The Committee invited representatives from CBU to provide details around three key areas of continuous quality improvement, Children's Community Nursing Quality Improvement Project; ICAN Wheelchair Skills Training Programme and CAMHS NHS Improvement (NHSI) 'Improving Healthcare Transitions' Collaborative. The 0-19 PHINS Quality Improvement and Innovations Group was not discussed at this Committee and was agreed would be covered at the planned November workshop.

The Children's Community Nursing project shared their improvement journey to achieve a more cohesive workforce across the four clinical teams. This included a partnership approach with the Improvement Academy to understand the team culture. Following the presentation the Committee discussed the importance of a 'key-worker' approach to family centred care which the team will consider. The continued aim of the journey will incorporate a focus on outcomes measures that will evidence the improvement for both staff and families.

The ICAN Wheelchair Skills Training Programme was an improvement idea generated from clinical colleagues who presented their journey to Committee. The Committee heard about the approach to the training of clinical and educational colleagues in order to improve the outcomes of wheelchair users. The Committee was very impressed by the evidence of improvements related to an individual's independence with wheelchair manoeuvrability and streamlining of service processes and commended the presenters. This initiative has also been recognised by submission for an Advancing Healthcare Award, from which an outcome is pending.

The final presentation provided Committee with a summary of the CAMHS NHSI Collaborative transition work that has been taking place between LCH and LYPFT for a smooth transition for children moving to adult services at 18 years of age with mental health crisis. The Committee heard how involvement of corporate services was key to the success of the project (communications, informatics, quality improvement). Commitment by all partners was vital for the programme success including a minimum of at least one day per week commitment by the project lead and having dedicated administrative/clerical support. Although the project is behind the original timescales there has been progress and relationships between LYPFT and LCH have been developed and strengthened. It was agreed that Committee will receive updates on progress against a renewed timeframe for implementation.

**Business Unit focus: Rescheduled / cancelled visits in Neighbourhood Teams (NT) – Reasonable assurance**

The Adult Business Unit Leadership Team were invited to provide an update on the work being undertaken to understand and reduce cancelled and rescheduled visits. This work has commenced on the back of learning from patient experience feedback; patient safety incidents and review of existing risk 877.

The Committee heard the context of the current situation, the audit work undertaken to date and the planned responses to this. Data was shared showing a reduction in the number of cancelled and rescheduled visits by both patients and teams throughout the last month. A number of priority actions were shared and discussed. Quality Committee recognised the work underway and supported this approach. Discussion was held around ensuring improvements are embedded in order to sustain this improvement once the dedicated focus reduces and suggestions for how this could be presented to reflect the multiple factors and complex environment in which the NT's operate.

The level of support from Business Intelligence was recognised and was noted to be essential in this piece of work. Discussion was also held around additional support needs to continue learning and quality improvements in relation to analytical support of data from multiple systems and processes.

#### **Learning and Development Strategy:**

The strategy for Leeds Community Healthcare 2020-23 to support the ongoing development needs of our staff and our commitment to providing effective experiences for our learners was presented for comment. The strategy has been considered alongside local and national drivers including the left shift of care, additional CPD monies for clinicians, the apprenticeship levy and HEE's strategy to increase the numbers of pre-registration nursing and AHP students.

A discussion took place advising a) that the strategy should clearly articulate the link with medical and non-clinical training and b) that there should be clear timescales. There was also discussion in relation to the resource to support the implementation. The Executive Director of Nursing and Allied Health Professionals confirmed this would be led by a colleague returning to this role and therefore additional resource to our current position.

Committee recommended the strategy to Board subject to the amendments above.

#### **Draft KPI annual review:**

The Executive Director of Nursing and Allied Health Professionals presented the paper detailing the measures to be included in the 2020/21 performance brief. The Committee did not agree to the proposed reduction in FFT reporting to 6 months. It was felt that this should remain aligned with NHS Oversight Framework and be reported monthly. The Committee provided a few additional suggestions to be included and were then happy for this to progress.

The Committee recommended that the future organisational KPI's would benefit from further discussion to consider 'what matters' in the changing environment given the complex nature services operate in. It was also suggested that consideration should be given to how integration is evidenced. It was agreed this discussion would return to Committee at the October 2020 workshop.



<b>Report to:</b> Trust Board 27 March 2020
<b>Report title:</b> Business Committee 26 February 2020: Committee Chair's assurance report
<b>Responsible Director:</b> Chair of Business Committee <b>Report author:</b> Chair of Business Committee
<b>Previously considered by:</b> Not applicable

<p><b>Purpose of the report</b>          This paper identifies the key issues for the Board from the Business Committee held on 26 February 2020.</p> <p><b>Admin Review update – presentation</b>          The Committee received a recap of the aims of this project, the expected benefits and an update on the current position. As the project progresses towards a revised administration structure, a number of issues have arisen regarding consistency of roles and timing of the delivery of the planned efficiencies within the optimal model. SMT are currently considering the options available, the pace of implementation and the cultural implications for the Trust. The Committee noted the progress being made and agreed that an updated analysis of data was required as well as ensuring that full consideration of any unintended consequences prior to decisions being made regarding the options presented. It also reflected on the absolute priority of keeping staff informed about progress and delays.</p> <p><b>Financial plans</b>          The Executive Director of Finance and Resources presented the underlying financial position 2019/20 as the Trust planned its budgets for 2020/21. He described the risks to achieving the Financial Improvement Trajectory. The Board are due to receive the Trust's financial plan at its meeting on 27 March 2020. The Committee noted the information provided and accepted that more work was needed in order for a budget to be presented that resolves some of the uncertainty. This would come back, initially, to the next Business Committee.</p> <p><b>Performance Brief</b>          The Committee reviewed the Responsive section of the Brief and particularly considered the information provided around waiting lists. The Committee sought clarity on the way waiting times have been calculated for Child Development Clinics and noted that this is due to be changed from March 2020. The Committee recognised the considerable improvement work being done to reduce waiting times across a number of services. Waiting lists are now a notable and significant concern, however the Committee has received reasonable assurance that appropriate steps are being taken to improve this situation.</p> <p>In the Well led domain there has been a 4% improvement in appraisal rates, which the Committee welcomed.</p> <p>In the Finance section, the Committee was advised that the Trust is forecasting delivery of all financial targets and metrics by the end of March 2020. The Committee discussed the Trust's financial offer to the Integrated Care System, which assists the health system to achieve financial targets as a whole, and the risks and benefits of doing so.</p> <table border="1" data-bbox="240 1854 1369 1928"> <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> <p><b>Triangulation report</b>          The Committee received the quarter three report on neighbourhood teams that triangulated quality,</p>	Assurance level								Substantial		Reasonable	X	Limited		No	
Assurance level																
Substantial		Reasonable	X	Limited		No										

staffing and finance and provided a more in-depth review of these key services to complement the Performance Brief. The Committee discussed the neighbourhood teams' relationship with primary care and the benefits of integrated working. The Committee agreed that whilst the triangulation information presented provided a useful picture, it was concerned that the Trust may not know when quality was being affected. Assurance was provided that serious incident reports, Friends and Family Test information and cancelled appointment data would all be indicators of poor quality however local intelligence rather than data analysis was a better indication of whether a team is working effectively. There was a wish for better quality assurance and the Executive Director of Operations will add additional narrative to future reports that includes this information.

### **Key Performance Indicators (KPIs)**

The Committee reviewed the proposed amendments to the key performance indicators that will be included in the Performance Brief 2020/21. The document proposed that complaints and compliments data should be provided only to Quality Committee however Business Committee agreed that this data should continue to be provided to both committees. Business Committee agreed that RIDDOR (reporting of injuries, diseases and dangerous occurrences regulations) reportable incidents should also be included in the KPIs. The draft KPIs will be received at 27 March 2020 Board for approval.

### **AOB (Coronavirus)**

The Chief Executive provided an update on the current situation regarding the Coronavirus outbreak. Regular situation reports are being provided by the Lead Infection Prevention Nurse Specialist. There are arrangements being made to train 30 staff to perform home-testing. Workforce implications are being considered and a command structure is in place in case the region needs to go into response mode.

<b>Report to:</b> Trust Board: 27 March 2020
<b>Report title:</b> Charitable Funds Committee 28 <sup>th</sup> February 2020: Committee's Chair assurance report
<b>Responsible director:</b> Chair of Charitable Funds Committee
<b>Report author:</b> Executive Director of Nursing and Allied Health professionals
<b>Previously considered by:</b> Not applicable

### Purpose of the report

This paper identifies the key issues for the Board from the Charitable Funds Committee held on 28 February 2020 and indicates the level of assurance based on the evidence received by the Committee where applicable.

### Charitable development updates

There has been no further contact from Leeds Cares since the last meeting – a substantive appointment to the CEO post has now been made. A meeting is currently being arranged for the Chair of the Charitable funds committee and the Director of Nursing to meet with them.

In the meantime a meeting has been held in the Trust with interested staff in relation to re-establishing the LCH charity and continuing with this as an organisation. The meeting was attended by interested staff and a lot of enthusiasm and energy was observed with staff keen to continue and re-invigorate the LCH charity. This was shared with the committee and all agreed to continue to develop this work. An operational group is being established and a second meeting is to be held in March 2020 to further discuss ideas for fundraising etc.

### Finance Report

This was accepted by the committee.

Assurance level						
Substantial		Reasonable	X	Limited		No

### Annual Report and Review of Terms of Reference

This was accepted by the committee and the terms of reference were agreed with one minor addition:

The Patient Engagement, Experience & Participation Officer will attend the meeting.

### More than a welcome - health centre waiting areas improvement plan

A paper was presented to the Committee updating on the work so far. This has been largely around the environment and significant investment in new furniture – especially chairs. It was agreed that this work is now established and will continue through the investment but also as part of the ongoing Hello my name is work.

<b>Report to:</b> Trust Board – 27 March 2020
<b>Report title:</b> Nominations and Remuneration Committee - Committee Chair's Assurance Report 28 <sup>th</sup> February 2020
<b>Responsible director:</b> Chair of Nominations and Remuneration Committee
<b>Report author:</b> Director of Workforce
<b>Previously considered by:</b> Not applicable

**Purpose of the report**

This paper outlines the key issues for the Board arising from the Nominations and Remuneration Committee held on 28<sup>th</sup> February 2020.

**Update on CEA Awards Process:**

The Committee received an update on the CEA awards process round for 19/20 which was approved alongside this year's eligible Consultant list. It was noted that the date set for the panel is 21<sup>st</sup> April.

<b>Assurance level</b>							
<b>Substantial</b>		<b>Reasonable</b>	<b>X</b>	<b>Limited</b>		<b>No</b>	

*Post Meeting Note – In light of recent developments linked to the COVID-19 virus the decision has been taken to postpone the panel scheduled for the end of April. The Chair of the panel was supportive of this decision and applicants have been informed.*

**Real Living Wage:**

A report was presented to the Committee recommending that the Real Living Wage increase effective from November 2019 was paid to impacted staff. The Committee approved this payment and the backdating of it to November 2019.

<b>Assurance level</b>							
<b>Substantial</b>		<b>Reasonable</b>	<b>X</b>	<b>Limited</b>		<b>No</b>	

**Very Senior Managers (VSM) National uplift to Remuneration:**

The Committee received a paper which provided a recommendation regarding national salary increases to those staff on VSM salaries. The national recommendations were approved including the backdating of the payment to 1<sup>st</sup> April 2019 as set out in the national information.

<b>Assurance level</b>							
<b>Substantial</b>		<b>Reasonable</b>	<b>X</b>	<b>Limited</b>		<b>No</b>	

### Audit Committee

Boardroom, Stockdale House, Headingley Office Park,  
Victoria Road, Leeds, LS6 1PF

**Friday 10 January 2020**

**9.00am–11.30am**

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

Item	Discussion Points	Action
2019-20 (45)	<b>Welcome, introductions and preliminary business</b> The Chair welcomed members and attendees.	
2019-20 (45a)	<b>Apologies</b> Apologies were noted from Peter Harrison, Head of Internal Audit (TiAA).	
2019-20 (45b)	<b>Declarations of interest</b> Prior to the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Committee members.  There were no declarations of interest made in relation to any items on the agenda.	
2019-20 (45c)	<b>Minutes of the previous meeting: 18 October 2019</b> The minutes of the meeting held on 18 October 2019 were reviewed and agreed as an accurate record subject to the following minor amendment:  <i>Item (36b) - The <del>Internal</del> External Audit Partner introduced the report on the NHS Payroll ESR Review.</i>	
2019-20 (45d)	<b>Actions' log</b> The Chair of the Committee asked that verbal updates be given on the actions agreed at the previous meeting:  <u><i>Item 35b: Internal Audit recommendations update- more succinct comments on progress from responsible directors:</i></u> the Executive Director of Finance and Resources said that the report presented for this meeting reflected this request. <u><i>Item 38a: Counter Fraud Progress Report</i></u> - the Executive Director of Finance and	

	<p>Resources advised that the recommendation relating to Bank Mandate Fraud had been accepted and a process was now in place.</p> <p><i>Item 39b: Tenders and quotations waiver report</i></p> <ul style="list-style-type: none"> <li>• <b>Contractors subject to IR35</b> – the Executive Director of Finance and Resources confirmed that contractors were subject to the regulations and pointed out that an internal audit was planned for Quarter 4 2019/20.</li> <li>• <b>Storm Creative contract</b> – the Executive Director of Finance and Resources reported that the system had been developed by an NHS Trust and marketed by Storm Creative. He confirmed that this was the only system available on the market at the present time.</li> <li>• <b>Report to be reformatted to split suppliers and contracts</b> – the Executive Director of Finance and Resources confirmed that future reports would be reformatted to reflect this.</li> </ul> <p><i>Item 40: Standards of partnership governance:</i> the Company Secretary reported that Standard 10 - clinical accountability had been discussed with the Chair of the Quality Committee and subsequently approved by the Quality Committee in November 2019.</p> <p><i>Item 42: Minutes from the IG Group – format:</i> the Executive Director of Finance and Resources and the Company Secretary agreed to discuss the best way to present the information the IG needed to make the Audit Committee aware of from the minutes of the meeting.</p> <p><b>Action: The Company Secretary to discuss and agree a process.</b></p> <p>There were no other matters arising from the minutes.</p>	<p><b>Company Secretary/ Executive Director of Finance and Resources</b></p>
<p><b>2019-20</b> (46a)</p>	<p><b>Internal audit</b> <b>Summary of internal controls assurance report</b></p> <p>The Internal Audit Manager introduced the report and advised that four audits had been completed: Partnership Governance, Cyber Security, Key Financial Systems and Safeguarding. A status update audit report was included on the Data Security and Protection Toolkit – Part 1. The Committee discussed the executive summaries and management actions for each audit included in the report.</p> <p><i>Partnership Governance</i></p> <p>This audit had been determined as <b>reasonable assurance</b> with two important recommendations relating to the dissemination of the approved Standards of Partnership Governance across the Trust and the development of a standard template Memorandum of Understanding.</p> <p>In response to a question from a Non-Executive Director (RG), the Executive Director of Finance and Resources said that an Alliance Group for Community Beds Service had been established but had not met recently.</p> <p><i>Cyber Security</i></p> <p>The audit had been determined as <b>reasonable assurance</b> with two important recommendations relating to finalisation of the Information Security Policy and the formalisation of a project plan to ensure that the migration to Windows 10 maintained momentum.</p> <p>In response to a question from Non-Executive Director (RG), the Executive Director of Finance and Resources advised that currently 38% of personal computers were not upgraded to Windows 10 but he was comfortable that they would be within the</p>	

required timescales.

*Key Financial Systems*

The audit had been determined as **substantial assurance**.

The Committee discussed the audit findings and were pleased to see that the audit testing had confirmed that the processes and operations of the core financial systems were being carried out in a robust and consistent manner.

No questions were raised.

*Adult Safeguarding*

The audit had been determined as **reasonable assurance** with five important recommendations relating to Trust's Safeguarding Strategy, an annual effectiveness review of the Safeguarding Committee, the re-establishment of the Trust's Adult Safeguarding Group and development of terms of reference and a correction to the ESR Safeguarding Adults compliance to ensure competencies were accurately recorded.

The Committee expressed some concern about the nature and number of findings within the Safeguarding audit. The Committee questioned the level of focus on adult safeguarding in comparison with child safeguarding and expressed concern about an error in the ESR compliance matrix and the implementation timetable deadlines for all five important recommendations.

There were also concerns that the Safeguarding Strategy was out of date and they felt that the target date for a new strategy to be developed by June 2020 was not soon enough and asked if this could be produced earlier.

The Company Secretary confirmed that the audit report would be reviewed and discussed by the Quality Committee on 27 January 2020.

The Chair of the Committee asked for more assurance about the level of focus on safeguarding to be provided at the next meeting by way of a paper from the Executive Director of Nursing and Allied Health Professionals to include reflections on the audit, the recommendations and their implementation timetable.

**Action: The Company Secretary agreed to discuss this with Executive Director of Nursing and Allied Health Professionals in advance of the next Quality Committee meeting.**

*Data Security and Protection Toolkit Part 1: status update report*

It was agreed that the update report would be reviewed under Item 50a.

*Annual Plan 2019/20*

The Committee reviewed the progress to date against the Annual Plan for 2019/20. 12 audits had been completed, two reports had been issued in draft and six remaining audits were planned for Quarter 4.

The Committee discussed the decision to replace the pressure ulcer audit with the IR35 audit in Quarter 4. Non-Executive Director (IL) and Chair of the Quality Committee said that he was comfortable with this recommendation. He added that the focus on pressure ulcers by the Quality Committee was robust and remained a high priority for the Trust.

The Committee noted that the Well-led Framework review would now be

Company  
Secretary

<p><b>2019-20</b> (46b)</p>	<p>undertaken in 2020/21 and the audit would assess how the Trust was addressing the observations raised by the Care Quality Commission and how the Trust would move from good to an outstanding rating.</p> <p><b>Outcome:</b> The Committee noted the contents of the summary internal controls assurance report, including the outcome of four audits.</p> <p><b>Internal audit recommendations update</b> The Executive Director of Finance and Resources introduced the report and the Committee noted the seven recommendations not completed by their due date and the proposed revised dates for completion.</p> <p>The Committee noted that due to the timing of this meeting the revised deadline for several actions of 31 December 2019 had not been reached when the report was produced so it was not possible to conclude on the status in the report presented to the Committee.</p> <p>The Committee expressed an expectation that these actions would not be outstanding when it receives the next update at its meeting on 13 March 2020.</p> <p><b>Outcome:</b> The Committee noted the status report.</p>	
<p><b>2019-20</b> (47a)</p> <p><b>2019-20</b> (47b)</p>	<p><b>External audit</b> <b>External audit technical update</b> The External Audit Partner introduced the monthly health sector update for information.</p> <p>The Committee noted the implementation of IFRS16 leases from 2020/21 and the requirement for NHS bodies to have assessed the impact of the standard for the 2020/21 planning round.</p> <p>The Executive Director of Finance and Resources confirmed that an assessment would be included in the Trust's 2020/21 financial plan.</p> <p><b>Outcome:</b> The Committee noted the technical update.</p> <p><b>Annual Plan and fees for year ending March 2020</b> The External Audit Partner presented the Committee with the audit plan for 2019/20 and confirmed that four risks had been identified including valuation of estate, revenue recognition, management override of control, and expenditure recognition. The External Audit plan documented the approach and planned response to each of those risks. The auditors would also focus on the introduction of IFRS16, the new accounting standard concerning leases.</p> <p><b>Outcome:</b> The Committee noted the External Audit Plan for 2019/20</p>	
<p><b>2019-20</b> (48)</p>	<p><b>Board Assurance Framework</b> The Committee reviewed the entire BAF as part of its 6 monthly review programme and provided comments against each risk for consideration by individual executives and the committees as follows:</p> <ul style="list-style-type: none"> <li>• Risk 1.1: The Committee discussed the gaps in control and felt that there should be more narrative included on actions and progress.</li> <li>• Risk 3.1: The Committee felt there was some overlap between this risk and risk 1.1 and that the Gaps in control table should include some narrative around the key controls relating to clinical audit which had a limited adequacy rating.</li> </ul>	



	<ul style="list-style-type: none"> <li>• Risk 1.4: The Committee queried why this risk remained on the BAF with a current risk score of 12 given that the Patient Engagement Strategy had been approved by the Trust Board in October 2019.</li> <li>• Risk 2.1: It was suggested that the Admin Review Project should be included in the key controls.</li> <li>• Risk 2.4: The Committee thought that this risk should be reviewed in light of the discussion about business development at the January 2020 Board Workshop.</li> <li>• Risk 2.6: The Committee reviewed and agreed the suggested a revised risk score.</li> <li>• Risk 3.4: The Committee felt that the sources of assurance required a thorough review.</li> <li>• Risk 3.5: The Committee noted that this was a new risk on the BAF.</li> <li>• Risk 4.2: This risk was the responsibility of the Trust Board. The Committee felt that a more in depth review was required perhaps as part of a Board Workshop or a discussion at a private meeting of the Board.</li> </ul> <p>The Chair of the Committee reflected on the discussion and asked the Company Secretary to consider how the Committee's review of the BAF might be focussed differently from the Board and its sub-committees' BAF reviews.</p> <p><b>Action: The Company Secretary to consider how the BAF reviews by Board and different sub-committees could be most effectively designed to avoid duplication of discussion and provide assurance.</b></p> <p><b>Outcome:</b> The Committee:</p> <ul style="list-style-type: none"> <li>• considered all the sources of assurance to establish whether these were sufficient and made suggestions for review</li> <li>• reviewed and agreed the suggested revised risk score for BAF risk 2.6.</li> </ul>	<b>Company Secretary</b>
<b>2019-20</b> (49)	<p><b>Risk management update report</b></p> <p>The Company Secretary presented the bi-annual update to the Committee on risk activities within the Trust. It included an update on the ongoing developments to strengthen of the Trust's risk management processes, particularly focussing on actions completed since the last report to the Audit Committee in July 2019. The Company Secretary advised that effective risk management was promoted proactively through ongoing support to managers, workshops and training sessions, the Risky Business quarterly newsletter, and the risk management page on Elsie.</p> <p>The Committee noted the current risk themes which include staff capacity due to an increase in service demand, sickness and maternity leave, vacancies, including staff retention and difficulties recruiting staff to posts Work processes and arrangements (working with others in an integrated way and CAMHS Tier 4 development.</p> <p>The Company Secretary reported that due to staff unavailability to attend the Risk Review Group meeting in November 2019, the report was presented to the Senior Operations Strategy Group. This was well received and there were constructive discussions on a number of enduring high scoring risks, the Trust's risk profile and risk themes. The Company Secretary suggested that the Risk Review Group should be an annex of the Senior OPS Strategy Group for future meetings to ensure better attendance and a wider mix of senior managers to review risks. The Audit Committee supported this suggestion.</p> <p>A number of developments were planned to ensure that the Trust's risk management framework continued to mature including the development of Risk</p>	

	<p>and Safety Management three year action plan.</p> <p><b>Outcome:</b> The Audit Committee noted:</p> <ul style="list-style-type: none"> <li>• the actions undertaken since the previous report of July 2019</li> <li>• the planned improvement actions</li> <li>• the Risk Review Group to be an annex of the Senior OPS Strategy Group meeting.</li> </ul>	
<p><b>2019-20</b> (50a)</p>	<p><b>Data security</b> <b>Information Governance update including GDPR update</b></p> <p>It was reported that the 2019/20 Data Security and Protection Toolkit was on track to achieve compliance by 31 March 2020. There were three significant concerns that could affect compliance: having an appropriately qualified cybersecurity specialist, undertaking a penetration test and achieving compliance with the increased evidence requirements in cybersecurity.</p> <p>The Committee was advised of the mitigating actions for each of these concerns.</p> <p>The Committee reviewed the findings from an Internal Audit first stage review of the evidence submitted and no concerns had been raised regarding the three assertions audited.</p> <p>The Committee asked for a compliance tracking mechanism to be established as some evidence may not remain compliant and require monitoring. The tracker was suggested due to the rolling cycle of monitoring that the Trust has adopted.</p> <p>The Committee was advised that three incidents had been reported to the Information Commissioner's Office concerning incorrectly addressed envelopes containing sensitive information about patients. In each case actions have been implemented to reduce the chance of recurrence and the ICO have either closed their investigation or we are co-operating and providing further information.</p> <p>The Committee was advised that administrative processes including better use of technology to reduce human error were being considered within the Admin Review Project which reports into Business Committee.</p> <p><b>Outcome:</b> The Committee noted the Information Governance including GDPR update</p>	
<p><b>2019-20</b> (50b)</p>	<p><b>CCTV data protection assurance report</b></p> <p>The Executive Director of Finance and Resources introduced the report. He advised that the Internal Auditors TIAA had provided the Trust with a client briefing note in September 2019 recommending that the Audit Committee and Board were advised to obtain assurance that the use of CCTV across the organisation was fully compliant with current data protection legal requirements.</p> <p>The Committee noted that:</p> <ul style="list-style-type: none"> <li>• The Trust operated approximately 90 CCTV cameras</li> <li>• The decision to install cameras was taken by viewing local crime statistics, crime history and recommendations from the police and other agencies, such as Leeds City Council.</li> <li>• All Trust CCTV systems were regularly checked, password protected and training was provided to staff that were authorised to use the CCTV systems.</li> </ul>	

<p><b>2019-20</b> (50c)</p>	<p><b>Outcome:</b> The Committee noted:</p> <ul style="list-style-type: none"> <li>the content of the report and the actions being taken.</li> </ul> <p><b>Results of the Anti-Phishing Email Campaign conducted between 21 October and 4 November 2019</b></p> <p>The Executive Director of Finance and Resources introduced the report that set out the outcomes of a simulated phishing email attack which was conducted between 21 October 2019 and the 4 November 2019 and the actions which had been taken since its release.</p> <p>The simulation was targeted at 600 randomly selected users. The report identified the number of individuals who performed the following actions: opened the message only, opened the message and clicked the link, opened the message, clicked the link and posted credentials.</p> <p>Those individuals who opened the message and clicked the link and those who opened the message, clicked the link and posted their details were contacted directly by the Assistant Director of Business Intelligence, Clinical Systems and IT to highlight their actions, the potential consequences of this and were provided with a link to access a NHS Digital training and awareness animation.</p> <p>An article was included in Community Talk on the 14 November 2019 to highlight the dangers of phishing emails to all staff with a link to the NHS Digital Training and awareness animation and was also included in the winter edition of "Risky Business."</p> <p>A repeat exercise has been provisionally agreed with NHS Digital to be run between the 2 and 15 March 2020 where a minimum of 1200 staff would be targeted.</p> <p><b>Outcome:</b> The Committee noted the results of the Anti-Phishing Email Campaign conducted between 21 October and 4 November 2019.</p>	
<p><b>2019-20</b> (51a)</p>	<p><b>Financial controls</b> <b>Contracts register</b></p> <p>The Executive Director of Finance and Resources advised that the terms of reference for Audit Committee included the requirement for the Committee to formally review the Trust's contracts register every year to ensure that they are managed appropriately and provides context for the annual accounts.</p> <p>The Committee were concerned about the length of some of the supply contracts.</p> <p>The Executive Director of Finance and Resources provided assurance that the long length standard contracts would have been subject to review during the period and the report reflected the start date with a particular supplier and not the date on which the contract had been most recently reviewed and renewed.</p> <p>The Chair of the Committee asked for the report to be re-formatted to include additional columns that stated the date when the current extension of any longer term contract took effect and the name of the supplier.</p> <p>The Committee agreed that the report could be submitted for information at the next Audit Committee meeting.</p>	

<p><b>2019-20</b> (51b)</p>	<p><b>Action: A reformatted report to be submitted at the next Audit Committee meeting for information only.</b></p> <p><b>Outcome:</b> The Committee received and noted the report.</p> <p><b>Losses and special payments report</b> The Executive Director of Finance and Resources introduced the report which covered payments made between October and November 2019.</p> <p>There has been a total value of losses for this period of £10,170 and 8 transactions.</p> <p>The Committee noted that following a temporary lapse in the Trust's Visa Immigration Sponsorship Licence two employees had been reimbursed for financial losses incurred when their visas expired; this amounted to a total of £7,836.</p> <p>The Executive Director of Finance and Resources that a robust process was now in place and he had received assurance from the Director of Workforce that this issue was not expected to occur again.</p> <p><b>Outcome:</b> The Committee noted the report.</p>	<p>Executive Director of Finance and Resources</p>
<p><b>2019-20</b> (51c)</p>	<p><b>Tenders and quotations waiver report</b> The Executive Director of Finance and Resources introduced the report which presented an extract from the 2019/20 register and showed that a total of four waivers had been completed since the last report to the Audit Committee.</p> <p><b>Outcome:</b> The Committee noted the report.</p>	
<p><b>2019-20</b> (52)</p>	<p><b>Audit Committee effectiveness evaluation summary</b> The Chair of the Committee drew member's attention to the effectiveness evaluation summary which had been circulated. It was agreed that this item should be deferred to the next meeting on 13 March 2020.</p> <p><b>Action: Audit Committee effectiveness evaluation summary to be added to the agenda for the Audit Committee meeting on 13 March 2020.</b></p>	<p>Board Administrator</p>
<p><b>2019-20</b> (53)</p>	<p><b>Committee's Workplan</b> There were no items removed or changes made to the workplan.</p>	
<p><b>2019-20</b> (54)</p>	<p><b>Minutes of noting Information Governance Group:</b></p> <ul style="list-style-type: none"> <li>• 3 September 2019 and</li> <li>• 17 October 2019</li> </ul> <p>Both sets of minutes were noted and no questions were raised.</p>	
<p><b>2019-20</b> (55)</p>	<p><b>Matters for the Board and other committees</b> The Chair noted the following items to be referred to Board colleagues:</p> <ul style="list-style-type: none"> <li>• BAF</li> <li>• Information Governance update</li> <li>• External Audit Plan 2019/20</li> <li>• Progress on the Internal Audit Plan 2019/20</li> </ul>	
<p><b>2019-20</b> (56)</p>	<p><b>Any other business</b> No matters of any other business were raised.</p>	

	<p><b>Date and time of next meeting</b></p> <p>Friday 13 March 2020, 9.00am - 11.30am</p> <p>Friday 17 April 2020, 9.00am-11.30am</p> <p>Wednesday 13 May 2020, 9.00am-10.30am (Annual report and accounts page turner)</p> <p>Friday 22 May 2020, 9.00am -11.30pm</p> <p>Friday 17 July 2020, 9.00am-11.30am</p> <p>Friday 16 October 2020, 9.00am-11.30am</p> <p>Tuesday 15 December 2020, 13.00pm-15.30pm</p>	
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**Quality Committee**  
**Monday 27 January 2020**  
**Boardroom, Stockdale House, Leeds**  
**09:30 – 12:30**

<b>AGENDA ITEM 2019-20 (128b)</b>
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Present	Professor Ian Lewis	Committee Chair
	Neil Franklin	Trust Chair
	Helen Thomson	Non-Executive Director
	Steph Lawrence	Executive Director of Nursing and Allied Health Professionals (AHPs)
	Dr Ruth Burnett	Executive Medical Director
In Attendance	Sam Prince	Executive Director of Operations
	Elaine Goodwin	Clinical Lead, Specialist Services
	Helen Rowland	Clinical Lead, Children's Services
	Caroline McNamara	Clinical Lead, Adult Services
	Carolyn Nelson	Head of Medicines Management
	Stuart Murdoch	Deputy Medical Director
	Dan Barnett	Head of Business Development
	Alex Hammond	Business Development Manager
	Penny Netherwood	Clinical Psychologist, CAMHS
	Kate Burns	Service Manager, CAMHS
	Emma Sutcliffe	Inpatient Team Manager, CAMHS
	Hannah Beale	CAMHS Clinical Lead
	Ed Pepper	Clinical Lead, CAMHS
Observing	Katie Plumtree	Student District Nurse
Minutes	Lisa Rollitt	PA to Executive Medical Director
Apologies	Diane Allison	Company Secretary
	Sheila Sorby	Assistant Director of Nursing and Clinical Governance
	Thea Stein	Chief Executive

Item no	Discussion item	Actions
<b>Welcome and introductions</b>		
<b>2019-20 (71a)</b>	<p><b>Welcome and Apologies</b> The Committee Chair opened the meeting and welcomed attendees. The group introduced themselves.</p> <p>Apologies were received from the Chief Executive, Company Secretary and Assistant Director of Nursing and Clinical Governance.</p>	
<b>2019-20 (71b)</b>	<p><b>Declarations of Interest</b> 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 Chair asked if there were any additional interests. There were no additional declarations of interest received.</p>	



	<p><u>Item (64d) Internal audit report – compliance review of professional standards</u> The Executive Medical Director stated that she had spoken to the Internal Audit Manager about the Committee’s discussion on the professional assurance report, and it was agreed that this would not be re-run in 2021, but would be undertaken to develop a more comprehensive professional assurance document across professions for 2021/22. It was agreed that the action was completed.</p> <p><u>Item (65a) Patient experience and engagement update</u> It was confirmed that the action was on the agenda within the Clinical Governance report. This would be the case until it was formally reported on from April 2020. The Committee agreed that the action was closed.</p> <p><u>Prompt: Unwarranted variation update</u> The Executive Director of Nursing and AHPs informed the Committee that an update would come back at a later stage once it had been developed further, but was clear that the clinical voice is robust within the work and would ensure things such as Getting it Right First Time (GIRFT).</p> <p>It was agreed that the prompt would remain on the action log with an updated timescale of two to three months.</p> <p>It was agreed that all completed actions would be removed from the action log.</p>	
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**Quality spotlight**

<p><b>2019-20 (72)</b></p>	<p><b>CAMHS transformation plan inclusive of CQC</b> The Executive Director of Nursing and AHPs introduced members of staff from CAMHS and the Programme and Project Managers for the work, stating that the aim of the presentation was to update the Committee on the transformation programme following the CQC visit and the ‘requires improvement’ ratings for Specialist Community Mental Health Services for Children and Young People and the CAMHS wards.</p> <p>The Head of Business Development opened the presentation, giving an overview of the wider transformation programme, which is being overseen by a Transformation Board, with executive sponsorship from the Executive Director of Operations and the Executive Director of Nursing and AHPs. It was noted that the presentation was in draft format as it was due to be signed off by the Transformation Board later in the week.</p> <p>The presentation included an introduction to the programme; including aims, objectives, roles and responsibilities, governance/ accountability, risks, issues and benefits. It also included a deep dive into the CQC improvement action plans, to provide assurance that significant progress was being made to address the current issues.</p> <p>A set of clear programme objectives were shared:</p> <ul style="list-style-type: none"> <li>• Ensure staff and service users lead service transformation as part of an embedded continuous quality improvement culture</li> <li>• Undertake staff, and service engagement to comprehensively diagnose areas for improvement</li> <li>• Establish monthly CAMHS Transformation Board to provide robust project governance that ensures clarity of purpose, alignment of resource and reduced duplication of effort</li> <li>• Successful implementation of CQC action plans to improve the CAMHS</li> </ul>	
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CQC ratings

- Review use of temporary staff and embed a staff led culture change so that temporary staff are seen as part of the service
- Review meetings and roles within meetings to ensure clarity of purpose, freed up capacity and reduced duplication of effort
- Alignment of all business/ service development projects to ensure that the right work is being implemented, that appropriate capacity/resource is being given and that there is permission to stop projects that do not support the transformation of CAMHS
- Review and development of service model and capacity and demand, ensuring it contributes to the success of the future service
- Standardise waiting list coordination and to ensure consistency and reduced variation
- Review internal and external dependencies, ensuring there is capacity for CAMHS to take part
- Review and develop leadership
- Ensure technological innovations are in place to enable the transformation of CAMHS
- Relaunch service to celebrate success and launch the transformed service for patients, staff and stakeholders.

The intended benefits of the work were detailed as:

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

The Committee heard that the risks identified within the programme were being addressed with clear ways of mitigating these by the project team.

The Programme Manager spoke about the clear milestones and key dates that have been agreed for the project.

The In-patient Team spoke about the action plan and the evidence that things were changing, and the ongoing work to ensure this becomes embedded.

The next steps for the in-patient unit were noted as:

- Restraint Policy review
- Non-essential staff groups to be moved from Little Woodhouse Hall (LWH)
- Implementation of safety improvements to the environment
- Offering of contracts to CLaSS and agency staff
- Completion of Service Operational Manual

The Community Team spoke about their achievements to date:

- Ligature and self-harm risk assessments have commenced
- All equipment calibrated and new monitoring processes complete
- Key skills audit of staff complete
- New toy cleaning process in place.

The next steps were identified as:

- Implementation of Community Ligature Risk Assessments
- Waiting list co-ordination workshop
- Workforce plan development in progress
- Completion of Service Operational Manual.

The Clinical Lead for CAMHS spoke about the plans for the whole service to move forward, highlighting the high quality of care that continues to be provided throughout and the need to ensure that this is maintained. The Committee also heard about the continued collaborative working with internal and external partners and that robust clinical governance throughout the CAMHS service was a key theme of the work being undertaken. It was noted that the development and expansion of services was progressing, with the aim of taking all emergency referrals by the end of March 2020. This would be of huge benefit to the Community Team.

A Non-Executive Director (HT) asked at what point it was expected that the CQC ratings would improve from 'requires improvement' to 'good', and if there were any blocks where extra support would be required. The Head of Business Development stated that the focus was on staff engagement and culture as a lot of the other work and improvements were expected to come out of that. It was noted that the journey and milestones would be discussed at the Transformation Board meetings. The Executive Director of Nursing and AHPs commented that she was confident that the CQC were unlikely to revisit the service until late 2020, although they would be invited to visit, once the changes had been made. It was expected that the rating would move to 'good' at next inspection.

The Clinical Lead, Specialist Services asked about ensuring service user involvement. The Committee heard that good processes were in place with young people being involved in pathways etc., and that this work continued to be progressed.

The Deputy Medical Director asked about recruitment for the new unit and the plans for how this would be progressed. The Executive Director of Operations commented that the most successful campaign was when the service had a CAMHS microsite and that discussions would take place with the Executive Directors of Workforce to ensure that the resource was in place to run another successful recruitment campaign, using the learning from the previous campaign.

The Head of Business Development confirmed that they were looking at how other units i.e. Hull, have done this and learn from their campaigns.

There was a conversation around how the service is seen as one rather than separated out as community and in-patients. The Clinical Lead for CAMHS stated that work was ongoing work to ensure this is the case.

The Committee Chair asked about the risks and how they would be addressed. There was a discussion around culture being the biggest challenge. It was felt that engaging staff and the plan around transformation rather than just answering the CQC questions would help with this.

The Committee Chair thanked the team for their attendance and presentation. He wanted it to be recognised that the Committee supports the plan and

	<p>recognises the challenges faced. The Committee wished to receive assurance on how the CQC actions were developing and it was agreed that an interim update would be presented to the Committee in 6 months.</p> <p><b>Action: Update on CAMHS transformation plan to be added to the agenda for the meeting in July 2020.</b></p>	<p><b>Executive Director of Nursing and AHPs</b></p>
<p><b>Key issues</b></p>		
<p><b>2019-20 (73a)</b></p>	<p><b>Research and Development strategy</b> The Executive Medical Director introduced the updated strategy which received broad support with good feedback but with a recognition that the Trust needed to be clearer about its ambition as an organisation.</p> <p>A Non-Executive Director (HT) suggested that work with social care was missing and linking with national work e.g. national primary care work could be made clearer.</p> <p>The Committee Chair asked about clarity on correct internal structures to support research and if the correct funding was being provided. The Executive Medical Director stated that there was an associated business plan to provide financial support for the strategy and asked the Committee to take the strategy to the February 2020 Board meeting in parallel with the funding request, which sits in the 20/21 priorities. The Committee agreed to the request.</p> <p>The Committee Chair suggested creating a Research committee to enable a more formal structure. It was agreed that within the governance of the Quality Committee, such a structure would be beneficial to maintain a constant focus at Board level.</p>	
<p><b>Quality governance and safety</b></p>		
<p><b>2019-20 (74a)</b></p>	<p><b>Performance brief and domain reports</b> The paper, which had been circulated before the meeting was noted and the following specific issues were discussed.</p> <p><i>Safe</i> The Executive Director of Nursing and AHPs stated that there were three avoidable Category 3 pressure ulcers identified in December 2019, breaching the improvement target of seven for the financial year. It was suggested that the target was challenging and should realistically have been set at eleven.</p> <p>There was some confusion around the figures for the pressure ulcers as conflicting information. The Executive Director of Nursing and AHPs stated that she would query the figures and clarify this and ensure this was updated for the Board Meeting.</p> <p><b>Action: Executive Director of Nursing and AHPs to query the figures for pressure ulcers and clarify the correct data to the Committee. Updated report attached to minutes (appendix 1).</b></p> <p>The Trust Chair stated that it was important to know where the incidences were occurring and what the driver was behind the lapse in care. The Executive Director of Nursing and AHPs responded, confirming that the number of incidences had reduced over the years and that the actions put in place were having an impact. However, it was recognised that these incidences were unlikely to ever be eradicated. It was noted that there were</p>	<p><b>Executive Director of Nursing and AHPs</b></p>

areas of focus in the pressure ulcer action plan which would be discussed under the Clinical governance report.

A Non-Executive Director (HT) commented that although the actions need to be realistic, it was important to remember that the incidences are terrible for the patients and the Committee needed to have an oversight of that.

The Executive Director of Nursing and AHPs referred to the chart showing the Trust's patient safety incidents and asked the Committee to note that the control targets had been reset. The targets on the next report would be more realistic.

The Committee Chair was concerned that the report seemed to have lost the comparison in low and no harm reporting versus harm. It was agreed that this would be picked up and corrected for future reports.

**Action: Executive Director of Nursing and AHPs address the issue of comparison in low and no harm reporting versus harm.**

*Caring*

The Committee heard that the new Friends and Family Test (FFT) guidance would be implemented from 1 April 2020, and a staff workshop took place in January 2020.

*Effective*

The Executive Medical Director informed the Committee that the figures should not have been RAG rated as this is not suitable for the type of data contained.

It was highlighted that the internal audit into Mortality had identified that the mortality data had not pulled through to the Performance Brief by exception in Quarter 1 or 2 as expected, however this had been rectified and a process was in place to record the data regularly going forwards. Members were asked to note Q1 and 2 data in addition to Q3 this month.

A Non-Executive Director (HT) asked about the term 'abandoned' in regards to audits. It was noted that this had been discussed at the most recent Clinical Effectiveness Group, where it was established that this was the nationally accepted term and therefore would continue to be used, ensuring that the narrative confirmed that there were no service issues contributing to the audit being 'abandoned'.

*Responsive*

In relation to CAMHS, it was noted that work was ongoing to improve the waiting times. A Non-Executive Director (HT) asked about the risks in relation to the longer waits. The Executive Director of Operations explained the actions in place, including work which had been put in place to ensure patients know what to do should there be a change in presentation during the time they are waiting.

A Non-Executive Director (HT) asked about the Dental waiting times. The Executive Director of Operations explained the history of reporting and why it had been picked up by the CQC that there were some lengthy waits that the Trust was not sighted on. This is being investigated, and in the meantime, mitigation had been put in place to ensure patients know what to do while they are waiting. It was agreed that the issue would be discussed further under the

**Executive  
Director of  
Nursing and  
AHPs**

	<p>agenda item for the Risk Register.</p> <p><i>Well Led</i></p> <p>The Clinical Lead, Specialist Services informed the Committee that the Health and Wellbeing Board has had the Time to Change pledge agreed by the national body and this would be signed on 6 February 2020 by the Chief Executive giving the Trust more resources around mental wellbeing and a number of initiatives.</p>	
<p><b>2019-20 (74b)</b></p>	<p><b>Clinical governance report (inclusive of pressure ulcer improvement plan update and duty of candour action plan with assurance.</b></p> <p>The Executive Director of Nursing and AHPs presented the report to the Committee, highlighting the following;</p> <ul style="list-style-type: none"> <li>• Year of the Nurse and Midwife 2020</li> <li>• Learning Disability Improvement project It was noted that the funding had been confirmed to go out to advert for a Learning Disability Health or Social Care professional.</li> <li>• Complaint response review The Executive Director of Nursing and AHPs confirmed that she had shared the information around the suggested actions relating to the Dental Service waiting lists with the service and this is something they have already acted upon.</li> <li>• The introduction of reporting of Unstageable Pressure Ulcers was highlighted and it was noted that target measures would be reviewed</li> </ul> <p>The Committee Chair commented that the report was much easier to read.</p> <p><i>Adult Business Unit quality highlight report</i></p> <p>The Clinical Lead, Adult Services informed the Committee of the review of recent RCAs and the potential link to the number of Neighbourhood Team (NT) visits being rescheduled and cancelled. It was noted that due to inaccurate coding, the majority of the cancelled visits were actually postponed. The Executive Director of Nursing and AHPs gave an update of the actions and next steps in relation to the review and it was agreed that the further work including identification of the clinical impact would be completed and brought back to Quality Committee in March 2020.</p> <p><b>Action: Executive Director of Nursing and AHPs to present an update on the work relating to the potential link between the findings from recent NT RCAs and the number of NT visits being rescheduled and cancelled.</b></p> <p>The Committee Chair praised the item on Stock on shelves as a good initiative around quality improvement.</p> <p>The Clinical Lead, Adult Services spoke about the staffing challenges within the Virtual Frailty ward and stated that joint working was in place to address the issues.</p> <p>A Non-Executive Director (HT) asked about Winter pressures and whether these were due to increased clinical staff sickness. The Clinical Lead, Adult Services confirmed that this was the case, however it was improving. The Executive Director of Operations commented that there had been a sustained</p>	<p><b>Executive Director of Nursing and AHPs</b></p>

	<p>increase in hospital referrals and spoke about the process.</p> <p><i>Children's Business Unit quality highlight report</i> The Clinical Lead, Children's Services referred to workforce information from ESR and stated that Workforce was delivering an improvement programme and positive changes were being seen.</p> <p>A Non-Executive Director (HT) referred to the implementation of the LCH Paediatric Early Warning scores and Children's sepsis screening and asked how this would be audited. The Clinical Lead, Children's Services confirmed that as part of the implementation, the first audit would take place in one month and again in three months. Following this, services will be asked to audit these through the through Quality and performance business unit meetings.</p> <p><i>Specialist Business Unit quality highlight report</i> The main concern was identified as the waits in the Dental Service. This would be discussed under the agenda item for the Risk Register.</p>	
<p><b>2019-20 (74c)</b></p>	<p><b>Quality account</b> The Executive Director of Nursing and AHPs presented the report.</p> <p>It was noted that the majority of the work was being completed outside of the Committee. The Executive Director of Nursing and AHPs stated that she would confirm when the next meeting to review the Quality account was due to take place.</p> <p><b>Action: Executive Director of Nursing and AHPs to confirm when next meeting to review the Quality account will take place.</b></p> <p>It was agreed that once the final version was complete, it would be helpful for the Committee to receive a presentation on this.</p> <p>The Committee Chair commented that foundation trust accounts are audited by external auditors and suggested that this may be beneficial for LCH.</p> <p>It was recognised that there were restrictions in the format of the document; however, the Committee Chair mentioned that some teams did not appear in the report.</p> <p>It was noted that the next version of the Quality Account was due to be presented at the Committee in March 2020.</p>	<p><b>Executive Director of Nursing and AHPs</b></p>
<p><b>2019-20 (74d)</b></p>	<p><b>Quality priorities quarterly position</b> The Executive Director of Nursing and AHPs presented the report. The Committee agreed that the report gave reasonable assurance.</p>	
<p><b>2019-20 (74e)</b></p>	<p><b>Patient engagement strategy implementation plan</b> The Executive Director of Nursing and AHPs stated that the report detailed the operational plan following Board approval of the LCH Engagement Strategy and had been developed for the first year.</p> <p>The Committee Chair asked how the Committee would hear patient and carer voices directly and also asked about links with the Youth Board.</p> <p><b>Action: Executive Director of Nursing and AHPs to ensure there is reference to how the Quality Committee will hear patient and carer voices in the plan, including links with the Youth Board in the operational plan.</b></p>	<p><b>Executive Director of Nursing and AHPs</b></p>

	<p>A Non-Executive Director (HT) queried whether the Business Committee should be sighted on the plan. The Committee agreed that this should be the case.</p> <p><b>Action: Executive Director of Nursing and AHPs to enquire if the plan should be sighted by the Business Committee.</b></p> <p>The Clinical Lead, Specialist Services referred to the LMWS work and asked if it should be referenced in the plan. The Executive Director of Nursing and AHPs advised the Clinical Lead, Specialist Services to discuss the work with the Patient Experience and Engagement Lead.</p> <p>It was agreed that a future workshop would focus on a deep dive into Patient Engagement.</p> <p><b>Action: Executive Director of Nursing and AHPs to schedule a deep dive update on Patient Engagement at a future workshop.</b></p>	<p><b>Executive Director of Nursing and AHPs</b></p> <p><b>Executive Director of Nursing and AHPs</b></p>
<p><b>2019-20 (74f)</b></p>	<p><b>Risk register report</b> It was noted that there were two new risks:</p> <p><i>Risk 992: Electronic Patient Record (EPR) capacity to support business as usual activities for clinical services.</i> The Committee Chair stated that the mitigations were all dependent on additional resource and staffing. The Executive Director of Operations assured the Committee that these were likely to be successful.</p> <p><i>Risk 994 Patients wait too long for Community Dental Services</i> The Committee felt this was a significant risk. The Clinical Lead, Specialist Services updated the Committee on the main mitigations which are a range of actions in place to patients and referrers in terms of ensuring they have been informed what to do if the situation deteriorates.</p> <p>The Committee Chair expressed concern that the potential clinical risks were greater than being recognised and queried the scoring of 12. The Executive Director of Operations explained that the service was not an emergency dental service; therefore every referred patient should be able to access a community dentist or be able to access the out of hours service for immediate treatment.</p> <p>A Non-Executive Director (HT) referred to the date anticipated to reach the target risk score of 30 November 2020 and asked how many patients were being taken off the waiting list per month.</p> <p><b>Action: Executive Director of Operations to provide data on the number of patients being taken off the waiting list each month</b></p> <p>There was a discussion about the referral criteria and how this was monitored. It was felt that inappropriate referrals were not being pushed back enough and that the referral criteria needed to be clearer.</p> <p>The Committee accepted the risk, recognising the mitigations in place and it was agreed that further detail will be provided to business committee, with an update to be presented at next the Quality Committee meeting in March 2020.</p> <p><b>Action: Update on Risk 992 to be presented to Quality Committee in March 2020.</b></p>	<p><b>Executive Director of Operations</b></p> <p><b>Executive Director of Operations</b></p>

	<p>The three existing risks with an escalated score did not have further mitigations highlighted in the report and an undertaking was given to provide further detail at the next meeting.</p> <p><b>Action: Mitigations to be added to the risk register in terms of the existing risks with an escalated score</b></p> <p>The assurance level was agreed as Reasonable in terms of the new risks.</p>	<p><b>Chief Executive</b></p>
<b>Clinical effectiveness</b>		
<p><b>2019-20 (75a)</b></p>	<p><b>Patient group directions (PGDs)</b> The report was received and noted by the Committee. The PGD was ratified.</p>	
<p><b>2019-20 (75b)</b></p>	<p><b>Internal audit reports</b></p> <p><b>i) Safeguarding</b> The Committee Chair asked for an update on the concern expressed that there were five important recommendations in the Safeguarding audit, requiring assurance particularly about the level of engagement within Adult Safeguarding and the number of staff that may be affected by the erroneous change made to ESR safeguarding training requirements. The Executive Director of Nursing and AHPs updated the Committee on the actions and mitigation to address the concerns and it was agreed that these would be put into a report to the Audit Committee.</p> <p>In terms of the Adult safeguarding figures on ESR, the Executive Director of Nursing and AHPs referred to the changes that had been made regionally and locally dependant on role. As a result, the figures look like there are not enough staff trained in some areas. In terms of assurance, the Executive Director of Nursing and AHPs assured the Committee that the staff are indeed trained, however they need to complete the new training to “tick the box” around the new level of assurance. It was agreed that this would also be included in the paper to the Audit Committee.</p> <p>In addition there was concern raised that the current internal Safeguarding strategy was overdue and a new strategy would not be produced until later in the year. There had been numerous changes in the safeguarding team and the Head of service has only just been appointed substantively and therefore the date for the new strategy was realistic. The assurance around this is that the city has a clear strategic direction in terms of safeguarding and the strategy that was being rolled over was based on that.</p> <p><b>Action: Executive Director of Nursing and AHPs to inform the Audit Committee of the actions and mitigation in terms of the concerns expressed from the Safeguarding audit.</b></p>	<p><b>Executive Director of Nursing and AHPs</b></p>
<p><b>2019-20 (75c)</b></p>	<p><b>Internal audit annual plan 2020/21</b> The Committee reviewed the plan.</p> <p>In response to a query from a Non-Executive Director (HT), it was confirmed that the plan would be considered by the Audit Committee in March 2020.</p> <p>The Committee agreed with the proposal from the Executive Director of Nursing and AHPs that the serious incident process should be included for internal audit for 2020/21.</p>	



	<p>The Committee Chair offered to receive any further thoughts for consideration for the Audit Committee.</p> <p>It was noted that the assurance level was not required as it would be given by Audit Committee.</p>	
<b>Committee governance: Sub-groups effectiveness review and terms of reference reports</b>		
<b>2019-20 (76a)</b>	<p><b>Mortality Surveillance Group</b> The Executive Medical Director stated that the review had not been completed for the Mortality Surveillance Group (MSG) for which she apologised. From April 2020, following a review of the sub groups reporting to Quality Committee it was expected that CEG, PSEGG and MSG would be combined into one meeting. Due to this expected change, the Executive Medical Director proposed to complete a full effectiveness review of the new meeting structure in October 2020.</p> <p>The Chair commented that the regular reports received by MSG provided assurance in its own right through the Committee.</p> <p><b>Action: Proposal for changes to the sub group structure to be brought to QC in March 2020.</b></p>	<b>Executive Medical Director</b>
<b>2019-20 (76b)</b>	<p><b>Patient Safety and Experience Group</b> The Executive Director of Nursing and AHPs presented the report and confirmed that the workshops had been well attended, with good outputs. It was noted that there was a need to look at patient representation, recognising that Healthwatch are an invited member, but have only attended sporadically.</p> <p>Assurance Level: Reasonable assurance</p>	
<b>2019-20 (76c)</b>	<p><b>Safeguarding Committee</b> The Executive Director of Nursing and AHPs presented the report. It was noted that the annual report had been approved and sent to the Board. It was agreed that the report for this year would be received in July 2020.</p> <p>Assurance Level: Reasonable assurance</p>	
<b>2019-20 (76d)</b>	<p><b>Clinical Effectiveness Group</b> The Executive Medical Director presented the report and commented that the area of struggle was with membership and attendance and how it linked with other sub groups.</p> <p>Assurance Level: Reasonable assurance.</p>	
<b>2019-20 (76e)</b>	<p><b>Mental Health Act Group</b> The Executive Director of Nursing and AHPs presented the report, stating that work was moving forward with a good plan in place. There is a clear work plan and updated terms of reference, which will be brought to the Committee for approval once completed.</p> <p>Assurance Level: Reasonable assurance.</p>	
<b>Sub group minutes for noting</b>		
<b>2019-20 (77a)</b>	<p><b>Mortality Surveillance Group meeting: 10 December 2019</b> The Committee noted the minutes.</p>	

<b>2019-20 (77b)</b>	<b>Patient Safety and Experience Group meeting: 19 November 2019</b> The Committee noted the minutes.	
<b>2019-20 (77c)</b>	<b>Safeguarding Committee meeting: 17 December 2019</b> The Committee noted the minutes.  The Executive Director of Nursing and AHPs referred to the presentation at the Coercive Control and Stalking conference from a member of staff which would be brought to the Board meeting.	
<b>2019-20 (77d)</b>	<b>Clinical Effectiveness Group meeting: 27 November 2019 and 18 December 2019</b> The Committee noted the deep dive notes.	
<b>2019-20 (77e)</b>	<b>Mental Health Act Governance meeting: 20 December 2019</b> The Committee noted the minutes.  The Committee Chair commented on the improvement of the minutes.	
<b>2019-20 (77f)</b>	<b>CCG Clinical Quality Review Group meeting: 19 September 2019</b> The Committee noted the minutes.	
<b>Quality Committee work plan</b>		
<b>2019-20 (78a)</b>	<b>Work plan</b> The work plan was received by the Committee and it was agreed that the Learning & Development Strategy would be moved from Feb to March 2020.  <b>Action: Learning and Development Strategy to be moved from February to March 2020.</b>  It was noted that the next meeting would be a workshop focussing on the CBU and Patient Engagement update.	<b>Assistant Director of Nursing and Clinical Governance</b>
<b>2019-20 (79)</b>	<b>Matters for the Board and other committees including assurance levels</b> It was agreed that the Committee Chair would provide an update to the Board at the next meeting on the following:  <ul style="list-style-type: none"> <li>• CAMHS presentation referencing how the Board would be updated</li> <li>• Latest iteration of the R&amp;D strategy, with the proposal for a new research sub committee</li> <li>• Performance Brief - Reasonable assurance received with a query on figures</li> <li>• Clinical Governance report – Community teams and escalation from ABU</li> <li>• Quality Account - latest iteration received</li> <li>• Risk Register - Dental waiting lists – Executive Director of Operations to include more narrative in the Performance report.</li> <li>• Approval of sub group reports</li> <li>• Discussion around the proposed restructure of sub groups.</li> </ul>	
<b>2019-20 (80)</b>	<b>Reflections on Committee meeting</b> The Trust Chair stated that further consideration would be given to the structure of the Committee and its papers to support the governance framework of the organisation.  It was noted that from April 2020, the Clinical Leads would no longer be	

	required to attend the formal meetings as members, they would however be invited to attend when required.	
<b>2019-20 (81)</b>	<b>Any other business</b> There was no further business.	
	<p style="text-align: center;"><b>Dates and times of future meetings (09:30 – 12:30)</b></p> <p style="text-align: center;">24 February 2020 23 March 2020 27 April 2020 18 May 2020 22 June 2020 27 July 2020 21 September 2020 26 October 2020 23 November 2020</p>	

**Business Committee Meeting  
Boardroom, Stockdale House  
Wednesday 29 January 2020 (9.00 am to 12.00 noon)**

- Present:** Brodie Clark (Chair) Non-Executive Director (BC)  
 Thea Stein Chief Executive  
 Bryan Machin Executive Director of Finance & Resources  
 Sam Prince Executive Director of Operations  
 Helen Thomson Non-Executive Director (HT)  
 Richard Gladman Non-Executive Director (RG)
- Attendance:** Jenny Allen Director of Workforce  
 Cara McQuire Risk and Safety Manager (observer)  
 Donna Ryan Head of Service } in attendance  
 Dr Ed Pepper Consultant Psychiatrist and Medical Lead } for item (63)  
 Andrew Llewellyn System Administrator } only  
 Emma Bolton Associate Director of Estates (CVL)  
 (in attendance for item (68f) only)
- Apologies:** Diane Allison Company Secretary
- Note Taker:** Ranjit Lall PA to the Executive Director of Finance & Resources

Item	Discussion Points	Action
2019/20 (62)	<p><b>Welcome and introductions</b>            The Committee Chair welcomed everyone to the meeting.</p> <p><b>a) Apologies:</b> Please see above.</p> <p><b>b) Declarations of Interest</b>            Prior to the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda to ensure there was no known conflict of interest prior to papers being distributed to Committee members. No additional potential conflict of interest regarding the meeting's agenda were raised.</p> <p><b>c) Minutes of last meeting</b>            The public minutes of the meeting dated 26 November 2019 were noted for accuracy and approved by the Committee.</p> <p><b>d) Matters arising from the minutes and review of action log</b>            The Committee reviewed the action log and the following updates were noted:</p> <p><u>Item 2019/20 (36a) – EU exit risk assessment</u>            The Executive Director of Operations reported that no further action was required. The recorded EU exit risks were formally closed. <b>(Action closed)</b></p> <p><u>Item 2019/20 (49a) Well-led</u>            (update on the employer relations connected to sickness)            The Workforce Director (JA) confirmed that there were thirteen employer</p>	

	<p>related cases and only one was connected to long term sickness. If, in the future there was a correlation, a further update would be provided. <b>(Action closed).</b></p> <p><u>Item 19/20 (56c) – Workforce strategy priority: Diversity and Inclusion</u> It was noted that a more detailed discussion around Black, Asian and Minority Ethnic (BAME) staff would take place at a future Trust Board workshop. The Chief Executive said that the National Workforce Race Equality Standards (WRES) team was planning time with the Trust and she would want to embed this programme nationally and be part of a Trust Board workshop. The Committee was pleased to learn of the National interest. <b>(Action closed).</b></p> <p><u>Item 19/20 (58a)- Well-led</u> This action was to identify current monthly WRES indicators. The Director of Workforce (JA) informed the Committee that this would be reported at year end rather than reporting monthly. <b>(Action closed).</b></p>	
<p>2019/20 (63)</p>	<p><b>Service Support Session: Child and Adolescent Mental Health Service (CAMHS) waiting list</b> A helpful and comprehensive presentation from the CAMHS team focused on concerns over waiting list times, issues and risks associated with demands on the service.</p> <p>There were issues of increased numbers of patients, staff shortfalls and complex business processes. The team explained the approach being taken to resolve these including team productivity and a broader view of robust systems and processes including working in a smarter way. A job planning process was being implemented through which team managers ensured that all members of the team were seeing appropriate patients and in a timely manner.</p> <p>A new central booking system was being trialled in the East CAMHS team using Skype and patient experience, to try to reduce the number of missed appointments and becoming more efficient.</p> <p>The Committee was encouraged by the focus on better and more wholesale use of technology and on the clear commitment and determination of the team.</p> <p>Overall, the Committee believed that good progress was being made and suggested that it was important that the team focused on two or three key issues and received the necessary support from other parts of the Trust. The Chair offered any further Business Committee support.</p> <p>The Committee noted that there appeared to be more demand for specialist posts and changing ways of recruitment and allowing people to work different hours would benefit both patients and staff.</p> <p>The Committee learned that similar challenges had been outlined in Manchester and by looking at case studies and the issues experienced; the challenges were being addressed in Leeds.</p> <p>The Executive Director of Operations said that the service was learning and engaging with other teams of the Trust and making changes to all aspects of the service to becoming tender ready.</p> <p>The Committee Chair thanked the representatives from the CAMHS team for their update. He said he was impressed with the focus given to the work the</p>	

	<p>service was dealing with and the commitment demonstrated to get to a better place. He invited them to return in due course.</p>	
<p>2019/20 (64)</p>	<p><b>Project management</b> <b>Projects report (Change Programme Board)</b></p> <p>The Committee received a report providing an overview of the Trust's major change projects, highlighting any issues for escalation and any overarching themes. The Executive Director of Operations said that the majority of the projects were on plan to achieve against the milestones.</p> <p>It was noted that the E-rostering project team had now successfully implemented a health roster across all neighbourhood teams. This had had a positive effect on a range of things, for example, outcomes and making services better for clients and staff.</p> <p>The Chief Executive was keen to receive a more substantial feedback on this at the next meeting including a few more examples of benefits, the road map and around bank and flexible working. The Executive Director of Operations said that this would be covered in the update on e-rostering.</p> <p>The Executive Director of Finance &amp; Resources confirmed that the lack of progress in room booking software project was no longer about funding; it was because of choosing the right implementation package.</p> <p><b>Outcome:</b> The Committee reviewed the key project plans and were satisfied that good progress was being made across all projects.</p>	
<p>2019/20 (65)</p>	<p><b>Strategies</b> <b>Workforce strategy priority: Integration and Partnership</b></p> <p>The Committee received the regular update on one of the key workforce priorities; Integration and Partnership. This area of work had also been the subject of satisfactory audit review over the previous month.</p> <p>The Director of Workforce (JA) said that this was an update on working in system partnership, in the development and implementation of workforce and human resource strategies, systems and plans across primary care, the city of Leeds and the West Yorkshire &amp; Harrogate Integrated Care System (ICS). Secondly, to note the constantly changing objectives, subsequent to the long term plan coming out there was an opportunity to adjust and adapt to priorities.</p> <p><b>Outcome:</b> The Committee noted the progress made in the area of the integration and partnership.</p>	
<p>2019/20 (66)</p>	<p><b>Business and commercial</b></p> <p><b>a) Organisational and quality account priorities</b></p> <p>The Committee had its quarterly review of the organisational and quality account priorities. The Executive Director of Finance &amp; Resources said that good progress was being made in delivering the agreed priorities and all four priorities outlined in the Quality Account were on track for successful completion.</p> <p>The two priorities that were rated amber for the position at end of quarter 3, but green for the year-end forecast were:</p>	

	<p><u>Priority 2:</u> Strengthening recruitment, particularly for hard to recruit roles. Further work on streamlining processes and focusing on hard to recruit roles was in development so the priority remained amber.</p> <p><u>Priority 14:</u> Understanding and reducing unwarranted variation. The approach and focus of the programme was being reviewed in quarter 4 and capacity identified to support implementation.</p> <p><b>Outcome:</b> The Committee reflected on areas of achievement and those still to progress.</p> <p><b>b) Business development update</b> A verbal update was provided by the Executive Director of Operations as follows:</p> <ul style="list-style-type: none"> <li>• Unsuccessful in a bid to provide school age flu immunisations.</li> <li>• Leeds City Council (LCC) had issued an invitation to tender CAMHS service in schools across the whole city. A bid or no bid exercise had been performed and it was decided not to pursue this.</li> </ul> <p>The Chief Executive suggested exploring ways to becoming a positive partner and looking for links and connections with providers and this was agreed as an important alternative to a full contract bid. The Director of Operations would pursue.</p> <p>The Executive Director of Operations also updated the Committee on the Leeds Sexual Health contract. The Trust had been operating this service for the last five years and in July 2020 there was an opportunity to renegotiate the price with LCC. Further discussions on cost pressure and demand increase was on-going.</p> <p><b>Action:</b> The Executive Director of Operations to look again at the CAMHS in school service, to identify any productive partnerships for the bid.</p> <p><b>Outcome:</b> The Committee noted the update.</p>	<b>SP</b>
2019/20 (67)	<p><b>Compliance</b> <b>Health and Safety Executive draft action plan</b></p> <p>The Committee received a draft action plan of the Trust response to the recent Health and Safety Executive (HSE) audit. Subject to approval by the Business Committee, the plan was ready for submission to the HSE. The plan covered each point that had been referred to in the HSE notice of contraventions letter and provided responsibility and realistic target dates.</p> <p>The Committee recognised and had positive discussions about the amount and quality of work within the document. It offered a number of comments around the need for a more powerful and positive ‘foreword’; the need to reconsider the delivery timelines so important staff safety issues are delivered with greater urgency than the current timeline offered and that health and safety improvements were linked within the Trust’s health and wellbeing agenda. The Chair also suggested that there should be some clear messages to staff in terms of ‘Making this a safe place to work’.</p> <p>In terms of non-conformance, preventative and corrective actions, the Risk and Safety Manager said that the new procedure relied on the purchase and</p>	

	<p>implementation of audit and inspection software by the team, therefore, the timescales were realistic.</p> <p>The Executive Director of Finance &amp; Resources agreed with the Committee comments and said that he and the Risk and Safety Manager would review the action plan again to identify areas of direct improvement in the approach to staff.</p> <p>It was noted that the monitoring of the action plan was part of the internal audit plan for next year and to provide ongoing assurance. The Executive Director of Finance &amp; Resources said that improvement to systems and processes would be implemented and continue to rigorously address health and safety issues in the Trust.</p> <p>The Committee Chair recognised the hard work put into this but reiterated the importance of prioritising those areas which had a direct bearing of staff safety and health matters. There needed to be a very positive message for staff coming out of the health and staff wellbeing group.</p> <p><b>Action:</b> The Executive Director of Finance &amp; Resources to review and amend the action plan before the return.</p> <p><b>Outcome:</b> Subject to the amendments, the Committee believed this to be an action plan that offered reasonable assurance.</p>	<b>BM</b>
2019/20 (68)	<p><b>Performance management</b></p> <p><b>a) Performance brief and domain reports including waiting list update + quarterly finance report</b></p> <p>The Executive Director of Finance &amp; Resources introduced the performance brief and domain reports. The report provided a summary of key performance areas against targets and indicators.</p> <p><u>Safe</u> A Non-Executive Director (HT) highlighted issues discussed at the Quality Committee meeting on 27 January 2020. She said concerns were raised regarding pressure ulcer categories. There were three avoidable category 3 pressure ulcers identified in December 2019. An action plan was being implemented.</p> <p><u>Caring</u> The new Friends and Family Test guidance was to be implemented from April 2020. Complaints were actively monitored to ensure a response was provided within the target deadline.</p> <p><u>Responsive</u> Performance against the nationally set waiting targets for patients waiting over 18 weeks remained strong in all areas.</p> <p><u>Effective</u> A Non-Executive Director (RG) said that in the Effective domain there was a programme of work to identify suitable outcome measures for different services during the course of the year but he noted lots of reds. A Non-Executive Director (HT) confirmed that the measures should not have been RAG rated; it was an error. She said in terms of outcome it was well established and was</p>	



gathering pace.

Well-led

The Director of Workforce (JA) reported that sickness absence levels had decreased during the last two months of the year (November/December 2019), including long term and short term sickness absence. She said some work had been undertaken to profile sickness absence from 2016/17 onwards and both long term and short term absence across those three years had peaked in the period November to January.

The short term sickness was seasonal type of illness and long term was more difficult to discern. The Director of Workforce (JA) said that one of the things being explored was whether that was the usual trend for other organisations.

The Committee focused particularly on waiting times in the dental service and staff sickness absence. The Committee Chair was concerned about the effect on business in terms of quality. The Executive Director of Operations responded to say that regular panel meetings were being held to see how different things were affecting the business, especially when visits were being cancelled. She said the system did not automatically generate an alert to flag these, but audits are being carried out to make sure these kind of situations and staff sickness absence does not affect the quality of service across the Trust.

The Executive Director of Operations advised the Committee that early investigations had uncovered some challenges with dental waits. This was currently being explored further. She said dental waits were also discussed at the Quality Committee meeting under the risk register report.

The Executive Director of Operations advised the Committee that due to staff capacity not meeting the service demand within the Community Dental Service, there was a risk that children and adults were not able to access care in a timely manner resulting in detrimental impact on the patient's general health.

It was noted that the Commissioners measured performance on the waits from knowing somebody needing general anaesthetic for dental treatment to the patient getting their treatment and waits were becoming longer than 18 weeks. The Executive Director of Operations said the whole process from referral to treatment should be 18 weeks and judgement needed to be made on whether that constituted a reporting point of view or referral to treatment time frame.

The Executive Director of Operations said that the service was not commissioned to provide emergency treatment. Letters had also been sent to referrers explaining the long waits. The general dental practice (GDP) is responsible for routine dental care and the Community Dental Service should only provide a secondary service. One of the issues is that dentists refer patients to the Community Dental Service too readily and these are automatically accepted. The immediate action that had been taken since this issue came to light had already resulted in a waiting time reduction of three weeks in the referral section for children. It was noted that the Commissioners were fully sighted on this issue and found that they have the same issue across Humber and Yorkshire.

**Outcome:**

The Committee had a constructive conversation around the current position. The Committee Chair said that he was reasonably assured that most of the measures in place would make a difference.

## **FINANCE**

The Executive Director of Finance & Resources provided an update on the Trust's financial position at the end of quarter three. The Trust continued to forecast delivery of the control total. The report also included an update on individual business unit finances. The Executive Director of Finance & Resources reminded the Committee that the Trust had received £750k additional funding, non-recurrently, in-year, for additional public health pay for staff working in services commissioned by Leeds City Council.

He said that he had now received 'in principle' confirmation from NHS England that any underspend on the delegated CAMHS New Care Models funding could be used towards the development costs of the new CAMHS unit.

These issues, taken together with delivery of the year's CIPs, receipt of unplanned additional resources from Commissioners and unplanned reduced spending in business units due to increased vacancies meant that risk of not meeting the control total had been eliminated.

The Executive Director of Finance & Resources said that the Trust was tied into ICS position as part of the overall agreement. He advised the Committee of financial challenges in other places across the ICS and the ongoing discussions, involving Leeds Community Healthcare, about how they would be managed.

A detailed discussion took place regarding pay expenditure to the end of December 2019, triangulating that with quality indicators, which continues to run less than planned for all business units apart from the Children's Business Unit.

### **Outcome:**

The Committee noted the present levels of performances and satisfactory year end position along with positive work progressing on the issues and risks for 2020/21.

### **b) Operational and non-clinical risks register**

The Executive Director of Finance & Resources introduced the risk register. The main issues for consideration were as follows:

Two new non-clinical risks scoring 8 or above:

- Risk 992 - Electronic Patient Record (EPR) capacity to support business as usual activities for clinical services
- Risk 994 Patients wait too long for Community Dental Service

Two non-clinical risks having a higher revised risk score:

- Risk 859 - CAMHS inpatient unit risk - environmental concerns
- Risk 964 - Insufficient staff to manage and triage the number of referrals currently being received within Mindmate SPA

The Executive Director of Finance & Resources said that for risk 992, discussions were on going between the clinical systems team and electronic patient record (EPR) team to prioritise development changes required. He said although this was described as a high risk, there were no concerns to escalate.

A Non-Executive Director (HT) said that some concerns were raised at the

Quality Committee about clinical risks escalated. She said there was insufficient information provided.

**Outcome:**

The Committee noted the content of the risk register and assured the Trust Board that non-clinical risks were being appropriately managed.

**c) Financial outlook**

Discussions took place as part of the performance brief and domain reports in the finance section, item (68a) above.

**d) Productivity Group update (including corporate benchmarking cost reduction opportunities)**

A constructive discussion took place on the significant work of the productivity group and the roles, remit and focus of the effort of that group along with the portfolio of improvement initiatives of the unwarranted variation within the Trust. A programme approach had been planned that would support the work that was underway with a more strategic approach and focus on identifying and delivering improvement outcomes.

**Outcome:**

The Committee Chair was content with the progress. The Committee noted the progress of work being undertaken in the business units. The next update report was requested to be provided in July 2020.

**e) Workforce quarterly report**

The workforce quarterly report provided the Committee with an update against the six priorities in the workforce strategy. The Director of Workforce (JA) said that good progress had been made on leadership and diversity & inclusion and work on health and wellbeing.

The work was currently being focused on the proactive analytical and systems training project, including the electronic staff record being improved by newly created systems & intelligence function to deliver sophisticated workforce data and analysis on the ESR re-alignment restructure.

The Director of Workforce (JA) said that work for next year was focusing on workforce planning, resourcing and skills. In addition, work was underway to set out long term workforce requirements in response to the Long Term Plan.

**Outcome:**

The Committee considered the workforce quarterly report and noted the progress to date.

**f) Estate quarterly management report**

The Committee Chair welcomed the Associate Director of Estates (CVL) to the Meeting.

The Executive Director of Finance & Resources presented the estates quarterly report. He said the report this time had been reformatted to provide the greatest clarity on the work going on and RAG rated to provide assurance about the range of responsibilities the estates team is discharging on behalf of the Trust. It was noted that the next estates report will utilise the Premises Assurance Model (PAM) which will further enhance that assurance level.

The Associate Director of Estates said that the new report covered a range of services provided to the Trust under a contract and was divided into a series of

performance indicators and RAG rated. Any future reports will be aligned to Trust's quarterly reporting.

The Associate Director of Estates said that in this first report there were 54 different indicators identified and these were largely green.

Further clarification on the RAG rated reds identified in the report was provided in the summary part of the report to mitigate risks. It was noted that the PAM should be completed by March 2020 followed by the Committee receiving reports identifying any potential risks.

**Outcome:**

The Committee reviewed and accepted the estates update report, commenting positively on the new format and greater focus on some of the key issues.

**g) Internal audit draft annual plan**

The Executive Director of Finance & Resources introduced the annual internal audit draft plan which was a working progress. He said some of the context was in line with strategic approach over the last year, current year and next three years. The plan also covered areas that were based on assurance levels that the internal auditors could assist with related to either specific risks or with the Board Assurance Framework; part of internal audits assurance process. The Executive Director of Finance & Resources said that the intention was to do fewer, more qualitative audits.

**Outcome:**

The Committee Chair said he welcomed the fewer and more in depth proposition. The Committee members were asked to email the Executive Director of Finance & Resources if they had any issues or consideration to raise.

**h) Internal audit reports:**

- (i) Key financial systems
- (ii) Partnership governance
- (iii) Statutory and Mandatory Training

The Committee reviewed and discussed the internal audit reports, spending particular time on the Statutory and Mandatory training audit.

The Director of Workforce (JA) explained that a piece of work was underway to mandate centrally with national standards and to be compliant with national framework and to ensure those standards were converted to requirements loaded into the electronic staff record (ESR) system. She continued to say that currently the Trust reported on the six statutory and mandatory components, but there were many others that were mandatory for particular roles. Part of this audit was about ensuring that all other training was covered and reported.

The view of the internal auditor was that it was difficult to give anything other than limited assurance whilst in the middle of a programme of work that was due to end at the end of April 2020.

The Executive Director of Finance & Resources said that the key financial systems audit and partnership governance had been considered by the Audit Committee on 10 January 2020 and had accepted the overall assurance assessment.

	<p><b>Outcome:</b> The Committee Chair said he would welcome an update to provide some assurance to the Audit Committee meeting on 13 March 2020 on the work that was already underway, and also to confirm that the work was now dealt with and complete.</p>	
2019/20 (69)	<p><b>Governance</b> <b>a) Business Committee annual effectiveness review</b> The Committee reviewed and discussed the Committee's effectiveness scores and comments demonstrated. The Committee was generally satisfied with the outcome but asked for a greater depth to the financial understanding and challenges within the Committee.</p> <p><b>Action:</b> It was agreed that a Non-Executive Director (RG) and the Executive Director of Finance &amp; Resources would meet outside the meeting to look at the financial challenges in more depth.</p> <p><b>Outcome:</b> The Committee noted the information provided in the annual effectiveness review report.</p> <p><b>b) Health and Safety Group annual report and ToR</b> The report provided a summary of the Health and Safety Group's activities during 2019 in accordance with the Health and Safety Group's terms of reference. As a result the structure and contents of the meetings were being reviewed and continually being developed.</p> <p><b>Outcome:</b> The Committee noted the Health and Safety Group annual report.</p>	<b>BM</b>
2019/20 (70)	<p><b>Minutes of note</b> <b>Health and Safety Group meeting dated 28 November 2019.</b> The Committee received the minutes of the Health and Safety Group meeting dated 28 November 2019. The Executive Director of Finance &amp; Resources said that in future the Committee would just receive a summary sheet of the notes highlighting issues and concerns.</p> <p><b>Action:</b> A summary sheet of November 2019 meeting was to be circulated by the Executive Director of Finance &amp; Resources to the Committee members for information.</p>	<b>BM</b>
2019/20 (71)	<p><b>Business Committee work plan</b> <b>Future work plan</b> The work plan was reviewed by the Committee members and no changes were requested.</p> <p><b>Outcome:</b> The Committee agreed the work plan.</p>	
2019/20 (72)	<p><b>Matters for the Board and Committees</b></p> <ul style="list-style-type: none"> <li>• CAMHS waiting times update</li> <li>• Projects update</li> <li>• Workforce strategy</li> </ul>	

	<ul style="list-style-type: none"> <li>• Organisational &amp; Quality Account priorities – reasonable assurance</li> <li>• Business development update</li> <li>• Health and safety action plan noted for submission</li> <li>• Performance</li> <li>• Finance</li> </ul>	
2019/20 (73)	<p><b>Any other business</b></p> <p>A Non-Executive Director (RG) advised the Committee that the Chair of the Finance and Performance Committee meeting of Leeds and York Partnership Foundation NHS Trust would like to observe the Business Committee meeting.</p> <p>The Committee members were happy to welcome anybody to observe the meeting but would be conscious of sensitive items on the agenda. The Committee Chair said that he would consider whether there was any conflict of interest items on the agenda at the pre-meeting.</p> <p>A Non-Executive Director (RG) agreed to discuss this with the Company Secretary at the next meeting in February 2020 whether it was appropriate and right.</p>	<b>RG</b>

**West Yorkshire Mental Health Services Collaborative Committees in Common (WYMHC C-In-C)**

held Tuesday 21 January, 10.00 – 12.00pm in

Small Conference Room, Wellbeing and Learning Centre, SWYPFT, Fieldhead Hospital, Ouchthorpe Lane, Wakefield, WF1 3SP

**Present:**

Angela Monaghan (AM) – Chair, South West Yorkshire Partnership NHS Foundation Trust  
 Brent Kilmurray (BK) – Chief Executive Officer, Bradford District Care NHS Foundation Trust  
 Cathy Elliott (CE) – Chair, Bradford District Care NHS Foundation Trust  
 Rob Webster (RW) – Chief Executive Officer, South West Yorkshire Partnership NHS Foundation Trust  
 Sara Munro (SM) – Chief Executive Officer, Leeds & York Partnership NHS Foundation Trust  
 Thea Stein (TS) – Chief Executive Officer, Leeds Community Healthcare NHS Trust

**In attendance:**

Keir Shillaker (KS) – Programme Director, Mental Health, Learning Disability & Autism  
 Helen Grantham (HG) – Non-Executive Director, Leeds & York Partnership NHS Foundation Trust  
 Jonathan Booker (JB) – Senior Analyst, WY&H Health and Care Partnership  
 Helen Eade (notes) (HE) – Programme Support Officer, Mental Health, Learning Disability & Autism

**Apologies:**

Neil Franklin – Chair, Leeds Community Healthcare NHS Trust, Sue Proctor – Chair, Leeds & York Partnership NHS Foundation Trust

*Glossary of acronyms in this document can be found on page 5.*

Item	Discussion / Actions	By whom
1	<b>Introductions:</b> A Monaghan (AM) welcomed the group and noted apologies as above.	
2	<b>Declaration of Interests Matrix / Conflict of Interest:</b>  The declaration of interests was reviewed and agreed to be correct. No conflicts were identified.	
3a	<b>Review of Previous Minutes:</b>  <b>ACTION 1/01:</b> Private and public minutes to be circulated to the group for future meetings. With the above noted, the notes from the previous meeting held 3 October were accepted as an accurate record.	HE
3b	<b>Actions log and matters arising:</b>  The actions log had been updated to reflect progress with members discussing the actions below:  10/6 – completed. 11/6 – completed. 12/6 – to mark as closed. 8/10 – LD resilience tabletop exercise undertaken in December, working through MOU as part of emergency planning. Action 8/10 from the action log has been specifically noted to be included in this update. <b>ACTION 3/01</b>	BK
4	<b>Context Setting: Expectations of the Planning Guidance:</b>  RW described how the Planning Guidance had not yet been released, so was unable to set out expectations. However, there is the expectation that the role of ICS will be strengthened including a ‘system-first’ ethos for planning, with two main roles being transformation and holding the system to account.	

Item	Discussion / Actions	By whom
5	<p><b>Programme update:</b></p> <p>The group noted the items for information and considered three main items:</p> <ol style="list-style-type: none"> <li>1. Risk and the escalation of risks</li> <li>2. Committee membership and what this looks like</li> <li>3. Workplan</li> </ol> <ol style="list-style-type: none"> <li>1. The risk reporting process is still a work in progress to ensure consistency however the group were asked to consider what should be appropriately escalated to the C in C.</li> </ol> <p>It was agreed that the three main types of risk that C in C should discuss are:</p> <p>Any risk that is red rated or has been escalated by NHSE/I.  Related to core delivery, or  New or underlined historic issues, and any risk escalated during the meeting by a member of the CinC.</p> <p>Discussion also concluded that the focus should be on programme/transformation risks rather than provider operational risks, as they will be well served within each individual organisation.</p> <p>It was agreed to review the risk escalation process after 9 months <b>ACTION 4/01</b> – to put on work programme.</p> <ol style="list-style-type: none"> <li>2. It was agreed that AM will chair the next meeting, then CE will take over. KS, AM and CE will review the existing terms of reference and bring back for approval in April. <b>ACTION 5/01.</b></li> </ol> <p>Members were asked to feedback to KS in respect of terms of reference within next 3 weeks (by 11th February). <b>ACTION 6/01.</b></p> <p>The group also discussed current membership, concluding that the focus should remain on the provider collaborative until WY&amp;H is clearer on the outputs of the Commissioning Futures work being led by the CCG Accountable Officers.</p> <ol style="list-style-type: none"> <li>3. The aim is to develop a clearer workplan so we know what is coming up at future meetings. This included reaffirming the need to spend time on decision making regarding the big ticket provider focused items such as ATUs, PICU and Complex Rehabilitation.</li> </ol> <p>The discussion also covered:</p> <ul style="list-style-type: none"> <li>• The need to reflect on the planning guidance when issued and implications regarding digital capital and workforce. <b>ACTION 7/01.</b></li> <li>• The need for slightly longer C in C meetings (extending to 2.5 hrs) due to the volume and complexity of discussion items.</li> <li>• The need to undertake deep-dives on certain risks.</li> <li>• The development of strategic sessions once per year to review the full programme of work. <b>ACTION 8/01.</b></li> </ul> <p>The group also reflected on the draft communications and engagement plan, and how there is more detailed planning undertaken for each specific workstream (e.g.. ATU). A communications manager has been recruited with dedicated time for this programme. Feedback on the draft plan was that it was strong on communication but needed to be more explicit regarding inclusion, understanding of</p>	<p></p> <p><b>KS</b></p> <p><b>KS/AM/CE</b></p> <p><b>ALL</b></p> <p><b>KS</b></p> <p><b>KS</b></p>



Item	Discussion / Actions	By whom
	<p>cultural sensitivity and staff side/union engagement. <b>ACTION 9/01.</b></p> <p>The Committee <b>NOTED</b> the report and supported the recommendations. It was <b>AGREED</b> that KS, AM and CE would review the terms of reference and bring any recommendations back the the Aril meeting.</p>	<b>KS</b>
<b>6</b>	<p><b>Programme Metrics &amp; Dashboard:</b></p> <p>There are three categories of metrics being developed:</p> <ul style="list-style-type: none"> <li>• Big programme ambitions</li> <li>• Individual workstream measures – including proxy measure for transformation</li> <li>• Core performance measures</li> </ul> <p>The CinC was asked to consider the regularity of metrics being presented and what types of information would be useful.</p> <p>Discussion covered the proposed metrics which the programme board will review on a regular basis through highlight reports/deep dives, and some of the practical issues with obtaining timely and valuable data.</p> <p>It was agreed that the main purpose of bringing metrics to the CinC is to help with decision making, or manage risk. Not all data is needed in this forum, the focus will be on core performance. And when particular items are brought for decision they will need to be accompanied by up to date metrics that relate to the required decision. However, the annual strategic session can take a broader view and look at the full suite of information.</p>	
<b>7</b>	<p><b>Steady State Commissioning:</b></p> <p>The group noted the items for information and discussed two main topics:</p> <ol style="list-style-type: none"> <li>1. The development of a commissioning team</li> <li>2. Agreement of a reporting process</li> </ol> <ol style="list-style-type: none"> <li>1. It was noted that the specialised services programme board had not yet had chance to receive and agree a formal proposition regarding the commissioning team. Following this meeting on Friday 24<sup>th</sup> January a proposition will be reviewed by the Collaborative Executive on 4<sup>th</sup> February before recommending to individuals boards/the Committees in Common for approval outside of the formal meeting.</li> </ol> <p>It was also agreed that the proposal should also be tested with governance leads in the provider collaborative before being finalised.</p> <p>HG reflected on a development session from Hill Dickinson about different governance arrangements and will send details of this to all members of C in C. It could be a useful session at a future NED/Governor event. <b>ACTION 10/01.</b></p> <p>The Programme Board will deal with specialised services as a key workstream, so highlight reports on CAMHS, forensics and AED will be presented at Programme Board along with any other services that join the specialised services list. It was agreed that this highlight report will also be provided to the Committees in Common to provide direct assurance on the steady state commissioning work. <b>ACTION 11/01.</b></p>	<p><b>HG</b></p> <p><b>KS</b></p>

Item	Discussion / Actions	By whom
8	<p><b>CAMHS Update:</b></p> <p>LCH indicated that October 2020 is too soon to go live and recommended pushing this back until April 2021. Both the financial modelling and potential commissioning implications are too risky at this stage. We need more clarity regarding integrated commissioning costs and from NHSE regarding staff transfer.</p> <p>It was acknowledged that there is a collective set of financial and clinical risks to deal with. We need to understand the degree of risk and what is needed, then discuss the implications of this with NHSE.</p> <p>The group <b>AGREED</b> to postpone the CAMHS go live date to April 2021 in principle, but for further information to be provided to individual provider boards to support a final decision. <b>ACTION 12/01.</b> Once confirmed the collaborative will send a formal letter in respect of CAMHS to NHSE. TS to consider when letter should be sent. <b>ACTION 13/01.</b></p>	<p>TS</p> <p>TS</p>
9	<p><b>Any other business</b></p> <p>LYPFT will submit a bid to provide High Intensity Mental Health Services for Veterans for the North of England.</p> <p>Isolation units in schools for CAMHS services were raised, and although this is mainly an issue for individual places within the partnership it is something the collaborative can remain aware of.</p>	
	<p><b><u>Date and Time of Next Meeting:</u></b> Thursday 23<sup>rd</sup> April 2020, Meeting Room 1, Block 7, SWYPFT, Fieldhead Hospital, Ouchthorpe Lane, Wakefield, WF1 3SP.</p>	

Item	Discussion / Actions	By whom
	<b><u>Glossary</u></b>	
	ATU                      Assessment and Treatment Unit	
	BDCFT                    Bradford District Care Foundation Trust	
	CQC                        Care Quality Commission	
	CAMHS                    Child and Adolescent Mental Health Services	
	C-In-C                     Committees in Common	
	CCG                        Clinical Commissioning Group	
	DTCO                     Delayed Transfers of Care	
	ICS                        Integrated Care System	
	LD                         Learning Disabilities	
	LCH                        Leeds Community Healthcare NHS Trust	
	LYPFT                     Leeds and York Partnership NHS Foundation Trust	
	MHLDA                    Mental Health, Learning Disabilities and Autism	
	MoU                       Memorandum of Understanding	
	NCM                       New Care Model	
	NED                       Non-Executive Director	
	NHSE/I                    National Health Service England / Improvement	
	SWYPFT                   South West Yorkshire Partnership NHS Foundation Trust	
	TCP                        Transforming Care Programme	
	VCH                        Voluntary and Community Sector	
	WY&H                     West Yorkshire & Harrogate	
	WY&H HCP               West Yorkshire & Harrogate Health and Care Partnership	
	WY&H ICS                West Yorkshire & Harrogate Integrated Care System (internal reference to WY&H HCP)	
	WYMHSC C-In-C        West Yorkshire Mental Health Services Collaborative Committees in Common	